



Nursing Service Guidelines for Operating Room

- Title:** POINT OF CARE PRE-CLEANING, LEAK TESTING, DECONTAMINATION, AND HIGH LEVEL DISINFECTION OR STERILIZATION OF FLEXIBLE AND SEMI-RIGID ENDOSCOPES
- Responsibility:** Operating Room (OR) Nurses and Surgical Technicians
- Purpose of Guidelines:** The purpose of these guidelines is to ensure uniform and safe handling, as well as disinfection or sterilization of all flexible and semi-rigid operative endoscopes consistent with ANSI/AAMI's ST91 and manufacturers' most current instructions for use (IFU). The goal is to eliminate transmission of person-to-person and environmental pathogens, prevent inadequate use of and damage to equipment, and prevent toxic reactions in patients.
- Procedure:**

Personnel responsible for reprocessing endoscopes will receive education and competency verification regarding cleaning, disinfection and sterilization, packaging, and storage of flexible and semi-rigid endoscopes. This will be provided upon hire and annually, and whenever new equipment or products are acquired. Competencies will be documented in personnel files. Each endoscope's IFU is readily available to personnel in the work area.

Personnel will don personal protective equipment (PPE), including a fluid-impervious gown with sleeves, mask with face shield, and nitrile exam gloves during Point-of-Care Pre-Cleaning. Processing personnel working inside the decontamination room will wear the same PPE and add general purpose utility gloves to cover forearms during leak-testing and decontaminating endoscopic equipment. PPE worn during contaminated endoscope processing will be removed and hands washed before donning clean PPE to handle disinfected endoscopes. Personnel should remove PPE and wash hands when leaving the room.

Steps to Workflow

1. Reprocessing begins with Point-of-Care Pre-Cleaning. The manufacturer's most current IFU for each endoscope will be followed. Personnel must first don PPE. Immediately disassemble appropriate parts (if any). Wipe down endoscope with appropriate sponge as well as irrigate endoscope channels with copious amounts of a neutral pH or enzymatic detergent diluted with water (consistent manufacturer's most current IFU) to soften, moisten, and dilute organic debris.
2. Transport safely according to manufacturer's most current IFU to the decontamination room in the provided flexible endoscope tray with red biohazard cover. Place date/time sticker on red biohazard cover.
3. Do a leak test according to the manufacturer's most current IFU, and visually inspect endoscope for damage. If leak or damage is detected, tape the leak with waterproof tape. If leak can be sealed, continue with manual cleaning (step 4). If it cannot be sealed, DO NOT SOAK,

but wipe down the endoscope with neutral pH or enzymatic detergent and brush channels. Give the endoscope to biomedical engineering for repair.

4. Clean according to the manufacturer's most current IFU. Cleaning must commence within one hour of Point-of-Care Pre-Cleaning as documented the date/time sticker on the red biohazard cover. If cleaning has not commenced within one hour, proceed to the manufacturer's most current IFU for delayed cleaning/reprocessing.

5. Rinse and inspect for cleanliness and damage.

6. High-level disinfect (HLD) or sterilize endoscope to reduce or completely remove microbial contaminants according to the manufacturer's most current IFU.

7. If the endoscope is to be transported to the Sterile Processing department for sterilization, transport endoscope in its specific container and hand the endoscope off to the Sterile Processing staff who will check it into their computer system and assume responsibility for the final stages of reprocessing according to manufacturer's most current IFU.

8. For an endoscope that has been high-level disinfected in the operating room - rinse, alcohol flush, and dry endoscope.

9. Complete documentation of all quality monitors.

10. Store in cabinet approved for use with endoscopes.

References:

"Flexible and semi-rigid endoscope processing in health care facilities." ANSI/AAMI ST91: 2015 Edition, published 4/8/2015.

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