Infection Control Manual		
UNC HEALTH CARE	Policy Name	**GI Motility Studies**
	Policy Number	**IC 0022**
	Date this Version Effective	**Oct 2015**
	Responsible for Content	**Hospital Epidemiology**

I. Description

Describes the practices used in GI Motility to reduce the risk of a healthcare-associated infection.

Table of Contents

II. Rationale

The intent of this policy is to minimize the risk of infection incurred during gastrointestinal motility studies. These risks are recognized to be small but are kept so by diligent attention to aseptic technique.

III. Policy

A. Personnel

1. Personnel should adhere to guidelines established by the UNCH Occupational Health Service (OHS). Refer to policy: "Infection Control and Screening Program: Occupational Health Service."
2. Hand hygiene will be performed in accordance with the Infection Control Policy: "Hand Hygiene and Use of Antiseptics for Skin Preparation."
3. Healthcare personnel should adhere to personnel guidelines in the Infection Control Policy: "Infection Control Guidelines for Adult and Pediatric Inpatient Care."
4. Infection control education, which includes Bloodborne Pathogens and Tuberculosis education, is provided via LMS and is required annually.
5. The Isolation Precautions Policy, the Exposure Control Plan for Bloodborne Pathogens and the Tuberculosis Control Plan will be followed. These policies are located on the Infection Control website.
6. Employees should promptly report all needle sticks/sharps injuries, mucous membrane and non-intact skin blood and body fluid exposures to OHS by calling the Needle Stick Hotline at 984-974-4480. University employees should report the exposure to University Employee Health Service at 919-966-9119. After hours, University employees should call Healthlink at 919-966-7890.

B. Procedures

Personnel should adhere to the guidelines in the Infection Control Policy: "Cleaning, Disinfection and Sterilization."

1. Anorectal Manometry: This procedure is used to evaluate pressures and the physiology of the rectum and anal sphincters in patients with constipation, fecal incontinence, incomplete defecation, excessive straining, and/or rectal pain. The procedure involves placing a catheter in the rectum.
    a. Anorectal Catheter
        i. Remove anorectal catheter from patient and wash exterior of catheter in enzymatic solution after removing disposable balloon or ManoShield (dependent upon type of catheter utilized). The “Y” section and connector area (3D anorectal manometry catheter) or the electronic connector (Konigsberg anorectal manometry catheter) is placed in a protective plastic container and then a disposable plastic bag in order to protect the electronic connections. Rinse the external surfaces using a continuous flow of water then submerge the distal end of the catheter containing the sensors into the enzymatic solution. Attach a 10 cc syringe to the lumen and perfuse with the enzymatic cleaner and soak for a minimum of 2 minutes.
        ii. Thoroughly rinse external surfaces using a continuous flow of water. Rinse the lumen with water and then flush with air to remove the water
        iii. High level disinfection is achieved by placing the catheter into a glutaraldehyde bath for a minimum of 20 minutes after perfusing the catheter lumen with 10 cc of the disinfectant solution.
        iv. Remove catheter from glutaraldehyde solution and thoroughly rinse the external surfaces using a continuous flow of water.
        v. Flush the catheter lumen with 10 cc of tap water followed by 10 cc of alcohol. Use compressed air to dry the lumen of the Konigsberg anorectal manometry catheter only; do not used compressed air on the 3D anorectal manometry catheter.
        vi. Spray the outside of the catheter with alcohol and allow drying.
        vii. Store in a clean, dry location.
        viii. The “Y” connector section of the 3D anorectal catheter may be cleaned with an antiseptic towelette or germicidal disposable cloth.
        ix. These high-level disinfected catheters must be clearly marked “clean” or “dirty” depending upon their status.
    b. Anorectal Expulsion Catheter (single-use disposable device placed in a biohazard receptacle upon completion of test)
    c. EMG Probes: These are single use, disposable devices placed in a biohazard receptacle after use.
    d. Computer Keyboard Cover and Touch Screen
        i. Wipe the keyboard and touch screen with alcohol between patients.
2. Hydrogen Breath Test(s): This procedure tests for lactose malabsorption, fructose malabsorption, and small bowel bacterial overgrowth. This is a non-invasive procedure in which the patient blows into a single use disposable mouthpiece. The collection system to be utilized by the patient will be determined by the nurse administering the test based on the patient’s level of understanding, ability to follow instructions and dexterity. The 2 systems utilized are the single use disposable test tubes and the reusable foil collection bags. The test tube system consists of 10-12 glass test tubes that are used once by the individual patient, analyzed, and then disposed of into a sharps container. Once the supply of reusable bags is depleted, the lab will transition to a disposable foil bag system based. If the nurse

determines the patient is not capable of using the test tubes for specimen collection. The following procedure relates to the reusable collection bags:

a. Ensure that all air is removed from the foil breath hydrogen collection bags by connecting the bag to vacuum tubing.

b. Remove red cap from bag. Wash red cap with soap and water if visibly soiled. Spray with alcohol to disinfect. Allow cap to dry thoroughly.

c. Remove any visible soilage by cleaning with soap and water then rinse with water or by cleaning with alcohol.

d. Disinfect reusable foil collection bags by spraying with alcohol and allow thorough drying.

3. pH Impedance and pH Testing: This test is utilized to evaluate reflux in the pediatric and adult population. A single use disposable catheter is placed via the nasopharynx into the esophagus. Placement is checked with a LES Locator, manometry, fluoroscopy, or x-ray.

   a. The GerdCheck recorder is cleaned with alcohol after patient use.

   b. The monitor case is cleaned with alcohol after patient use.

   c. The single use disposable catheter is removed after the specified length of time (usually 20-24 hours) and disposed of in a biohazard container.

4. Esophageal Manometry: This diagnostic procedure is used to assess the function of the lower esophageal sphincter, esophageal body and upper esophageal sphincter. Inpatients with dysphagia, odynophagia, chest pain, achalasia, and for preoperative evaluation. A solid state catheter is placed via the nasopharynx into the stomach. Pressure measurements are taken at various locations throughout the esophagus. There are 2 types of esophageal manometry catheters used in the GI Motility Lab. The most often used is the high resolution esophageal manometry catheter with or without impedance sensors. The least often used is the solid state esophageal manometry catheter by Konigsberg.

   a. High resolution esophageal catheter with or without impedance sensors:

      i. Remove the high resolution esophageal manometry catheter from the patient. The “Y” section and connector area are placed in a protective plastic container and then in a disposable plastic bag in order to protect the electronic connections. Rinse the external surfaces using a continuous flow of water then submerge the distal end of the catheter containing the sensors into the enzymatic solution and soak for a minimum of 2 minutes.

      ii. Thoroughly rinse external surfaces using a continuous flow of water.

      iii. High level disinfection is achieved by placing the catheter into a glutaraldehyde bath for a minimum of 20 minutes.

      iv. Remove the catheter from the glutaraldehyde solution and thoroughly rinse the external surfaces using a continuous flow of water

      v. Store in a clean, dry location

      vi. These high-level disinfected catheters must be clearly marked “clean” or “dirty” depending upon their status.

      vii. Wipe the keyboard cover and touch screen with alcohol between patients

   b. Solid state esophageal manometry catheter by Konigsberg.

i. Remove the catheter from the patient. The electronic connector is placed in a protective plastic container and then in a disposable plastic bag. Rinse the external surfaces using a continuous flow of water then submerge the distal end of the catheter containing the sensors into the enzymatic. Attach a 10 cc syringe to the lumen and perfuse with the enzymatic cleaner and soak for a minimum of 2 minutes.

ii. Thoroughly rinse external surfaces using a continuous flow of water. Rinse the lumen with water and then flush with air to remove water.

iii. High level disinfection is achieved by placing the catheter into a glutaraldehyde bath for a minimum of 20 minutes after perfusing the catheter lumen with 10 cc of the disinfectant solution.

iv. Remove the catheter from the glutaraldehyde solution and thoroughly rinse the external surfaces using a continuous flow of water. Flush the catheter lumen with 10 cc of tap water followed by 10 cc of alcohol. Use compressed air to dry the lumen.

v. Spray catheter with alcohol and allow drying.

vi. Store in a clean, dry location.

vii. These high-level disinfected catheters must be clearly marked “clean” or “dirty” depending upon their status.

viii. Wipe the keyboard cover and touch screen with alcohol between patients.

C. Implementation and Monitoring

The responsibility for the implementation and monitoring of this policy belongs to the GI Motility Lab Charge Nurse, Nurse Manager and Medical Director. All appropriate members of the department will be familiar with the policy and its terms. 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

Revised on July 2004, Dec 2006, Oct 2009, Oct 2012, Oct 2015