

# **PARTICIPANTS**

CHICA-Canada Standards & Guidelines Committee

# **Chair:**

Dr. Anne Matlow Director Infection Control Hospital for Sick Children Toronto, Ontario

Principal Author:
Wendy Runge, RN
BScN CIC
Infection Control
Practitioner
Calgary Health
Region – Rockyview
General Hospital
Calgary, Alberta

Participants:
Bess Milligan
(SAPIC)
Maureen O'Brien
(Sioux Lookout)
Sarina Clarke
(SASKPIC)
Myrna West
(VIPIC)
Joanne Dow
(SOPIC)
Rick Bedard
(SOPIC)
Nora Boyd
(SOPIC)

# CHICA-CANADA POSITION STATEMENT

#### **MEDICAL GELS**

Medical gels are used routinely in clinical practice. Despite the fact that nosocomial infections have been associated with contamination of these products, there is no comprehensive scientifically based evidence for the optimal use of medical gels. Until such time as that information becomes available, CHICA-Canada makes the following recommendations in an effort to ensure the safe use of these products:

### I) STORAGE:

- **2.1** Products must be stored in areas that are dry and protected from potential sources of contamination such as dust, moisture, insects, rodents, etc.
- **2.2** If evidence of contamination is present or package integrity has been breached, the product must be discarded.
- **2.3** Products should be rotated when restocking takes place.

## II) INDICATIONS FOR PARTICULAR GELS

	Type of Gel		
Indication	Sterile	Bacteriostatic	Non-
			sterile
Procedure	√		
penetrating			
mucous			
membrane			
Endoscopies on	√	$ \checkmark $	
intact mucous			
membranes			
Non-endoscopic	√	$ \checkmark $	
procedure on			
mucous			
membranes (eg:			
vaginal/ rectal			
exam)			
Non-intact skin	√		
Intact skin			√
Babies in NICUs	√		

Joanne Laalo (HANDIC) Judy Klein (NAPIC) Josee Shymanski (OOPIC) Jackie Ratzlaff (BCPIC) Jim Gauthier (EOPIC) **Lesley Klass** (CHICA-Manitoba) **Pauline Fallis** (TPIC) **Donna Ronayne** (NL-CHICA)

#### 3. GENERAL CONSIDERATIONS

- Single use containers are required for sterile products, as an opened sterile gel package is no longer sterile
- Sterile product must be used employing the principles of asepsis.
- Containers/dispensing nozzles must not come in direct contact with a client, staff, instrumentation, or the environment. If this occurs, the remainder of the contents must be discarded upon completion of the procedure.

# Refilling bottles

- Non-sterile gel containers must never be topped up (ie: refilled when partially empty).
- If reusable containers are used for nonsterile product, the containers must be washed in an instrument washer or in hot, soapy water in a clean, separate basin (eg: dishpan), rinsed and dried thoroughly prior to refilling. Any residual gel on the outside of the container must also be thoroughly washed off.
- When a new bottle or newly refilled bottle is opened, the bottle should be dated and discarded after 1 month.
- When filling a reusable container, ensure that the large bulk container has not passed the expiration date.
- Maintain aseptic technique during the refilling process.

### Warming of Gel

- Warmed gel should be used only when required.
- Bottles should be removed from the warmer as soon as possible and dried immediately.
- Gel warmers must be cleaned according to manufacturer's instructions using an approved hospital disinfectant at least weekly and when visibly soiled.

### Use of bulk containers of gel

 The use of bulk containers of gel should be discouraged. If they must be used, the dispensing device must be used and

- the product discarded by the expiry date.
- The gel dispensed from the bulk container must be placed in a thoroughly clean, dry and empty container. The container should be dated with the date of fill and the date to discard.
- No topping up should take place.
- Gel dispensed from a bulk container must be discarded within one month.

#### REFERENCES

- Gaillot, O., Maruéjouls, C., Abachin, E., Lecuru, F., Arlet, G., Simonet, M., & Berche, P. (1998). Nosocomial outbreak of *Klebsiella pneumoniae* producing SHV-5 extended-spectrum-ß-lactamase, originating from a contaminated ultrasonography coupling gel. <u>Journal of Clinical Microbiology</u>, 36(5), 1357-1360.
- Weist, K., Wendt, C., Petersen, L.R., Versmold, H., & Rüden, H. (2000). An outbreak of pyodermas among neonates caused by ultrasound gel contaminated with methicillin-susceptible Staphylococcus aureus. <u>Infection Control and</u> Hospital Epidemiology, 21(12), 761-764.
- 3. Mayhall, G (Ed.). (1999). <u>Hospital Epidemiology</u> and <u>Infection Control</u> (2<sup>nd</sup> ed.). Philadelphia: Lippincott Williams & Wilkins.
- 4. Laboratory Center for Disease Control. (December 1998). Hand Washing, Cleaning, Disinfection and Sterilization in Health Care. <u>Canada Communicable Disease Report, 24</u>(S8).
- 5. Association for Professionals in Infection Control and Epidemiology, Inc. (2000). <u>APIC text of infection control and epidemiology</u>. Washington, DC: Author.
- 6. Health Canada. Health Products and Food Branch. Notice to Hospitals: Important safety information on ultrasound and medical gels. December 14, 2004.
- 7. J. Hutchinson (personal communication, March 8, 2002).
- 8. J. Hunt (personal communication, April 23, 2002).
- Calgary Health Region Infection Prevention and Control. Ultrasound Gel: Infection Prevention and Control Review and Practice Recommendations, Addendum Report, May 14, 2002.
- 10. Hutchinson, J., Runge, W., Mulvery, M., et al. (2004). Burkholderia cepacia Infections Associated

With Intrinsically Contaminated Ultrasound Gel: The Role of Microbial Degradation of Parabens. Infection Control and Hospital Epidemiology, 25(4).
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