

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.

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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 [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

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 and tubing;
 - 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 Accelâ TB™ wipes, 1 minute 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.

Note: 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.

5. Additional resources

AHS IPC COVID-19 Staff Tips: [Personal Clothing and Cleaning Surfaces.](#)