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CS Solutions

Questions can be sent to: jakridge@hpnonline.com
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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; laryngoscope blades; test strips; manual scope reprocessing

by Ray Taurasi

Q We recently took over the responsibility to maintain and care for all the flexible endoscopes used in the OR. The Nurse Manager wants us to store all the processed scopes in covered tote boxes. I was always taught that processed scopes should be stored hanging. What is the correct practice?

A The Society of Gastroenterology Nurses and Associates (SGNA) recommends that processed endoscopes are stored hanging vertically and that the distal tip hangs freely in a well-ventilated, dust-free environment. Good ventilation is necessary as it encourages continued air drying and prevents undue moisture build-up, thus preventing any microbial proliferation. Storage surfaces should be of a material that can be easily cleaned and disinfected.

Q I recently attended a workshop program, "Preparing for Joint Commission Accreditation", in which the presenter stated that emergency carts should be inspected daily including the testing of any power sources including laryngoscope blades. Since it's a requirement to store laryngoscope blades sterile how can you test them after they are packaged? We do this before they are sterilized.

A It is not necessary to store laryngoscope blades sterile in an emergency cart. The blades do need to be stored in a manner that will prevent any cross contamination by environmental or airborne substances that could fall on the blade as it rests in or on top of the cart. A simple clean plastic bag may be used to store the clean disinfected blade. The light source can be tested in a manner

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that ensures the blade doesn't touch bare hands. Wearing clean procedure gloves, and leaving the blade in the bag, attach the blade to the light source to test the light. While it is not necessary to seal the plastic bag you can use a zippered or twist tie bag if you choose.

Q We use various test strips for quality assurance and quality control such as: verifying efficacy of disinfectants, cleanliness of medical devices, etc. How often should the test strips be monitored to be sure they are performing appropriately? What documentation should be maintained?

A There are many different test strips and relative testing methods available for various medical devices, products and chemical solutions. Each may have very unique requirements and protocols for use and performance verification. That said, it is essential that you follow the specific manufacturer's IFUs. In general, all test strip batch containers, bottles, boxes and the like need to be dated when opened.

There is also a requirement to test the strips themselves after opening a new bottle or containment device. The manufacturers' IFUs should provide directions on how to conduct the performance verification testing and they will provide control test soils or other testing medium that may be required. The positive control testing is required to confirm that the test strips are demonstrating the appropriate color changes when exposed to the test soil. Test results need to be recorded for each batch. Documentation should verify that testing was done on the same day the batch container was opened and the date should match the date recorded on the container. You should also pay careful attention to the labeling on test strip containers; most will have an expiration date which indicates the date after which the strips should not be used (opened or unopened). The reason for recording the date a package or bottle of strips is opened is that many test strips also have a "best used by" date after opening, e.g., 90 days. Use of test strips beyond the "best use by" date may result in corrupt results such as a false positive.

Q I am an OR nurse in a very small rural hospital. We only do endoscopy procedures two days a week and have a very small work room for reprocessing our scopes. While I realize that guidelines state you should have segregated rooms for cleaning and disinfecting scopes, we do not have that luxury. We do follow all the PPE requirements and do the best we can with what we have. After I complete the procedures I am responsible for reprocessing the scopes. We process manually and use HLD. Are there any tips you can give me?

A Your situation in regards to your facility and equipment resources do indeed present a greater challenge to you. I am glad to hear that you are following the professional and OSHA recommendations for the use of PPE. Some things that you want to ensure and focus on are:

- Obtain and follow the scope manufacturer's IFU and the manual reprocessing of each specific scope
- Maintain as clean as possible work environment
- Be sure your work flow allows for separating work in progress, e.g., clean from soiled devices
- Perform each phase of processing separately
- Change your PPE between each phase of reprocessing — sorting, cleaning, disinfection, and handling processed scopes
- Test the minimum effectiveness concentration (MEC) of the high-level disinfectant solution prior to each load
- Label all soaking bins and containers — include solution identification and

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expiration/change dates

- Maintain appropriate air exchanges when chemical disinfectants are in use
- Remove clean disinfected scopes from soak bins when no soiled or contaminated scopes are in the room and the environment is clean
- Perform quality assurance testing on processed scopes to verify cleaning efficacy; swabbing and flushing testing devices are available for this purpose which can detect specific soil residuals such as, hemoglobin and protein
- Tag and identify each scope as clean and with hang time date
- Store all scopes in a clean controlled environment in accordance with recommended practices, e.g., SGNA, AORN, etc. **HPN**

References:

Tips, lessons from a recent Joint Commission survey.
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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 IAHCMM 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.

