LOWER MAINLAND MEDICAL IMAGING

Cleaning and Disinfecting Between Medical Imaging Patients - Guideline

Last Revised	Version	Description of Changes
29-Sep-20	V4.0	Revised based on feedback from MRI IPAC Working Group.

The intent of this document is to provide medical imaging staff with guidance on cleaning and disinfecting practices for equipment frequently used in Medical Imaging between multiple patients. The list of equipment is not an all inclusive list in each modality and equipment may vary from site to site. The times listed for equipment cleaning and disinfection are only estimates. The time to turn over a medical imaging room will vary based on equipment used during the exam, the condition of the patient (i.e. use of mobility aids), the condition of the equipment (i.e. visibly soiled), cleaning and disinfecting solution and the number of staff available to support cleaning and disinfection. For more information sites should reference their IPAC health authority resource page for instructions on how to low level disinfect equipment and equipment/environmental cleaning standards.

This guideline was developed by the Lower Mainland Medical Imaging Quality Team.

MRI Equipment - Cleaning and Disinfection (LLD)		
Routine Practices (1 person ~ 5-7 min/2 people ~ 5min)		
Multi-patient equipment that comes into direct contact with the patient must be cleaned & disinfected between each use.	Time 1 person	Time 2 people
RF coil surface (if not covered by linen)		
Patient positioning aids and immbolization straps		
Patient call bell		
Respiratory bellows and cardiac leads (if used)		
Headset		
Bore pads and surfaces		
Bore surfaces where patient breathe/coughed on (1-2m from face - if not wearing masks)		
Change out linen - clean pillow and table pad not covered in linen		
Gurney horizontal surfaces not covered by linen (e.g. side of table, extensions)		
Gurney positioning control on bore		
Gurney rails and handles		
Step stool handle (if used)		
Power Injector (if used)		
Ceiling lift and accessories (if used)		
Locker and key	5-7 mins	5 mins
Items or equipment frequently touched by staff but do not come into direct contact with the patient must be cleaned & disinfected daily and whenever visibly soiled. The 4 Moments of Hand Hygiene addresses items frequently touched by the technologist during the exam. If hand hygiene is not performed it will be necessary to clean some of these items between exams. http://ipac.vch.ca/Documents/Routine%20Practices/VCH.0014-%204%20Moments%20for%20Hand%20Hygiene1.pdf		
Zone 4 door handles and keypad		
Wall oxygen/suction, monitoring equipment, IV pumps		
Handles and horizontal surfaces in the image and control room		
Power injector console, intercom, telephone, computer keyboard and mouse		
Floor		
For further information, please consult your Infection Prevention and Control site resources.		
Additional Precautions: Droplet	Refer to your IPAC site resources or request an IPAC consultation	
Additional Precautions: Airborne		

DAP Standards:

DIPC6.1.2 M Equipment and surfaces in direct contact with a patient or blood and body fluids are cleaned and disinfected before use with another patient.

DIPC6.1.4 M If there is significant environmental contamination (e.g. stool, urine, wound drainage, or uncontrolled respiratory secretions) all horizontal surfaces and frequently touched surfaces are appropriately cleaned and disinfected before the room and/or equipment is used for another patient.

DIPC6.2.2 M Ancillary medical equipment is appropriately cleaned and disinfected (e.g. compression devices, positioning aides).

DIPC6.2.3 M Equipment touching mucous membranes or non-intact skin is appropriately cleaned and high-level disinfected between patients.

CT Equipment - Cleaning and Disinfection (LLD)		
Routine Practices (1 person ~ 5 min/2 people ~3 min)		
Multi-patient equipment that comes into direct contact with the patient must be cleaned & disinfected between each patient.	Time 1 person	Time 2 people
Patient Table and accessories (head holder, extender)		
Gantry where there was direct contact with patient and gantry control panels		
Patient positiong aids (pillow/sponges/supports)		
Contrast injector (if used)		
Patient transfer board (if used)		
Ceiling lift and accessories (if used)		
ECG cables used for CCTA		
Patient chair		
Foot stool handle (if used)		
Clipboard for Questionnaire		
IV Prep Area: chair / stretcher surfaces touched by patients (handrails etc)	~5 min	~3 min
Items or equipment frequently touched by staff but do not come into direct contact with the patient must be cleaned & disinfected daily and whenever visibly soiled. The 4 Moments of Hand Hygiene addresses items frequently touched by the technologist during the exam. If hand hygiene is not performed it will be necessary to clean some of these items between exams. http://ipac.vch.ca/Documents/Routine%20Practices/VCH.0014-%204%20Moments%20for%20Hand%20Hygiene1.pdf		
Emergency call buttons (if used)		
Door and cupboard handles (contrast warmer, blanket warmer)		
Venipuncture cart		
Wall oxygen		
Wall suction		
Clean linen cart (if required)		
Computer console and keyboards		
Colonography Insufflator		
Contrast injector control console and touchscreen		
Carts used for CT guided interventional procedure supplies		
Counters		
Floor		
Phones		
For further information, please consult your Infection Prevention and Control site resources.		
Additional Precautions: Droplet	Refer to your IPAC site resources or request an IPAC consultation	
Additional Precautions: Airborne		

DAP Standards:

DIPC6.1.2 M Equipment and surfaces in direct contact with a patient or blood and body fluids are cleaned and disinfected before use with another patient.

DIPC6.1.4 M If there is significant environmental contamination (e.g. stool, urine, wound drainage, or uncontrolled respiratory secretions) all horizontal surfaces and frequently touched surfaces are appropriately cleaned and disinfected before the room and/or equipment is used for another patient.

DIPC6.2.2 M Ancillary medical equipment is appropriately cleaned and disinfected (e.g. compression devices, positioning aides).

DIPC6.2.3 M Equipment touching mucous membranes or non-intact skin is appropriately cleaned and high-level disinfected between patients.

Mammography Equipment - Cleaning and Disinfection (LLD)		
Routine Practices (1 person ~ 5-7 min)		
Multi-patient equipment that comes into direct contact with the patient must be cleaned & disinfected between each patient.	Time 1 person	Time 2 people
Face shield	DX=5-7min ST=10-15min	DX=3-5min ST=8-10min
Compression paddle(s) + Detector		
Magnification attachments		
Stereotactic attachments, needle position guides + metal bushings		
All gantry buttons + patient handles		
Door handle		
Patient chair / stool		
Counter (e.g. patient belongings placed)		
Door (coat hook)		
Positioning Bed		
Positioning Sponges		
Trolley-for interventional procedures		
Specimen Imaging machine		
Clipboard for Questionnaire (if used)		
Items or equipment frequently touched by staff but do not come into direct contact with the patient must be cleaned & disinfected daily and whenever visibly soiled. **The 4 Moments of Hand Hygiene addresses items frequently touched by the technologist during the exam. If hand hygiene is not performed it will be necessary to clean some of these items between exams.** http://ipac.vch.ca/Documents/Routine%20Practices/VCH.0014-%204%20Moments%20for%20Hand%20Hygiene1.pdf		
Exposure button/switch *		
Control panel and mouse		
Control panel monitor support arm -post interventional cases		
Fingerprint scanner		
Computer keyboard and mouse		
PACS display monitors		
O2 tubing and regulator + wall suction		
Steril supply cabinet tops		
Counter tops, drawer handles, supply cabinet handles, blanket warmer		
Floor		
Steril supply cabinet tops		
Ultrasound machine if used in interventions		
telephone		
For further information, please consult your Infection Prevention and Control site resources.		
Additional Precautions: Droplet	Refer to your IPAC site resources or request an IPAC	
Additional Precautions: Airborne		

DAP Standards:

DIPC6.1.2 M Equipment and surfaces in direct contact with a patient or blood and body fluids are cleaned and disinfected before use with another patient.

DIPC6.1.4 M If there is significant environmental contamination (e.g. stool, urine, wound drainage, or uncontrolled respiratory secretions) all horizontal surfaces and frequently touched surfaces are appropriately cleaned and disinfected before the room and/or equipment is used for another patient.

DIPC6.2.2 M Ancillary medical equipment is appropriately cleaned and disinfected (e.g. compression devices, positioning aides).

DIPC6.2.3 M Equipment touching mucous membranes or non-intact skin is appropriately cleaned and high-level disinfected between patients.

Gen Rad Equipment - Cleaning and Disinfection (LLD)		
Routine Practices (1 person ~ 3-4 min/2 people ~ 2-3 min)		
Multi-patient equipment that comes into direct contact with the patient must be cleaned & disinfected between each patient.	Time 1 person	Time 2 people
X-ray table (include edges where patient touches the table)	3-4 min	2-3 min
Patient linens changed between each patient -pillow, top sheet on mattress, only change bottom sheet if top sheet did not completely cover mattress.		
Positioning Aides*-sponges/supports		
Overhead tube*		
Wall bucky and side handles		
Standing feet & knees auxillary equipment (if used)		
Transfer boards (if used)		
Ceiling lift and accessories (if used)*		
Foot stool handle (if used)		
IV pole and/or arm support (if used)		
Lead protection (if direct contact)		
Door handle		
Patient chair/stool		
Counter (e.g. patient belongings placed)		
Door (coat hook)		
Clipboard for Questionnaire (if used)		
Items or equipment frequently touched by staff but do not come into direct contact with the patient must be cleaned & disinfected daily and whenever visibly soiled. **The 4 Moments of Hand Hygiene addresses items frequently touched by the technologist during the exam. If hand hygiene is not performed it will be necessary to clean some of these items between exams.** http://ipac.vch.ca/Documents/Routine%20Practices/VCH.0014-%204%20Moments%20for%20Hand%20Hygiene1.pdf		
O2 tubing and regulator + wall suction		
Exposure button/switch *		
Counter tops, drawer handles, supply cabinet handles, blanket warmer		
Control panel * + mounse		
Control panel monitor		
Computer keyboard and mouse		
PACS display monitors		
Floor		
telephone		
For further information, please consult your Infection Prevention and Control site resources.		
Additional Precautions: Droplet	Refer to your IPAC site resources or request an IPAC consultation	
Additional Precautions: Airborne		

DAP Standards:

DIPC6.1.2 M Equipment and surfaces in direct contact with a patient or blood and body fluids are cleaned and disinfected before use with another patient.

DIPC6.1.4 M If there is significant environmental contamination (e.g. stool, urine, wound drainage, or uncontrolled respiratory secretions) all horizontal surfaces and frequently touched surfaces are appropriately cleaned and disinfected before the room and/or equipment is used for another patient.

DIPC6.2.2 M Ancillary medical equipment is appropriately cleaned and disinfected (e.g. compression devices, positioning aides).

DIPC6.2.3 M Equipment touching mucous membranes or non-intact skin is appropriately cleaned and high-level disinfected between patients.

Interventional Radiology Equipment - Cleaning and Disinfection (LLD)		
Routine Practices (1 person ~ 15 min/2 people ~ 10 min)		
Multi-patient equipment that comes into direct contact with the patient must be cleaned & disinfected between each use.	Time 1 person	Time 2 people
Patient table (including edges)		
Patient linens changed between each patient		
Patient positioning aids (head support, sponges, armboards)		
Patient transfer boards (if used)		
Ceiling lift and accessories (if used)		
EKG leads/O2 Sat/ B/P cuff- cables		
Foot stool handle, patient chair (if used)		
Trolley		
Injector syringe, tubing (if used)		
Ultrasound probe (if used)		
Clipboard for Questionnaire (if used)		
Patient lead protection (if used)	15 min	10 min
Items or equipment frequently touched by staff but do not come into direct contact with the patient must be cleaned & disinfected daily and whenever visibly soiled. The 4 Moments of Hand Hygiene addresses items frequently touched by the technologist during the exam. If hand hygiene is not performed it will be necessary to clean some of these items between exams. http://ipac.vch.ca/Documents/Routine%20Practices/VCH.0014-%204%20Moments%20for%20Hand%20Hygiene1.pdf		
Wall oxygen/suction, Patient Monitor, Injector pump, U/S machine, Overhead & table lead shields, contrast warmer		
Door, cupboard handles, counter		
Room Image display monitors		
Image intensifier controls, table controls		
Tech control panel inside room(portable) & in tech control room		
WOW (Cerner sites)		
Exposure button		
Floor		
Telephone		
For further information, please consult your Infection Prevention and Control site resources.		
Additional Precautions: Droplet	Refer to your IPAC site resources or request an IPAC consultation	
Additional Precautions: Airborne		

DAP Standards:

DIPC6.1.2 M Equipment and surfaces in direct contact with a patient or blood and body fluids are cleaned and disinfected before use with another patient.

DIPC6.1.4 M If there is significant environmental contamination (e.g. stool, urine, wound drainage, or uncontrolled respiratory secretions) all horizontal surfaces and frequently touched surfaces are appropriately cleaned and disinfected before the room and/or equipment is used for another patient.

DIPC6.2.2 M Ancillary medical equipment is appropriately cleaned and disinfected (e.g. compression devices, positioning aides).

DIPC6.2.3 M Equipment touching mucous membranes or non-intact skin is appropriately cleaned and high-level disinfected between patients.

Ultrasound/Echo Equipment - Cleaning and Disinfection (LLD)		
Routine Practices (1 person ~ 10-15 min/2 people ~ 5-10 min)		
Multi-patient equipment that comes into direct contact with the patient must be cleaned & disinfected between each use.	Time 1 person	Time 2 people
Transducers		
Patient positioning aids (knee support, wedges)		
Patient Transfer boards		
Gel bottle tip		
EKG leads/wires/cables		
Foot stool handle		
Ceiling lift and accessories (if used)		
IV pump and pole/syringe pump (if used)		
(Change) linen that comes into direct contact with patient		
Clothes hook (for patients clothes)	10-15 min	5-10 min
Items or equipment frequently touched by staff but do not come into direct contact with the patient must be cleaned & disinfected daily and whenever visibly soiled. The 4 Moments of Hand Hygiene addresses items frequently touched by the technologist during the exam. If hand hygiene is not performed it will be necessary to clean some of these items between exams. http://ipac.vch.ca/Documents/Routine%20Practices/VCH.0014-%204%20Moments%20for%20Hand%20Hygiene1.pdf		
Telephone, intercom		
Wall oxygen/suction		
Blanket Warmer		
Door handles		
Computer keyboard and mouse		
Floor		
For further information, please consult your Infection Prevention and Control site resources.		
Additional Precautions: Droplet	Refer to your IPAC site resources or request an IPAC consultation	
Additional Precautions: Airborne		

DAP Standards:

DIPC6.1.2 M Equipment and surfaces in direct contact with a patient or blood and body fluids are cleaned and disinfected before use with another patient.

DIPC6.1.4 M If there is significant environmental contamination (e.g. stool, urine, wound drainage, or uncontrolled respiratory secretions) all horizontal surfaces and frequently touched surfaces are appropriately cleaned and disinfected before the room and/or equipment is used for another patient.

DIPC6.2.2 M Ancillary medical equipment is appropriately cleaned and disinfected (e.g. compression devices, positioning aides).

DIPC6.2.3 M Equipment touching mucous membranes or non-intact skin is appropriately cleaned and high-level disinfected between patients.

Nuclear Medicine Equipment - Cleaning and Disinfection (LLD)		
Routine Practices (1 person ~ 7 min/2 people ~ 4 min)		
Multi-patient equipment that comes into direct contact with the patient must be cleaned & disinfected between each use.	Time 1 person	Time 2 people
Scanning bed and accessories (bed extender, brain holder, arm rests/arm wraps)		
Patient positioning aids (knee support, wedges, velcro straps)		
Injection tray table/arm extenders/accessories (lead pig, syringe shield)		
Plastic pillow and mattress		
Patient linens changed between each patient		
Camera P-Scope/Hand Controller (if plastic cover - change cover or clean cover)		
Camera detectors/touchpads		
Gantry where there was direct contact with patient		
Foot stool handle, patient chair		
EKG leads/wires/cables (if used)		
Technegas (if used)		
IV pump and pole/syringe pump (if used)		
Patient basket for personal items (if used)		
Patient Transfer boards (if used)		
Ceiling lift or ceiling handle aids (if used)	~ 7 min	~ 4 min
Items or equipment frequently touched by staff but do not come into direct contact with the patient must be cleaned & disinfected daily and whenever visibly soiled. The 4 Moments of Hand Hygiene addresses items frequently touched by the technologist during the exam. If hand hygiene is not performed it will be necessary to clean some of these items between exams. http://ipac.vch.ca/Documents/Routine%20Practices/VCH.0014-%204%20Moments%20for%20Hand%20Hygiene1.pdf		
Wall oxygen/suction, EKG machine, Stress Lab/Injection cart, WOW (Cerner Sites)		
Computer keyboard and mouse, Countertops, door and cupboard handles (E.g. Blanket Warmer), phone		
Floor		
For further information, please consult your Infection Prevention and Control site resources.		
Additional Precautions: Droplet (~ 1 person 10 min / ~ 2 people 5 min)	Refer to your IPAC site resources or request an IPAC consultation	
Additional Precautions: Airborne (~ 1 person 70 min / ~ 2 people 70 min)		

DAP Standards:

DIPC6.1.2 M Equipment and surfaces in direct contact with a patient or blood and body fluids are cleaned and disinfected before use with another patient.

DIPC6.1.4 M If there is significant environmental contamination (e.g. stool, urine, wound drainage, or uncontrolled respiratory secretions) all horizontal surfaces and frequently touched surfaces are appropriately cleaned and disinfected before the room and/or equipment is used for another patient.

DIPC6.2.2 M Ancillary medical equipment is appropriately cleaned and disinfected (e.g. compression devices, positioning aides).

DIPC6.2.3 M Equipment touching mucous membranes or non-intact skin is appropriately cleaned and high-level disinfected between patients.

Bone Density Equipment - Cleaning and Disinfection (LLD)		
Routine Practices (1 person ~ 5 min/2 people ~ 3 min)		
Multi-patient equipment that comes into direct contact with the patient must be cleaned & disinfected between each use.	Time 1 person	Time 2 people
Scanning bed, arm	~ 5 min	~ 3 min
Patient positioning aids (leg support, hip board/wedge, velcro straps)		
Plastic pillow and mattress		
Patient linens changed between each patient		
Weight/Height Scale		
Foot stool handle, patient chair		
Patient basket for personal items, clothes hooks, shoe horn		
Clipboard for Questionnaire		
Patient Transfer boards (if used)		
Ceiling lift or ceiling handles/aids (if used)		
Items or equipment frequently touched by staff but do not come into direct contact with the patient must be cleaned & disinfected daily and whenever visibly soiled. The 4 Moments of Hand Hygiene addresses items frequently touched by the technologist during the exam. If hand hygiene is not performed it will be necessary to clean some of these items between exams. http://ipac.vch.ca/Documents/Routine%20Practices/VCH.0014-%204%20Moments%20for%20Hand%20Hygiene1.pdf		
Scanning bed controller		
Wall oxygen/suction, WOW (Cerner Sites)		
Computer keyboard and mouse, Countertops, door and cupboard handles (E.g. Blanket Warmer), phone		
Floor		
For further information, please consult your Infection Prevention and Control site resources.		
Additional Precautions: Droplet (~ 1 person 10 min / ~ 2 people 5 min)	Refer to your IPAC site resources or request an IPAC consultation	
Additional Precautions: Airborne (~ 1 person 70 min / ~ 2 people 70 min)		

DAP Standards:

DIPC6.1.2 M Equipment and surfaces in direct contact with a patient or blood and body fluids are cleaned and disinfected before use with another patient.

DIPC6.1.4 M If there is significant environmental contamination (e.g. stool, urine, wound drainage, or uncontrolled respiratory secretions) all horizontal surfaces and frequently touched surfaces are appropriately cleaned and disinfected before the room and/or equipment is used for another patient.

DIPC6.2.2 M Ancillary medical equipment is appropriately cleaned and disinfected (e.g. compression devices, positioning aides).

DIPC6.2.3 M Equipment touching mucous membranes or non-intact skin is appropriately cleaned and high-level disinfected between patients.

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Reviewed by	IPAC (FH, PHC, PHSA, VCH)
Reviewed by date	29-Sep-20
Owners:	All RPLS & Regional Manager, Quality

Revision History:

Version	Date	Description/Key Changes	Revised By (Name/Position)
1	1-May-20	Initial Release Open to feedback from sites for improvement	All Modality RPLS and Laura VanRoekel
2	13-May-20	Reviewed and revised by RPLS based on feedback from IPAC Q&A. Included information on items that do NOT need to be cleaned in between patients that do NOT come into contact with patients but should be	All Modality RPLS and Laura VanRoekel
3	14-May-20	Reviewed and revised based on feedback by MRI PPC	Sam Yim, MRI RPL
4	29-Sep-20	Reviewed and revised based on feedback by MRI IPAC Provincial Working Group. Updated C&D times on MRI tab Update items to be C&D	Sam Yim, MRI RPL