SESLHD PROCEDURE COVER SHEET

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FUNCTIONAL GROUP(S)	Cardiac and Respiratory Care Infection Control Medicine
KEY TERMS	Respiratory; cleaning; disinfecting
SUMMARY	To minimise transmission of infection by specifying the cleaning and decontamination processes required for commonly used respiratory equipment and consumables. Equipment and consumables are categorised as: single use; single patient use or reusable. Disposal of, replacement and cleaning/decontamination for each category is specified.

Respiratory Equipment – Cleaning and Decontamination

SESLHDPR/738

1. POLICY STATEMENT

- Respiratory equipment or consumables used in contact with mucus membranes are classified as semi-critical medical devices as per the Spaulding classification.
- Respiratory equipment and consumables are categorised as single use, single patient use or reusable. Equipment that is not categorised as single use or single patient use must be reprocessed via Sterilising Services Department (SSD) for high level disinfection or sterilisation.
- If equipment cannot withstand sterilisation it must be exposed to a thermal or chemical high level disinfection which must be approved by the facility Sterilisation Services Manager in accordance with manufactures instructions.
- Standard precautions are to be used in conjunction with this procedure. All blood and body substances are considered potentially infectious. The procedure is to be followed for equipment used by all patients regardless of known infectious status.

2. DEFINITIONS

Spaulding classification	A classification system which categorises patient care items as critical, semi-critical or non-critical, depending on the degree of infection risk. A strategy for sterilisation or disinfection of inanimate objects and surfaces based on the degree of risk involved in their use (CDC)
Semi critical items	Items or devices which have contact with mucous membranes or non-intact skin. Semi critical items at a minimum require high level disinfection using chemical disinfectants.

3. RESPONSIBILITIES

3.1 Health care workers (HCWs) will:

- Comply with the requirements of this procedure.

3.2 Line Managers will:

- Ensure HCWs have access to resources to enable compliance with this procedure.

4. RESPIRATORY EQUIPMENT/CONSUMABLES CATEGORIES

- Single use
- Single patient use (multiple use on the same patient)
- Reusable

4.1 Single use – (disposable items - category 1)

Discarded after one use. *NB These items MUST NOT be reused or sterilised.*
Includes all items labelled as “Single Use Only” or by the manufacturer
Examples include:

- Blue swivel Y connector (Bodai)
- Blue Hudson corrugated tubing
- Endotracheal tubes

- Filters e.g. dust filters for NIV and CPAP, to be changed when the circuit is changed
- Heat and moisture exchangers e.g. tracheostomy vent filters and Edith flexi tubes
- Hudson air cushion resuscitation anaesthetic mask (used for CPAP)
- Humidifier- Fisher & Paykel (to be replaced with circuit change)
- Peak flow meters deemed single use
- Suction catheters
- Tracheostomy tubes.

4.2 Single patient use (multiple use on an individual patient - category 2)

- Disposable equipment for multiple use on an individual patient
- Discard after the recommended duration of use
- Subcategories (a, b, c) indicate time after which device replacement is recommended

a	At least daily or PRN replacement
b	At least every 7 days or PRN replacement
c	Use for duration of admission or PRN replacement

4.2.1 Replacement Frequency of Category 2 items

Subcategory a) Replace the following at least daily or PRN

- Bacteria filter daily if invasively ventilated and prn for NIV
- Nasopharyngeal airway
- Suction canister liners (PRN when 75% full)
- Suction tubing
- Yankeur suction attachment.

Subcategory b) Replace the following at least every 7 days or PRN

- Humidification circuit 850 (water bath)
- CPAP and NIV masks
- In line bacterial filter is to be changed with the circuit, fortnightly with humidified circuit

Subcategory c) Replace the following every 2 weeks/14 days

- Humidification circuit 950 as per manufacturer recommendations

Subcategory d) Used for duration of admission or PRN replacement

Attach a patient identification label to the following items:

- Antibiotic nebuliser, mouthpiece and tubing (Pari nebulisers change filter daily)
- Disposable Laerdal bag and mask
- Nasal Prongs
- Nebuliser mask, bulb and tubing
- Oxygen masks and tubing i.e. Hudson, Multiflow, venturi
- Spirometer and peak flow - mouthpiece with one way valve
- Triflow

- Tracheostomy nebuliser, oxygen masks and tubing
- Tracheostomy with inner cannula
- Ventilator nebuliser attachment
- Spacers used for inhaled respiratory medication*
  - Spacers should be washed using neutral detergent and left to dry
  - Do not rinse spacers with water and do not dry with a cloth due to the potential to create a static change in the spacer which will cause dry particles to adhere to the walls of the spacers and inhalation of particles into the lungs.

  * Hospital grade Breath-A-Tech spacers and mask attachments are fully autoclavable and specifically designed for multi patient use. They are classified as a Category 3 Item and can be re processed in the SSD.

4.2.2 Storage of Category 2 Items

Items are to be stored in the following manner when not in use:

- Store clean and dry in a sealed plastic bag or container such as a clean denture cup
- Obvious mucous to be removed from the item using neutral detergent e.g. nasal prongs before storage
- Denture cups and or sealable airtight bag used to store category 2 items should be labelled with date/time and patient name and discarded with category 2 items.
- Items to be kept in the bedside locker drawer where practicable.

4.3 Reusable medical devices (category 3)

Reusable medical devices (RMDs) are used for diagnostic and/or treatment purposes for multiple patients and are intended by the device manufacturer for reprocessing and reuse.

Items in Category 3 must be sent to SSD for reprocessing following the supplied manufactures guidelines.

Examples include:

- Anti-static black bags
- Circuits (excluding category 1 components) e.g.: Ventilator, CPAP, Physio, Mapleson
- CPAP masks with black seal
- ET CO2 adaptor
- Expiratory diverter
- Nasal CPAP masks
- Nebuliser flexi tubes (opaque rubber)
- Non disposable Guedels airways (may be kept and stored as category 2a)
- Laryngoscopes (batteries removed) - blade, handle and bulb (operating suite excluded)
- Omni bacterial filters (from CICU and ICU)
- Reusable Laerdal bags and mask

- Hospital grade Breath-A-Tech spacers & mask attachment (are fully autoclavable and specifically designed for multi patient use unless otherwise stated; classified as a Category 3 item; can be reprocessed in the SSD
- Outpatient:
  - CPAP humidification chambers, tubing and facemasks
  - Suction machine canister.

4.3.1 Storage of Category 3 items

- Sterile supplies must be handled and stored in a manner that maintains the integrity of packs and prevents contamination from any source (dust, vermin, sunlight, water, condensation etc.)
- Storage areas must be temperature and light controlled and easily cleaned
- Supplies should be stored off the floor, with the lowest shelf at least 300 mm above floor level so as to avoid mechanical damage during cleaning
- Sterile must be stored separately to non-sterile items.

4.4 Items used with disposable mouthpiece and one way valve (category 4)

- *Mouthpiece kept and stored as a category 2c item.*
- Peak flow meters – item must be deemed to be a reusable device only and managed as per manufacturer's instructions
- Spirometer (filter must be used)
- If a filter is not used then breathing circuits, masks, inspiratory/expiratory hoses, connections and one ways valves must be disinfected in SSD
- Head boxes - paediatrics (not used with mouthpiece but to be cleaned as category 4).

4.4.1 Cleaning of Category 4 items

- Cleaned daily to remove external soil
- Wipe with disposable damp cloth and neutral detergent e.g. detergent wipe or detergent solution
- Dry with disposable cloth
- Discard cloth as general waste (contaminated waste if soiled with blood or body fluid)
- All tubing where a filter has not been used must be discarded.

5. DOCUMENTATION

6. AUDIT

Random audit to ensure compliance with the guidelines outlined in the document, to be attended by the CNC Respiratory or individual Clinical Nurse Educators.

7. REFERENCES

- NSW Health Policy Directive PD2017_013 - Infection Prevention and Control Policy
- Clinical Excellence Commission - Infection Prevention and Control Practice Handbook
- ANZ4187 Reprocessing of reusable medical devices in health service organisations

- National Standard 3 Preventing and Controlling Infection
- ACSQHC Australian Infection Control Guidelines for Health Facilities

8. REVISION AND APPROVAL HISTORY

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