I. Description

Outlines the practices and protocols followed to reduce infection risk associated with endoscopy.

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II. Rationale

The intent of this policy is to minimize the risk of infection incurred during gastroenteroscopy. These risks are recognized to be small but are kept so by diligent attention to aseptic technique and meticulous attention to cleaning/disinfection procedures. The majority of the invasive procedures performed involve the introduction of endoscopic instrumentation into the gastrointestinal system.

III. Policy

A. Personnel

1. Personnel
   a. Personnel should adhere to guidelines established by the Hospitals' Occupational Health Service (OHS). Refer to the policy: “Infection Control and Screening Program: Occupational Health Service.”
   b. Healthcare personnel (HCP) should adhere to all applicable personnel guidelines in the Infection Control Policy: “Infection Control Guidelines for Adult and Pediatric Inpatient Care.”
   c. Hand hygiene will be performed in accordance with the Infection Control Policy: “Hand Hygiene and Use of Antiseptics for Skin Preparation.”
   d. Pregnant personnel may be at increased risk in terms of maternal/fetal infections while attending to patients with certain communicable diseases. These personnel are referred to the Infection Control Policy: “Pregnant and Post-Partum Health Care Personnel.”
   e. Personnel should be familiar with the principles of asepsis outlined in the Infection Control Policy: “Cleaning, Disinfection, and Sterilization of Patient Care Items.”
f. The Exposure Control Plan for Bloodborne Pathogens and the Tuberculosis Control Plan will be followed. These policies are located on the Infection Control website and the Intranet @ Work.

2. Infection control education, including OSHA-required education for Bloodborne pathogens and TB, is required annually via LMS.

3. Regulated Medical Waste Disposal
   a. Regulated medical waste must be disposed of within the guideline outlined in the Infection Control Policy "Guidelines for Disposal of Regulated Medical Waste."

B. GI Procedure Room Policies
1. Traffic Control
   Access will be limited to the minimum number of persons needed to safely perform the procedure and, on occasion, observers. The clinical staff in charge of the procedure is responsible for controlling the number of persons present by approving observers, consultants, and other visitors. All visitors must comply with the UNC Health Care Administrative Policy, “Visiting Hours and Regulations.”

2. Cleaning and Maintenance
   Environmental cleaning will be performed as outlined the Infection Control Policy: "Environmental Services Infection Control Policy". Blood spills are cleaned promptly with a 1:10 sodium hypochlorite solution (expires in 30 days) or an EPA registered germicidal disinfectant (e.g., MetriGuard).

3. Laundry
   Soiled linens will be placed in a fluid-resistant linen bag. Full laundry bags will be placed in a designated soiled linen cart.

4. Waste Disposal
   Personnel should comply with the Infection Control Policy: Guidelines for Disposal of Regulated Medical Waste. 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). All empty blood product containers (bags and bottles) as well as administration tubing will be placed in a regular trash bag.

5. Patient Management
   All patients entering the procedure room should be dressed in a clean hospital gown. Personnel are responsible for following the Infection Control Policy: Isolation Precautions. For patients with "rule out or suspected TB," refer to the Infection Control Policy: Isolation Precautions.

C. Cleaning and Disinfection of Endoscopes
   Appropriate personal protective equipment should be worn by staff when reprocessing scopes/instruments.

   Staff responsible for reprocessing endoscopes must know the guidelines detailed in the Endoscope Infection Control Policy. Additionally the required competency test is located in the Endoscope Infection Control Policy.

D. Storage of Disinfected Endoscopes Ready for Use
   1. Cleaned scopes will only be stored in the clean storage room.
2. All endoscopes that are cleaned will have a green tag attached to them to indicate they have been reprocessed and are ready for use.

3. If a scope does not have a tag appended, **do not use the scope** until the scope is reprocessed.

E. Cleaning and Disinfection of Accessories

1. Grasping Forceps (reusable only)
   a. Place Grasping Forceps in a sink containing warm water and enzymatic cleaner.
   b. Using 10ml syringe, inject enzymatic/water into the reprocessing port; soak for 2-5 min.
   c. Manually clean exterior of forceps and slider cable. Open the forceps and gently clean the forceps cups.
   d. Rinse forceps well with running tap water, flush reprocessing port with water and flush with air.
   e. Place forceps, loosely coiled, in Ultrasonic Cleaner containing warm water and ultrasonic cleaner. Using a 10ml syringe, inject ultrasonic cleaner into reprocessing port. Process in Ultrasonic for 30 minutes.
   f. Remove from Ultrasonic. Rinse well under running water in clean sink, flushing port with water and then flushed with air.
   g. Dry thoroughly.
   h. Operate slider to open close grasping jaws 2 or 3 times, wipe instrument dry.
   i. Inspect entire length of outer sheath for broken or damaged areas, confirm distal end opens and closes.
   j. Close distal end of instrument and place in peel pouch with steam integrator for steam sterilization.
   k. Take to CPD for steam sterilization. Return the next day and pick-up the peel pouches.
   l. Store peel pouches in the designated location.

2. Savary-Gilliard or American Dilators
   a. Rinse dilator with running water.
   b. Place dilator in a container with warm water and an enzymatic cleaner.
   c. Manually clean dilator with washcloth.
   d. Using Savary-Gilliard cleaning brush, brush interior wire channel of dilator.
   e. Connect dilators to DSD Edge with appropriate needlehookup and connect to the Scope Buddy.
   f. Turn on the Scope Buddy and suction dilators in the enzymatic solution for 2½ minutes.
   g. Using the Scope Buddy, flush dilators with water then air for 1 minute 15 seconds each.
   h. Rinse the dilators and dry, detach from Scope Buddy.
   i. Hook dilators in to A or B chamber of the DSD edge and reprocess with the appropriate connector. Hook up can have 1, 2, 3, or 4 dilators attached.
   j. At the end of the cycle, dry the guidewire channels of the dilators with compressed air and store in the appropriate container.
3. Savary-Gilliard or American Dilator Guidewire
   a. Clean guidewire following the same procedure as for the Savary Dilators.

4. Anal Dilator
   a. Rinse dilator with running water.
   b. Place dilator in a container with warm water and an enzymatic cleaner.
   c. Manually clean dilator with washcloth.
   d. Soak dilator in the enzymatic solution for 2 to 5 minutes.
   e. Rinse dilator with running water.
   f. Place dilator in HLD chemical.
   g. Allow dilator to soak submerged in HLD for a minimum of 20 minutes for glutaraldehyde or per HLD chemical manufacturer’s instructions for use (IFUs).
   h. Remove from HLD: rinse with running water.
   i. Allow dilator to dry before storing in a clean area.

5. Anoscopes
   a. Reusable anoscopes and the Insufflation System (if applicable) must be cleaned and high-level disinfected prior to use on another patient following manufacturer’s instructions. Single-use anoscopes are discarded after single patient use.
   b. Light Carriers are high-level disinfected or sterilized after each patient use according to manufacturer’s instructions.
   c. Light handle assemblies and handle adapter must be disinfected according to manufacturer’s instructions; e.g. wiping thoroughly with Sani-Cloth.

6. Ultrasonic Probe
   a. Insert water resistant cap on probe
   b. Immerse probe in warm water and enzymatic cleaner, soak 2-5 minutes
   c. Manually clean the exterior of the probe
   d. Immerse the probe in clean water, confirm that no debris is left on probe
   e. Rinse the probe well under running tap water
   f. Wipe and dry the exterior of the probe with a dry, lint-free cloth
   g. Immerse the probe in HLD for time indicated by HLD chemical manufacturer.
   h. Thoroughly rinse with tap water and dry with lint-free cloth
   i. Wipe exterior with 70% isopropyl alcohol and allow to dry
   j. Store probe in designated holder

7. Suction Canisters
   a. Suction canisters that are labeled “single use only” are to be used for one patient and one procedure.
   b. After each use, the suction canisters are attached to the SAF-T Pump and contents are suctioned out.
c. Water is then rinsed through and contents evacuated using SAF-T Pump.
d. The tubing to the oral suction canister is changed after each use.
e. The tubing to the scope canister is changed after each patient use.

8. SAF-T Pump
   a. Clean unit according to the SAF-T-Pump manufacturer’s instructions: daily using EPA-
      registered disinfectant to include the tubing.
   b. Change red suction tubing weekly or according to SAF-T-Pump manufacturer
      instructions. (If clear suction tubing is used, change daily.)
   c. Please refer to Appendix 1 for entire Saf-T pump procedure.

9. Infrared Coagulation Unit
   a. The IRC unit must be clearly marked “clean” or “dirty” depending upon its status.
   b. Unplug the IRC unit from the power source before cleaning.
   c. Discard the sheath covering the IRC probe.
   d. If the probe is visibly contaminated, wipe the probe with a clean, wetted cloth to remove
      any debris.
   e. Wipe IRC handle with 1:10 diluted bleach.
   f. Wipe IRC lightguide/lightsource for 2 minutes with 1:10 diluted bleach (~5,250-6,000
      ppm) using a cotton washcloth, light dampened, not dripping wet.
   g. Allow the lightguide to air-dry for 2 minutes
   h. Wipe the lightguide for at least 1 minute with sterile water.
   i. Cover the probe when dry with a clean towel and store it in a clean, dry location.

F. Additional Guidelines
   Equipment not in contact with sterile tissues or mucous membranes such as power sources,
   illuminators, insufflators, and suction devices should be disinfected after each use with an EPA-
   registered product (e.g. Sani-Cloth, MetriGuard, 70% alcohol).

   Single use disposable items - FDA regulations require all single use disposable items to be
   discarded after use unless reprocessed by an approved third party reprocessor.

G. Implementation and Monitoring
   The responsibility for both the implementation and monitoring of this policy belongs to the
   Medical Director of GI Procedures, and Clinical Nurse Manager/supervisor. New staff will be
   instructed in the method of compliance with this policy.

IV. References

   Society of Gastroenterology Nurses and Associates, Inc: Standards for Infection Control and
   Reprocessing of Flexible Gastrointestinal Endoscopes; (SGNA, 2004).

   24:313-342.

   American Society for Gastrointestinal Endoscopy and the Society for Healthcare Epidemiology of
   America. Multi-society guideline for reprocessing flexible gastrointestinal endoscopes. Infection
   Control Hospital Epidemiology 2011: June 32:527-537.

V. Reviewed/Approved by
Hospital Infection Control Committee

VI. Original Policy Date and Revisions
Appendix 1: Saf-T Pump use in GI Procedures

1. Place a clean suction canister in the procedure room at the beginning of the day
2. Canisters, if marked “single use only,” must be changed after each patient’s procedure.
3. When changing canisters, take the canister to the soiled utility room or Scope Reprocessing Room and place in the SAF-T Pump basket
4. Use PPE: gloves and eye shields are the minimum requirement
5. Place the pump tube onto the dip tube of the canister
6. Turn the SAF-T Pump on by moving the valve handle to the “ON” position and proceed to empty the canister
7. Remove the pump tube from the empty canister, flush with water and place on towel in basket
8. Close the accessory port of the emptied canister, leaving the dip tube inside and discard it in the trash
9. When the canister is empty, turn off the SAF-T Pump
10. Flush the hopper after each disposal cycle; wipe hopper bowl if soiled
11. For internal cleaning at the end of the day, fill container with 1 gallon of water and add 1 ounce of MetriGuard
12. Turn SAF-T Pump on and flush the pump tube
13. For external cleaning at the end of the day, spray and wipe the SAF-T Pump and hopper with disinfectant
14. Change the pump tube at the end of the week