

## In this issue

**Tips for improving endoscope reprocessing and preventing the risk of infection**  
**New: ISMP adds OTC drug safety information to ConsumerMedSafety.org**  
**New on the web**

## Accreditation

### Tips for improving endoscope reprocessing and preventing the risk of infection

Each year, 15 to 20 million reusable endoscopes are used in health care organizations to screen various areas of the gastrointestinal tract – locations heavily colonized with microorganisms. Without proper endoscope reprocessing between patients, these instruments can retain contaminated material, presenting a substantial infection control risk. Inadequate reprocessing is caused by: failure to follow guidelines, decentralized procedures, time pressures and inadequate initial training and lack of continuing education.

Robust endoscope reprocessing involves thorough cleaning and high-level disinfection. Unfortunately, this level of decontamination does not always occur, leading to severe consequences for both patients and health care organizations. In the worst case, contaminated endoscopes can transmit infectious disease to multiple patients, increasing the likelihood of morbidity or mortality. Ensuring consistent endoscope reprocessing should be a multidisciplinary effort involving infection control (IC) personnel, clinical staff, and Environment of Care (EC) professionals.

#### *EC action plan for establishing an effective endoscope reprocessing program*

- Develop a good working relationship with clinical oversight: Establish a solid rapport with the different groups involved in reprocessing to make sure everyone is on the same page regarding good processes, a safe environment, and effective maintenance.
- Visit reprocessing locations during environmental tours: On the tour, use a checklist (see sample below) to ensure that staff are consistently conducting robust endoscope reprocessing at all sites.
- Verify suitable ventilation: High-level disinfection – a key element in reprocessing – must take place in an appropriately ventilated area. EC professionals should review pressure relationships, air exchange rates, and filtration efficiencies to confirm that the environment maintains the right ventilation and air flow. If air movement dips below required levels, an alarm should alert EC staff.

### Environmental tour checklist for endoscope reprocessing areas

#### Physical space:

- ✓ Is the area sized appropriately in relation to the volume of equipment processed?
- ✓ Do staff put on personal protective equipment (PPE) before entering the area?
- ✓ Are staff wearing suitable PPE?
- ✓ Is there sufficient work space?
- ✓ Are cleaning supplies, storage areas, and other critical items clearly labeled?
- ✓ Is there an appropriate hand washing station?
- ✓ Is there an appropriate eyewash station?
- ✓ Are “dirty” areas physically separated from “clean” ones?
- ✓ Are there suitable storage areas for cleaned endoscopes? On visual inspection, do these areas look clean, free of debris and dry?
- ✓ If a cabinet serves as storage, does the cabinet have doors?
- ✓ Are endoscope storage containers dry and located off the ground?
- ✓ What is the route from the processor to the cabinet? (The route should not cross through the soiled processing area.)

#### Ventilation:

- ✓ Is there negative air pressure to surrounding areas?
- ✓ Are air exchange rates and filtration efficiencies appropriate? Are there a minimum of 10 exchanges per hour, with at least two being with fresh, outside air?
- ✓ Is exhaust vented directly outside?

#### Documentation and training:

- ✓ Are staff aware of the number of endoscopes in the department?
- ✓ Does staff know how frequently these are maintained and how that maintenance occurs?
- ✓ When staff members are questioned, can they show where evidence-based practices and guidelines are located?
- ✓ When staff are asked about their training, does it appear they were trained using the guidelines?
- ✓ Are staff given periodic refresher training?

- Establish regular and effective endoscope maintenance: Conduct a risk assessment to determine the correct maintenance strategy. Confirm that organization policy is followed; Joint Commission surveyors will examine how your organization determines appropriate maintenance and verify that it occurs according to this policy. Note: If a vendor handles maintenance, an in-house person should be aware of and document how endoscopes are tested and maintained.
- Remain vigilant: Do not take proper endoscope reprocessing lightly. The long term effects of poor processes and an unsafe environment are severe. Working in partnership with IC and clinical staff, EC professionals should ensure that these critical tools remain safe, clean, and ready for use every time they are needed.

To read the entire article, see the April 2014 issue of *Joint Commission Perspectives*. (Contact: George Mills, [gmills@jointcommission.org](mailto:gmills@jointcommission.org) or Lisa Waldowski, [lwaldowski@jointcommission.org](mailto:lwaldowski@jointcommission.org))

## Resources

### New: ISMP adds OTC drug safety information to ConsumerMedSafety.org

The Institute for Safe Medication Practices (ISMP) recently added an over-the-counter (OTC) drug safety section to its [consumer website](#). Given the increasingly vital role of OTC medicines, the new OTC safety section will educate consumers about potential adverse events when using OTC medicines and how to avoid problems. The website and the new section bring crucial medication safety information directly to consumers using a wide variety of medication safety articles, useful safety tools and resources, and access to a consumer medication error reporting system. (Contact: Jennifer Gold, [jgold@ismp.org](mailto:jgold@ismp.org))

### New on the web

- **Blog posts:**
  - *JC Physician Blog* - [Taking care of my parents](#). Ana Pujols McKee, M.D., executive vice president and chief medical officer, discusses the practice of ordering dangerous tests for frail elderly patients who do not want them and what should be done about it.
  - *Musings...Ambulatory Patient Safety*: [Focusing on provider-performed microscopy procedure requirements for ambulatory health care](#).
- **Podcast:** Take 5 with The Joint Commission: [Guest access delivers free resources to customers](#). Ann Scott Blouin, Ph.D., R.N., executive vice president of Customer Relations, explains the resources available via guest access on the *Joint Commission Connect* extranet.
- [Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care: Standards, monographs, videos and other resources](#).
- [The Joint Commission enterprise's key accomplishments of 2013](#)

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