



University Health Network

Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

**Handling of Dirty or Contaminated  
Equipment**  
UHN Medical Engineering Policy #C9

# Handling Contaminated Equipment

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- This policy provides guidelines for Medical Engineering staff to follow when dealing with equipment that has been inadequately cleaned, or that has been in contact with body substances (blood, urine, feces, oral secretions, open skin lesions, wound drainage, mucous membranes)
- **All** body substances from **all** patients must be considered to be potentially infectious.
- Policy Revision Date: August 1999.



# Procedures

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1. Should a piece of equipment be referred for service that is externally dirty or contaminated, it will be returned to the sender with a written note requesting that it be properly cleaned prior to service. It is always the responsibility of the user department to perform this function.
2. If a piece of equipment is dismantled and found to be internally dirty or contaminated, it must be cleaned by the staff member performing maintenance. It is the staff member's responsibility to determine whether the piece of equipment is contaminated or merely dirty. If any doubt exists, the equipment should be assumed to be contaminated.



# Procedures – cont.

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3. If the equipment is internally contaminated with body substances, then the barrier precautions listed in Procedure 5 should be followed. The following cleaning procedures must be followed:

1. The equipment must be taken to the decontamination area. All necessary supplies will be available in this area.
2. The contaminated parts must be laid out on clean paper towels.
3. The contaminated material must be removed from the equipment by washing or swabbing with a 1% chlorine bleach solution. If washing fails to remove all residues, mechanical scraping, followed by another bleach wash, may be needed. If the equipment might be damaged by exposure to bleach, alternate decontaminants may be used in consultation with the Manager, Clinical Engineer(s), Director, or Infection Surveillance nurse.
4. All contaminated waste must be placed in a yellow plastic bag and taken to a garbage area. Waste that is not soiled with body substances can be disposed of in the regular dark green/black garbage bags.
5. When the equipment has been thoroughly cleaned, all sink and counter surfaces, and tools used, must be washed with a 1% chlorine bleach solution and wiped dry.



## Procedures – cont.

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4. If the equipment is internally dirty, but not contaminated, normal cleaning techniques may be used without barrier precautions.
5. Should a departmental member become involved in a procedure that involves contact with body substances the following barrier precautions should be used:
  - a. Gloves must be worn when contacting any body fluid or non-intact skin. They should be changed after contact with each patient, or piece of equipment that contacts body fluids. **IMPORTANT:** Ensure that gloves are removed, and hands washed, before contacting any other objects such as telephones, faucets, door knobs, etc. While you may still be protected, you have contaminated the object for the next (unprotected) person who contacts it. Many bacteria and viruses can survive for hours on inanimate objects.
  - b. Masks, protective eyewear, and gowns should be worn during procedures that are likely to produce splashes of body fluids. Contact lenses should not be worn alone where splashing is likely to occur; goggles should also be worn, or the lenses can be replaced with prescription glasses. Standard eye glasses will provide a reasonable degree of protection from splashes, but goggles are preferable.



## Procedures – cont.

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6. If protective barriers are breached and direct contact with a contamination source occurs, the affected area must be washed immediately. Thorough washing should be carried out for a number of minutes. Eyes should be washed with normal saline or water. The employee must then report to Occupational Health and Safety for management, counselling, and follow-up. An Employee Incident Report form must be completed. If the incident occurs after hours, the employee should report to Emergency.
7. Staff should take precautions to prevent injuries caused by cleaning, handling or servicing equipment. Cuts or grazes of any kind should be covered with dressings and/or protective gloves.



## Procedures – cont.

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8. Staff who have exudative lesions or weeping dermatitis (open sores which secrete fluids) should refrain from handling patient-care equipment until the condition is resolved. Immediate medical attention must be obtained.
9. Staff who are required to enter the room of an isolated patient to perform equipment maintenance must observe the isolation procedures posted on the door of the room. Additional guidance should be sought from nursing and medical staff attending the patient if the posted procedures are not clear.



# Final note

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- **PLEASE NOTE:** The most effective control against the spread of infection is frequent and thorough hand-washing.

