

# Management of Patient Supplies on Discharge or Transfer

**Note:** This information sheet was developed to reduce the risk of spreading organisms from patient to patient on supplies. If specific program protocols vary from the general recommendations provided in this guideline, refer to, and follow department specific guidance.

If you have any questions or comments regarding this information sheet please contact IPC at [ipcsurvstdsadmin@albertahealthservices.ca](mailto:ipcsurvstdsadmin@albertahealthservices.ca).

## Best practice recommendations

The cleanliness and integrity of supplies, equipment and linens is essential to reduce the risk of spreading organisms from patient to patient. To reduce the risk of spreading organisms from patient to patient on supplies, it is important to maintain supply cleanliness and integrity, avoid overstocking, and to clear patient supplies from the patient environment upon discharge or transfer.

1. If there is risk of contamination during the course of hospitalization, consider disposing of supplies on discharge. Consult with your site IPC program.
2. Reduce supplies taken into the patient environment (within two metres of the patient) to those required for immediate use or a specific procedure, e.g., wound care, bed change, etc.
3. If supplies are regularly left in the patient environment at discharge, assess unit practices.
4. Maintain supply cleanliness and integrity
  - a. Handle supplies with clean hands by following the AHS hand hygiene [policy](#) and [procedure](#).
  - b. Perform [hand hygiene](#) before accessing clean supplies. Do not wear gloves when accessing clean supplies.
  - c. Educate anyone accessing supplies, including personal protective equipment, in order to maintain cleanliness and integrity.
  - d. Protect supplies from splashes and sprays, e.g., place supplies in a drawer or cupboard outside the **patient environment**.
    - Covered supplies minimize touching and reduce the risk of contamination, e.g., paper towel and toilet paper dispensed from a closed dispenser.
    - Refer to the IPC Best Practice Recommendations: [Storage of Clean and Sterile Supplies in Clinical Areas](#), [Selection and Management of Isolation Carts](#) and [Healthcare Facility Design](#) available on Insite. **Note:** In provincial IPC documents, both isolation carts and anterooms are considered clean.
  - e. Develop and maintain unit/care area specific protocols defining roles and responsibilities.
    - Refer to the [IPC Best Practice Guideline for Environmental Cleaning Principles](#).
5. Avoid overstocking of anterooms and isolation carts. Consider the following unit/area specific measures
  - a. Assignment of unit specific roles and responsibilities related to stocking.
  - b. Establishment of supply lists, quotas and maximums, e.g., for supplies kept in anterooms, isolation carts.
  - c. Use of supply bundles, e.g., central line insertion bundles with maximal sterile barriers or standard kits for potential urgent situations.
    - Label bundles or standard kits with a seal providing visual evidence of package integrity.
6. Open supply boxes
  - a. Replace the inner boxes, e.g., masks/glove boxes of single use medical devices when empty. Do not top up.

For more information contact  
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- b. Open boxes of gloves and masks can be reused for the next patient unless there is evidence of contamination, e.g., visible soiling, rips in the box or other observed contamination.
  - Consult IPC and consider discarding if open glove boxes are suspected as a source of ongoing transmission or during an outbreak.
7. At patient's discharge or transfer, clear supplies from the patient environment
  - a. Discard any open single-use items and non-cleanable items, e.g., in paper packaging, or send home with the patient.
  - b. Launder used and unused linens.
  - c. Clean, disinfect or sterilize reusable items according to manufacturer's instructions before use on another patient.
  - d. Clean and disinfect any unopened, visibly clean and intact supplies in cleanable, original packaging, e.g., dressing tray covered in plastic.
  - e. Discard any personal patient supplies.
    - In continuing care, ensure that personal items such as therapy dolls, pillows, bedding, blankets and quilts etc., can withstand laundering on a regular basis as per the [Family and Patient Tip Sheet](#).
    - For questions about reusing items such as crutches or splints, refer to the IPC documents for [Cleaning, Storage And Selection Of Mechanical Patient Lifts & Handling Aids](#) and [Recreational, Comfort, Therapeutic and Play Items](#) (donated items must be new and in the original package).

### Definitions

**Patient environment** means the patient and the area immediately (within two metres) surrounding the patient. It can accompany the patient in the healthcare environment, wherever the patient goes, e.g., a patient's wheelchair, walker or IV pole if the patient is in a lounge or dining room. The patient environment includes any surfaces touched by the patient or healthcare provider during care, such as bedrails, over-bed tables, bedside table, infusion pumps and tubing as well as nearby surfaces touched by the healthcare provider including monitors, knobs and high frequency touch surfaces.

### References

Alberta Health Services. 2016. Facility Design and Construction Guidelines. Insite →Home→ Teams→Infection Prevention& Control→Facility Design IPC Guidelines.

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