



PANDEMIC PRACTICE ADVICE 8: EQUIPMENT AND MATERIALS CLEANING

EFFECTIVE: MAY 19, 2020

REVISED – EFFECTIVE: MAY 26, 2020

Revision: Restrictions for in-person non-essential services have been amended. All deferred and non-essential services can be gradually restarted.

Please consult the website regularly for potential revisions to these documents.

These Information sheets are intended to help audiologists and speech-language pathologists (SLPs) to provide in-person patient care during the COVID-19 pandemic.

The information sheets include three different types of information:

- 1) **Requirements** – Legislation, regulations and College standards
- 2) **Principles** – Information from various agencies
- 3) **Suggestions** – Ideas on how to proceed

REQUIREMENTS:

- All multiple use equipment and materials that come into contact with mucous membranes, non-intact skin or blood must be disinfected using high level procedures. (CASLPO's [Infection Prevention and Control Standard 4](#))
- Follow guidelines provided by Public Health Ontario ([Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care 3rd Edition](#).)

PRINCIPLES:

Equipment Scan:

- Make an inventory of all assessment, diagnostic and treatment equipment and materials
- Look for cleaning instructions from the manufacturer's equipment's manual
- Make note of the equipment and materials which are touched or come into contact with patients
- Make an inventory of all other forms of equipment you use such as computers, laptops, photocopiers, scanners, printers, telephones and other IT equipment

Diagnostic and Treatment Equipment

Spaulding's Classification of Medical Equipment for multi-use equipment ([IPC for Clinical Office Practice page 51](#))

CLASS	USE	Minimal Level of Reprocessing	Possible Examples
Semi-critical	Comes in contact with non-intact skin or mucous membranes but does not penetrate them	Cleaning followed by high- level disinfection Sterilization is preferred	Equipment for Cerumen Management Video Otoscope Curette
Non-critical	Touches only intact skin and not mucous membranes, or does not directly touch the patient	Cleaning followed by low- level disinfection (in some cases, cleaning alone is acceptable)	Otoscope and tips Immittance tips Curettes Earmould Impression syringes Bone Conductor Stethoscopes

Electronic Equipment Cleaning ([IPC for Clinical Office Practice page 44](#))

Inappropriate use of liquids on electronic medical and IT equipment may result in fires and other damage, equipment malfunctions and health care provider burns.

Recommendations for cleaning electronic equipment include:

- Clean and disinfect all touch surfaces used at, or near, point-of-care with a hospital-grade disinfectant (per manufacturer's instructions) if used or touched during the encounter with the patient.
- Clean the surface of telephone components, pagers and computer 'mice' in a manner that prevents damage to internal systems from excessive fluid, for example, disinfectant wipes.
- Clean LCD screens in non-clinical areas with approved screen cleaning products.
- Use solid, fluid-resistant keyboards that can be cleaned and disinfected.

Toys ([IPC for Clinical Office Practice page 45](#))

Toys should be smooth, nonporous and able to withstand rigorous mechanical cleaning (e.g., no plush toys). Parents should be encouraged to bring their own toys. All toys should be cleaned and disinfected between uses. Toys should be removed from general waiting rooms if an adequate process cannot be established to ensure their daily inspection, cleaning and disinfection. Responsibility for cleaning toys should be assigned.

All other Equipment and Materials

Disinfection is a process used on inanimate objects and surfaces to kill microorganisms. Disinfection will kill most disease-causing microorganisms but may not kill all bacterial spores.

The key to effective cleaning and disinfection of environmental surfaces is the use of friction ('elbow grease') to remove microorganisms and debris. Surfaces must be cleaned of visible soil before being disinfected, as organic material may inactivate a disinfectant.

Hospital-grade cleaning and disinfecting products:

- i) must have a drug identification number (DIN) from Health Canada (www.hc-sc.gc.ca/dhpmps/prodpharma/databasdon/index-eng.php) if it contains a disinfectant.
- ii) must be used according to the manufacturers' recommendations for dilution, temperature, water hardness and contact time
- iii) shall be used according to the product's Material Safety Data Sheet (MSDS).

Read and follow manufacturer's instructions for safe use of cleaning and disinfection products (e.g., wear gloves, use in well-ventilated areas, allow enough contact time for disinfectant to kill germs based on the product being used).

Consult Health Canada's list of disinfectants that are considered effective in killing the Corona virus causing COVID-19, [Hard-surface disinfectants and hand sanitizers \(COVID-19\): List of disinfectants for use against COVID-19](#)

SUGGESTIONS:

- Post your cleaning and disinfection policy in the waiting room and on your website for the public to review
- Develop a checklist and schedule of cleaning and disinfection for each day. Decide on who is going to complete the cleaning task
- Consider training specific staff in the different modes required for cleaning and disinfecting

We cannot predict the consequences of the return to work, consequently further guidance may be added or changed. Also, as a self-regulated professional you must always use your professional judgement. The College's [Practice Advice team](#) is here to discuss issues with you.