Selection and Management (Maintenance, Handling, and Cleaning) of Isolation Carts

Best practice recommendations

1. Purpose

The purpose of this recommendation is to provide the user with consistent Infection Prevention and Control (IPC) best practice information for the selection and management of isolation carts.

2. Application

Section A of this recommendation is to be used by Contracting, Procurement, and Supply Management (CPSM) staff, and others in AHS when assessing isolation carts for purchase. Section B is to be used by Environmental Services staff, clinical staff and others in AHS who use isolation carts while caring for patients on additional precautions.

A. Selection recommendations

- 1. Choose commercially manufactured isolation carts that have cleaning instructions from the manufacturer that:
 - Are mobile
 - Have solid, smooth surfaces
 - Have non-absorptive, non-porous shelving or drawers
 - Are easy to clean
 - Can be cleaned with an AHS approved disinfectant.

Do not choose isolation caddies, which are usually made of material that cannot be laundered and hung on the patient door. Caddies are not preferred because they are made of nylon or other material that cannot be wiped if soiled; instead, they would have to be emptied of all supplies and be commercially laundered.

- 2. Do not repurpose other equipment for use as an isolation cart unless:
 - All the criteria in this guideline are met and in consultation with IPC
 - The repurposed item is in good repair with no damage to surfaces.
- 3. Choose carts that have adequate storage space for personal protective equipment and prevent contamination of this equipment.
- 4. Choose carts that can hold the following:
 - Variety of sizes of gloves appropriate to the additional precautions implemented
 - Gowns
 - Masks appropriate to the additional precautions implemented
 - Eye protection (consider size, e.g., full face shields, goggles.
- 5. Carts may also hold:
 - AHS-approved alcohol-based hand rub (ABHR)
 - AHS-approved disinfectant wipes
 - Isolation signs and Donning/Doffing posters.

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ipcsurvstdadmin@ahs.ca	

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6. Consult with Workplace Health and Safety (WHS) and Facilities Maintenance & Engineering regarding staff safety and structural requirements and regulations, e.g., placement of isolation carts in hallways/corridors; possible height restrictions, etc.

B. Management recommendations

- Consult with WHS or the fire marshal about placement of the isolation cart and whether
 placement in the corridor outside the room interferes with fire code or other WHS criteria. If
 placing the cart outside the patient room door is not allowed, then place just inside the door.
 Ensure the cart is not within two metres of the patient space.
- 2. Designate responsibility to clean and disinfect the isolation cart according to site protocols.
- 3. Perform hand hygiene before accessing supplies on the isolation cart.
- 4. Only place items that are required for the type of additional precautions on the cart (i.e., PPE and ABHR). Inappropriate items include water bottles, lab samples, paperwork, etc.
- 5. Avoid overstocking the cart.
- 6. Place a cleanable (i.e., laminated) checklist for supplies on the cart to aid in stocking the cart.
- 7. Do not refill or top-up boxes and dispensers, e.g., gloves boxes ABHR dispensers, etc.
- 8. Ideally, an isolation cart should be dedicated to a room. If carts are in short supply, a cart can be shared between two rooms.
- 9. The isolation cart can be placed in an anteroom when there is enough space unless the room is an airborne isolation operating room or a combined protective environment airborne isolation room. Consult with IPC as needed.
 - If there is a hand hygiene sink in the anteroom, keep supplies in closed cabinets or out of splash zones (Hand Hygiene Sink Selection and Installation).
- 10. Clean the isolation carts using disinfectants as per the manufacturer's instructions. Clean them at least weekly while in use, between patients, and if visibly soiled. Discard any supplies that are visibly soiled.
- 11. Store clean isolation carts in an area designated for clean equipment, when not in use. If the cart is not stored in a designated clean equipment area, it must be covered.
- 12. Regularly assess the isolation cart for damage. Discard, repair or replace damaged isolation carts, e.g., scratched or chipped finishes. These items cannot be cleaned effectively and may support the growth of microorganisms.



3. Definitions

Airborne isolation operating room: A restricted room with an attached anteroom within a surgical suite designated and equipped to perform surgical operations for patients on airborne precautions. The air from the hallway and the operating room flows into the anteroom and is exhausted outdoors and is not suitable for storage of personal protective equipment, donning and doffing.

Combined protective environment airborne isolation room: A room that is designed to protect immunocompromised patients on airborne precautions from microorganisms in the areas surrounding the room. The air from the hallway and the patient room flows into the anteroom and is exhausted outdoors and is not suitable for storage of personal protective equipment, donning and doffing.

Disinfectant: A chemical agent that kills most disease-producing microorganisms, but not necessarily resistant bacterial spores



4. References

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- 4.4 Rhodes, L. L., Nesselrodt, D. G., Massey, S., & Armstrong, J. H. (2001, May 1). Isolation Caddy: A Storage Solution. Infection Control Today. Retrieved from https://www.infectioncontroltoday.com/view/isolation-caddy-storage-solution.pdf

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5. Version history

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Version	Revision date (YYYY-MM-DD)	Minor change / Major change with applicable details)
V3	2025-06-25	Minor change. Review of contents and visual standards update.



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