Guideline Implementation: Processing Flexible Endoscopes

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Purpose/Goal

To provide the learner with knowledge specific to implementing the AORN "Guideline for processing flexible endoscopes."

Objectives

1. Describe the steps of the endoscope processing cycle.
2. Explain the reasons for using a cleaning verification test.
3. Describe steps involved in mechanical cleaning and processing.
4. Discuss optimal storage conditions for flexible endoscopes.
5. Identify considerations for conducting routine microbiologic surveillance.

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Marie A. Bashaw, DNP, RN, NEA-BC, has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.

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ABSTRACT

The updated AORN "Guideline for processing flexible endoscopes" provides guidance to perioperative, endoscopy, and sterile processing personnel for processing all types of reusable flexible endoscopes and accessories in all procedural settings. This article focuses on key points of the guideline to help perioperative personnel safely and effectively process flexible endoscopes to prevent infection transmission. The key points address verification of manual cleaning, mechanical cleaning and processing, storage in a drying cabinet, determination of maximum storage time before reprocessing is needed, and considerations for implementing a microbiologic surveillance program. Perioperative RNs should review the complete guideline for additional information and for guidance when writing and updating policies and procedures. *AORN J* 104 *(September 2016) 226-233. © AORN, Inc, 2016. http://dx.doi.org/10.1016/j.aorn.2016.06.018*

Key words: *flexible endoscopes, bioburden, biofilm, mechanical cleaning, sterile processing.*

Correctly processing flexible endoscopes is essential in helping to prevent infection transmission.[1,2] Because flexible endoscopes enter body cavities, they may acquire high levels of microbial contamination.[3] Organic material (eg, blood, feces, respiratory secretions) that collects in the channels and ports of the endoscope can be difficult to remove.[3,4] Biofilm can quickly form in and adhere to the inner surface of the endoscope.[5,6] This bioburden contains microorganisms that are not visible to the naked eye but can be transmitted to the next patient on whom the endoscope is used.[4,5,7,8] Therefore, perioperative, endoscopy, and sterile processing personnel should undergo specific education and complete competency verification activities related to processing flexible endoscopes to help minimize the risk of infection and promote a safe environment for patient care.

After acquisition of a flexible endoscope by new purchase, loan, or return from repair, sterile processing personnel should initiate the processing cycle (Figure 1). First, the sterile processing technician performs leak testing (for all flexible endoscopes designed to be leak tested) to ensure the integrity of the endoscope.[1,9-12] A failed leak test should result in the endoscope being sent for repair or discarded. If the leak test is successful, the technician cleans and then inspects the endoscope.[4,6,13-15] If the endoscope fails a visual inspection for cleanliness, the endoscope should be recleaned. If the endoscope passes visual inspection, the sterile processing technician packages and sterilizes the endoscope or processes it using high-level disinfection or liquid chemical sterilization.[3] The endoscope can then either be used or stored for future use.

After an endoscope has been used, personnel assisting with the surgical procedure should perform a precleaning process at the point of use as soon as possible after the procedure is completed.[3,6,9,10,12-14,16-20] The precleaning process includes suctioning cleaning solution through the channels to moisten and remove organic soils and wiping the exterior surfaces

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