



RESUSCITATION COUNCIL OF SOUTHERN AFRICA

RCSA Policy Statement # 31



RCSA MANIKIN DECONTAMINATION and CLASSROOM HYGEINE POLICY

1. The risk of disease transmission during CPR training is low and the use of CPR manikins has never been shown to be responsible for an outbreak of infection. A literature search through March 2000 has revealed no reports of infection associated with CPR training.
2. The 1980's saw a dramatic increase in enquiries about the possible role of CPR training in transmitting infectious diseases such as HIV, HBV, Herpes, and various upper and lower respiratory infections.
3. To date an estimated 70 million people in the USA have had direct contact with manikins during CPR training courses without reported infectious complications.
4. Under certain circumstances manikin surfaces can present a very small risk of disease transmission. Therefore, manikin surfaces should be cleaned and disinfected in a consistent way after each rescuer use and after each class.
5. While performing the finger sweep on a manikin, hands can become contaminated if the manikin has not been cleaned properly.
6. Hands should be washed / sanitised before and after manikin use.
7. To minimize the risk of transmission of infectious agents during CPR training, rescuers should avoid any contact with any saliva or body fluids present on manikins.
8. The rescuer's hands and oral mucosa can become infected if the rescuer touches a manikin that has not been properly cleaned between uses. This type of contamination can occur when rescuers touch manikins around the mouth before the manikins are properly cleaned, if they practice mouth-to-mouth ventilation on a manikin that has not been properly cleaned, or if they place their fingers inside the manikin's mouth (for example to demonstrate the finger sweep) during practice sessions. Most of this contamination will be prevented with adequate cleansing of the manikin between practice uses.
9. Students often forget that the inside of the manikin mouth is contaminated with saliva unless it is replaced or thoroughly cleaned after every use. If rescuers touch the inside of the manikin's mouth, they should wash their hands thoroughly before continuing practice.

10. Thorough cleaning of each manikin is required, some internal manikin parts, such as the valve mechanisms and artificial lungs invariably become contaminated during use, and these must be thoroughly cleaned between uses.
11. Encourage the use of mouthpieces during CPR practice, and the use of gloves.
12. Course participants should **not** wear gloves during scenario practice but should rather sanitise their hands before and after each scenario, or as appropriate.
13. Sanitiser and disinfectant should be readily available in the classroom, preferably at the site of scenario practice.

Manikin Cleaning Protocol (Follow manufacturer specific recommendations, where available)

1. Individuals conducting manikin disassembly should wear latex gloves and wash their hands after finishing.
2. Before returning manikin to its case, remove dirty lung and dispose thereof. Do not put dirty faces back in the case.
3. Equipment should be disinfected as soon as possible after use.
4. Remove all non-rusting plastic parts (face, valves, hair, jawbone, chest, inside plastic parts, etc) to be cleaned and soaked in bleach water. Wash off all visible dirt with hot soapy water.
5. The parts should then be soaked in a bleach solution (¼ cup of bleach per gallon (4 litres) of tap water). Allow parts to soak for 20 minutes.
6. After parts have soaked, rinse well with hot water and air dry completely before reassembling. Do not put clean lung into manikin until ready to use for a class.
7. The rest of the manikin (non-removable parts) should have all visible dirt washed off and wiped with alcohol or a bleach solution and laid out to dry.
8. Before returning dry equipment to its case, wipe the case with hot water and bleach solution (This is for hard cases, not the nylon mat kind).
9. If manikin clothes need cleaning, wash them as you would your own clothes.
10. A signed record of decontamination should be kept for the Training Site for audit and reference purposes.

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