

# TRANSDUCER DECONTAMINATION

## Best practice summary

This summary has been developed from national and international standards. This is intended to provide information and principles to promote, ensure and evidence safe and effective decontamination of ultrasound machines and probe/transducers.

**If a patient asks whether the ultrasound transducer is cleaned effectively prior to their scan, can you reassure them that it is?**

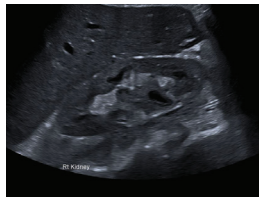

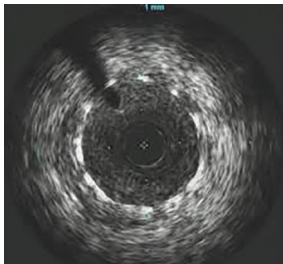
**If not, this best practice summary is for you**

### Five steps to decontamination:

- 1 Remove gel/visible soiled material from transducer
- 2 Visually inspect the transducer, cable and machine. Report any damage and remove the piece of equipment from use
- 3 Determine the level of decontamination required
- 4 Follow decontamination process depending upon the cleaning product or device used
- 5 Record actions where required

### Essential information:

- Training should be provided and recorded for all staff involved in any level of decontamination
- Transducer covers must be used but they are not a replacement for decontamination of transducers
- Manufacturers' guidelines should be followed when selecting appropriate methods of decontamination for both the machine and each individual transducer.  
*[NOTE: these may be different for each transducer and the machine]*
- Involve local infection control teams in the decisions
- Take care when cleaning. Avoid bending or trapping cables, knocking transducer heads or damaging connecting pins
- Ensure clear, current local protocols are in place
- Identify clean and dirty transducers

Type of decontamination	Cleaning	Cleaning and disinfection	Cleaning and sterilisation
<b>WHEN TO USE</b>	<ul style="list-style-type: none"> <li>• <b>Intact skin</b> e.g. transabdominal examinations, superficial structures, vascular</li> </ul> 	<ul style="list-style-type: none"> <li>• <b>Broken skin</b></li> <li>• <b>Infected skin</b></li> <li>• <b>Contact with known pathogenic microbes</b></li> <li>• <b>Intracavity examinations with mucous membrane contact</b> e.g. transvaginal or transrectal examinations</li> </ul> 	<ul style="list-style-type: none"> <li>• <b>Use in a sterile area of the body</b> e.g. intraoperative or intracranial examination</li> </ul> 
<b>WHAT TO USE</b>	<ul style="list-style-type: none"> <li>• Manufacturer approved wipes</li> </ul>	<ul style="list-style-type: none"> <li>• An automated decontamination system is best practice. Where this is not possible manufacturer approved wipes and cleaning system</li> </ul>	<ul style="list-style-type: none"> <li>• Manufacturer approved sterilisation device or process</li> </ul>
<b>WARNINGS</b>	<p>Check approved options for each type of transducer</p> <ul style="list-style-type: none"> <li>• Gentle use</li> <li>• Training is needed</li> </ul>	<p>Audit trail of decontamination for every patient</p> <ul style="list-style-type: none"> <li>• Handle with care and where relevant, use personal protective equipment.</li> <li>• Training is needed</li> </ul>	<p>Audit trail of decontamination for every patient</p> <ul style="list-style-type: none"> <li>• Handle with care and where relevant, use personal protective equipment</li> <li>• Training is needed</li> </ul>

More detailed information and a full list of references can be found in the SCoR and BMUS **'Guidelines for professional ultrasound practice'**.