

Cleaning and Disinfection of Non-critical Multi-use Equipment and Devices in Community Settings

Background

Multi-use equipment and medical devices in health care have been linked to an increased infection risk.^{1,2} Cleaning and disinfecting of non-critical equipment in the community between clients, or even on a regular basis, has not been well practiced.^{3,4} Outbreaks related to lapses in infection control procedures have been associated with physician offices and clinics.⁵

This position statement does not apply to equipment and devices deemed to be semi-critical (requiring high-level disinfection) or critical (requiring sterilization) according to Spaulding's classification.⁶⁻⁸ Non-critical equipment/devices are defined by Spaulding's classification as equipment/devices that touch only intact skin and not mucous membranes, or do not directly touch the client.⁶⁻⁸

Position Statement

Each community health care organization has the responsibility to identify non-critical equipment used in the delivery of care and to ascertain the appropriate cleaning and disinfection method and frequency. Written policies and procedures should be in place and reviewed annually. Multi-use equipment and devices should not be purchased until it is confirmed that they can be cleaned and/or disinfected using established modes and products. As well, audits of cleaning and disinfection practices and the implementation of a quality improvement process related to the audit results are important. It is essential to clean and disinfect non-critical multi-use equipment and devices appropriately, safely, and consistently using an approved low-level disinfectant which must have a Health Canada Drug Information Number (DIN), following manufacturer's safety label guidelines, and considering Occupational Health and Safety.⁶⁻¹⁵

Glossary

Low-level disinfectant: Disinfectants that kill most vegetative bacteria (e.g. MRSA) and some fungi as well as enveloped (lipid) viruses (e.g. hepatitis B, C, hantavirus, and HIV). Low level disinfectants do not kill mycobacteria (e.g. TB) or bacterial spores (e.g., *C. difficile*) and they must have a Health Canada Drug Information Number (DIN).

As per the Canadian Standard Association (CSA):

“SHALL” is used to express a requirement, i.e., a provision that the user is obliged to satisfy in order to comply with the standard;

“SHOULD” is used to express a recommendation or that which is advised but not required; and

“MAY” is used to express an option or that which is permissible within the limits of the standard, an advisory or optional statement.

Stakeholders

This position statement is directed to all health care providers (HCPs) in community settings, which include, but are not limited to, client homes in which health care is provided, ambulatory clinics, physicians, and other health care practitioners' offices, outreach settings, and other community settings where multi-use equipment and non-critical medical devices are used.

Participants in Development of Position Statement

This position statement was developed by the Community Health Interest Group and reviewed and updated in collaboration with Standards and Guidelines Committee.

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