



## **GUIDELINE 10.3**

### **CROSS INFECTION RISKS AND MANIKIN DISINFECTION**

#### **PRINCIPLES**

- The risk of disease transmission during CPR training is extremely low <sup>1</sup>[Class B; LOE extrapolated evidence]
- Both trainers and trainees should be required to assume responsibility for equipment that they have used; organisations and trainers must make disinfection and good hygiene practice evident to trainees<sup>2</sup> [Class A; Expert Consensus Opinion]
- Manikins should be maintained in good condition to enable effective cleaning and disinfection<sup>2</sup> [Class A; Expert Consensus Opinion]
- Consideration should be given to the use of manufacturers' adjuncts such as manikin face shields; however use of adjuncts does not eliminate the need for thorough cleaning and disinfection. Manikin surfaces should be thoroughly cleaned and then disinfected after each trainer/trainee use<sup>1</sup>[Class B; LOE extrapolated evidence]
- The mouth, saliva, exhaled air and blood may be the source of viruses and bacteria. These infections may contaminate manikin face pieces so parts of the manikin that come into contact with oral secretions / saliva should be changed or reprocessed between use to avoid transmitting infections between trainees<sup>1</sup>[Class B; LOE extrapolated evidence]
- Trainees with signs of respiratory infections (flu-like symptoms, fever, cough, sore throat) or who have mouth or facial lesions (cold sores, chicken pox, impetigo, wounds) should not participate in group training<sup>1</sup> [Class B; LOE extrapolated evidence]
- Trainers and trainees should avoid contact with any saliva or body fluids present on the manikin and should wear gloves when handling used equipment or disinfectant solutions<sup>1</sup>[Class B; LOE extrapolated evidence]
- Good hand hygiene on the part of instructors and participants before and after use of manikins is also important in preventing infection. Where hand washing is impractical, it can be accomplished by the use of antiseptic hand rub or gel<sup>2</sup> [Class A; Expert Consensus Opinion]

- After use, face pieces should be thoroughly cleaned with warm water and detergent, rinsed and dried before disinfection with an appropriate disinfectant.<sup>2</sup> Face pieces must be dry before placing in disinfectant to ensure that the disinfecting solution is not diluted. Before use it is essential to rinse the face piece or other items with water to rinse off residual disinfectant.<sup>2</sup>[Class A; Expert Consensus Opinion]. A number of disinfecting agents e.g. chlorhexidine 0.5% w/v in 70% alcohol, sodium hypochlorite (bleach) are available. These agents should be used in accordance with the Australian Government Department of Health & Ageing document “Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting”<sup>2</sup> and manufacturers’ instructions. [Class A; Expert Consensus Opinion].

## **REFERENCES**

1. Soar J, Mancini ME, Bhanji F, Billi JE, Dennett J, Finn J, Ma MHM, Perkins GD, Rodgers DL, Hazinski MF, Jacobs I, Morley PT, on behalf of the Education, Implementation, and Teams Chapter Collaborators. Part 12: Education, implementation, and teams: 2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. Resuscitation 2010;81:e288–e330. <http://www.resuscitationjournal.com>
2. Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010) National Health and Medical Research Council (NHMRC) <http://www.nhmrc.gov.au/node/30290>

## **FURTHER READING**

ARC Guideline 5 Breathing  
ARC Guideline 6 Compressions  
ARC Guideline 7 External Automated Defibrillation in Basic Life Support  
ARC Guideline 8 Cardiopulmonary Resuscitation  
ARC Guideline 10.1 Basic Life Support Training