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Owner	Sherie Goldbach: Project Coordinator
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Gastrointestinal (GI) Procedures and GI Motility Studies

I. Description

Outlines the practices and protocols followed to reduce infection risk associated with gastrointestinal endoscopy procedures and GI motility studies.

II. Rationale

The intent of this policy is to minimize the risk of infection incurred during gastrointestinal procedures. These risks are mitigated 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. Staff

1. Staff should adhere to the following Infection Prevention policies where applicable:
    a. Endoscope
    b. Environmental Services
    c. Guidelines for Disposal of Regulated Medical Waste
    d. Hand Hygiene and Use of Antiseptics for Skin Preparation
    e. High-Level Disinfection (HLD) - Manual Reprocessing of Reusable Semi-

Critical Medical Devices

f. Infection Prevention Guidelines for Safe Patient Care

g. Isolation Precautions

h. Reuse of Single Use Devices (SUD)

i. Sterilization of Reusable Patient-Care Items

j. Tuberculosis Control Plan

2. Staff should adhere to the Occupational Health Services policy: Infection Prevention and Screening Program - Occupational Health Service.

B. GI Procedure Room Protocols

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 observers, consultants, and visitors must wear appropriate PPE and comply with the Nursing policy: Hospital Visitation.

2. Cleaning and Maintenance

   - Environmental cleaning will be performed as outlined in the Infection Prevention policy: Environmental Services.

3. Patient Management

   a. All patients entering the procedure room should be dressed in a clean hospital gown.

   b. Staff are responsible for following the Infection Prevention policy: Isolation Precautions. For patients with "rule out or suspected TB," refer to the Infection Prevention policy: Isolation Precautions for guidance.

C. Cleaning and Disinfection of Endoscopes and Accessories

1. Appropriate personal protective equipment should be worn by staff when reprocessing scopes/instruments.

2. Staff responsible for reprocessing endoscopes must follow manufacturer instructions for use for all endoscopes, accessories, and related equipment. Staff must also comply with guidelines detailed in the Infection Prevention policy: Endoscope. The required annual high-level disinfection competency should be completed at least every

365 days and is available on the Infection Prevention intranet-site: Instrument Reprocessing page.

3. Suction Canisters
    a. Suction canisters that are labeled "single use only" are to be used for one patient and one procedure.
    b. The tubing to the oral suction canister is changed after each use.
    c. The tubing to the scope canister is changed after each patient use.
4. SAF-T Pump
    a. Clean and utilize unit according to the SAF-T-Pump manufacturer's instructions.
    b. Change red and clear suction tubing weekly or according to SAF-T-Pump manufacturer instructions.
5. Infrared Coagulation Unit (IRC)
    - Reusable units must be high-level disinfected, even when sterile sheaths are used per manufacturer's instructions for use (MIFU) and guidance.

D. Handling and Storage of High-level Disinfected Endoscopes Ready for Use

1. Clean gloves should be worn when handling processed/clean endoscopes.
2. Cleaned and high-level disinfected scopes will **only** be stored in ventilated scope cabinets. Scopes may not be stored in patient care areas.
3. Staff reprocessing endoscopes must ensure that users can readily identify that the endoscope has been reprocessed. Endoscopes ready for use are tagged with a "clean" tag.
4. If a scope does not have a "clean" tag attached or is missing a tag, the scope must be treated as a dirty scope and reprocessed fully before being used on a patient.

E. GI Motility Studies

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 Catheters are single use and are disposed of after use.
    b. Anorectal Expulsion single use catheters are disposed of after use.

c. Dispose of single use EMG probes.

2. Hydrogen Breath Test(s): Equipment and accessories used for this procedure are cleaned, disinfected, and stored following manufacturer's instructions for use.
3. pH Impedance and pH Testing: Catheters are single use and disposed of after use. Accessories used for this procedure are cleaned and disinfected following manufacturer's instructions for use.
4. Esophageal Manometry: Equipment and accessories used for this procedure are cleaned, disinfected, and stored following manufacturer's instructions for use. For solid state esophageal manometry catheters, equipment and accessories are cleaned, disinfected, and stored following manufacturer's instructions for use.

F. Additional Guidelines

Equipment not in contact with sterile tissues or mucous membranes such as power sources, illuminators, insufflators, and suction devices should be cleaned and/or disinfected after each use according to the equipment manufacturer's instructions.

Single use disposable items - FDA regulations require all single use disposable items to be discarded after use. For approved exceptions, please refer to the Infection Prevention policy: Reuse of Single Use Devices (SUDs).

G. Implementation and Monitoring

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

IV. References

Society of Gastroenterology Nurses and Associates, Inc: Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes; (SGNA, 2018).

Rutala, WA. APIC guidelines for selection and use of disinfectants. Am J Infect Control 1996; 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 Prevention Hospital Epidemiology 2011: June 32:527-537.

Rutala, WA., Gergen, MF., and Weber, DJ. Disinfection of an infrared coagulation device used to treat hemorrhoids. Am J Infection Prevention 2012; 40: 78-9.

V. 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 Prevention Guidelines for Safe Patient Care

Infection Prevention Policy: Isolation Precautions

Infection Prevention Policy: Reuse of Single Use Devices (SUDs)

Infection Prevention Policy: Sterilization of Reusable Patient-Care Items

Infection Prevention Policy: Tuberculosis Control Plan

Nursing Policy: Hospital Visitation

Occupational Health Services Policy: Infection Prevention and Screening Program: Occupational Health Service

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Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Kimberly Novak-Jones: Nurse Educator	09/2024
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Applicability

UNC Medical Center

Standards

No standards are associated with this document