Cystoscopy Suite

Description

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

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.

Policy

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 counter-tops and wall-mounted units close to the patient are to be cleaned with an EPA-registered 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 counter-tops and sinks with an EPA-registered disinfectant, as well as change trash bags daily, and as necessary.

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

   c. **Weekly or when visibly soiled**: Surfaces and equipment not close to the patient/procedure table will be wiped down with an EPA-registered 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 (e.g., SaniCloth). 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 in the soiled linen cart for pick-up.

4. Waste Disposal
   Personnel should comply with the infection prevention Policy: [Guidelines for Disposal of Regulated Medical Waste](http://unchealthcare-uncmc.policystat.com/policy/5160381/).
   a. Ideally, blood and other potentially infectious material greater than 20 ml. per container should be discarded by safely pouring the contents into a toilet or hopper and discarding the resealed container into the regular trash receptacle (white trash bag with the biohazard label). If this cannot be safely done, i.e., without the potential for splash or spray of blood or body fluids to staff, the container and its contents should be placed into the regulated medical waste container.
   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.

**Contiguous Spaces in the Cystoscopy Suite**

The contiguous areas in the Cystoscopy Suite will be cleaned daily by Environmental Services.

**Personnel**

1. Personnel should adhere to guidelines found in the infection prevention Policy: [infection prevention and Screening Program – Occupational Health Service](http://unchealthcare-uncmc.policystat.com/policy/5160381/).

**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) and will consist of appropriate health care personnel (HCP). Appropriate attire should be worn for all procedures. For more details refer to Attachment 1: infection prevention Attire in Restricted Zones in the infection prevention Policy: [Infection Prevention Guidelines for Perioperative Services](http://unchealthcare-uncmc.policystat.com/policy/5160381/). Standards of practice should be observed for aseptic technique, sterile technique, sterile fields, etc.

1. Surgical Hand Antisepsis: Surgical hand antisepsis with an approved antimicrobial agent is required before a surgical procedure. See infection prevention Policy: "infection prevention 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 and follow hospital policies for shadow visitors or ventors.

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-registered disinfectant (e.g., Sani-Cloth, Metriguard) 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., 70% sterile 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.

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 prevention Policy: 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, graspers, 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 prevention Policy: 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 processed after each use according to infection prevention Policy: Cleaning, Disinfection, and Sterilization of Patient-Care Items.

b. Automated endoscope reporcessors (AER) shall be maintained according to the AER manufacturer's instructions.

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

d. All staff responsible for high level disinfection shall attend the high level disinfection workshop provided by the infection prevention department. Please contact Hospital Epidemiology at 984-974-7500 for 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-registered 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 (worn under sterile gown) are cleaned weekly and when visibly soiled.

**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.

**Attachments:** No Attachments
## Approval Signatures

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<tr>
<th>Step Description</th>
<th>Approver</th>
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<tr>
<td>Policy Stat Administrator</td>
<td>Patricia Ness: Nurse Educator</td>
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<td>Sherie Goldbach: Infection Prevention Registrar</td>
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## Applicability

UNC Medical Center