

PROBES

Gel & Reprocessing



***Following CPSO, PHO
PIDAC: Infection Control in the Physicians Office
IPAC Core Competencies & Reprocessing***

Updated January 2021
MMC/VG

Transvaginal Ultrasound & Reprocessing

What you need to know.....

- *Delegated Act*
- *Annual Review*
- *100% Compliance*

HAND WASHING OR ABHR (Alcohol Based Hand Rub)

- *Must be performed before and after every patient exam.*
- *After probe care.*
- *After Resert solution change.*
- *Anytime, if visibly soiled.*

This is the first line defense against transmission of infection!!!!

Translabial Ultrasound

- *Translabial exams are required when a transvaginal cannot be done and a tranabdominal scan has not provided enough information i.e. short cervical length*
- *ABHR, Wear gloves*
- *Used individual packaged probe cover*
- *Squeeze sterile gel on the probe before placing the cover over the probe*
- *Add sterile gel on the outside, for scanning*
- *End of scan: Remove using inside glove technique*
- *Wipe excess gel and clean probe, handle and cord with LLD (PREempt Wipes)*
- *Perform Hand Hygiene*

Translabial Probe covers



Transvaginal Ultrasound

- *Delegated Act that requires a written protocol signed off by the Quality Advisor and the sonographer.*
- *Refer to Protocol/Medical Directive/Delegated Act for Transvaginal Ultrasound*
- *Understand when not to perform a TV scan (virgin, patient refuses)*
- *Understand when to add a TV (post menopausal bleeding, fibroids etc)*
- *MUST explain the procedure and WHY the exam is being performed*
- *Obtain verbal consent and give choice to insert the probe themselves*
- *Show and explain that the probe is covered with a sterile cover and lubricant*
- *MUST tell them if they experience any discomfort to let you know*
- *MUST ask the patient how they are doing DURING the exam*

Transvaginal Probe:

- *Has a High Level Disinfectant identifier on it*
- *Has a unique probe # applied to it*
- *REQUIRES high level disinfection (HLD) after use*

Before starting any ultrasound exam, wash your hands or used ABHR. Let your patient see you cover the TV probe, using Aseptic technique! Using sterile single use probe cover, guide the cover over the probe and peel away once ready for use.



Sterile single use Lubricating Jelly is squeezed onto the probe, WITHOUT touching the package to the probe! The patient is now ready to be scanned. (Glove is on the scanning hand)



Once the exam is complete:

Remove the probe cover, wrapping the used cover inside the glove, turning the glove inside out, dispose into garbage.

Wear a glove and wipe the probe with a tissue to remove excess gel and clean probe and cord back to connector with a PREempt wipe.

Dispose dirty tissue, PREempt wipe and glove into the garbage.



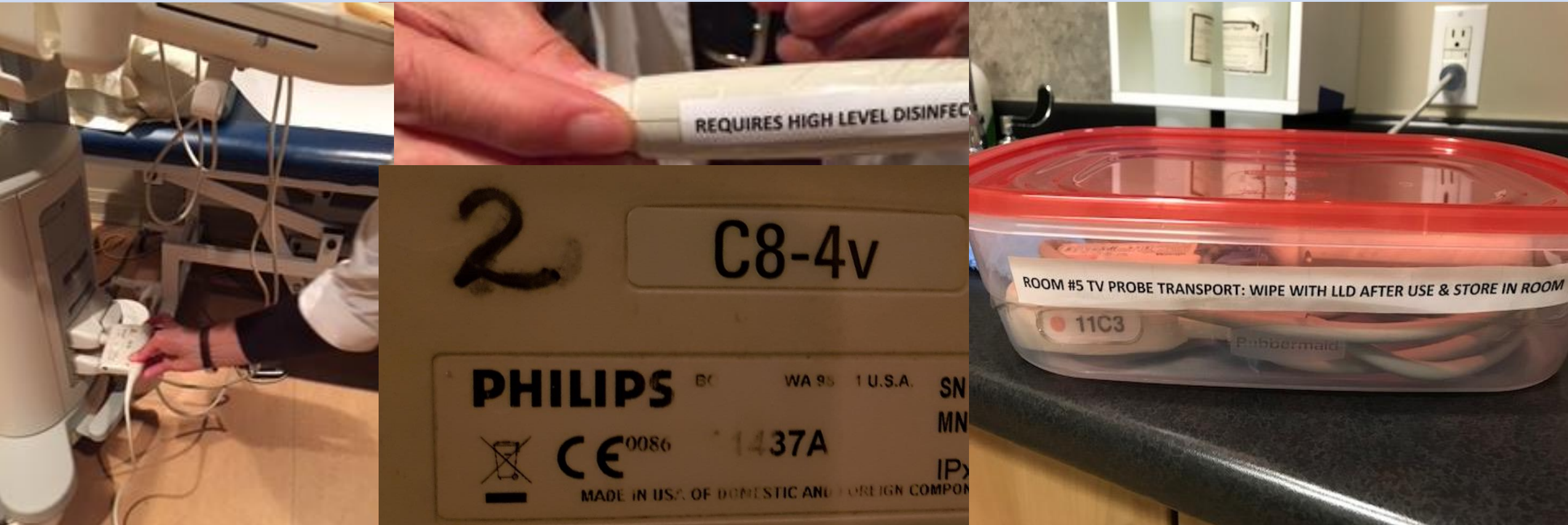
Perform hand washing or ABHR.

Disconnect the Probe from the Ultrasound Machine

FYI: Probe has been labelled as HLD and has a unique identifier (i.e #1, #2)

Transport the probe to the Reprocessing Area in a labeled, covered container.

Wipe the container and lid with a LLD after use, and store back in the US room

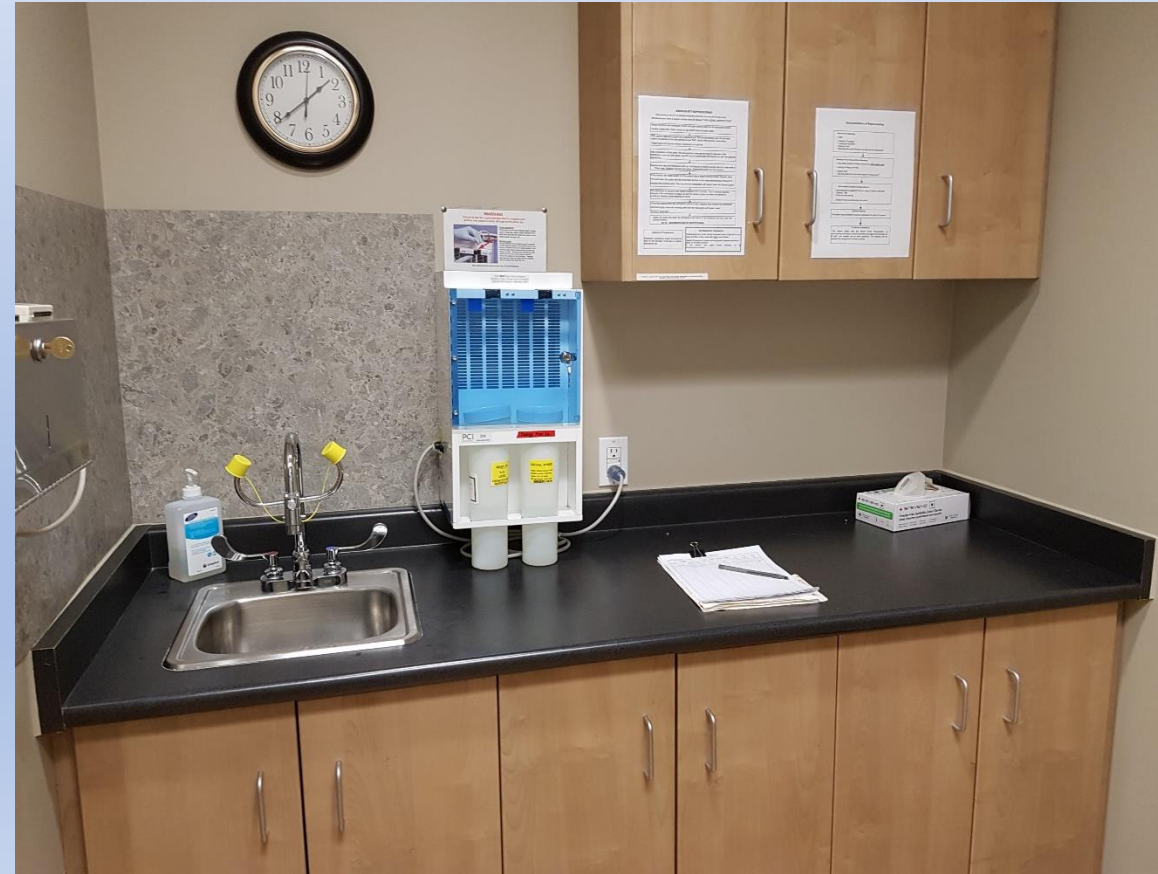


REPROCESSING AREA: A separate area from ultrasound rooms

The area must be kept clean and tidy at all times. Spills must be cleaned up immediately. Cleaning staff have been instructed to thoroughly clean the space daily, including the backsplash.

*All PPE is available
(Gloves, Gowns, Goggles)
Flow is dirty to clean
Must have an eyewash station
This is NOT a handwashing station
ABHR is available.*

*NO food or drink, applying of cosmetics
is allowed.*



INSPECT the probe for any damage! DO NOT use if damaged & report to Lead Sonographer or GM.

Place the probe (pre cleaned) into the Resert solution.

DO NOT let the probe tip touch the bottom of the container and the probe to cord connection should not be immersed.

Perform Hand Hygiene (ABHR)

Soak for 5 minutes

Perform hand hygiene before removing the probe. Rinse with water & DRY with microfibre cloth.



- Before opening a new bottle, check the expiry date

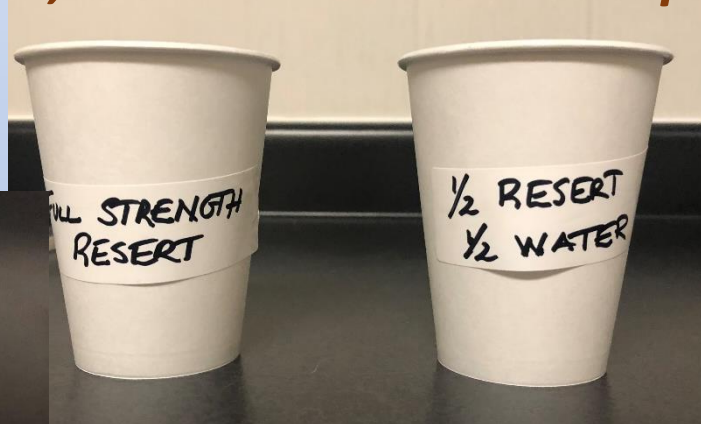
- *Have a cup with equal parts water and Resert and a cup of Resert*

- **Do a test strip test in each cup**

- *The ½ and ½ solution test strip should fail (pink/yellow) and the Resert should pass and the test strip should be solid purple*

- Record on the sheet that the test strip verification has been done

***** IF the desired results DO NOT occur, throw out the test strip bottle and open a new bottle and repeat unless it does pass!!***



X-RAY ASSOCIATES

REPROCESSING SHEET – VAUGHAN

[illegible]

Resert is the HLD. It does not require venting. BEFORE HLD can occur:

- ***Before Use each day, Verify that the solution is active in each container, use a test strip and check the color with the bottle.***
- ***Purple is a pass. If the test strip fails, proceed to changing the solution.***
- ***Record the test strip lot #, pass or fail and your initials for each container.***
- ***Once a test strip bottle is opened, Date it and record the expiry date of 6 months (not beyond the manufacturer expiry)***



X-RAY ASSOCIATES RECORD OF RESERT CHANGES (Change every 2nd Friday or Failure of Test Strip)					
DATE RESERT CHANGED	CONTAINER #1		CONTAINER #2		SIGNATURE
	PASS	FAIL	PASS	FAIL	
March 31, 2018	P		P		Uthman



***Place a Uline disposable plastic cover on the probe.
Return probe to ultrasound unit to store.***



Post Disinfection Recording:

X-RAY ASSOCIATES REPROCESSING SHEET – VAUGHAN

Probes: **1** - Philips H15 (03HBBR) **A** - Toshiba Xario (99A1642305)
2 - Philips Affiniti (B2TQ6W) **B** - Toshiba Xario (99A16X2610)
3 - Philips Affiniti (Loaner)

RECORD:

Date

Patient Identifier

*Select the Probe/or add
i.e. loaner*

Soaking Time In and Out

HLD container if applicable

Your Initials

[illegible]

**RESERT CHANGE: Test the solution before and after solution change!
If solution fails, notify Ultrasound Lead and/or General Manager.
Every 2 Weeks (Friday) OR if the test strip fails.**

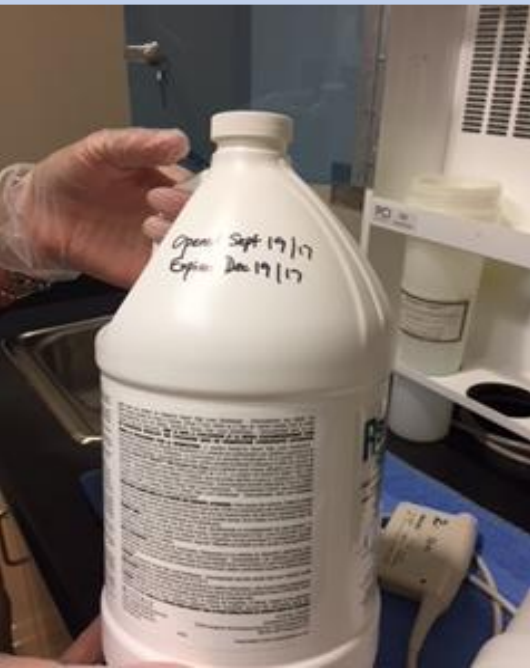
PPE is available in reprocessing area. Discard Resert down the toilet, wash with soap and water, place the lid on it and shake, rinse with water and DRY with a towel. Wipe out the metal Gus System.



Part 2 Refilling: The jug once opened, must be dated and record the expiry date (3 months, not beyond manufacturer expiry). Pour the RESERT into both containers (or only 1 if applicable). Test the solution for patency, place a test strip into both containers. Perform hand hygiene.

*****Solution must have a test strip test BEFORE solution change!!!!

*Record the solution change:
Date, your initials and pass/fail strip test*

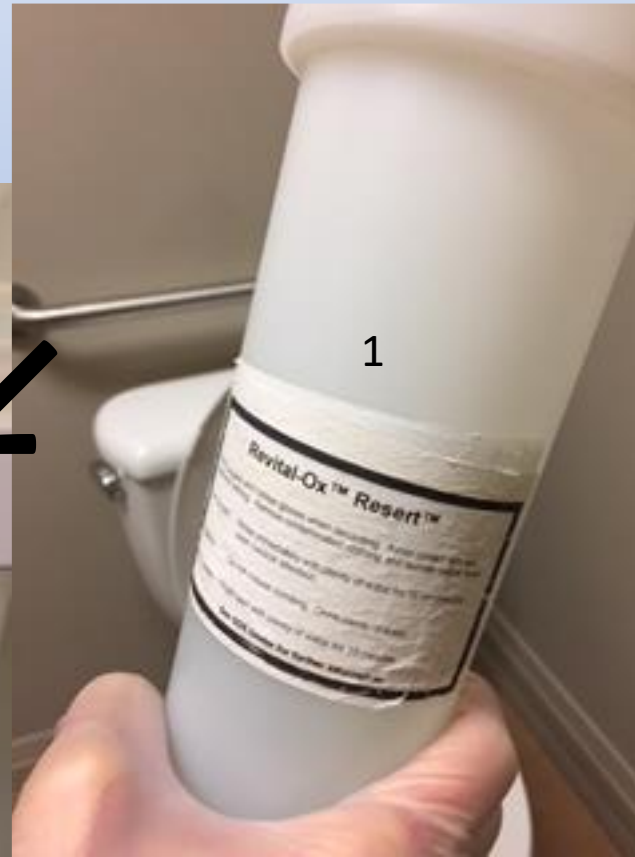


X-RAY ASSOCIATES RECORD OF RESERT CHANGES (Change every 2nd Friday or Failure of Test Strip)									
DATE RESERT CHANGED	CONTAINER #1				CONTAINER #2				SIGNATURE
	PASS <small>(Pre solution change)</small>	FAIL <small>(Pre solution change)</small>	PASS <small>(Post solution change)</small>	FAIL <small>(Post solution change)</small>	PASS <small>(Pre solution change)</small>	FAIL <small>(Pre solution change)</small>	PASS <small>(Post solution change)</small>	FAIL <small>(Post solution change)</small>	
Feb 28/20	P		P		P		P		U. Board



Label Next RESERT Change:

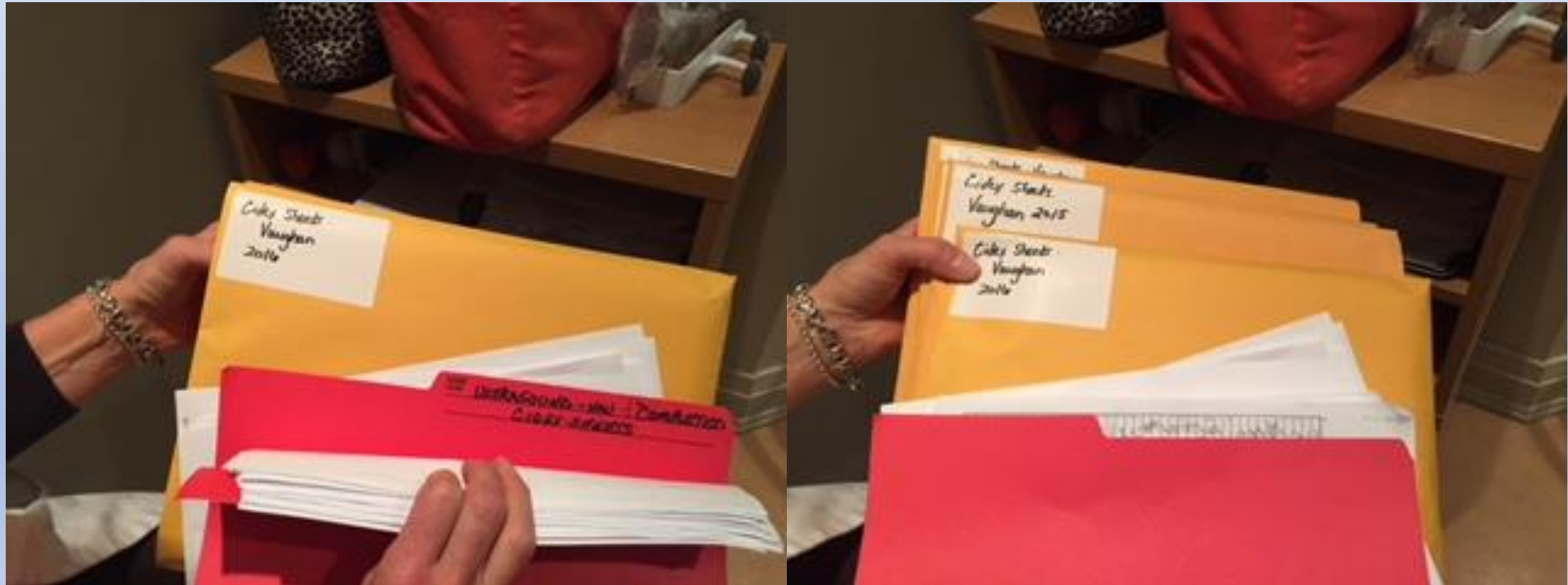
*Record next change date at the front of the Gus System.
Resert labels should be replaced once worn.
Wash hands or perform ABHR.*



LOG SHEETS

Keep for 6 Years

*Place in a file folder until year end and then
in a yellow envelope marked with the year.*



EXPIRY DATES ON SUPPLIES

Have you checked your supplies to make sure that they have NOT expired??

1. Gel
2. PREempt Wipes
3. Test Strips
4. Resert
5. Hand Sanitizer



Gel Bottles



*Between Patients: Wipe the gel bottle tip with an alcohol wipe.
Let your patient see you do this!*

After Scanning: Close the cap on the gel bottle after each use.

Clean the outside of the gel bottle with a PREempt Wipe.

Gel Bottles are NOT to come in contact with the patient.

If it does, it must be discarded.

Before opening a new Gel Bottle, check the expiry date.

*Once opened, record the new expiry date (of 1 month) on the bottle,
(not beyond the manufacturer's expiry).*



NON TV Probe Care

After scanning:

- *Remove excess gel*
- *Wipe the transducer, handle and cord to connector with a PREempt wipe. (LLD)*
- *Perform hand hygiene*



ULTRASOUND ROOM

- *BEDS: change paper sheet after each patient*
- *Wipe the bed and vinyl pillow case cover down after use*
- *Wipe the TV sponge after each exam!*
- *Ultrasound machine & keyboard is wiped down daily and/or visibly soiled with a damp cloth with water only!*
- *Make sure your room is clean, tidy and stocked at the end of the shift*
- *Each month the filter is vacuumed and recorded.*
- *Any damaged beds, patient cushions must be reported immediately to Lead Sonographer or GM.*



NEXT STEPS

- *100% compliance*
- *Annual Review*
- *Sign off stating that you understand the policies and procedures and will comply as directed.*
- *It is our responsibility to ensure that we all follow protocol!*

FAILED Test Strip testing follow up

- *If the Test strip test fails on a daily testing, open another Test Strip bottle, and repeat test strip test.*

If it still fails, change solution immediately and notify Lead Sonographer ASAP or GM if not available.

If it passes, discard previous test strips.

- *Make copies of the previous daily log*
- *Record which cylinder failed, if more than one in use*
- *Lead Sonographer, along with GM will call CPSO, PHO (Public Health Ontario) to decide if there was a risk to patients and decide next steps*

NOTES

- *All manufacturer HLD reprocessing guidelines are being followed.*
- *The Lead Sonographer and GM are responsible to ensure all PIDAC & PHO guidelines are followed & if there are new guidelines they are implemented & staff notified ASAP.*
- *All medical equipment device alerts and recalls from manufacturers' or government agencies will be reviewed and implemented by the General Manager and Lead Sonographer.*