

SONOGRAPHER BEST PRACTICES FOR INFECTION PREVENTION AND CONTROL: REPROCESSING THE ULTRASOUND TRANSDUCER

Appendix 3:

Sonography Procedures: Transducer Disinfection and Infection Control

The list of example sonography procedures below describes the classification and best practices. Note that the expected classification for a sonography procedure could change based on patient condition (e.g., has open wound or infection in the scan area) or during the procedure (e.g., tear, puncture). Follow the same assessment of risk and classification for sonography procedures not listed.

KEY:												
✓* = Best Practice ✓ = Allowed ⊘ = Not Recommended (unless transducer cannot be sterilized or HLD processed)												
EXAMPLE PROCEDURES	ASSESS RISK THAT THE TRANSDUCER WILL OR DID COME IN CONTACT WITH:			CLASSIFICATION	BEST PRACTICE							
	Intact Skin	Mucous Membrane or Non-Intact Skin	Sterile Tissue or Blood		TRANSDUCER REPROCESSING			TRANSDUCER COVER		COUPLING AGENT/GEL		
					Clean & Sterile Process	Clean & HLD Process	Clean & LLD Process	Sterile	Non-Sterile	Sterile	Non-Sterile	
HEAD/NECK												
Neck, Thyroid/Parathyroid	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
Neonatal Brain	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
Ophthalmic		X		Semi-Critical	optional	✓*	⊘	✓*	✓	✓*	✓	
Spinal Canal & Contents	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
CHEST/BREAST												
Breast w/ axilla	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
Chest (includes mediastinum, chest wall, and upper back)	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
EXTREMITIES												
Infant Hips	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
Non-Vascular Extremity	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
ABDOMEN												
Abdomen	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
Abdomen Elastography	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
Aorta (AAA screening)	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
Renal Retroperitoneal	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
Retroperitoneal - Transplanted Kidney w/ Duplex Doppler	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
Scrotum and Testicles	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
Transrectal and Transrectal Prostate		X		Semi-critical	optional	✓*	⊘	✓*	✓	✓*	✓	
NON-OBSTETRICAL PELVIC												
Pelvic (non-OB, transabdominal)	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
Pelvic (non-OB, transvaginal)		X		Semi-critical	optional	✓*	⊘	✓*	✓	✓*	✓	
Sonohysterography w/ Doppler (non-OB, transvaginal)		X		Semi-critical	optional	✓*	⊘	✓*	✓	✓*	✓	
OBSTETRIC												
Fetal Biophysical Profile	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
Fetal Middle Cerebral Artery	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	
Fetal Umbilical Artery	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*	



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PROCEDURE DESCRIPTION	ASSESS RISK THAT THE TRANSDUCER WILL OR DID COME IN CONTACT WITH:			CLASSIFICATION	BEST PRACTICE						
	Intact Skin	Mucous Membrane or Non-Intact Skin	Sterile Tissue or Blood		TRANSDUCER REPROCESSING			TRANSDUCER COVER		COUPLING AGENT/GEL	
					Clean & Sterile Process	Clean & HLD Process	Clean & LLD Process	Sterile	Non-Sterile	Sterile	Non-Sterile
OBSTETRIC (continued)											
Pregnant (transabdominal)	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Pregnant (transvaginal)		X		Semi-critical	optional	✓*	ⓧ	✓*	✓	✓*	✓
Pregnant < 14 weeks (transabdominal)	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Pregnant > 14 weeks (transabdominal)	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Pregnant w/ Detailed Fetal Anatomic Exam (transabdominal)	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Pregnant w/ First Trim Fetal Nuchal Translucency (transabdominal)	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Pregnant w/ First Trim Fetal Nuchal Translucency (transvaginal)		X		Semi-critical	optional	✓*	ⓧ	✓*	✓	✓*	✓
ECHOCARDIOGRAPHY (FETAL)											
Fetal Doppler Echocardiography	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Fetal Echocardiography (2D)	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
ECHOCARDIOGRAPHY (PEDIATRIC/ADULT)											
Doppler Echocardiography	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Echocardiography (transesophageal)		X		Semi-Critical	optional	✓*	ⓧ	✓*	✓	✓*	✓
Echocardiography (transthoracic)	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Stress Echocardiography	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
VASCULAR											
Abdominal Duplex Arterial/Venous (transabdominal)	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Abdominal Duplex Arterial/Venous (transvaginal)		X		Semi-critical	optional	✓*	ⓧ	✓*	✓	✓*	✓
Carotid Doppler	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Carotid Intima-Media Thickness	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Duplex Aorta, IVC, Iliac, or Bypass Grafts	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Duplex Arterial/Venous Penile	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Duplex Hemodialysis Access	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Duplex Lower/Upper Extremity Arterial	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Duplex Lower/Upper Extremity Veins	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Extracranial Arteries (duplex/Doppler)	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
Transcranial Doppler Intracranial Artery	X			Non-Critical	optional	optional	✓*	optional	optional	optional	✓*
OTHER											
Intraoperative			X	Critical	✓*	✓	ⓧ	✓*	ⓧ	✓*	ⓧ

