

# Guideline: Ultrasound Probe Sterilisation Guideline for the Emergency Department

**Overview** Ultrasound Probe Sterilisation is important to prevent cross contamination of infection between patients within the Emergency Department.

This is broken down into two levels.

Low Level Disinfection: Ultrasound Wipes

High Level Disinfection: Trophon Sterilisation (Hydrogen Peroxide Mist)

## Purpose

This guideline outlines ultrasound probe sterilisation for Emergency Medicine trainees and Specialists and other doctors working in Middlemore Emergency Department (ED).



**Note:** This guideline must be read in conjunction with the Ultrasound Credentialing Guideline.



**Important:**

An ultrasound over mucous membranes or non-intact skin requires a sterile cover and high level cleaning.



**Caution:** Blood or tissue on the probe should mandate a high level clean as soon as practicable.

## Scope of Use

This guideline is applicable to all Drs working within the ED using the ED Ultrasound machines.

## Roles and Responsibilities

Sonologists : Drs who have successfully completed a credentialing process in ultrasound / ECHO

For example (Local credentialing process, CCPU, PG Cert/Dip CPU/DDU etc)

- a) Responsible for writing reports in the clinical record
- b) Teaching
- c) Quality and Audit
- d) Cleaning - low and high level cleaning

All users of the machines are responsible for cleaning the probes after use.

Health care assistants can be delegated to clean a probe if requiring a high level clean.

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## Guideline

### Ultrasound Probe Sterilisation Guideline

Low-level disinfection (LLD) must be used in the following situations:

- Before all scans
- After all scans

Sterile probe covers and sterile gel must be used in the following situations:

- All needle guided procedures (e.g. peripheral intravenous lines, femoral nerve blocks, central venous lines)
- External ultrasound scans in the presence of non-intact skin (e.g. penetrating trauma, blunt trauma when blood present)

High level disinfection (HLD) must be carried out on the probes in the following situations:

- If there is any concern a breach in the sterile probe cover has occurred
- If there is any contact of the probe with bodily fluids

Daily high-level disinfection of all probes should be carried out.

LLD	Sterile probe cover and gel	HLD
<ul style="list-style-type: none"><li>• Before all scans</li><li>• After all scans</li></ul>	<ul style="list-style-type: none"><li>• Needle guided procedures</li><li>• Presence of non intact skin</li></ul>	<ul style="list-style-type: none"><li>• Breach in probe cover</li><li>• Contact of probe with bodily fluid</li><li>• Daily clean all probes</li></ul>

## References

- 1 ACEM position statement on ultrasound probe cleaning 2019  
[https://acem.org.au/getmedia/850165eb-0b9b-4aab-82f6-da91b737e406/S686\\_v1\\_Statement\\_Cleaning\\_Ultrasound\\_Transducers](https://acem.org.au/getmedia/850165eb-0b9b-4aab-82f6-da91b737e406/S686_v1_Statement_Cleaning_Ultrasound_Transducers)
- 2 Guidelines for reprocessing ultrasound transducers 2017  
<https://onlinelibrary.wiley.com/doi/epdf/10.1002/ajum.12042>

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## Associated Documents

Other documents relevant to this guideline are listed below:

<b>NZ Legislation &amp; Standards</b>	None
<b>CM Health Documents</b>	Ultrasound Credentialing Guideline
<b>Other related documents</b>	None

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