Recommended Measures for Reducing Transmission of Microorganisms Associated With Infections of Skin and Soft Tissue: Acute Care Facilities

Quick Reference Environmental Cleaning

How to clean equipment and surfaces, when to clean, what to use

Visibly soiled surfaces must be cleaned with friction first then re-wiped. Non-visibly soiled surfaces may be wiped thoroughly with friction once. When using spray disinfectant, spray/saturate towel and wipe surface with friction. Spraying the surface and letting it dry is not adequate to clean and disinfect. Wear gloves.

Item to clean	Wipe down what?	When?	With what?
Blood pressure cuff (Disposable preferred)	Cuff, tubing, bulb (if manual)	After each use	Wipe with low-level (LL) disinfectant; if visibly soiled, wash in soap and water, rinse and hang to dry.
Pulse ox probe (Disposable preferred)	Inside and outside of reusable probe, discard if disposable.	After each use	Wipe with 70% isopropyl alcohol (IPA) or low-level (LL) disinfectant.
Stethoscope	Bell and tubing	After each use	Wipe with IPA or low-level disinfectant.
Reflex hammer	Handle and head	After each use	Wipe with IPA or low-level disinfectant.
Otoscope speculae (Disposable preferred)	If reusable, wash and disinfect	All surfaces after each use	IPA may be used for non-disposable oto speculae, soak for 20 minutes.
Otoscope handle	Handle	All surfaces after each use	Wipe with LL disinfectant and air dry.
Nasal, vaginal and rectal specula (Disposable preferred)	If reusable, clean after each use.	After each use	If reusable, clean in enzymatic detergent. Then autoclave or soak in high-level disinfectant (HLD).
Metal basin (Disposable preferred)	Basin	After each use	Wash in enzymatic detergent and rinse well, then autoclave.
Flexible endoscopes	Scope	After each use	Wash in enzymatic detergent per manufacturer's instructions. Soak in HLD according to manufacturers instructions.
Vascular/Fetal Doppler	Head of doppler	After each use	Wipe with 70% isopropyl alcohol (IPA.).
Hyfrecator (Change the tip after each use)	Wand and controls on the unit	After each use	Wipe with low-level (EPA) disinfectant.
Cloth appliances-neck and arm traction, etc.	All cloth	After each use	Wash in laundry detergent in hot/warm water, rinse well and hang to dry.
Canes, walkers, crutches, wheelchairs, rehab equipment	Special attention to surfaces that come in contact with people	Between patients	If visibly soiled, clean first with friction. Then wipe down with low-level disinfectant.

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Exam tables, gurneys, papoose board, etc.	Top of table, other areas that came in contact with patient and/or bodily fluids	After each use	If visible soiled, clean first with friction. Then wipe down with low-level disinfectant.
Baby scale/changing table	Surfaces that come in contact with patient or staff	After each use	If visibly soiled, clean first with friction. Then wipe down with low-level disinfectant.
Toys (Eliminating toys from office/clinic is preferred; use videos)	If have toys - Use only <u>washable</u> toys; OR Give child 3-4 crayons in a baggie with individual sheets of pictures to color and let child keep.	After each use - between patients	Wash "used" toys with dish soap and hot water, air dry. May use dishwasher.
Door knobs, phones, keyboards, light switches and other "hand touch" items	Front door, inside and out, and "community" pen at the desk; Shared keyboards, counters, telephones, doorknobs, drawer pulls and other "hand touch" areas. (Avoid sharing pens, pencils)	At least twice daily	If visibly soiled, clean first with friction. Then wipe down with low-level disinfectant. Disinfect keyboards for 5 seconds daily and when visibly dirty by wiping with LL disinfectant or IPA.
Waiting room: chairs, tables, etc. (Vinyl furniture preferred)	All surfaces that can come in contact with patient	First thing in the morning (or at the end of the day) and at lunchtime	If visibly soiled, clean first with friction. Then wipe down with low-level disinfectant.
Patient restrooms	Doorknobs, faucets, toilet seat, handles, etc.	At least twice daily	Wipe with low-level disinfectant.

Note: Surfaces must be moisture-resistant to be able to disinfect them. *Upholstered furniture that is not vinyl covered, soft toys, etc. cannot be disinfected and their use is discouraged.*

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Patient Notification/Education

• Notify patient of diagnosis if/when culture results come back positive for MRSA.

• Ensure that patient has been prescribed antibiotics that are sensitive to MRSA per culture and sensitivity testing results.

• Educate patients and family members on best practices for managing skin and soft tissue infections at home and in the community.

• Provide educational materials (e.g., "Living with MRSA," available at tpchd.org/arpubs or Q&A on MRSA at www.cdc.gov).

WAC 246-101-105 (7): Health care provider shall… (7) Provide adequate and understandable instruction in disease control measures to each patient who has been diagnosed with a case of communicable disease, and to contacts who may have been exposed to the disease…

Infection Control Plan

Develop a written infection control policies and procedures, including the following:

• Identification of staff members responsible for overseeing, reviewing and approving the tracking plan and overall infection control program.

• Consideration of strategies for identification of patients who have medical history of previous skin and soft tissue infection (SSTI) infection/colonization caused by resistant pathogens such as MRSA or VRE.

• Written procedures regarding culturing, patient care, environmental cleaning and utilization of educational materials for patients/families.

• Planning for regular training of staff.

• Reporting of communicable diseases (as required by law).

Communication

• When patients with MRSA or VRE are referred to or admitted to another health care facility, notify the receiving facility.

• Patients with MRSA, VRE or other important pathogens should have an alert attached to their chart (paper and electronic) so that each time the patient is seen the provider is aware of this history.

• Provide *Living with MRSA,* an educational booklet, to the patient and family members. Explain what MRSA is and how the booklet will help them take care of the infection and avoid transmission to others. The booklet may also be used as an educational tool for a patient with any wound infection to help them avoid infection transmission.

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Appendix A

Guide to Sterilization and Disinfection of Equipment & Surfaces

You MUST thoroughly clean items to remove all visible soil before disinfecting or sterilizing

Intended Use	**Level of Process Required**	**Products*** ***Brand names are used as examples only, no endorsement is implied.**
Critical Intended Use: Objects that enter normally sterile tissue, the vascular system or through which blood flows should be sterile (*instruments*)	**Sterilization** (Steam, gas, hydrogen peroxide plasma, or chemical sterilization)	**For Chemical Sterilization:** Glutaraldehyde (≥ 2.0%) (Cidex, Metricide) Hydrogen peroxide – HP (7.5%) (Sporox) Peracetic acid – PA (0.2%) HP (1.0%) & PA (0.08%) HP (7.5%) & PA (0.23%) Glut (1.12%) & Phenol/phenate (1.93%) **(***Exposure time on all per manufacturers' recommendations*) HP is NOT your clinic wound cleaning product!
Semi-critical Objects that touch mucous membranes or skin that is not intact require an HLD process (*scissors, flexible scopes*)	**High Level Disinfection (HLD)** (FDA regulates products**)**	**Germicide Concentration** Glutaraldehyde ≥ 2.0% Ortho-phthalaldehyde (OPA) *(12 min)* 0.55% Hydrogen peroxide (HP) 7.5% HP and paracetic acid (PA) 1.0%/0.08% HP and PA 7.5%/0.23% Hypochlorite (free chlorine)* 650-675ppm *May cause cosmetic and functional damage *(Exposure time ≥ 12 min to 30 min @ 20° C, see manufacturers' recommendations)*
Non-critical Objects that will not come in contact with mucous membranes or non-intact skin (e.g., environmental surfaces) require a low level process that kills vegetative bacteria, fungus and some viruses (Hepatitis B, C, MRSA and HIV).	**Low Level Disinfectant (LLD)** (EPA regulates hospital-level products)	**Germicide Concentration** Ethyl or isopropyl alcohol 70-90% Chlorine 100ppm (1:500 dilution) ** Phenolic * Iodophor * Quaternary ammonium (quat) * **Use manufacturers' recommendations for concentrations* ***5.25-6.15% household bleach diluted 1/500provides > 100ppm available chlorine (Exposure time ≥ 1 min)* EPA registered, pop-up towelettes are usually quat and are effective low-level disinfectants.

Note: Intermediate level disinfectants - usually used for therapy or whirlpool tubs.