

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Administrative – Facilities

POLICY # AD VII-4

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SUBJECT: Sanitation of Medical Areas and Equipment

EFFECTIVE DATE: November 2008

SUPERCEDES DATE: November 2002

PURPOSE

The purpose of this policy is to ensure sanitary equipment, supplies, and physical location for the delivery of medical services.

POLICY

The medical areas and equipment will be in sanitary condition.

Definitions

Cleaning: the removal of all visible dust, soil, and any other foreign material.

Sanitizing: a process which results in a reduction in the microbial population on an inanimate object to a safe or relatively safe level.

Decontamination: the process of removing disease-producing microorganisms and rendering the object safe for handling.

Disinfection: a process that kills or destroys most disease-producing microorganisms; rarely kills all spores; disinfectants are used on inanimate objects as opposed to antiseptics which are used on living tissue.

Sterilization: a process by which all forms of microbial life including bacteria, viruses, spores, and fungi are destroyed.

Antiseptic: a chemical which either inhibits the growth of microorganisms or destroys them. This term refers to agents used on living tissue.

Categories

Disinfection of patient care items and equipment can be divided into three categories described as critical, semicritical, and noncritical. The choice of how to decontaminate is based on how it is to be used.

Critical items have a high risk for infection if such an item is contaminated. It applies to objects which enter sterile tissue. This category includes surgical instruments, needles, and scalpels. These items should be disposable or sterilized by autoclaving. (See section AD VIII-3 of the HCPM)

Semicritical items are objects which come in contact with mucous membranes or skin that is not intact. Examples of items in this category include respiratory therapy and anesthesia equipment and thermometers. Semicritical items require high level disinfection using chemicals. Glutaraldehyde-based formulation 2%, hydrogen peroxide 6%, and chlorine are high level disinfectants.

Noncritical items come in contact with the intact skin, but not mucous membranes. Examples of these items are bedpans, blood pressure cuffs, crutches, bed rails, bedside tables, patient furniture, and floors. These items potentially may contribute to secondary transmission by contaminating hands of health care workers or by contact with medical equipment. Low level disinfectants such as phenolic, iodophor germicidal detergent or 1:10 bleach solutions should be used. Alcohol is not recommended for disinfecting contaminated environmental surfaces because it evaporates quickly and does not allow sufficient contact time for effective action.

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PROCEDURE

I. Medical Equipment

- A. Cleaning is the first step in disinfection. Place instruments into a container of water or disinfectant/detergent as soon as possible after use. Instruments will be thoroughly cleaned to remove debris. Cleaning may be accomplished by scrubbing with soap and water or a detergent solution.
- B. The longer the exposure to a disinfectant, the more likely it is that all microorganisms will be eliminated. High level disinfectants will be used during this process. Chemical germicides used will have a label that shows its EPA classification, EPA registration numbers and directions. Cold sterilization should be used for instruments that will be damaged in a heat sterilization process. This type of sterilization may require 10 hours of exposure to the chemical agent (always follow manufacturer's directions). Always follow cold sterilization with aseptic rinsing using sterile water, drying and placing in a sterile container.
- C. Wipe entire surface of medical equipment prior to using for patient care.

II. Patient Rooms and Patient Care Areas

- A. Items included in this category include furniture, over bed tables, bedside cabinets, window sills, bed rails, examining tables, shelves, countertops, etc. All soil and dust will be removed from surfaces with a clean cloth daily using a phenolic, iodophor germicidal detergent.

B. Bathrooms

1. The mop used to clean toilets will be changed daily.
2. Remove stains on porcelain surfaces with a powdered porcelain cleaner.
3. Refill towel and toilet tissue dispensers.
4. Shower curtains will be laundered at least weekly to prevent build -up of soap residue.

C. Floors

1. Damp mopping with a phenolic detergent solution will be done each day. A clean mop will be put on at the beginning of each day. Phenolic detergent solution must be changed after every three rooms.
2. Spills will be cleaned with a damp mop immediately after they occur.

D. Waste Removal

1. Plastic bag liners are used for collection of solid waste in patient rooms.
2. Waste generated in rooms will be picked up daily.
3. The waste basket will be wiped with a germicidal detergent and a clean plastic liner in the waste basket.

- E. Discharge cleaning of rooms is the same as daily cleaning. In addition, the bed, interior of the bedside table, and the dresser will be cleaned. Spot clean walls as necessary. Cubicle curtains in rooms should be changed monthly.

III. Other Equipment

- A. Carts should be damp cleaned with phenolic detergent solution daily.

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- B. Pails and mop buckets should be thoroughly rinsed and damp wiped with the phenolic detergent solution, inverted and allowed to dry until the next day.
- C. Mop heads should be removed and returned to the collection area to be sent to the laundry daily.
- D. Pads from the buffing equipment should be removed, and either washed and dried or disposed of daily. The equipment should be damp wiped with the phenolic detergent solution including casters and cord.
- E. Refrigerators used in clinical areas for patient care shall be routinely cleaned. Refrigerators used exclusively for personal use by staff members are not included in this policy. All refrigerators shall be labeled in accordance to their use, i.e. “medication only, specimen only or food only.”

A thermometer will be kept in each refrigerator at all times. Temperatures will be checked daily and recorded on the “Daily Refrigerator Temperature Log.”

Refrigerators will be cleaned monthly and defrosted as needed.



11/28/08

Paula Y. Smith, MD, Director of Health Services

Date

SOR: Infection Control Coordinator