

Department of Anesthesia

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Infection Control
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The following procedures are intended to reduce the risk for transmission of infection via anesthesia equipment through proper infection control procedures. This policy governs the routine care and cleaning of anesthesia equipment performed by the Anesthesia Technicians and Assistants, utilizing standard precautions established by MedStar Georgetown University Hospital.

A. Sterile Equipment

Recommendation – Equipment that will enter or contact any body area that is normally sterile must be sterile at time of use.

1. Most sterile equipment used by the Department of Anesthesia is obtained sterile from the manufacturer.
2. Items that require sterilization should be clean, dry and wrapped with a sterilization indicator. Each package should be labeled to content, department, and date of sterilization and sent to the sterile processing room in the operating room.

B. Equipment requiring high level disinfection

Recommendation – Equipment contacting mucous membrane but not ordinarily penetrating body surfaces should be free from contamination but need not be sterile.

1. Laryngoscope blades and McGill forceps should be thoroughly scrubbed with a brush and cleaning solution, rinsed and processed through the Steris I/20 Sterilant machine. After cleaning, they are placed in a clean sterilization bag.
2. Flexible fiberoptic intubation scopes require special handling and should be decontaminated according to the procedure for that equipment and processed through the Steris I Machine 20 sterilant.
3. Carbon dioxide disposable canister is changed when it becomes discolored.
4. Ventilator bellows are washed, dried and ETO sterilized quarterly. Bellows housings are cleaned with hospital approved disinfecting toiles.

C. Equipment requiring cleaning.

Recommendation – Equipment that does not ordinarily touch patient or touches only intact skin should be cleaned with a detergent or disinfectant at the end of the day or whenever visibly contaminated.

1. Blood pressure cuffs and tubing, pulse oximeter probes, ECG electrodes, blood warmers, exterior of anesthesia machine and cart will be cleaned with hospital approved disinfecting toiles at the end of the day and more often if visible soiled.
2. Table-top of anesthesia machine will be cleaned with hospital approved disinfecting toiles after each case and covered with a clean towel. All items on the machine from previous case will be discarded, since all used items are considered contaminated.

This procedure complies with ASA “Recommendations for Infection Control for the Practice of Anesthesiology”.

Procedures for Handling of Soiled Equipment

1. Anesthesia Equipment that can be reprocessed is sent to Central Sterile Processing Department. The method used is a one-way flow of soiled equipment out of the operating room via the outside door leading to the outside corridor where it is taken to the soiled linen area and then taken to the Central Sterile Processing Department.
2. Reusable equipment that has been soiled or potentially contaminated during procedure is placed into appropriate bag containers. Clear bags are used for equipment to be washed and processed through the *Steris I/20 Sterilant* machine.
3. Soiled blood pressure cuffs are washed in a hospital approved detergent/disinfectant solution and taken to the linen service to be processed.
4. Non-disposable Breathing tubes, masks, and soiled airways are washed in instrument detergent and sterilized through the autoclave.
5. Anesthesia machines, equipment carts and monitors are surface cleaned each day using hospital approved disinfecting toiles. All used items are replaced with fresh supplies for the next case.
6. All disposable equipment is disposed after use.