University Hospitals of Leicester NHS
NHS Trust

Decontamination of Flexible Endoscopes Policy and Procedures

Approved By:	**Policy & Guideline Committee**
Date Approved:	**21 August 2015**
Trust Reference:	**B18/2015**
Version:	**V4**
Supersedes:	**V3 – December 2019 Policy and Guideline Committee**
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Latest Review Date	**29 July 2022 – Policy and Guideline Committee**
Next Review Date:	**January 2026**

CONTENTS

REVIEW DATES AND DETAILS OF CHANGES MADE

August 2022 – Process for Loan scopes updated.

KEY WORDS

Endoscope Decontamination Water results

Water testing

Final rinse water

Endoscope rinse water

1. INTRODUCTION

1.1. This document sets out the University Hospitals of Leicester (UHL) NHS Trusts (including LLR Elective Care Alliance) policy and procedures for the management of flexible endoscope decontamination.

1.2. Flexible endoscopes are complex re-usable instruments that require cleaning and decontamination following each use. This policy does not cover the machines which are referenced in the Cleaning and Decontamination Policy.

1.3. The Trust must comply with guidelines and standards that relate to the decontamination of flexible endoscopes.

1.4. The Health and Social Care Act (2008) Code of Practice on the Prevention and Control of Infections and Related Guidance Criterion 2 requires the Trust to provide and maintain a clean environment including equipment. Health and Safety legislation (1974, 2002) also requires the Trust to control risks associated with transfer of microorganisms.

1.5. Health Technical Memorandum is used for practice relating to decontamination of flexible endoscopes. Specifically HTM 01-06 provides guidance in relation to decontamination of such devices.

1.6. Patients can be protected against infection by ensuring that disease producing microbes are reduced as much as possible from potential sources of infection. This involves the cleaning, disinfection and sterilisation of contaminated materials, including equipment and surfaces. The choice method can be based on the infection risk to the patient, which can be classified as high, intermediate and low risk (Ayliffe et al 2002).

2. POLICY AIMS

2.1 The aim of this policy is to prevent and control the spread of infection via reusable flexible endoscopes.

3. POLICY SCOPE

3.1 This policy applies to all staff employed within UHL including Alliance that are involved in the cleaning and decontamination of flexible endoscopes.

3.2 This policy also applies to staff within the Trust responsible for the purchase and maintenance of all equipment associated with flexible endoscopes including decontamination equipment.

3.3 The policy applies to all areas that use and/or decontaminate re-usable flexible endoscopes.

4. DEFINITIONS

EWD – Endoscope Washer disinfector
HTM – Health Technical Memorandum
ITAPS – Intensive Care, Theatres, Anaesthetics, Pain, and Sleep Clinical Management Group

5. ROLES AND RESPONSIBILITIES

5.1 Chief Executive

5.1.1 The Chief Executive has delegated Executive Lead authority to the Chief Nurse.

5.2 Decontamination Lead

5.2.1 The decontamination lead is responsible for decontamination within the Trust and should be someone at board level or has line management responsibility to a senior responsible person at that level. The decontamination lead is currently the deputy head of operations for ITAPS.

5.2.2 The decontamination lead is responsible for:

- Providing strategic direction on decontamination
- Ensuring that appropriate procedures are in place for the acquisition and maintenance of decontamination equipment,
- Ensuring staff are trained in decontamination processes and hold appropriate competencies for their role,
- Monitoring systems to ensure that decontamination processes are fit for purpose and meet the required standards,
- Ensure that an operational policy is in place in relation to decontamination.

5.3 Director of Infection Prevention/Chief Nurse

5.3.1 The chief nurse in their capacity as director of infection prevention will have delegated responsibility for overseeing decontamination practices within the Trust.

5.4 Designated User

5.4.1 The designated user is a person designated by management to have operational responsibility for the process of decontaminating re-usable flexible endoscopes. These are normally the managers of the areas where decontamination of flexible endoscopes takes place.

5.4.2 The designated user is responsible for the operators, operation of endoscopy decontamination equipment including drying/storage cabinets, reporting issues of concern regarding endoscope instruments or their reporting to their manager and ensuring compliance with this document and national guidance.

5.4.3 They are also responsible for ensuring that all staff conducting decontamination of flexible endoscopes within their department are suitably trained.

5.5 Infection Prevention Team

5.5.1 The Infection Prevention Team are responsible for providing infection prevention advice in relation to decontamination processes.

5.6 Infection Prevention Doctor

5.6.1 The infection prevention doctor is responsible for providing infection prevention and microbiological advice on decontamination processes. This role is provided by a consultant microbiologist.

5.7 Employees

5.7.1 Will adhere to this policy at all times. Employees will undertake appropriate training programmes as required. Employees must also bring to the attention of management any problems or failings associated with the decontamination process.

5.8 Managers

5.8.1 Managers of areas that use flexible endoscopes are responsible for ensuring that staff follow the procedures in this policy.

5.8.2 In addition Managers must seek advice prior to purchase of any equipment related to decontamination or any piece of equipment that may require decontamination.

5.8.3 Where staff undertake decontamination of flexible endoscopes their managers are responsible for ensuring that the staff have undergone training on decontamination of flexible endoscopes. The manager is responsible for ensuring training records are maintained.

5.9 Decontamination Committee

5.9.1 The Decontamination Committee will have as its focus concerns relating to the four pillars of decontamination. Pertinent issues covered by the decontamination committee include:

- Sterile Services,
- Decontamination of reusable medical devices and equipment at ward and department level, including bench top sterilisers covered by annual audit,

- The use and management of endoscope washer disinfectors,
- Purchase of reusable medical devices.

5.9.2 The Decontamination Committee will report to the Trust Infection Prevention Assurance Committee.

5.10 Endoscope User Decontamination group

5.10.1 The endoscopy decontamination group is a multidisciplinary team consisting of staff from each area where endoscope decontamination occurs, infection prevention, estates and facilities, medical physics and the decontamination lead.

5.10.2 The group is responsible for the operational management of endoscopy decontamination processes including reviewing current practice and sharing good practices across the Trust.

5.11 Operators

5.11.1 The operator is defined as any person with the authority to decontaminate re- usable flexible endoscopes including operation of any associated equipment needed to complete the task.

5.11.2 All operators must receive specific training on decontamination of flexible endoscopes and use of any decontamination equipment and have passed a competency based assessment. Competency must be assessed yearly. All training records must be available.

5.12 Authorising Engineer (Decontamination)

5.12.1 The Authorising Engineer (Decontamination) or AE(D) is a person appointed to provide independent auditing and technical advice on decontamination procedures and to review and witness documentation on validation.

5.13 Authorized Person - AP(D)

5.13.1 The authorised person undertake the safe and effective management aspects of the service responsible for:

- safe and effective systems of work for installed equipment
- Authorisation for use of equipment after testing / repair.

6. POLICY STATEMENTS

6.1. Manual Cleaning- Bedside

6.1.1. Cleaning using an approved CE marked detergent is an important part of the process and must begin immediately after use. Any secretions and organic matter must not be allowed to dry on the scope surface or in the channels as this makes it more difficult to remove.

All channels must be flushed with a detergent solution and external surfaces wiped immediately after.

6.2. Manual cleaning – Decontamination room

6.2.1. A leak test must be carried out before manual cleaning and findings must be recorded.

6.2.2. The concentration and temperature of the detergent must be monitored in the decontamination sink. Fill lines must be marked in the sink and a dosing system used.

6.2.3. All distal tips and valves must be removed prior to cleaning and must be manually cleaned if they are reusable. All control wheels must also be cleaned.

6.2.4. Manual cleaning must be done using an underwater technique to minimise aerosol production in a dedicated decontamination sink.

6.2.5. Single use cleaning brushes of the correct diameter for the scope must be used.

6.2.6. All accessible ports and channels must be brushed at least three times or until they are clean.

6.2.7. A double sink must be provided for manual cleaning. Preferably this should be height adjustable.

6.2.8. Illustrated instructions must be available showing decontamination procedures for all endoscopes within the department.

6.2.9. Following manual cleaning a visual check of the endoscope must be carried out to check the scope is visibly clean and undamaged. These checks must be recorded.

6.2.10. All internal channels and external surfaces of the scope must be rinsed in clean water. This must be carried out in a separate sink.

6.2.11. All staff involved in manual cleaning of flexible endoscopes must wear the correct Personal Protective Equipment (PPE). This must include Gloves, eye protection or visor and long sleeved waterproof gowns.

6.3. Protection of Endoscopes when being transported

6.3.1. All endoscopes must be protected when being transported. A tray system must be used using coloured liners to denote clean and dirty scopes.

6.3.2. Where scopes are transported between departments a lid must be used in addition to the coloured tray liners.

6.4. Disinfection using an automated Endoscope Washer Disinfector (EWD)

6.4.1. All channeled flexible endoscopes must be reprocessed using an Endoscope washer disinfector.

6.4.2. Non channeled endoscopes can be reprocessed using the Tristel three wipe system. (See Appendix 3)

6.4.3. All detachable parts for the endoscope must be placed in a wire basket during EWD reprocessing. Valves must always be matched to their endoscope.

6.4.4. All channels of the endoscope must be connected to the EWD.

6.4.5. Where an endoscope has been reprocessed in an EWD and not stored in a validated storage/drying cabinet they must be used within 3 hours of reprocessing.

6.4.6. Reusable accessories must not be reprocessed in the EWD and must be sent to Steris for appropriate cleaning, disinfection and Sterilisation as necessary.

6.5. Decontamination of flexible endoscopes used in sterile body cavities or vascular system

6.5.1. Any flexible endoscope used in a sterile body cavity e.g. angioscopes must be cleaned and disinfected and then sterilised.

6.5.2. There are a number of methods for sterilisation of flexible endoscopes. This could be Ethylene oxide, Steris, Sterrad or chemical sterilisation.

6.5.3. Manufacturer's instructions must always be followed in this instance so that patients are not put at risk and invalidate any manufacturer's liability.

6.6. Decontamination of non lumened flexible endoscopes

6.6.1. All non lumened flexible endoscopes e.g. Nasendoscope and Trans-oesophageal Echo (TOE) probes should where possible be disinfected in an EWD.

6.6.2. Where this is not possible the Tristel three step wipe system must be used.

6.6.3. All staff must be trained before carrying out the procedure.

6.6.4. In house trainers are permitted to train new staff and reevaluate on a yearly basis. Clear auditable data must be kept by each trainer and their own competency needs to be reassessed yearly by the Tristel Rep.

6.6.5. Trainers for Decontamination

Must have:

- clear guidance for ensuring training requirements are up to date and what the responsibilities are to the trainees and the service
- a record of when in-house trainers have had initial and top up training
- a record of who they train and when they receive their training (held in department and centrally).

All training records will be kept centrally in the decontamination administration office within the unit.

6.6.6. See Appendix 3 for Nasendoscope decontamination guidelines.

6.6.7. Nasendoscope can be used as long as direct or indirect recontamination with patient body fluids does not occur, no maximum time of storage before reprocessing can be specified." Your decontamination and storage practice avoids both direct and indirect recontamination. Consequently, no maximum storage time can be set.

6.7. Loan scopes

6.7.1. Loan scopes may be loaned locally within the Trust or borrowed from manufacturers. All loan scopes must undergo the same cleaning and disinfection processes as owned scopes. Users must check with the manufacturer that the loan scope is compatible with the Trust decontamination process.

6.7.2. All loan scopes must be barcoded as the EWD uses barcodes to identify the type of scope.

6.7.3. All loan scopes must be tracked and traced in the same way as owned scopes.

6.7.4. See appendix 2 for loan scope flow chart

6.8. Tracking and Traceability

6.8.1. All scopes must be tracked and traced back to individual patients.

6.8.2. Information is recorded in the EWD and a printout obtained for each decontamination cycle.

6.8.3. A paper based system is used to compliment this process. See appendix 4.

6.9. Procurement

6.9.1. Approval for the purchase of new flexible endoscopes or endoscope decontamination equipment must not be made without consulting the Endoscope Decontamination User group

6.9.2. Endoscope decontamination equipment will also require the approval from the Authorising Engineer (Decontamination).

6.9.3. Changes to any chemical used in the decontamination process must not be made until discussed and approved by the Endoscope Decontamination User group. This may involve further discussion with the consultant microbiologist and Authorising Engineer (Decontamination).As well as the scope manufacturer and automated washer manufacturer.

6.10. Maintenance

6.10.1. All flexible endoscopes, endoscope washer disinfectors and drying/storage cabinets must be adequately serviced and maintained via a service/maintenance contract.

6.10.2. All endoscope washer disinfectors must be maintained in accordance with HTM 01-06.

6.10.3. Maintenance and breakdown records must be available.

6.10.4. Annual validation documentation must be signed off by the Authorising Engineer (Decontamination).

6.10.5. An action plan is required where there are regular failures or breakdowns of the machine.

6.10.6. Daily, weekly, Quarterly and Yearly testing/validation must be carried out as per HTM 01-06 schedule of periodic tests.

6.11. Water Quality

6.11.1. The quality of water used at all stages in the decontamination process is critical to the successful outcome of the process. The water used should not increase the bio burden of load items.

6.11.2. Water will be sent weekly to the laboratory for Total viable count and Pseudomonas aeruginosa. (Contact the Decontamination Lead if unsure which laboratory is used)

6.11.3. Total viable counts below 10 are considered acceptable.

6.11.4. See appendix 1 for water testing protocol.

6.12. Transmissible Spongiform Encephalopathies (TSE)

6.12.1. All patients undergoing and endoscopic procedure must be screened for their risk of Transmissible Spongiform encephalopathies (TSE).

6.12.2. See the UHL TSE policy B11/2008 for further details.

6.13. Chemicals used in endoscope decontamination

6.13.1. All chemicals used in endoscope decontamination must be CE marked and fit for purpose. They must be approved by the manufacturer of the endoscopes and the EWD manufacturer.

6.13.2. Spillage kits must be available to deal with chemical spillages or blood and body fluid spillages.

6.13.3. COSHH risk assessments must be performed and the results made available in each department for each of the chemicals used.

6.14. Audits

6.14.1. Internal decontamination audits using the Infection Prevention Society audit tool will take place quarterly.

6.14.2. Action plans must be produced where areas of non-compliance are highlighted. These will be monitored by the Endoscopy Decontamination User group.

6.15. Out of Hours Provision

6.15.1. Endoscopes used out of hours must be cleaned immediately at the bedside and disinfected as soon as possible after use.

6.15.2. All channels and external surfaces must be flushed/wiped with a detergent solution.

6.15.3. Manual cleaning and brushing of all channels must take place following leak testing.

6.15.4. The external surface or channels of the scope must not be allowed to dry before it can be placed into the endoscope washer disinfector.

7. EDUCATION AND TRAINING REQUIREMENTS

7.1. Training Requisite

7.1.1. All staff involved in the process of flexible endoscope decontamination must be suitably trained and have demonstrated their competence through assessment.

7.2. Training Assessment

7.2.1. Training and competence assessment must be recorded annually as part of staffs appraisal process.

7.3. Water Sample Training

7.3.1. Education and training on the process involved in obtaining water samples from an EWD or RO unit will be completed prior to undertaking the procedure. Training and competence assessment given to individuals must be recorded and reviewed annually.

8. PROCESS FOR MONITORING COMPLIANCE

8.1. Validation Audits

8.1.1. Yearly validation audits will be monitored by the Authorising Engineer (Decontamination).

8.2. Daily and Weekly Tests

8.2.1. Daily and Weekly Tests will be monitored by the designated user.

Elements to be monitored	Lead	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on recommendations	Change in practice and lessons to be shared
Decontamination of Flexible Endoscopes	Decontamination Lead	Infection Prevention Society Audit Tool	6 monthly	Endoscopy-Decontamination User Group ⇓ Decontamination Committee ⇓ Trust Infection Prevention Assurance Committee	Decontamination Lead	Improved compliance with Trust policy and national guidance
Environmental Audit	Authorising Engineer (Decontamination)	IHEEM Audit	12 monthly		Decontamination Lead	

Table 1: Testing & Monitoring Table

9. EQUALITY IMPACT ASSESSMENT

9.1. The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

9.2. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9.3. Suitable Professional Indemnity Insurance Cover is generally available from the various Royal Colleges and Professional Institutions and Bodies. For further advice contact: Head of Legal Services on 0116 258 8960.

10. SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Ayliffe, G.A.J., Lowbury, E.J.L., Geddes, A.M. & Williams, J.D. (2002) Control of Hospital Infection: A Practical Handbook Chapman & Hall.

Department of Health (2016) HTM 01-06 Decontamination of Flexible Endoscopes. Department of Health, London.

Department of Health (2015) The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. Department of Health London.

Health and Safety Executive (1974) Health and Safety at Work act HMSO London Health And Safety Executive (2002) Control of Substances Hazardous to Health HMSO, London

Transmissible Spongiform Encephalopathy policy B11/2008.

11. PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

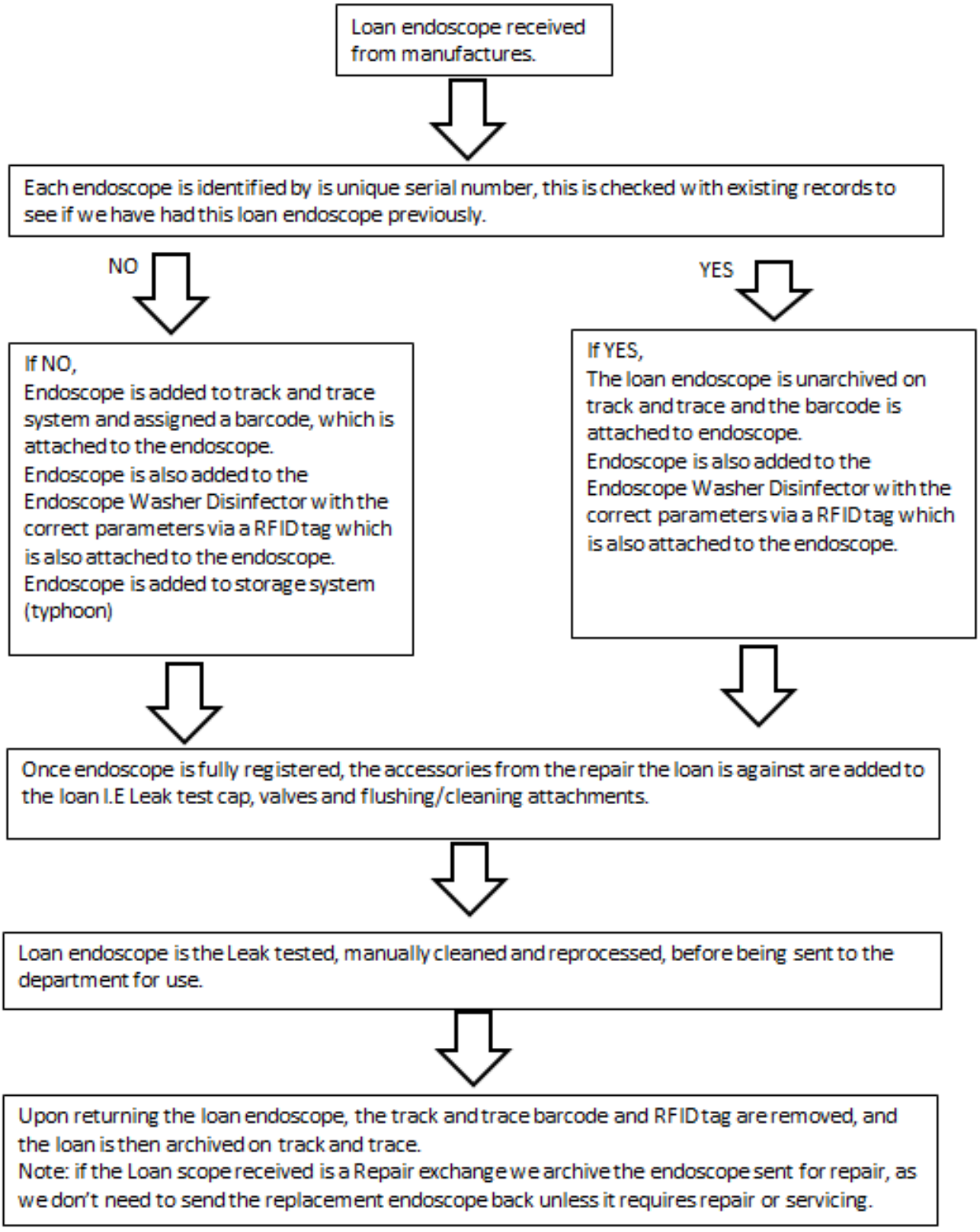
11.1. This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.

11.2. Review details must be described in the Policy and must give details of timescale and who will be responsible for review and updating of the document.

Appendix A: Process for Loan Scope

Process for Loan Scope

University Hospitals of Leicester NHS
NHS Trust



Appendix B: Process for the decontamination of Nasendoscope

Process for the decontamination of Nasendoscope

University Hospitals of Leicester NHS
NHS Trust

1. Introduction

1.1 This guideline will outline the process for the decontamination of Nasendoscope. The guideline is based around best practice guidelines as identified in the Choice framework for local policy and procedures 01-06 (Department of health 2012)

2. Scope

2.1 This guideline applies to all clinical staff (registered nurses, healthcare assistants and medics) who decontaminate Nasendoscope.

3 Training

3.1 All clinical staff who are new to the department must undertake an orientation to the department which includes information re this guideline

3.2 Only clinical staff that have undergone training and assessment can undertake 'Nasendoscope decontamination.

3.3 Initial training is provided by 'Tristel'. In house trainers are permitted to train any new staff to this procedure. Training has to be assessed and recorded by designated assessors, following at least 10 supervised practices.

3.4 All staff have to undertake a yearly update on decontamination procedures, this will be provided by Tristel or an appropriately qualified cascade trainer.

3.5 All training and updates will be recorded on individual's accounts on EUHL and originals held on the individuals file.

4 Outline of the process of handling Nasendoscope in ENT clinic.

4.1 All decontaminated Nasendoscope will be placed in the clean scope trolley in the designated clean scope room. They will be covered with a green plastic cover.

4.2 When a Nasendoscope is needed in a consulting room a tray from the clean scope trolley can be fetched.

4.3 The Nasendoscope is to remain in the tray until it is required. It is not be hung within the room.

4.4 Within the Nasendoscope in the green tray will be a used 'Tristel' packet. On this packet will be a label. This label is called 'The patient's note label'. This forms part of the traceability process. This label must be placed in the notes of the patient who is being scoped. The patient's addressograph must be saved as this is required to be placed into the audit book. This addressograph must not be placed inside the tray but on the outside, to avoid contamination.

4.5 The green plastic cover can be discarded into clinical waste after the Nasendoscope has been fetched out of the tray for use. It is not to be re-used.

4.6 After the Nasendoscope has been used it must be placed back in the tray. The person handling this scope must use appropriate hand hygiene measures.

4.7 The patients addressograph label must be placed on the empty Tristel packet and placed in the tray with the nasendoscope

4.8 The tray must be covered with a red plastic cover which can be found in the tray.

4.9 This must now be returned to the designated 'dirty' scope trolley in the decontamination room for reprocessing.

4.10 Cleaning and decontamination of nasendoscopes must not take place within the consulting rooms in the ENT clinic. All decontamination must take place in the designated decontamination room.

5 Decontamination process

5.1 The decontamination process is set out in appendix one as a flow diagram.

6. Further information / References

UHL Infection prevention policy B4/2005

UHL hand hygiene policy B32/2003

Department of Health (2012) The choice framework for local policy and procedures 01-06 Department of Health -Decontamination of flexible endoscopes: Department of Health, London

7. Legal Liability Guideline Statement

Guidelines or Procedures issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines or Procedures and always only providing that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible healthcare professional' it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes

USING THE TRISTEL THREE WIPE SYSTEM IN ENT

ONLY STAFF THAT HAVE BEEN TRAINED MAY DECONTAMINATE NASENDOSCOPES.

ALL SCOPES ARE TO BE CLEANED IN THE DESIGNATED DECONTAMINATION ROOM.

One staff member to decontaminate scopes at any time.

IMPORTANT! Do not use if the Wipe sachet or Activator Foam bottle are damaged.

- Instrument decontamination area should be separated into 'dirty' and 'clean'.
- The contaminated instrument must be placed onto the 'dirty' area.
- This will be designated by a dirty scope trolley with red tray covers. Cleaned instruments will be designated by a clean scope trolley with green tray covers.
- Clean hands, put on gloves and apron and prepare for the procedure by laying out one of each of the Wipes and the Activator Foam bottle on the bench top.

EVERY SCOPE MUST BE LEAK TESTED AFTER CLEANING AND THIS IS TO BE RECORDED.

STEP 1 CLEANING PROCEDURE

1) On entering decontamination room the ID of the scope and patient ID label **MUST** be documented in the audit trail book. ID label will be attached to the tray.

2) Clean all surfaces of decontamination area before commencing.

3) Clean hands and apply gloves and apron.

4) Remove the Pre-Clean Wipe from the sachet, unfold the wipe and lay it out in the palm of the hand. Keep the used sachet pack next to the Audit book so that the details can be completed at the end of the procedure.

5) Remove the scope from the tray and clean the scope thoroughly using the wipe. Start from the eye piece(battery operated scope) or metal connector tip (lead attached scope) and work down to the insertion tube. Do not rub or bend the instrument.

Start from the eye piece(battery operated scope) or metal connector tip (lead attached scope) and work down to the insertion tube. **Do not rub or bend the instrument**.

6) After cleaning, lay the scope on the water resistant worktop.

7) Dispose of red tray liner in clinical waste. Leave tray so it can be cleaned after the scope.

8) Remove gloves and apron, **wash** hands and apply fresh gloves and aprons.

STEP 2 HIGH LEVEL DISINFECTION

1) Clean hands, put on gloves and apron.

2) Remove the Sporicidal Wipe from the sachet. Unfold the wipe and lay out in the palm of the hand.

Keep the used sachet pack next to the Audit book so that the details can be completed at the end of the procedure.

3) Apply **two** squirts of Activator Foam onto the wipe. The activator foam bottle batch number must match the wipe sachet number.

(4) When using a 50ml Activator Foam 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 it.

5) Scrunch the wipe for **15 seconds** to ensure that the whole wipe is covered with Activator Foam.

6) Wipe the scope starting from the eye piece or metal connector all the way to the tip. All surfaces of the instrument must come into contact with the wipe at least once. **Do not rub or bend the instrument**. Do not go backwards and forwards with the wipe. Make sure it is cleaned only one way, as mentioned above.

7) Place the instrument onto a 'clean area' on

the worktop and leave the instrument for **30 seconds**.

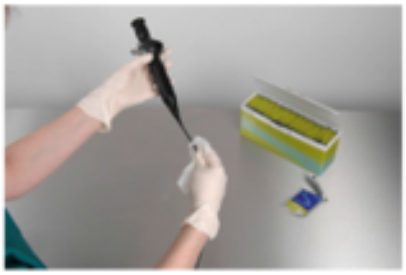
8) Discard the used Sporicidal Wipe into the clinical waste.

9) **It is optional at this point to change your apron or leave it on. However, gloves will need to be changed and hands washed or cleaned. If there is any contact of the scope to the apron, the apron needs to be changed as well.**

STEP 3 RINSING PROCEDURE

1) Wear clean gloves and apron (if apron has been removed).
2) Remove the Rinse Wipe from the sachet, unfold the wipe and lay out in the palm of the hand.

Keep the used sachet pack next to the Audit book so that the details can be completed at the end of the procedure.



2) Wipe the instrument to remove access foam. **Do not rub or bend the instrument. <u>DO NOT</u> RINSE WITH WATER.**

3) Place the rinsed instrument into the clean prepared tray.
4) Discard the used Rinse Wipe into clinical waste.
5) Leak test the scope using the hand held leak tester.

6) Store the scope accordingly in clean tray and cover with green tray cover (ensuring notes label is in the tray- see audit trail). Place in clean scope trolley.

7) Remove gloves and aprons and clean hands.

8) Apply fresh gloves and aprons and clean dirty tray with Distel or Chlorclean and transfer to clean trolley. Clean all surfaces/worktops as well.

STEP 4 AUDIT TRAIL BOOK

All staff who clean scopes have a duty to complete the Audit Trail Book after the disinfection cycle has been performed.

Every scope must have their own audit trail books.

- For the cleaning procedure we need to state that the Tristel Pre clean Wipe has been used-log the batch numbers and use by date as indicated on the sachets used. Tick relevant box.
- When using the Sporicidal Wipe write the Activator Lot No onto the traceability label, then peel off and affix the Record Book Label part of the traceability label to the box identified in the book. Tick all relevant boxes.
- When using the Rinse Wipe record the details of this wipe on the audit

book. Tick relevant box.

- The 'Patient's Notes Label' forms part of the traceability process and should be peeled off and placed with the scope in the clean green tray. When the scope is used next time this label will be placed in the notes of the patient who is being scoped.
- Document leak testing of the scope and sign.

Lack of compliance with this procedure could put patients and staff at risk.

Appendix D: Endoscope Decontamination Tracking Sheet

DATE:

SCOPE NO:

MODEL NO:

Average flow rate (15-17) checked if taken from drying cabinet (Initials)	Check scope connected if taken from drying cabinet (initials)	Tick if FIRST cycle of the day	Tick if LAST cycle of the day	DISINFECTANT EFFICACY TO BE TESTED ON EACH SCOPE EACH CYCLE UNTIL FURTHER NOTICE FROM 06 09 11	Machine, and Cycle No.	Disinfection level check Pre-use Loaded by	Patient Identification Label and comments	Leak Test Pass / fail		General inspection passed	Manually Cleaned by	Block No.

Appendix E: Endoscope Washer Tester Schedule

Endoscope washer testing schedule	University Hospitals of Leicester NHS Appendix 5 Decontamination of Flexible endoscopes.

Daily Checks			
Test	Rationale	How to	What is a pass
Automatic Control Test	Designed to show that the operating cycle functions correctly as shown by the values of the cycle variables indicated and recorded by the instruments fitted to the AWD Water supplied to AWD limited to 30c	Start a routine cycle and observe and record the following: • Cycle number/batch number • Start time, date and machine number • Start stop watch at the start of the cycle • Note values indicated with the elapsed time at all significant points of the cycle e.g. • Leak test • Channel patency data • Flush stage • Detergent stage and volume of detergent used • Rinse stage • Disinfectant stage and volume of detergent used • Final flush stage • Air drying stage and temperature of the air	1. Visual display indicates 'cycle complete' 2. During the whole cycle the values of the cycle variables are within the limits established as giving satisfactory results (manufacturer or during validation) 3. If elevated temps are used during a routine cycle, the time for which the temperature is maintained is not less than that established during validation 4. The door cannot be opened until the cycle is completed 5. The person conducting the test does not observe any mechanical or other anomaly
Check spray arm for free movement			
Check nozzles are not blocked			
Remove and clean strainers and filters			
Daily general housekeeping			
Check the supply of chemical additive is sufficient for the days use and replenish if required			
Clean the inside of the chamber or bowl			
Clean external surface of the AWD			
Check levels of salt in the regeneration tank and replenish if required			
Clean lid seals			