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Policy Area Infection Prevention
Applicability UNC Medical Center

Cystoscopy Suite

I. Description

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

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. Personnel

1. Personnel must adhere to guidelines established by the Infection Prevention policy: [Infection Control and Screening Program: Occupational Health Service](#).
2. Personnel should adhere to the following Infection Prevention policies where applicable:
 - a. [Infection Prevention Guidelines for Adult and Pediatric Inpatient Care](#)
 - b. [Infection Prevention Guidelines for Perioperative Services](#)
 - c. [Isolation Precautions](#)
 - d. [Tuberculosis Control Plan](#)
 - e. [The Prevention of Intravascular Catheter-Related Infections](#)

- f. [Environmental Services](#)
 - g. [Respiratory Care Department](#)
 - h. [High-Level Disinfection \(HLD\) - Manual Reprocessing of Reusable Semi-Critical Medical Devices](#)
 - i. [Sterilization of Reusable Patient-Care Items](#)
3. Personnel will comply with the Infection Prevention policy: [Hand Hygiene and Use of Antiseptics for Skin Preparation](#)
4. Personnel must be familiar with the Infection Prevention policy: [Exposure Control Plan for Bloodborne Pathogens](#) and report all needlestick/sharps, mucous membrane, and non-intact skin exposures from blood or other potentially infectious materials to the OHS by calling the **Needlestick Hotline at 984-974-4480**. University employees should report the exposure to University Employee Health Service at 919-966-9119.

B. 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. Between Cases: Equipment touched or used during the procedure including the radiographic table is cleaned with an 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. Floor drains are flushed and sprayed with an EPA-registered disinfectant after a procedure. Trash will be pulled as needed
 - b. Daily: All permanent equipment within the room, as well as all counter-tops and wall-mounted units touched or used during the procedure 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.
 - c. Weekly or when visibly soiled: All surfaces and equipment in the procedure room will be wiped down with an EPA-registered disinfectant. Plastic covers over foot controls in Procedure Rooms are changed weekly and when visibly soiled. Lead aprons (worn under sterile gown) are cleaned weekly and when visibly soiled.
 - d. Blood Spills: Refer to the Infection Prevention policy: [Exposure Control Plan](#)

[for Bloodborne Pathogens.](#)

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 2 traffic control areas: restricted and unrestricted for aseptic protocol.

3. Linen

- Refer to the Infection Prevention policy: [Laundry and Linen Services.](#)

4. Personnel should comply with the Infection Prevention policy: [Guidelines for Disposal of Regulated Medical Waste.](#)

C. Contiguous Spaces in the Cystoscopy Suite

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

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) and will consist of appropriate health care personnel (HCP).

1. Appropriate attire should be worn for all procedures. For more details refer to the Infection Prevention policy: [Infection Prevention Guidelines for Perioperative Services - Attachment 1: Infection Control Attire in Restricted Zones \(Operating Rooms, Procedural Rooms\)](#). Standards of practice should be observed for aseptic technique, sterile technique, sterile fields, etc.
2. 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 - Attachment 5: Surgical Services/Operating Room - Surgical Hand Antisepsis.](#)
3. Sterile gloves are required during cystoscopy procedures per the Infection Prevention policy: [Hand Hygiene and Use of Antiseptics for Skin Preparation - Attachment 2: Recommendations for Hand Hygiene and Cleaning Patients' Skin before Nonsurgical Procedures.](#)
4. 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 vendors.

5. 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 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% chlorhexidine gluconate (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.
- iii. Refer to the Infection Prevention policy: [Hand Hygiene and Use of Antiseptics for Skin Preparation](#) for further guidance.

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. Manufacturer instructions for use (MIFU) must be followed for processing all reusable instruments and devices between each use.

- 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. Refer to the Infection Prevention policy: [Sterilization of Reusable Patient-Care Items](#).
 - 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. High-level disinfection must be preceded by meticulous physical cleaning following MIFUs and guidance found in the Infection Prevention policies: [High-Level Disinfection \(HLD\) - Manual Reprocessing of Reusable Semi-Critical Medical Devices](#) and [Endoscope](#). Examples: flexible and rigid fiberoptic endoscopes, cystoscopes, and metal dilators. When possible per MIFUs, these reusable instruments and devices should be sterilized.
2. Procedure trays should be set up immediately prior to case.
 3. While setting up the procedure tray, the technologist will use aseptic technique. No open setup is to be left unattended. 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 unscrubbed individuals.
 - Clinic staff are responsible for point of use cleaning at the bedside per manufacturer instructions for use and transporting dirty reusable devices to the reprocessing room per policy.
 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. Disposable collection bags are for single patient use and are disposed of after each patient use.
 6. 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.

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. Related Policies

[Infection Prevention Policy: Endoscope](#)

[Infection Prevention Policy: Environmental Services](#)

[Infection Prevention Policy: Exposure Control Plan for Bloodborne Pathogens](#)

[Infection Prevention Policy: Guidelines for Disposal of Regulated Medical Waste](#)

[Infection Prevention Policy: Hand Hygiene and Use of Antiseptics for Skin Preparation](#)

[Infection Prevention Policy: High-Level Disinfection \(HLD\) - Manual Reprocessing of Reusable Semi-Critical Medical Devices](#)

[Infection Prevention Policy: Infection Control and Screening Program: Occupational Health Service](#)

[Infection Prevention Policy: Infection Prevention Guidelines for Adult and Pediatric Inpatient Care](#)

[Infection Prevention Policy: Infection Prevention Guidelines for Perioperative Services](#)

[Infection Prevention Policy: Isolation Precautions](#)

[Infection Prevention Policy: Laundry and Linen Service](#)

[Infection Prevention Policy: Respiratory Care Department](#)

[Infection Prevention Policy: Sterilization of Reusable Patient-Care Items](#)

[Infection Prevention Policy: The Prevention of Intravascular Catheter-Related Infections](#)

[Infection Prevention Policy: Tuberculosis Control Plan](#)

Attachments

[Hand Hygiene - Attachment 2 - Recommendations for Hand Hygiene and Cleaning Patients' Skin before Nonsurgical Procedures .doc](#)

[Periop Svcs - Attmt 1 - Infection Control Attire in Restricted Zones.doc](#)

[Periop Svcs - Attmt 5 - Surgical Services_Operating Room - Surgical Hand Antisepsis .doc](#)

Approval Signatures

Step Description

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Date

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