

Decontamination of Nasendoscopes: Using a (Chlorine Dioxide) Multi-wipe System

1. Purpose

These operating instructions describe the interim method for decontamination of nasendoscopes using a manual (**chlorine dioxide**) multi-wipe system. Decontamination procedures should be performed in a designated room/area preferably separate from the clinical area. However, HAI risk-assessed procedures in the patient area are currently an interim solution where the nasendoscope cannot be returned to an EDU for processing through an endoscope washer disinfector.

These are manual decontamination procedures and to be fully effective, manufacturer's instructions and this SOP must be strictly adhered to.

2. Responsibilities

Clinical staff will undertake this procedure; all staff must be trained and competent in the methods of cleaning an endoscope.

The User (unit manager) has overall responsibility for the nasendoscope decontamination procedures within the department. Management should ensure that this procedure is available and followed by all staff involved in the decontamination process. Management should ensure that staff are trained on this procedure. Management take any required action when there is a non-conformance confirmed.

The Operator (person undertaking decontamination of the endoscope) performs this procedure.

All staff shall adhere to Standard infection control precautions listed in **National Infection Prevention and Control Manual (NIPCM)** Health Protection Scotland www.nipcm.hps.scot.nhs.uk/

3. Procedure

3.1 Preparation

Check the expiry/use by date on the product, if applicable Do not use if past the use by date.



Take one of each of the wipes (pre-clean, disinfect and rinse) from the box and have ready for use and place on the work surface.



3.2 Pre-Cleaning

Perform hand hygiene and put on clean PPE (apron and gloves).



Immediately after patient use inspect the Nasenscope.
Using a low linting wipe remove the ultrasound gel and dispose of the sheath and wipes in the clinical waste.



Dispose of any single use accessories into the appropriate waste stream (SHTM 3).



*Disconnect the nasendoscope from the console if recommended by the manufacturer and transport to the designated decontamination area.

(*If decontamination requires to be in the patient area, ensure that there is clear segregation between dirty and clean processes.)



Remove the pre-clean wipe from the sachet and unfold into palm of the hand. Retain the sachet for the bar code to enter into the audit trail book provided by the wipe manufacturer.



Wipe the full length of the nasendoscope to remove all visible soiling.

More than one wipe may be required if heavily soiled.



Discard wipe and PPE to clinical waste, perform hand hygiene and put on clean PPE.

3.3 Inspection

After pre-cleaning, the nasendoscope is examined by the operator for cleanliness, damage and functionality. Ensure there are no signs of discolouration or cracks, giving particular attention to the tip.



Report any non-compliance to the User. When appropriate, label and segregate the endoscope to prevent use.





3.4 Disinfection

Remove the disinfectant wipe from the sachet and unfold into palm of the hand. Retain the sachet for the bar code to enter into the audit trail book.



Activate the wipe as indicated in the manufacturer's instructions ensuring the wipe is completely covered in foam.



Carefully wipe the entire surface of the nasendoscope ensuring contact with the disinfectant for the time recommended in the manufacturer's instructions.

3.5 Rinse

After the indicated contact time with disinfectant, remove the rinse wipe from the sachet and unfold in palm of hand. Retain the sachet for identification purposes e.g. enter the bar code into the audit trail book.



Wipe the full length of nasendoscope thoroughly to remove excess disinfectant.



Discard used wipe and PPE to clinical waste.



Record all three sachet bar codes in the audit trail book and affix labels to patient notes as indicated.



Remove PPE carry out hand hygiene and put on fresh PPE.





3.6 Inspection - Post Disinfection

After rinsing and drying, inspect the nasendoscope to ensure there are no signs of discolouration or cracks, giving particular attention to the tip.



Report any non-compliance to the User. When appropriate, segregate and label the nasendoscope to prevent use.

4. Product Release

After completion of the decontamination process, review the process to ensure acceptance criteria are being met:

- visual inspection 'pass';
- traceability records/tracking system complete.

The product is released after meeting the acceptance criteria and the completion of the traceability record. Traceability labels are attached to the patient records and system log books.

If a non-conformance is found during inspection of the nasendoscope, the management is informed in order to decide the appropriate corrective actions. Refer to SOP (PRO 179-200).

5. Records

System log books

Traceability records

