**Trust Standard Operating Procedure**

Plymouth Hospitals NHS
NHS Trust

# Title ; Standard Operating Procedure Decontamination of Re-usable Laryngoscope Handles SOP Decontamination 5

| Date | Version |
|---|---|
| February 2012 | 2 |

## 1 Purpose

To ensure that Re-usable Laryngoscope Handles are properly decontaminated between each patient use.

## Who should read this document?

All staff who undertake decontamination of Re-usable Laryngoscope handles

## Key messages

This SOP applies to all Re-usable Laryngoscope Handles.

## Accountabilities

| | |
|---|---|
| **Production** | Mr Mark Lavery Trust Decontamination Lead |
| **Review and approval** | Decontamination Steering Group - 22 April 2015 |
| **Ratification** | Decontamination Steering Group |
| **Dissemination** | Trust-wide |
| **Compliance** | Medical Device Alert (MDA/2011/096). |

## Links to other policies and procedures

This document should be read in conjunction with Medical Device Alert: Reusable laryngoscope handles – all models and manufacturers (MDA/2011/096).

## Version History

| | | |
|---|---|---|
| | 1 | February 2012 |
| | 2 | April 2015 Approval |

| Last Approval | Due for Review |
|---|---|
| April 2015 | April 2018 |

*The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.**

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

Plymouth Hospitals NHS
NHS Trust

**Standard Operating Procedure (SOP)**

**Title: The Decontamination of Re-usable Laryngoscope Handles**

## 1 Purpose and Scope

To ensure that Re-usable Laryngoscope Handles are properly decontaminated between each patient use

## 2 Staff

All users of this type of the re-useable Laryngoscope

## 3 Personal Protective Equipment

Gloves and Aprons

## 4 Equipment

Tristel 3-wipe system

Oracle ordering information:

Supplier: NHSSC i) Endoscope detergent Pre clean wipes; box of 50; code

FAL510 ii) Endoscope disinfectant Sporicidal wipes including 1 activator

Foam pump; box of 50;

code FAL509 iii) Endoscope disinfectant Rinse wipes; box of 50; code

FAL581

## 4 Procedure to Follow

The decontamination process involves three stages:

1. Cleaning
2. Disinfection
3. Rinsing

Stage 1: Cleaning Procedure

Clean hands, put on apron and gloves. The first step in the decontamination process of medical devices is the thorough cleaning of the surface or remove soil and organic matter. Remove the Pre-Clean Wipe from sachet, unfold the wipe and lay it out in the palm of the hand. Clean the Laryngoscope Handle thoroughly until all visible organic matter is removed i.e blood, sputum etc. Discard the used Pre-Clean Wipe and Gloves in accordance with hospital guidelines.

Stage 2: High Level Disinfection

Clean hands, put on gloves. Remove the Sporicidal Wipe from the sachet. Unfold the wipe and lay out in the palm of the hand. Apply two doses of Activator Foam onto the wipe. When using a 50ml Activator bottle, apply four doses of foam onto the wipe. The foam bottle is identified as activator Foam. If the foam bottle is being used for the first time, depress the pump 2-4 times to prime the foamer. Scrunch the wipe for 15 seconds to ensure that the whole wipe is covered with Activator Foam. Wipe the Laryngscope Handle ensuring all of the surface comes into contact with the wipe at least once.

Place the laryngoscope handle onto a 'clean area' and leave for 30 seconds. Discard the used Sporicidal Wipe in accordance with hospital guidelines.

Stage 3: Rinsing Procedure

Remove the Rinse Wipe from the sachet, unfold the wipe and lay out in the palm of the hand. Wipe the Laryngoscope Handle to remove the excess foam. Discard the used Rinse Wipe, gloves and apron in accordance with hospital guidelines, wash hands.

This is an Interim measure pending a decision on the permanent option to be adopted by the Trust to address the Medical Device Alert.

## 5 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Decontamination Steering Group and ratified by the Mr Mark Lavery

Non-significant amendments to this document may be made, under delegated authority from the Mr Mark Lavery by the nominated author. These must be ratified by Mr Mark Lavery and should be reported, retrospectively, to the Decontamination Steering Group.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes

## 6 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Peter Jenks and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## 7 Reference Material

This SOP has been written by: Cathy Ford IPCT Jackie Williams Resuscitation Dept