

## **Weekly Policy for verifying the cleaning process of an Automatic Endoscope Reprocessor (AER) with the Flexicheck™**

**SUBJECT: DEPARTMENT:** Central Service / Endoscope

**APPROVED BY:**

**EFFECTIVE:**

**REVISED: 8/2017**

### **PURPOSE:**

To *verify / monitor* the various types of AER that clean scopes and lumen/cannulated instruments to ensure proper cleaning *and reduce risk to personnel or patients.*

### **POLICY:**

To verify/ monitor at least weekly various AER and their ability to clean scopes/cannulated or lumen instruments using the Flexicheck™. The FlexiCheck™ blood soil test is to be used according to the manufacturer's guidelines to ensure that the cleaning process is occurring.

### **RATIONALE:**

#### **Importance of cleaning**

Due to their complexity, Flexible Endoscopes in general cannot be steam sterilized but receive high level disinfection (HLD). We already know: If it's not clean it can't be sterilized. Therefore, the cleaning process is also crucial to achieve disinfection. Due to limited cleaning methods, which can be used, for reprocessing of Flexible Endoscopes and problematic contamination this process is especially critical. Monitoring the cleaning process on a regular time interval is important.

#### **Contamination of Flexible Endoscopes**

General instruments used for surgical procedures are mainly contaminated with blood. Blood is of course considered infectious but procedures for cleaning with proven efficiency for proteins and monitoring of this efficiency are already a state of the art. Since Flexible Endoscopes are used in many ways they will come into contact with different types of soil. The direct contact to mucus can contaminate the scope with different types of Polysaccharides, very different to the blood proteins. When a biopsy is performed, blood is still an important soil to test for. In

addition to blood is the possibility of other soils, Flexible Endoscopes are often used in areas with a high microbiological contamination, which encourages the growths of biofilm inside the Endoscope.

## **Parameters responsible for cleaning**

The cleaning efficiency of the Endoscope washer depends on chemical and mechanical parameters discussed below. If an Endoscope is cleaned by a washer the level and type of contamination and the state of the instrument is important. Certain type of mucus might be harder to clean than others or proteins might be denatured by chemicals forming a very stable soil. A crack inside the Endoscope could also allow a contamination to penetrate parts of the equipment which cannot be reached by the washer, making it harder to clean than normal. These two scenarios cannot be simulated by the FlexiCheck™ system, which will check the level of cleaning efficiency reached by the washer.

## **Chemical cleaning parameters**

The following chemical parameters are responsible but also can limit the cleaning efficiency:

### **Concentration and type of detergent**

A very high chemical cleaning efficiency can be achieved by strong alkaline detergents which can hydrolyse fat and proteins. Flexible Endoscopes cannot withstand very high pH-levels which limits this part of the process. Mildly alkaline, neutral or enzymatic detergents can be used. Using the proper type and concentration of cleaning solution along with contact time is very important. Consult both the scope manufacture and the cleaning solution company to make sure the cleaning solution is compatible with the scope being processed. Only a hospital approved cleaning solution should be used.

### **Temperature**

High temperatures can strongly increase the efficiency of certain types of detergents but once again Flexible Endoscopes cannot withstand a high temperature which limits this process also.

### **Water quality**

Like for all cleaning processes hard water can jeopardise the cleaning efficiency of certain detergents. Monitoring the quality of the water on a regular interval is important.

## Mechanical cleaning parameters

The following mechanical parameters are responsible but also can limit the cleaning efficiency:

### Water pressure

A strong mechanical cleaning effect can be achieved by the use of water pressure pumped through a channel. AER control the water pressure delivered to each channel. This is one of the sources of the cleaning efficiency of AER.

### Water volume

For a good cleaning effect, a specific amount of cleaning solution should get in contact with the contaminated area. This is especially very difficult to achieve in small lumens. Ensuring the correct water volume goes into each channel that is cleaned is important. If not the possibility of an unclean channel might exist. Water volume also plays a role in the rinsing aspect of the cleaning cycle and the correct volume should be delivered each and every time. If not, residual cleaning solution might be left in the channel and this could be a problem for a patient.

### Cleaning time

Since time influences both the chemical and the mechanical efficiency, it is one of the most important parameters for successful reprocessing and is also an easy way for optimisation.

As discussed, both chemical and mechanical parameters are limited for reprocessing of Flexible Endoscopes therefore, the time parameter should be given more consideration! Consult both the scope & AER manufacture for the proper cycle time for each scope being cleaned.

## Monitoring Frequency

A 2003 multi-society position paper states: **“Healthcare facilities should develop protocols to ensure that users can readily identify whether an endoscope is contaminated or is ready for patient use.”** (*Gastrointestinal Endoscopy*, Volume 58 No.1; page 5)

In 2006 JCAHO in standard E.C.6.20 it states that medical equipment is maintained, tested and inspected. This is still the case today.

AAMI ST79/2010 **Section 7.5.5 states that** “...Sterile processing personnel are increasingly aware of the need to control and standardize the steps taken to ensure the sterility of devices for patient use. ***Because disinfection and***

***sterilization cannot be assured unless the cleaning process is successful, professionals in the field ought to seek out whatever means are available and practical to verify this function.*** A quality system would call for monitoring and documenting decontamination processing parameters, whether the process is accomplished by hand or mechanically....”

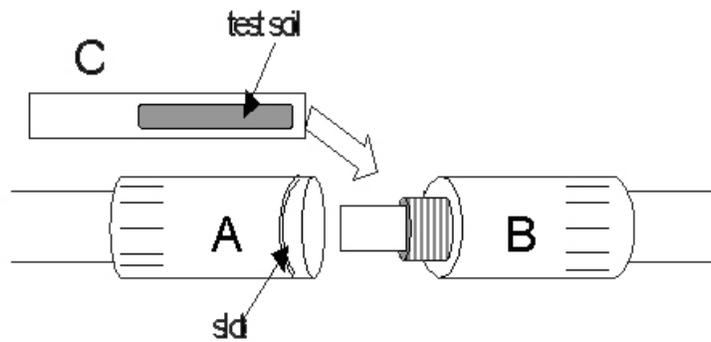
AORN, SGNA, and IAHCSSM all support having quality improvement programs. Monitoring the cleaning process of an AER using the FlexiCheck™ on at least a weekly time frame helps fulfill these requirements.

## **PROCEDURE:**

***“A problem analysis should be completed for any problem with any aspect of decontamination that can pose a risk to personnel or patients. The problem analysis should define and resolve the problem and the system should be monitored to ensure that the problem has been corrected. (AAMI ST 79/2006)”***

### **The FlexiCheck™ is a weekly test.**

1. Testing is done in an empty machine; no scope attached
2. Unscrew FlexiCheck™ – device; detach part A (marked with slot) from part B (see diagram below).
3. Open protective pouch of FlexiCheck™ and insert the test object (part C) in part B as shown in diagram. Do not touch the area covered with test soil.
4. Close FlexiCheck™– device again.
5. Connect FlexiCheck™ device with one of the channel irrigation system of the washer (luer-lock) and start the cycle according to your manufacture manual instructions
6. Open the device after the reprocessing cycle: disconnect part A from part B to remove the FlexiCheck™ without touching the test soil area.
7. For visual evaluation of the result, use the TOSI®-FlexiCheck™ evaluation table.



### **Results**

- Immediately report any test failure to department management.
- Use the results found when comparing the test object and to the FlexiCheck™ chart to determine what, if any, adjustments need to be made. Make necessary adjustments.
- This test is done weekly on the equipment.
- Record all results in a log book (sheet).

### **Maintenance on Equipment (15,19):**

- After any maintenance on the equipment, perform a test using the FlexiCheck™ to ensure that the equipment is cleaning properly.
- Follow the weekly test process.
- Have the maintenance person wait until the test results are complete before leaving.

### **RESPONSIBILITY:**

The department personnel (Manager, Supervisor, or Director) are responsible for the proper use, result interpretation, and documentation of the FlexiCheck™ indicator when used on an AER.

Staff in-service and training on the equipment and proper FlexiCheck™ use should be done at least once each year.

## Flexicheck™ Chart

	<p><b>Positive result:</b> Both test-soils completely removed.</p>
	<p><b>Result:</b> Polysaccharid-test soil completely removed but visible residue of fibrin left. <b>Indication for:</b> Protein dissolving parameters not optimal <b>Optimisation:</b> Check and/or correct: Cleaning time / temperature / detergent efficiency / dosing</p>
	<p><b>Result:</b> Blood-test soil completely removed but visible residue of Polysaccharide left. <b>Indication for:</b> Polysaccharide dissolving parameters not optimal <b>Optimisation:</b> Check and/or correct: Water quality / detergent efficiency and dosing / Cleaning time and temperature</p>
	<p><b>Result:</b> Polysaccharide-test soil completely removed but red protein residue left. <b>Indication for:</b> Protein denaturing effects (heat or disinfecting agents) <b>Optimisation:</b> Check for high temperature or disinfecting agents during the wash cycle. Run cold pre-rinse if possible.</p>
	<p><b>Result:</b> Both spots of test soil completely left. <b>Indication for:</b> Missing flow / No cleaning efficiency. <b>Optimisation:</b> Check connection of FlexiCheck , machine and cleaning program.</p>



Name: \_\_\_\_\_

**Competency Statement: Complies** with policy and procedure for .....

**Key**

**1** = Performs independently and consistently. Ask for assistance in new situations.

**2** = Performs with minimal guidance and direction. Asks for assistance when necessary.

**3** = Performs with maximal guidance and direction. Preceptor dependent. Consistently needs assistance.

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Competency Achieved:** \_\_\_\_\_ **(Date)**

**AER Equipment/Model Number:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_

**Learner:** \_\_\_\_\_

<b>Critical Behaviors</b>	<b>1</b>	<b>2</b>	<b>3</b>
Review the specific information(instructions) from the manufacture on the AER that is being tested (Model/Type/specific)			
Review Hospital Policy on cleaning of Scopes with this specific AER and the Flexicheck™ policy			
Describes the purpose of cleaning and decontamination of the Scope			
Selects and wears the appropriate personal protective equipment			
Gather appropriate supplies to perform test on the Scope (Flexicheck™...)			
Ensure that no scope is attached to AER during the testing process			
Unscrew FlexiCheck™ – device; detach part A (marked with slot) from part B (see diagram below).			
Open protective pouch of FlexiCheck™ and insert the test object (part C) in part B as shown in diagram. Do not touch the area covered with test soil			
Close Flexicheck™– device again			
Connect FlexiCheck™ device with one of the			

channel irrigation system of the washer (luer-lock) and start the cycle according to your manufacture instructions			
Open the device after the reprocessing cycle: disconnect part A from part B to remove the FlexiCheck™ without touching the test soil area.			
For visual evaluation of the result, use the TOSI®-FlexiCheck™ evaluation table			
Record Results			
A positive result is no test soil is left on the test coupon. If a negative result is obtained. Notify the proper person in the department.			

**REFERENCES:**

1. A 2003 multi-society position paper states: “**Healthcare facilities should develop protocols to ensure that users can readily identify whether an endoscope is contaminated or is ready for patient use.**” (*Gastrointestinal Endoscopy*, Volume 58 No.1; page 5)

2. Highlights of **AAMI ST 79**:

- AAMI realizes that the efficacy of any high-level disinfection/sterilization process, including saturated steam, depends on a consistent system for lowering and limiting bio-burden before high-level disinfection/sterilization.
- Staff qualifications, training, and continuing education are important: “.... Personnel should receive in-service training for all new instrumentation, devices, and equipment. All orientation, on-the-job, and in-service training should be documented....” (Section 4.3.1)
- Regarding verification of the cleaning process: “...Sterile processing personnel are increasingly aware of the need to control and standardize the steps taken to ensure the sterility of devices for patient use. **Because disinfection and sterilization cannot be assured unless the cleaning process is successful, professionals in the field ought to seek out whatever means are available and practical to verify this function.** A quality system would call for monitoring and documenting decontamination processing parameters, whether the process is accomplished by hand or mechanically....” (Section 7.7.5)

3. Excerpts from published articles:

- *57% of centers that process scopes were not in compliance with basic national standards.*<sup>1</sup>
- 53% of biopsy ports valves exhibited some form of debris or potential contamination after cleaning.<sup>2</sup>
- *“Company blames bronchoscope infections on poor cleaning.”*<sup>3</sup>
- Endoscopes have been implicated in the transmission of disease (specifically nosocomial infections) when appropriate cleaning, disinfection or sterilization procedures were not employed. Of particular significance is the need to **thoroughly manually clean equipment prior to** any manual or automated disinfection or sterilization process.<sup>4</sup>
- “It is very clear that every documented case of patient infection linked to a contaminated scope is because of a breach of some of the reprocessing protocol. If you look back on the history, that is what it is – improper disinfection; you don’t dry the scope; inadequate cleaning; or somebody forgot to clean the biopsy channel. It has been more human error than anything else... Rules No.1, 2 and 3 are to educate the people who are cleaning the scopes--how and what should be done. If I had it my way, I would have them take a test before letting them do the cleaning.”<sup>5</sup>

- In one case two colonoscopy patients were infected with hepatitis C (HCV) from an endoscope contaminated by an earlier patient. The investigation concluded that the biopsy channel had not been properly cleaned and the disinfection failed. Only two hours had elapsed between the first patient and the last, so even if samples had been taken immediately after the first patient, traditional microbiology results would not have been available in time to prevent cross-infection.<sup>6</sup>

#### 4. Technical sources

FlexiCheck™ information

<http://www.healthmark.info/proformance.html>

Updated SMK 1/2012

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<sup>1</sup> Infection Control and Hospital Epidemiology ; Volume 23 ; 2002

<sup>2</sup> Endonurse 12/6

<sup>3</sup> 3/7/02; [http://www.hpnonline.com/dailyupdates/march\\_02.html](http://www.hpnonline.com/dailyupdates/march_02.html)

<sup>4</sup> <http://www.gov.mb.ca/health/publichealth/cdc/fs/endoscopy.pdf>, page 1

<sup>5</sup> page 16; New Technologies Require thorough reprocessing; EndoNurse; August/September 2005

<sup>6</sup> *The New England Journal of Medicine* **337**, 237-240 (1997).