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IPAC BEST PRACTICES GUIDELINE

Endoscopy & Bronchoscopy

DATE: June 7, 2017

REVISED DATE:

REVIEWED DATE: Aug 14, 2017

PURPOSE

To provide guidance on infection prevention and control implications for endoscopy and bronchoscopy procedures and the environment in which they are performed.

BACKGROUND

- Flexible endoscopes and bronchoscopes are complex medical devices with external surfaces and internal channels that come into contact with blood and body fluids. Meticulous and rigorous adherence to reprocessing protocols is indicated to safely clean and disinfect/sterilize these expensive and delicate instruments.
- Splash and spray of blood and body fluids common during these procedures may place health care workers (HCW) at risk for occupational exposures.

PROCEDURE

1. Occupational Health

- All personnel involved in the procedure or reprocessing of endoscopes and bronchoscopes should be immunized against Hepatitis B virus.
- Bronchoscopy personnel should be monitored by Occupational Health and Safety (OHS) for exposure to tuberculosis.
- Health Care Workers (HCW) who have exudative lesions or weeping dermatitis should contact OHS and refrain from direct patient care and from handling patient care equipment until the condition is resolved.
- All personnel performing or assisting with endoscopic procedures must be knowledgeable about potential infectious and chemical hazards associated with these procedures and familiar with material data safety sheets (MSDS) and workplace hazardous material information system (WHMIS).

2. Routine Practices

- Meticulous hand hygiene (HH) before and after patient contact, before and after glove use, and after contact with blood or body fluids.
- Perform HH before accessing clean supplies or equipment. This includes when accessing clean supply storage areas from within the procedure room before, during or after the procedure.
- Needles/sharps are disposed of at point of contact in a ridged puncture proof container.

- Personal Protective Equipment (PPE):
 - Perform HH prior to donning PPE in anteroom or in the corridor outside the procedure room.
 - Use eye protection, fluid impervious masks and gowns. If impervious gowns unavailable, wear a plastic disposable or reusable rubber apron under or over the gown.
 - N95 mask indicated for any patient on Airborne Precautions and for all bronchoscopy procedures.
 - PPE is removed in the procedure room. N95 respirator is removed in the anteroom or in the corridor.
 - Gloves are worn for handling and cleaning contaminated equipment and/or contact with blood or body fluids.
- Refer to the Storage of Clean and Sterile Supplies in Acute Care Infection Prevention and Control best practice guideline.
- Refer to the Aerosol Generating Medical Procedure Infection Prevention and Control best practice guideline.

3. Scope Reprocessing

- Refer to the VCH Reprocessing Standards Manual
 - [Section 18: Standards for Reprocessing Endoscopes](#)
- Following the procedure, the scope must be immediately inspected and pre-cleaned. Never allow to dry prior to transport to the Medical Devices Reprocessing Department (MDRD).
- Transport contaminated scopes to MDRD in a closed container. Reprocessing areas must be physically separate from patient care areas and procedure rooms.
- Endoscopes shall be stored by hanging vertically in non-porous, cleanable, closed, well ventilated cabinets.

4. Cleaning & Environment

- Alcohol-based hand rub (ABHR) at entrance and exit of procedure rooms on opening side of door and a dedicated hand washing sink with hands-free controls.
- Keep door closed during procedures and minimise traffic.
- Ensure adequate time for cleaning and disinfection of environmental surfaces (e.g., procedure carts, stretchers, sinks, counters) between cases is built into booking schedule.
- There must be routine cleaning and disinfection of non-critical medical equipment (e.g., teaching heads, light sources, cameras) between cases.
- Use Accel Intervention wipes (accelerated hydrogen peroxide or AHP) to clean and disinfect reusable rubber aprons between cases.
- Use Accel Intervention wipes (accelerated hydrogen peroxide or AHP) to clean and disinfect lead aprons between cases. Do NOT use bleach on lead aprons.
- At the end of the day, ensure endoscopy/bronchoscopy suites are isolation cleaned and disinfected (formerly known as a terminal clean).

- Airborne Precautions indicated for all bronchoscopy procedures and recovery, should occur in a negative pressure room. If this is not possible, should occur in a private room with the door closed until [air settle/clearance time](#) has lapsed.
- Minimise equipment and supply storage within the procedure room. Equipment and supplies stored within the procedure room should be stored in well-labelled, closed glass door cupboards. This will prevent unnecessary opening of cabinets when locating an item.
- Procedure rooms should allow for a clean to dirty workflow.
 - A dedicated clean area for charting, dictation and supplies.
 - A separate soiled holding area for pre-cleaning of scopes and handling of contaminated instruments.
 - Cover soiled linen containers and do not over fill waste receptacles.

REFERENCES

BC Ministry of Health. (2011). Best Practice Guidelines for Cleaning, Disinfection and Sterilization of Critical and Semi-Critical Medical Devices in BC Health Authorities.

PHAC. (2010). Infection Prevention and Control guidelines for Flexible Gastrointestinal Endoscopy and Flexible Bronchoscopy. Retrieved from:

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