

Trophon2 Ultrasound Probe Reprocessing DAHS-NSCTUPDN23	
<b>Name:</b>	<b>Employee ID #:</b>
<b>Unit:</b>	<b>Title:</b>
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health policy.	
These skills will be considered complete when all performance criteria are completed and pages 1-2 have been scanned and emailed to: <a href="mailto:cppn@health.ucdavis.edu">cppn@health.ucdavis.edu</a>	

	Date Completed (or N/A)	Verifier Initials
<b>References:</b> <ol style="list-style-type: none"> <li><a href="#">UC Davis Health Policy 11034: Cleaning and High-Level Disinfection – Endocavitary Probes</a></li> <li><a href="#">Handling of Reusable Instruments-Outpatient</a></li> <li><a href="#">UC Davis Health Policy 11023: Hand Hygiene</a></li> <li><a href="#">UC Davis Health Policy 2111: Disinfection in Patient Care Areas</a></li> </ol>		
Completes Nanosonics online training: completed every 12 months <a href="#">Home   USA Nanosonics Academy</a>		
Cleans ultrasound probe after use: <ol style="list-style-type: none"> <li>Performs hand hygiene and dons PPE (gloves at minimum)</li> <li>Removes probe cover and discards</li> <li>Doff gloves, perform hand hygiene, and don new PPE (gloves at minimum)</li> <li>Removes organic material using hospital approved/manufacture approved disinfectant wipe. Using a second wipe, cleans/disinfects from the handle of probe moving up toward the tip of probe. Using a third wipe and cleans/disinfects cord.</li> <li>If soiling of prob is significant, use additional wipes as needed.</li> <li>Follows wet contact time of disinfectant wipe for each wipe application.</li> </ol>		
Transport: <ol style="list-style-type: none"> <li>Use of a transport bin is OPTIONAL</li> <li>Doffs PPE and performs hand hygiene</li> <li>If using a transport bin, secures lid and transports to designated reprocessing area for reprocessing</li> </ol>		
Processing using Trophon2: <ol style="list-style-type: none"> <li>If using a transport bin, leaves probe in bin while performing hand hygiene and indicator steps. If not using a bin, place probe on a clean surface. Places indicator in trophon2 (checks indicator expiration on box)</li> <li>Performs hand hygiene and dons PPE (gloves at minimum)</li> <li>Uses lint free wipe to wipe ultrasound probe</li> <li>Places ultrasound probe in trophon2 machine</li> <li>Secures door</li> <li>Follows machine prompts</li> <li>Cleans exterior of trophon2 with approved disinfectant wipe</li> <li>If using a transport bin, uses new wipes (4) to clean transport bin. Allows for recommended wet contact time and allow to dry per Policy 2111 before closing bin</li> <li>Use new wipe to clean prep area; allows for recommended wet contact time and allow to dry per Policy 2111</li> <li>Doffs PPE and performs hand hygiene</li> <li>Places patient demographic label and staff initials in logbook under patient details</li> <li>Places trophon2 documentation sticker under HLD cycle details</li> </ol>		

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Processing complete <ol style="list-style-type: none"> <li>1. Performs hand hygiene and dons PPE (gloves at minimum)</li> <li>2. Gathers lint free cloth and a clean probe cover</li> <li>3. Opens trophon2 door</li> <li>4. Gently wipes probe with lint free cloth to ensure dry</li> <li>5. Place probe into clean probe cover and seal with twist tie</li> <li>6. Verifies indicator pass or fail disinfection process on the screen</li> <li>7. Doff PPE and perform hand hygiene</li> <li>8. Initial trophon2 label indicating that the correct date and time printed on label and affix to logbook in designated area. Affix and initial a second printed label onto the probe cover with the probe.</li> </ol>		
Trouble shooting <ol style="list-style-type: none"> <li>1. Check expiration date on chemical indicator/open new box as needed</li> <li>2. Check expiration date on Sonex solution/purge machine as needed/replace Sonex solution as needed</li> <li>3. Reprocesses; if fails, contact Clinical Engineering, follows processing instructions per clinical site</li> </ol>		

PRECEPTOR SIGNATURE		
Signature and Printed Name of Preceptor or other verified personnel who have initialed on this form:		
Initial:	Print Name:	Signature:

**PRECEPTEE STATEMENT AND SIGNATURE:**

I have read and understand the appropriate UC Davis Health policies and/or equipment operations manual; I have demonstrated the ability to perform the verified skills as noted

Printed Name	Signature	Date