Trust Standard Operating Procedure

Preliminary Cleaning of Flexible and Intubating Endoscopes

Issue Date | Review Date | Version
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May 2017 | May 2020 | 4

Purpose

To ensure that endoscopes receive a preliminary clean prior to transportation to the Sterile Services Department (SDU) for manual cleaning and Automatic Endoscopic Reprocessing.

Who should read this document?

These guidelines are applicable to all staff, to include Ministry of Defence (MOD) personnel; contractors, those employed on a fixed term contract; honorary contract; agency or locum staff, and students affiliated to educational establishments and volunteers.

Key Messages

This SOP refers to after patient use preliminary cleaning of flexible endoscopes when used in any part of the hospital by those staff that have had the required training.

Core accountabilities

Owner | Mr Mark Lavery, Manager, SDU and Decontamination Lead
Review | Decontamination Action Group
Ratification | Peter Jenks, Consultant Microbiologist
Dissemination | Decontamination Action Group
Compliance | Decontamination Action Group

Links to other policies and procedures

Version History

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The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business 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 Trust Documents on StaffNET. 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.

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**Appendices**

None
Standard Operating Procedure (SOP)

Preliminary cleaning of flexible and intubating endoscopes

1 Introduction

Introduction
This document should be read in conjunction with MDA Device Bulletin 2002(05) Decontamination of Endoscopes, MDA Microbiology Advisory Committee. ‘Sterilization, Disinfection, and Cleaning of Medical Equipment: Guidance on Decontamination, Hospital Technical Memorandum (HTM) 0106, Management and Decontamination of Flexible Endoscopes 2016, BSG Guidelines for Decontamination of Equipment for Gastrointestinal Endoscopy 2008, PHNT Policies and Guidelines and manufacturers’ recommendations for equipment and products used to ensure compatibility and prevent damage to scopes.

Purpose
To ensure that endoscopes receive a preliminary clean prior to transportation to the Sterile Services Department (SDU) for manual cleaning and Automatic Endoscopic Reprocessing.

Endoscopes
This SOP applies to all channelled and non-channelled endoscopes, including flexible endoscopes, intubating bronchoscopes, gastroscopes and Transoesophageal Echocardiography probes.

2 Definitions

To ensure that flexible endoscopes receive a preliminary cleaning after use on patients this to remove residual matter and prevent hard to remove dried in matter at the latter cleaning process

3 Regulatory Background

HTM 01-06

4 Key Duties

Only staff trained and competent in carrying out the preliminary cleaning of endoscopes should perform the procedure. An up-to-date list of authorised persons responsible for the cleaning should be kept in the department.
5 Procedure to Follow

Decontamination should begin as soon as the endoscope has been removed from the patient. Before the endoscope is detached from the light source/video processor a preliminary cleaning routine should be undertaken as follows:

- Put on apron and gloves
- Prepare enzymatic solution – according to manufacturer’s instructions.
- Using the Suction valve on the endoscope ensure that the enzymatic solution is sucked through the working channel for 30 seconds in order to clear gross debris and ensure that the channel is not blocked. Then aspirate air through the channel for 10 seconds.
- Place distal tip of endoscope in container of water. If the endoscope was supplied with an air/water channel cleaning adaptor, replace the standard air/water valve with this adaptor and irrigate with clean water through the air and water channel for 30 seconds. Then release finger from adapter and allow for air flow through endoscope for 10 seconds. (PLEASE NOTE - An air/water flushing valve should be used in endoscopes with combined air/water channels.)
- If the endoscope has an auxiliary water channel. Keep distal tip of endoscope in container of water. Attach a 30 ml syringe containing enzymatic detergent to the port of the auxiliary water tube and slowly flush through the channel.
- Repeat this several times until no air bubbles exit the distal end.
- Then flush 30 ml clean water through the auxiliary water channel several times. To finish use the syringe to flush air through the auxiliary channel
- Check the endoscope channels for patency during the above processes.
- The insertion tube should then be wiped down externally with the enzymatic detergent and checked for damage or other surface irregularities.
- Detach the endoscope from the light source/video processor and place in a covered rigid receptacle, marked as contaminated.
- Gloves, aprons and visor should be removed and hands washed.
- The receptacle should then be immediately transported to SDU to allow for full decontamination to take place.
- The receptacle will itself need to undergo a separate decontamination process.

6 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 Action Group and ratified by the director or senior manager.

Non-significant amendments to this document may be made, under delegated authority from the director or senior manager, by the nominated author. These must
be ratified by the director or senior manager and should be reported, retrospectively, to the group or committee.

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.

### 7 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 Formal Documents.

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

### 8 Monitoring and Assurance

Monitoring of this procedure is by department audits

The main outcome measures that need to be achieved in order for the procedures to deliver the required contribution to the policy it supports by observation of the procedure.

The Monitoring by unit auditing will be annually

Any shortfalls are to be reported to Decontamination Action Group and an action plan formulated

The resulting action plan is to monitored by the audit staff within two months

Staff learning is to be checked annually

### 9 Reference Material


Hospital Technical Memorandum (HTM) 0106 - Management and Decontamination of Flexible Endoscopes.


MDA Device Bulletin 2002(05). Decontamination of Endoscopes