



وزارة الصحة
سياسات واجراءات

اسم السياسة:	رمز السياسة:	08	RT	HOS	POL	MOH
عدد الصفحات: 5 صفحات	الطبعة: الثانية	Respiratory Therapy Machines/Equipment Cleaning and Disinfection				

الوحدة التنظيمية: مديرية التطوير المؤسسي وضبط الجودة		
الجهة المعنية بتنفيذ السياسة: شعبة المعالجة التنفسية		
الاعداد:	التوقيع:	تاريخ الاعداد: ٢٠٢٠ / ٨ / ٢٠
-رئيس اختصاص التخدير والعناية الحثيثة	التوقيع:	
-رئيس قسم سلامة المرضى	التوقيع:	
-رئيس مركز التخدير والعناية الحثيثة	التوقيع:	
-رئيس وحدة العناية الحثيثة للكبار	التوقيع:	
-رئيس شعبة التنفسية/إدارة مستشفيات	التوقيع:	
البشير	التوقيع:	
-فني معالجة تنفسية/إدارة مستشفيات	التوقيع:	
البشير	التوقيع:	
التدقيق من ناحية ضبط الجودة: مدير	التوقيع:	تاريخ تدقيق ضبط الجودة: ٢٠٢٠ / ١١ / ٢٠
مديرية التطوير المؤسسي وضبط الجودة	التوقيع:	
الاعتماد: عطوفة الأمين العام للشؤون	التوقيع:	تاريخ الاعتماد: ٢٠٢٠ / ١١ / ٢٠



ختم الاعتماد

رقم الطبعة	تاريخ الاعتماد	مهرات مراجعة
الثانية		السياسة
		التحديث

ختم النسخة الاصلية

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						Respiratory Therapy Machines/ Equipment Cleaning and Disinfection
					الطبعة: الثانية	عدد الصفحات: 5 صفحات

1- Policy:

- 1.1 Humidified ventilator circuit will be changed according to the manufacturer's recommendation for each patient except if there is a visibly contaminated secretion.
- 1.2 Drain and discard condensate that is collected in the ventilator circuit when needed, taking precautions not to allow condensate to drain toward the patient.
- 1.3 Use sterile water only to fill humidifiers," heated humidification system"/ vapotherm and change it every 24 hours.
- 1.4 Use closed continuous-feed humidification on all humidified ventilator circuits to prevent transmission of bacteria from the humidifier reservoir to the patient.
- 1.5 Un humidified ventilator circuit, disposable NIV (Non Invasive Ventilation) mask, flow sensor, vapotherm circuit, and BIPAP (Bi-level Positive Airway Pressure) circuit need to be changed if visibly soiled or malfunctioning or according to manufacturer recommendation.
- 1.6 HME filters closed suction system and bacterial/viral filter are to be changed every 3 days according to the manufacturer's recommendation for each patient except if it is visibly contaminated with secretion.
- 1.7 Endotracheal suctioning must be done either via a closed suction system or a sterile single-use catheter.
- 1.8 All High-frequency oscillatory circuit components are disposable.
- 1.9 Reusable equipment must be cleaned before disinfection and/or sterilization.
- 1.10 All machines should be arranged and labeled according to the last used date.
- 1.11 Standby machine shall not stay more than 24 hours at the patient's bedside.
- 1.12 All high-flow therapy circuit components are disposable.
- 1.13 Disposable items will be properly discarded promptly after use.

2 Purpose:

To provide clean and /or disinfected respiratory therapy machines/equipment used for patient care to minimize the risk of hospital-acquired infection.

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3 Scope:

This policy applies to the respiratory therapy unit.

4 Responsibilities:

It is the responsibility of the respiratory assistant or the respiratory therapist to perform the cleaning and disinfection of all machines/equipment related to the respiratory therapy unit.

5 Definitions:

- 5.1 **Cleaning:** Is form of decontamination that renders the environmental surfaces safe to handle or use by removing organic matter and visible soil.
- 5.2 **Disinfection:** Is the process that eliminates many or all-pathogenic microorganisms to make the items safe to handle for intended use.
- 5.3 **Sterilization:** The complete elimination/destruction of all forms of microbial life by physical or chemical procedures.

6 Procedure:

- 6.1 The respiratory assistant or the respiratory therapist shall exercise safe handling of machines and disposable items when the cleaning and disinfection process is performed.
- 6.2 The respiratory assistant or the respiratory therapist shall never attempt to sterilize the interior parts of the ventilator.
- 6.3 The respiratory assistant or the respiratory therapist shall not expose the disinfection agent directly to the machine as this may reduce the useful life of certain parts.
- 6.4 The respiratory assistant or the respiratory therapist shall use a soft cloth dampened with disinfectant material to wipe the machine and related parts.
- 6.5 The respiratory assistant or the respiratory therapist shall clean and disinfect the respiratory bedside machine applied on the patient daily by DDSH or other disinfectant materials approved by the infection control program.

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- 6.6 The respiratory assistant or the respiratory therapist shall disconnect all disposable parts related to the machine and discard them before moving the machine from the patient's room.
- 6.7 The respiratory assistant or respiratory therapist shall clean all reusable equipment bedside, and then wash them next to the ICU area before sending them to the central sterilization unit.
- 6.8 The respiratory assistant or respiratory therapist shall clean all machines before sending them to the respiratory unit store.
- 6.9 The respiratory assistant or the respiratory therapist shall clean and disinfect all machines/equipment at the unit store and then cover them with transparent plastic bags.
- 6.10 The ICU bronchoscope must be cleaned through the pre-disinfection process at the bedside, then to be sent to the endoscopy unit to complete the disinfection process and check the machine functionality including the leak test.
- 6.11 The respiratory assistant or the respiratory Therapist shall perform frequent cleaning and disinfection at least 2 times per week.
- 6.12 Logs sheets of clean and disinfected ventilators should be kept in the records of the RT.

7- FORMS AND Document:

None.

8- References:

1. Guideline for Disinfection and Sterilization in Healthcare Facilities
2. Medicines and Health care Regulatory Agency MHRA 2002
3. Centers of Disease Control and Prevention Guidelines 2007
4. Public Health Agencies of Canada, infection health control gridlines
5. Provincial Infection Disease Advisory Committee, best practice of cleaning and disinfection 2006
6. APSIC guidelines for disinfection and sterilization of instruments in health care facilities.

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