

Stethoscope Use for Patients on Contact and Droplet Precautions including COVID-19 Patients

Note: These best practice recommendations are based on work by Dr. I. Ma, Dr. J. Vayalunkal, Dr. M Bailey, C Ong, Dr. J Thull-Freedman, and Linda Kamhuka to provide IPC recommendations for the safe use of stethoscopes. The recommendations reduce the risk of staff/and or patient exposure to communicable disease when patients require contact and droplet precautions. If you have any questions or comments regarding this Information Sheet please contact IPC at IPCSurvStdAdmin@ahs.ca.

Best practice recommendations

1. Use of a reusable stethoscope

- 1.1 In addition to [routine practices](#), e.g., [hand hygiene](#), follow [contact and droplet](#) precautions:
- Dedicate reusable stethoscopes for a single patient use until discharge, if possible.
 - Clean and disinfect the stethoscope with a [ready-to-use disinfectant wipe](#) following instructions on page 2 before and after each use.

2. Use of a personal stethoscope

- 2.1 If a dedicated stethoscope is not available, a personal stethoscope may be taken into the patient's room. Follow these steps:
- Check that [ready-to-use disinfectant wipes](#) are available for cleaning before room entry and upon exit from the room.
 - Clean and disinfect the stethoscope following instructions on page 2.
 - Perform hand hygiene, and [don](#) personal protective equipment (PPE) required for [contact and droplet](#) precautions, i.e., gown, mask, face shield/eye protection, and gloves.
 - Enter room holding stethoscope. Do not put stethoscope around neck as there is potential to contaminate PPE and the head and neck region.

3. Exiting the room with a stethoscope

- 3.1 Do not place the stethoscope around neck as there is potential to contaminate PPE, and the head and neck region.
- 3.2 Place stethoscope outside the immediate patient environment, e.g., 2 m away from patient, near door, and within reach from where staff will be [doffing](#) inside the room, e.g., hang it on the used linens bin. If the room is too small, i.e., < 2 m between patient and in-room gloves, place stethoscope in a dedicated used equipment area just outside the room.
- 3.3 Open door (move curtain if needed).
- 3.4 Begin doffing PPE inside patient's room, outside the immediate patient's environment, e.g., at least 2 m away from the patient:
- Remove gloves, perform hand hygiene, remove gown, perform hand hygiene;
 - Put on new, clean gloves accessed from glove box inside patient's room;
 - Clean and disinfect the stethoscope following instructions on page 2;
 - Exit room and place clean stethoscope on a clean surface or pass to a colleague.
 - Complete doffing of PPE.
 - Remove gloves, perform hand hygiene, remove face shield/eye protection, remove mask, and perform hand hygiene.

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4. Stethoscope cleaning and disinfection instructions

4.1 Perform hand hygiene, don gloves and disinfect stethoscope with a ready-to-use disinfectant wipe.

- Wipe all the surfaces of the stethoscope from the least-soiled to the most-soiled areas, which include, but are not limited to:
 - ear pieces;
 - tubing;
 - diaphragm and bell.
- Keep the surface wet for the minimum contact time recommended by the manufacturer, e.g., 3 minutes for Caviwipes™, 1 minute for Oxivir TB™, 3 minutes for alcohol wipes, e.g., Kimtech™.
- Put the stethoscope on a clean surface.
- Allow stethoscope to dry completely. Drying is important to prevent residual liquid disinfectant product contacting skin of patients or staff, e.g., liquid left on ear pieces.
- Remove gloves and perform hand hygiene.

Notes

- Do not use alcohol-based hand rub (ABHR) to disinfect stethoscopes as it is not intended to be used as an equipment disinfectant and it may cause damage to the stethoscope.
- [Interim Disinfectant Substitution Products during COVID-19 Pandemic](#) provides more information about AHS disinfectant substitutions in use during the pandemic.

Additional resources

- AHS IPC COVID-19 Staff Tips: [Personal Clothing and Cleaning Surfaces](#)
- AHS [poster](#) developed by the Physician Learning Program

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