Quick Reference Environmental Cleaning for School Nurses

How to clean equipment and surfaces, when to clean, what to use

Visibly soiled surfaces must be cleaned with friction first then re-wiped. Non-visibly soiled surfaces may be wiped thoroughly with friction once. When using spray disinfectant, spray/saturate towel and wipe surface with friction. Spraying the surface and letting it dry is not adequate to clean and disinfect. Wear gloves.

Item to clean	Wipe down what?	When?	With what?
Blood pressure cuff	Cuff, tubing, bulb (if manual)	After each use	Wipe with low-level disinfectant (LLD); if visibly soiled, wash in soap and water, rinse and hang to dry.
Stethoscope	Bell and tubing	After each use	Wipe with IPA (isopropyl alcohol) or LLD.
Reflex hammer	Handle and head	After each use	Wipe with IPA or LLD.
Otoscope speculae (Disposable preferred)	If reusable, wash and disinfect speculae	All surfaces after each use	IPA may be used for non-disposable otoscope speculae, soak for 20 minutes.
Otoscope handle	Handle	All surfaces after each use	Wipe with LLD and air dry.
Ear thermometer, Temporal scanner thermometer	All surfaces	All surfaces after each use	Wipe with LLD and air dry.
Digital thermometer with disposable probes	All surfaces, except disposable probe	After each use	Wipe "machine" with LLD and air dry; Discard disposable probe after each use.
Basin (Disposable preferred)	Basin	After each use	Wash in enzymatic detergent and rinse well, then autoclave. *(If do not have autoclave, use disposable-one time use only)*
Canes, walkers, crutches, wheelchairs, rehab equipment	Special attention to surfaces that are in contact with people	Between patients	If visibly soiled, clean first with friction. Then wipe down with LLD.
Exam tables, gurneys	Top of table, other areas that came in contact with patient and/or bodily fluids	After each use	If visibly soiled, clean first with friction. Then wipe down with LLD.
Door knobs, phones, keyboards, light switches, hand sanitizer dispenser, pen lights & other "hand touch" items in nursing area	"Community" pen at the desk; Shared keyboards, counters, telephones, doorknobs, drawer pulls and other "hand touch" areas	At least twice daily *(Clean often because this is a "healthcare" area)*	If visibly soiled, clean first with friction. Then wipe down with LLD. Disinfect keyboards for 5 seconds daily and when visibly dirty by wiping with LLD or IPA.
Waiting room: chairs, tables, etc.	All surfaces that can come in contact with patient	First thing in the morning and/or at the end of the day	If visibly soiled, clean first with friction. Then wipe down with LLD.

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Surfaces must be moisture-resistant to be able to disinfect them. Upholstered furniture that is not vinyl covered cannot be disinfected. *1/2007*

ANTIBIOTIC RESISTANCE Task Force

Guide to Sterilization and Disinfection of Equipment & Surfaces

You MUST thoroughly clean items to remove all visible soil before disinfecting or sterilizing

Intended Use	**Level of Process Required**	**Products*** ***Brand names are used as examples only, no endorsement is implied.**
Critical Intended use: Objects that enter normally sterile tissue, the vascular system or through which blood flows, should be sterile (*instruments)*	**Sterilization** (Steam, gas, hydrogen peroxide plasma, or chemical sterilization)	For chemical sterilization: Glutaraldehyde (≥ 2.0%) (Cidex, Metricide) Hydrogen peroxide – HP (7.5%) (Sporox) Peracetic acid – PA (0.2%) HP (1.0%) & PA (0.08%) HP (7.5%) & PA (0.23%) Glut (1.12%) & Phenol/phenate (1.93%) (*Exposure time on all per manufacturers' recommendations*) HP is NOT your clinic wound cleaning product!
Semi-critical Objects that touch mucous membranes or skin that is not intact require an HLD process (*scissors*)	**High Level Disinfection (HLD)** *(FDA regulates products)*	Germicide — Concentration Glutaraldehyde — ≥ 2.0% Ortho-phthalaldehyde (OPA) *(12 min)* — 0.55% Hydrogen peroxide (HP) — 7.5% HP and paracetic acid (PA) — 1.0%/0.08% HP and PA — 7.5%/0.23% Hypochlorite (free chlorine)* — 650-675ppm *May cause cosmetic and functional damage *(Exposure time ≥ 12 min to 30 min @ 20° C, see manufacturers' recommendations)*
Non-critical Objects that will not come in contact with mucous membranes or non-intact skin (e.g. environmental surfaces) require a low level process that kills vegetative bacteria, fungus and some viruses (Hepatitis B, C, MRSA and HIV).	**Low Level Disinfectant (LLD)** *(EPA regulates hospital-level products)*	Germicide — Concentration Ethyl or isopropyl alcohol — 70-90% Chlorine — 100ppm (1:500 dilution) ** Phenolic — * Iodophor — * Quaternary ammonium (quat) — * **Use manufacturers' recommendations for concentrations* ***5.25-6.15% household bleach diluted 1/500provides > 100ppm available chlorine* *(Exposure time ≥ 1 min)* EPA registered, pop-up towelettes are usually quats and are effective low-level disinfectants.

Note: Intermediate level disinfectants - usually used for therapy or whirlpool tubs.

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