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Good hygiene, smart economics go hand-in-hand

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HPN CS Questions, 2477 Stickney Point Road, Suite 315B, Sarasota, FL 34231
Names and hospital identification will be withheld upon request.

Scope storage; PPE; washer performance testing; loaner policies

by Ray Taurasi

Q We recently went through a mock accreditation survey and were told that we need to find a better way to store our clean flexible scopes. Currently after cleaning, scopes are placed on a towel and stored in a covered tote box. When a scope is needed, the clean scope is removed from the tote box and then soaked in Cidex before use. Why would this not be acceptable and what would be a "better way" to store clean scopes?

A Your current method for storing scopes is not an acceptable practice for the following reasons. When coiling scopes as you are doing there is a possibility that moisture will be retained inside the various channels in the scope which could become a source for microbial growth and contamination. The towel you are using could also retain moisture which is drained from the scope. The closed storage container provides an ideal breeding ground for bacteria, being dark, moist and warm. Scopes should be disinfected or sterilized immediately following the cleaning process. The longer the time lapse between cleaning and disinfection, the greater the potential for microbial growth. If the microbial bio burden is too great than the efficacy of the disinfection or sterilization process would be questionable. There is also a greater chance of damaging a scope that is stored in this manner.

Current recommendations for the storage of flexible scopes state:

- Flexible endoscopes should be stored in a manner that protects the device from damage and minimizes microbial contamination.
- Flexible endoscopes should be stored in a closed ventilated cabinet (intended for scope storage)
- Flexible scopes should be securely hung in a vertical position (without touching bottom of the cabinet)
- All removable endoscope components and accessories should be removed from the scope while stored
- Towels should not be placed in the bottom of the storage cabinet

Although scope components and accessories may be interchangeable, they should remain with the scope throughout the reprocessing cycle and storage to allow for device tracking. There are various parts containment products available to accommodate this need.

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Q We have been looking at a new type of face shield which has a long bib attached to it that can be tucked into a decontamination gown or jumpsuit. According to the sales representative, we do not have to wear a face mask while using this face shield as it virtually prevents fluids or aerosols from entering breathing zones in the mouth or nose. It would be great for comfort and costs if we could eliminate wearing a face mask. Is it an absolute requirement to wear a face mask in decontamination?

A OSHA requires that a hospital establish a policy for wearing personal protective equipment (PPE) and then provide the required equipment and monitor the adherence to the PPE policy. In determining what PPE may be required the hospital must first conduct a risk analysis of all job tasks and their work environments. If it is determined that a job task presents a risk that could expose an individual to physical harm, appropriate safety and protective attire must be provided and worn while performing the "identified risk task(s)".

Current ANSI/AAMI ST79:2010 recommendations state the following:

"Decontamination PPE attire should be worn when identified risk factors are presented:

- Heavy-duty utility gloves specific to job task
- Liquid-resistant covering with sleeves to include gown, jump suit or apron
- When there is any risk of splash or splatter a fluid resistant face mask and wrap around eye protection or face shield
- Hair covering"

I was recently at a seminar where a speaker from The Joint Commission mentioned that there were AAMI guidelines for monitoring the performance of automated instrument washers. She said we should also be monitoring the manual cleaning process with a protein test. I believe she said this was in the AORN guidelines but I have never heard of the test or recommendation before. Do you have any information on this?

Both AAMI and AORN guidelines do recommend at least weekly testing of the performance of all automated washer equipment. The AAMI document states that daily testing is preferable. Regarding manual cleaning process monitoring, AORN recommendations state the following:

"Periodic testing provides an opportunity to evaluate the performance of personnel. Manual cleaning is a learned skill and subject to human error. New instruments can pose unique challenges when cleaning. Protein indicators are commercially available to assist with this evaluation. Manual cleaning should be evaluated when new types of instruments are reprocessed and periodically, at intervals determined by the health care organization."

There are various soil specific swab testing products available which can detect different soil residuals that may be remaining on a medical device following the cleaning process. The testing process is fast, easy to use and very reliable. A swab is rubbed over the instrument and then placed in a vial of medium. A color change would indicate the presence of a specific organic soil such as blood or protein.

Q I am the clinical resource nurse for orthopedic surgery at my hospital. In light of all the recent media attention surrounding HAIs (healthcare-associated infections) associated with loaner instrumentation, I have been asked to develop a QA policy and procedure to manage our loaners. Are there any professional standards or recommendations on this subject that might assist me?

A IAHCSMM (International Association of Healthcare Central Service Materiel Management) formed an orthopedic counsel which includes representatives from many orthopedic hospitals and manufacturers. They have published some excellent documents on managing loaner instrumentation and a sample policy that would be an excellent resource for you. For more information you can contact IAHCSMM at 213 West Institute Place, Suite 307 Chicago, IL 60610, 800-962-8274, or view their website at www.IAHCSMM.org. HPN

References:

AORN 2013 Recommended Practices for Cleaning and Processing Flexible Endoscopes and Endoscope

Accessories

ANSI/AAMI ST79:2010 & A1:2010 & A2:2011 &A3:2012 Section 4.5.1
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Olympus guide to reprocessing flexible endoscopes:
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Ray Taurasi is Eastern Regional Director of Clinical Sales and Services for Healthmark Industries. His healthcare career spans over three decades as an Administrator, Educator, Technologist and Consultant. He is a member of AORN, AHA, SGNA, AAMI and a past president of IAHCSMM and has served on and contributed to many national committees with a myriad of professional organizations, manufacturers, corporations and prestigious healthcare networks. Taurasi has been a faculty member of numerous colleges teaching in the divisions of business administration and health sciences. In addition to this column he has authored several articles and has been a featured speaker on the international scene.