CS SOLUTIONS

Storing scopes properly and keeping cool in the SPD

by Ray Taurasi, Principal, Healthcare CS Solutions.

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. After cleaning our scopes, they 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 is this process problematic?

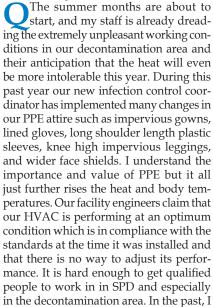
Your current method for storing scopes is not an acceptable practice. When coiling scopes as you are doing there is a possibility that moisture will be retained inside the various channels in the scope, which could become a source for microbial growth and contamination. The towel you are using could also retain moisture draining 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 which is stored in this manner. Current recommendations and standards for the storage of flexible scopes state:

- Flexible and semi-rigid endoscopes should be stored in a closed cabinet with venting that allows air circulation around the endoscopes.
- Flexible endoscopes should be stored in a manner that protects the device from damage and minimizes microbial contamination; allow adequate space between scopes to avoid touching.
- The endoscope should be hung vertically with the distal tip hanging freely in a well-ventilated, clean area, following the endoscope manufacturer's written IFU for storage.
- The insertion tube should hang vertically and as straight as possible; avoid kinks or bends.
- All removable endoscope components and accessories (valves and caps) should

be removed from the scope during processing and while stored.

- Towels should not be placed in the bottom of the storage cabinet.
- Although some 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. (See figure 1.)



have experienced greater staff turnover and higher absences during the summer months. Any advice on how I might be able to deal with this situation?

A I fully appreciate your dilemma and it is one familiar to most sterile processing personnel. Wearing the appropriate PPE in accordance with OSHA regulations is essential to staff safety and



Figure 1

wellbeing. There are times when I have seen personnel in the decontamination area wearing excessive PPE. Some department dress code policy requires staff to don the maximum level of PPE while working in decontamination regardless of their duties.

The type and amount of PPE to be worn must be appropriate to the potential exposure risks associate with a job task.

Thus certain work stations or duties may require more or less PPE than the other. You might want to work with your infection control coordination to evaluate all work duties and jobs performed in decontamination and assess the exposure risk factors for each and then identify what PPE is necessary. Doing this might allow you to decrease the amount of PPE required for a task and/or the length of time wearing full PPE. Rotating staff assignments can also provide some relief. AAMI ST & Annex Q recommends the following alternatives for keeping cool in the decontamination area.

Take rest periods when:

- Temp or humidity rises
- Wearing heavy PPE
- · Heavy work load
- No air circulation

Wearing cooling devices (see figure 2):

- Bandana
- Scull cap
- Head bands
- Scarf
- Cooling vest



Figure 2

Ray Taurasi is Principal, Healthcare CS Solutions. 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. Taurasi has been a faculty member of numerous colleges teaching in the divisions of business administration and health sciences.