

POLICY: Presoak of the Flexible Endoscopes Following Excessive Bleeding and/or Delayed Reprocessing

Program Area: Medical Device Reprocessing

Section: General

Reference Number: CLI.5510.PL.003

Approved by: Regional Lead – Acute Care & Chief Nursing Officer

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Revised

PURPOSE:

To ensure appropriate cleaning when there is excessive bleeding during a patient procedure or if pre-cleaning could not be performed within the one-hour timeframe as set out by CSA Z314:23 12.4.4. When this occurs, this policy supersedes CLI.5510.PL.004 Reprocessing of Flexible Endoscopes.

BOARD POLICY REFERENCE:

Executive Limitation (EL-02) Treatment of Clients
Executive Limitation (EL-07) Corporate Risk

POLICY:

To outline the proper reprocessing of presoak of the flexible endoscopes following excessive bleeding and/or delayed reprocessing during patient procedure or if pre-cleaning could not be performed within 1-hour timeframe.

DEFINITIONS:

Biofilm - refers to a matrix of different types of bacteria and extracellular material that can tightly adhere to the interior surfaces of endoscopes.

Enzymatic Detergent - refers to low-foaming detergents which add enzymes capable of digesting organic material such as blood and mucous.

Flexible Endoscope - flexible instrument used to visualize the inside of a body cavity, lumen or structure. Flexible endoscopes to include, but are not limited to gastrointestinal (GI) scopes, bronchoscopes, cystoscopes, ureteroscopes, nephroscopes, nasopharyngoscopes, rhinolaryngoscopes, and intubation scopes.

High-level Disinfectant (HLD) - used for the destruction of all microorganisms except high levels of bacterial spores.

Minimal Effective Concentration (MEC) - minimal concentration of a disinfectant that must be used to achieve high level disinfection.

Personal Protective Equipment (PPE) - gloves, waterproof gowns, masks, protective eyewear and face protection used according to risk of exposure to prevent transmission of micro-organisms.

Reprocessing - steps performed to appropriately prepare a reusable medical device for reuse. The steps may include the collection and transportation of soiled devices, cleaning, inspection, disinfection, sterilization, packaging, clean transportation, and storage of clean and disinfected/sterilized devices.

Reuse life - refers to a statement by the manufacturer indicating the maximum number of days a reusable high-level disinfectant might be effective.

Sterile - refers to a state of being free from all living organisms.

IMPORTANT POINTS TO CONSIDER:

Delayed reprocessing occurs:

- If the scope has sat for longer than 1 hour prior to manual cleaning (CSA Decontamination of Reusable Medical Devices Z314:23 12).
- Is dependent upon the degree to which the endoscope is soiled in terms of “caked on debris”, “clogged channels” or “excessive bleeding” (see below). This step will help to loosen the debris, repeat the presoak step up until 6 hours if unable to loosen debris. Do not soak endoscope longer than 6 hours as fluid immersion may occur. Unnecessary long-term immersions should be avoided. Consecutive reprocessing sessions using extended immersion may damage the endoscope.

Excessive Bleeding

- "Excessive bleeding" is referring to the situation where during a procedure such as an excessive GI bleed that there has been a significant gastrointestinal contents such as old blood or colon contents etc. that may not be completely removed with the pre-cleaning step and may also be "dried" on to the scope. Sometimes this occurs with cases where there have been poor bowel preps and there is a lot of debris that can clog the scope or in GI bleeds where there is a chance the scope can be clogged with residual debris.

Staff will use CLI.5510.FORM.01 Endoscopy Log Form

PROCEDURE:

Step 1 – PRE-CLEANING (For Manual and Automated Endoscope Reprocessing)

The initial steps in the reprocessing protocol begin in the patient room immediately after removal of the insertion tube from the patient and prior to disconnecting the endoscope from the power source.

Have the following available:

- Personal protective equipment (neoprene or nitrile gloves, impervious long-sleeved gown, full face shield or protective eyewear along with a simple surgical mask that will not trap vapors).
 - Sponge or soft, lint-free cloth.
 - Air and water channel cleaning adapters per manufacturer's instruction.
 - Protective video caps (if using video endoscopes).
 - 500 ml container of water – either filtered, potable tap water or processed water (deionized or purified). Document the time on CLI.5510.FORM.01 Endoscopy Log that pre-cleaning has started.
1. Don appropriate personal protective equipment.
 2. Turn the video system centre and light source off.
 3. Immediately after the endoscope is removed from the patient, dip a clean, lint-free wet cloth or sponge in the water and wipe the entire insertion section of the endoscope. Wipe from the boot at the control section toward the distal end. Dispose of the cloth / sponge.

4. Immerse the distal end of the insertion section of the endoscope into a 500ml container of water. Depress the suction valve on the endoscope and aspirate the water through the endoscope for 30 seconds. Remove the distal end from the water. Depress the suction valve and aspirate air for 10 seconds.
5. Detach the air/water (A/W) valve and place it in a container of water. Attach the A/W channel cleaning adapter.
6. Immerse the distal end in water.
7. Hold the button of the A/W channel cleaning adapter to flush the A/W channel, with water from the water container, for 30 seconds.
8. Release the button to flush air for 10 seconds.
9. For colonoscopes and gastroscopes with auxiliary water feeding line, flush the auxiliary channel either manually or using a flushing pump.

For Manual Flushing of Auxiliary Water Line:

- Ensure the water inlet is not covered during the reprocessing. Connect the auxiliary water tube to the auxiliary water inlet of the endoscope.
 - Immerse the distal end of the insertion section in water.
 - Fill and attach a clean 30 ml syringe and slowly flush water through the channel until no bubbles exit.
 - Using the same syringe slowly flush air through the channel until a steady flow of bubbles exit.
10. Attach protective video cap (if using video endoscope) by pushing it straight onto the scope connector and turn it clockwise.
 11. Transport the endoscope and accessories to the decontamination area in a covered, leak proof container.
 12. Detach and dispose the A/W channel cleaning adaptor, the suction valve, and the biopsy valve from the Endoscope.

Note:

- Containers, sinks, and basins should be large enough that the endoscope will not be damaged by being coiled too tightly.
- A covered, leak proof container will prevent contamination during transport.

Step 2: LEAK TESTING

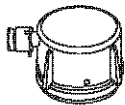
Leak testing detects damage to the interior or exterior of the endoscope. If a leak is identified, remove the endoscope from the water with the water-resistant cap and the leakage tester still attached and contact the company for instructions. Do not put it through the Automated Endoscope Reprocessor (AER).

1. Don appropriate personal protective equipment.
2. Attach the leak tester connector and turn the power source on. Depress the pin located inside of the connector cap of the leakage tester and listen to confirm that air is emitted from the connector cap.
3. With the leak tester attached, turn on the leak tester and observe while turning the endoscope's UP/DOWN and RIGHT/LEFT angulation control knobs.
4. Immerse the endoscope in the water and observe for 1 minute while deflecting the distal, bending section of the endoscope by turning the endoscope's UP/DOWN and RIGHT/LEFT angulations control knobs. Observe that there is no continuous series of air bubbles coming from the interior of the endoscope which would indicate a leak.
5. Remove the endoscope from the full sink of water with the leak tester still attached.
6. Turn the power source off and detach the leak tester from the tester unit.
7. Wait 30 seconds for the bending section to contract to its pre-expansion size. Detach the leak tester from the water-resistant cap.
8. Thoroughly dry the leak tester using a clean lint-free cloth or sponge.

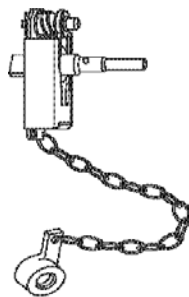
Step 3: PRESOAK FOR EXCESSIVE BLEEDING AND/OR DELAYED REPROCESSING

1. Fill a basin/sink with detergent solution (presoak solution) at the temperature and concentration recommended by the detergent manufacturer. The basin/sink should be deep enough to allow the endoscope to be completely immersed.
2. Flush all channels of the endoscope with the detergent solution, using the channel plug, the injection tube and the auxiliary water tube.
3. Detach the channel plug, the injection tube and the auxiliary water tube from the endoscope and remove these accessories from the detergent solution. Follow instructions from original equipment manufacturer of detergent for heavily soiled equipment, presoak for minimum of 1 hour and if still heavily soiled change water and enzymatic/detergent and repeat soaking of endoscope until the debris has been released/loosened.
4. Remove the endoscope from the detergent solution once the steps above have been completed.
5. Manually clean the endoscope as in Reprocessing of Flexible Endoscopes, step 3 and carry on through to step 5.
6. A rapid cleaning monitor test will be used following a delayed reprocessing or excessive bleed.

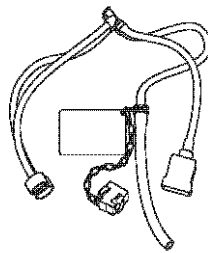
EQUIPMENT/SUPPLIES:



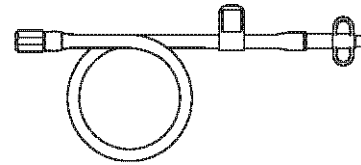
Water-resistant cap
(MH-553)



Channel plug
(MH-944)



Injection tube
(MH-946)



Auxiliary water tube
(MAJ-855, for endoscopes with
auxiliary water feeding only)

SUPPORTING DOCUMENTS:

[CLI.5510.FORM.01](#)

Endoscopy Log Form

[CLI.5510.PL.004](#)

Reprocessing of Flexible Endoscopes

REFERENCES:

CSA Decontamination of Reusable Medical Devices (January 2023) Z314 :23 12

Olympus Reprocessing Manual Instructions, EVIS EXERA II, GIF/CF/PCF TYPE 180 and 190 Series REPROCESSING MANUAL