I. Description

Describes the policies and procedures used in the Cystoscopy suite to reduce the risk of infection for patients and employees.

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II. Rationale

Invasive procedures performed in the cystoscopy suite generally involve placement of an instrument into the genitourinary system. Diligent attention to aseptic technique is needed to reduce the risk of infection for patients undergoing these procedures.

III. Policy

A. Procedure Rooms

Access will be limited to the minimum number of persons needed to safely perform the procedure. The physician in charge of the procedure or the Charge Nurse is responsible for controlling the number of persons.

1. Cleaning and Maintenance

   a. **Daily:** All permanent equipment within the room, as well as all countertops and wall-mounted units are to be cleaned with an EPA-registered germicidal disinfectant or a 1:10 dilution of bleach and water solution at least daily and when visibly soiled. Environmental Services personnel will terminally clean and wet mop the floors, clean countertops and sinks with an EPA-registered germicidal disinfectant, and change trash bags daily.

   b. **Between Cases:** Equipment positioned close to the patient and the radiographic table is cleaned with a germicidal disinfectant after each patient use. The floors are to be cleaned between patients when visibly soiled or wet with an EPA registered germicidal disinfectant. Trash will be pulled as needed.

   c. **Weekly:** Surfaces and equipment not close to the patient/procedure table will be wiped down with a germicidal disinfectant weekly or when visibly soiled.
d. **Blood Spills**: Blood spills are to be cleaned promptly with a 1:10 bleach and water solution or an EPA-registered germicidal disinfectant. A secondary spray bottle with the appropriate label and expiration date (e.g., 1:10 dilution of bleach and water expires in 30 days) may be used.

2. **Environment**
   a. **Air Control**: The rooms will be maintained at positive pressure with respect to the corridors. Movement in and out of the procedure room should be kept to an absolute minimum. This will allow the positive ventilation system to keep bacterial entrance to a minimum. Doors are to remain closed at all times.

   b. **Traffic Pattern**: Cystoscopy is divided into 3 traffic control areas, restricted, semi-restricted, and unrestricted for aseptic protocol. (See Section III.D.1. for Traffic Control and Dress Code.)

3. **Laundry**
   Soiled linens will be placed in a fluid-resistant linen bag. Full laundry bags will be placed in the soiled utility room or the soiled linen cart for pick-up.

4. **Waste Disposal**
   Personnel should comply with the Infection Control Policy IC 0054: “Guidelines for Disposal of Regulated Medical Waste.”
   a. Blood and other potentially infectious material greater than 20 ml. per unit vessel will be discarded by pouring the contents into the hopper and discarding the resealed container into the regular trash receptacle (white trash bag with the Biohazard label).
   b. All empty (< 20cc) blood product containers (bags and bottles) as well as administration tubing will be placed in a regular trash bag.
   c. All needles and sharps will be disposed of in the sharps disposal container in each procedure room. Do not recap needles.

B. **Contiguous Spaces in the Cystoscopy Suite**
   The contiguous areas in the Cystoscopy Suite will be cleaned daily by Environmental Services.

C. **Personnel**
   1. Personnel should adhere to guidelines found in the Infection Control Policy IC 0040: “Infection Control and Screening Program – Occupational Health Service.”

D. **Procedure Team**
   The team consists of professional personnel who carry out the procedure. The personnel will vary depending upon the type of procedure and the anesthesia given (i.e., local or general). The procedure team will consist of physician(s) and cystoscopy nurse. Anesthesia personnel, Surgical Technologist, and X-Ray Technologist are present as needed. Appropriate attire should be worn for all procedures. Standards of practice should be observed for aseptic technique, sterile technique, sterile fields, etc.

   1. Surgical Hand Antisepsis: Surgical hand antisepsis with the approved antimicrobial agent is required before a surgical procedure. See Infection Control Policy IC 0059: “Infection Control Guidelines for Perioperative Services”.

   2. Observers: All persons not included in the procedure team will be considered observers. These will include consultants (e.g., physicians from other services), students, vendor
representatives, and others wishing to watch procedures. Observers will be asked to wear appropriate attire.

3. Patient Management
   a. Transportation
      i. Outpatients who will be receiving general anesthesia wear a hospital gown and are placed on stretchers that belong to Surgical Services. The stretchers are covered with a clean sheet and are changed between patients. The stretchers are cleaned with an EPA-approved germicidal disinfectant between patients.
      ii. Outpatients who will be receiving local anesthesia and non-surgical procedure may wear their street clothes into the procedure room.
      iii. Inpatients will enter the Cystoscopy Suite on a stretcher or bed provided by Patient Transportation.
   b. Skin preparation and drape
      i. Sites to be used will be identified by the physician in charge of the procedure. Hair will be removed if warranted with electric clippers for grounding pad catheter placement. The site will then be cleansed with an appropriate antimicrobial agent (e.g., 2% chlorhexidine gluconate, 70% alcohol, povidone-iodine, or Chloraprep®). A sterile drape sheet will be used to isolate the site as well as to cover the patient.
      ii. For male and female patients who are allergic to the iodophors and require prepping at or near the urethral opening, a 2% CHG product is recommended. If only a 4% CHG is available, it should be diluted as 1 part CHG to 1 part sterile water. The CHG solution should be used immediately after preparation and unused solution discarded.

E. Equipment

1. Patient care equipment is divided into three general categories, according to the Spaulding classification system, based upon the potential risk of infection involved in the use of the items and cleaned accordingly consistent with the Infection Control Policy IC 0008: “Cleaning, Disinfection and Sterilization of Patient Care Items”.
   a. Critical items are instruments or objects that contact sterile tissues or the vascular system. These items must be sterilized after each use. Examples: flexible or rigid endoscopes that are used percutaneously; surgical instruments, intravascular devices, vasectomy sets, biopsy forceps, graspsers, etc.
   b. Semi-critical items come into contact with mucous membranes or skin that is not intact. Semi-critical items require at least high-level disinfection using wet pasteurization or chemical high level disinfectants. In the Cystoscopy Suite, glutaraldehyde is used for high-level disinfection. High level disinfection must be preceded by meticulous physical cleaning. Examples: flexible and rigid fiberoptic endoscopes, cystoscopes, and metal dilators.
   c. Endoscopes shall be processed according to the Infection Control Policy IC 0019: “Endoscope”.

2. Procedure carts that are set up prior to a case must be completely covered with a drape that remains clean and intact until use. There is no expiration time for set-up procedure carts however the number of prepared carts should be limited so that they are used within 7 days of set-up.
3. Reusable procedure trays: While setting up the procedure tray, the technologist will use aseptic technique. A cover is not required when the procedure table is immediately transported from the setup area to a procedure room. No open setup is to be left unattended and should be used as soon as possible. Upon completion of the case, all open, disposable supplies are to be discarded. While a case is in progress in the procedure room, the instrument table with open instruments should be considered “off limits” to un-scrubbed individuals.

   a. Semi-critical instruments are cleaned immediately after each use with an enzymatic cleaner, rinsed with tap water, and high level disinfected with an activated 2% glutaraldehyde solution in the automated reprocessor or manually. Glutaraldehyde solution should be tested daily for temperature (min, temperature of 20°C) and concentration (e.g., Sterilog strips, follow manufacturer’s recommendation for use and expiration date) and discarded according to the manufacturer’s instructions for use (IFUs). Proper documentation (i.e., use of a log) of these processes should be in place.

   b. The outside of the automated endoscope reprocessor (AER) should be cleaned on a routine basis (e.g., weekly, monthly) and when visibly soiled following the manufacturer’s IFUs.

   c. Cystoscopes: Cystoscopes are high level disinfected following guidelines provided in the Infection Control Policy IC 0019: “Endoscope”. All personnel involved in the cleaning and disinfection of cystoscopes are tested for competency initially upon assignment and annually thereafter. See the Infection Control Policy IC 0019: “Endoscope” for the competency forms.

   d. All staff responsible for high level disinfection of channeled endoscope shall attend the high level disinfection class provided by the infection prevention department. Please contact Judie Bringhurst at judie.bringhurst@unchealth.unc.edu for more information.

4. Catheters: All of the catheters used in the procedure rooms are disposable. The disposable catheters are shipped from the manufacturer and are considered sterile unless the package is damaged. They are used once and discarded. Catheters that have reached the manufacturer’s expiration date should be removed from stock.

5. IV Fluids: All IV fluids and connectors will be newly opened for each case in the procedure room. A new bottle of contrast solution is opened at the beginning of each case and is only used for one patient.

6. Special Cleaning Procedures

   a. Plastic covers over foot controls in Procedure Rooms are changed weekly and when visibly soiled.

   b. Stainless steel and glass doors in Procedure Rooms are cleaned weekly and when visibly soiled.

   c. Floor drains are flushed and sprayed with an EPA-approved germicidal disinfectant after a procedure.

   d. Disposable collection bags are for single patient use and are disposed of after each patient use.

   e. Reusable brushes used to clean cystoscopes are rinsed of any debris after each use and disinfected in glutaraldehyde solution at the end of the day.

   f. Lead aprons are cleaned weekly and when visibly soiled.
F. Implementation and Monitoring

The responsibility for both the implementation and monitoring of this policy belongs to the Division Chiefs of Urology, Clinical Nurse II and Clinical Supervisors. A copy will be a part of the complete Cystoscopy Policy Manual, several copies of which are available in the Department. New staff will be instructed in the method of compliance with this policy.

IV. Reviewed/Approved by

Hospital Infection Control Committee

V. Original Policy Date and Revisions