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CS Solutions

Questions can be sent to:jakridge@hpnonline.com called in to Jeannie Akridge at HPN: (941) 927-9345 ext.202 or mailed to: HPN CS Questions, 2477 Stickney Point Road, Suite 315B, Sarasota, FL 34231 Names and hospital identification will be withheld upon request.

Scope hang time restrictions; date of processing; ultra-sonic and eye instruments; instrument measurements

by Ray Taurasi

Q I just read the June issue of CS Solutions and I have some questions on your comments relative to the hang time of scopes. Do hang time restrictions just apply to

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sigmoid scopes and gastro scopes? Shouldn't hang time limits also apply to hysteroscopes that are High Level Disinfected? What about scopes that are put through STERRAD; should they also have hang time limits?

A **Hang time applies to all flexible scopes that are hung or placed in storage after being processed through high level disinfection (HDL). This would include such scopes that are manually processed or processed through an automatic endoscope reprocessor (AER). Hang time does not apply to scopes that are packaged and sterilized.**

Q **In the June 2013 HPN CS Solutions it was stated that, "surveyors will be looking for the date of processing on the actual scope". I realize there is no requirement for reprocessing for a "hang time" but can you tell me if there is an actual regulation requiring the date of processing on the scopes as was stated or is this just a recommendation? If there is a regulation can you please provide a reference? Currently we do not label each scope as we feel we can always track a scope from our processing log records. We are due for a JC survey and I would like to be sure our protocols are acceptable.**

A **There are no "regulations" regarding hang time, labeling processed goods, or for post processing storage. They are all professional recommendations published by professional entities such as AAMI, AORN and the like. Such recommendations are recognized as best practices which most healthcare institutions choose to follow. Accrediting bodies will use such recommendations as their guide when surveying facilities. If you choose to do otherwise you should be prepared to provide sound qualitative rationale for your procedures and protocols. I have seen and heard of several facilities that had decent tracking systems, or so they thought, but the surveyor still wanted to see some form of visual identification on individual scopes differentiating processed from unprocessed scopes including either the processed date or hang time date.**

Q **We only have one ultra-sonic washer in our decontamination area. A new nurse in our ophthalmic surgery clinic recently toured SPS and was concerned that we are processing eye instruments through the same ultra-sonic washer we use for other surgical instruments. She said this was not an acceptable practice and that there should be separate washers exclusively for eye instruments. She also stated we should not be using any enzymatic detergents on eye instruments. I have never heard of this before nor have any of my counterparts at neighboring hospitals. Is it required to have two washers, with one just for eye**

instruments? Can enzyme detergents be used?

A **First and foremost it is imperative that the IFUs of the eye instrument manufacturer, detergent manufacturer and the ultrasonic equipment manufacturer be followed. Eye instruments should not be processed with other surgical instruments. There is great concern relative to the proper and careful processing of ophthalmic instrumentation due to the high risk of TASS (toxic anterior segment syndrome) which could result from improper processing techniques and protocols. The ideal situation would be to have an exclusive ultrasonic washer for eye instruments, but if this is not the case the ultrasonic should be drained, thoroughly cleaned, rinsed and wiped with alcohol prior to processing each load of eye instruments. You might find that some ophthalmic instrument manufacturer will recommend a manual cleaning process and a specific cleaning agent. I am not aware of any universal recommendation against the use of enzymatic cleaning agents on eye instruments but here again you must follow the IFUs of the specific instrument manufacturer.**

Q **We continuously end up ordering the wrong brushes and cannulated devices due to all the confusion in measurement such as gauge size, inches, French size, millimeters vs. inches, etc. It seems different manufacturers use different forms of measurement. Do you know of a way that we could figure this all out and do a better job in ordering such supplies and curtail the errors and associated cost of returning goods?**

A **I feel your pain and can fully appreciate your frustration and confusion. I have put together a couple of charts (See table 1 and table 2 - Note that in table 2 OD stands for the outer diameter and ID stands for the inner diameter.) I hope you find these guides useful.** HPN

French	Inches	mm	French	Inches	mm
1	0.013	0.33	14	0.184	4.7
2	0.026	0.67	15	0.197	5
3	0.039	1	16	0.21	5.3
4	0.053	1.35	17	0.223	5.7

5	0.066	1.67	18	0.236	6
6	0.079	2	19	0.249	6.3
7	0.092	2.3	20	0.263	6.7
8	0.105	2.7	22	0.288	7.3
9	0.118	3	24	0.315	8
10	0.131	3.3	26	0.341	8.7
11	0.144	3.7	28	0.367	9.3
12	0.158	4	30	0.393	10
13	0.17	4.3	32	0.419	10.7

Needle	Nominal O.D.		Nominal I.D.	
gauge	mm	inches	mm	inches
10	3.404	0.134	2.692	0.106
11	3.048	0.12	2.388	0.094
12	2.769	0.109	2.159	0.085
13	2.413	0.095	1.803	0.071
14	2.108	0.083	1.6	0.063
15	1.829	0.072	1.372	0.054
16	1.651	0.065	1.194	0.047

17	1.473	0.058	1.067	0.042
18	1.27	0.05	0.838	0.033
19	1.067	0.042	0.686	0.027
20	0.902	0.0355	0.584	0.023
21	0.813	0.032	0.495	0.0195
22	0.711	0.028	0.394	0.0155

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.