Safety Policy 804

Infection Control for the Videostroboscopy Equipment

The following guidelines for infection control are written to inform and instruct all personnel-faculty, staff, and students-who participate in videostroboscopic evaluations in the Memphis Speech and Hearing Clinic. Further information regarding infectious disease, disinfection, sterilization, regulatory agencies, and terminology can be found in the references listed at the end of these guidelines. Also, the Exposure Control Plan document and Infection Control Policies for the Research labs are located in the Dean's office. It is strongly recommended that all personnel be familiar with the information contained in these references.

POLICY:

I. In accordance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to bloodborne pathogens as well as other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect the employees, students and clients from that possibility and to reduce the exposure of personnel to non-bloodborne pathogens, as well. If exposure occurs, please visit http://www.memphis.edu/ehs/pdfs/bbpecattach3.pdf to complete the report form.

II. Engineering and work practice controls will be utilized to minimize or eliminate potential exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment will be utilized.

III. Environmental infection control and basic housekeeping practices will be implemented to protect clients, students, volunteers and employees.

IV. Potentially contaminated waste material will be disposed of in accordance with approved biohazardous waste procedures.

V. All chemicals in use in the MSHC will be stored, utilized, labeled and disposed of in accordance with the directions contained in the Material Safety Data Sheet (MSDS) for that product.

VI. Purchase and use of materials or chemicals not reported in this document will be reported to the Administrative Associate for appending to this document.

VII. There will be an annual review of the infection control documents for the MSHC with oversight by the Clinical policies Committee.

PROCEDURE:

I. Personnel

Not all employees, staff, or students have the same potential risk of exposure to infectious material.

a. Professional Staff and Students
   i. Speech-Language Pathologists and students engaged in direct client contact might encounter the following tasks or procedures that place them at some risk of exposure to infectious material.
      1. Disinfecting patient "touch and splash" surfaces.
      2. Oral mechanism examinations
      3. Oral and intraoral manual therapy and diagnostic techniques
      4. Using and storing endoscopic equipment
      5. Cleaning endoscopic equipment with Cidex Plus
      6. Use of electromyographic sensors and equipment

b. Office Personnel
   i. Office personnel are not typically exposed to infectious material, nor do they participate in cleaning/disinfecting procedures.

c. Building Maintenance and Cleaning Staff
   i. These individuals may be exposed to infectious material through assistance in cleaning or through removal of trash containing infectious materials.

II. Cleaning and Disinfecting

a. General Information
   i. Cleaning and disinfecting procedures will be completed in the endoscopy clinic room. Containers with a cleaning and disinfecting solution and Clorox wipes will be located in the endoscopy room cupboards.
   ii. Sterilization materials will be limited to the endoscopy clinic room. Containers for sterilization chemicals will be provided with lids that must remain in place except when instruments are being placed or removed. There will be no food or drink in these areas.
   iii. All soiled instruments needing cleaning, disinfection, or sterilization will have visual soil and debris removed with an enzymatic wash and placed in a cleaning and disinfectant bath (Aztec caddy or Endobath). Personnel assigned to endoscopy duties[1] will be responsible for transferring instruments to a sterilization bath and carrying out sterilization procedures.
   iv. Rigid Endoscope Cleaning: Aztec endoscope caddy with lid
      1. In the endoscopy room with the door open
      2. Cleaning Solution: Cidex OPA Concentrate

v. Flexible Endoscope Cleaning: Endobath Flexible Scope SmartBasin M601

1. In the endoscopy room with the door open.
2. Cleaning Solution: Cidex OPA Concentrate
3. See sections 6.0-8.3 of Endobath Instruction Manual 2.0 for detailed operating procedures.

III. Infection Control Protocols

a. Environmental

i. Surface Disinfection

1. Surfaces to be Cleaned
    a. Rigid endoscope.
    b. Flexible endoscope.
    c. Counter, sink, and cabinet surfaces in the endoscopy room.
    d. Vertical surfaces of the endoscopy tower.
    e. Endoscope dirty bin following cleaning procedures.
2. Surface Disinfection Procedures
    a. Will follow Phys-309
3. Endoscope Disinfection Procedures
    a. This is a two-step process of cleaning gross contamination followed by a disinfectant to kill germs. A product containing both an enzymatic cleaning compound and disinfectant can be used for both steps.
    b. The endoscopy room will be supplied with the enzymatic cleaning compound in liquid form.
    c. During cleaning, gross contamination and debris will be removed with a designated enzymatic sponge or other disposable or cleanable device, wiping the endoscope area from proximal (nearer the handle) to distal end (nearer the lens or camera end) at least 20 times. Following cleaning, the endoscope will be rinsed with water from proximal to distal end and wiped down with a clean cloth in the same direction.

ii. Sterilization

1. Instruments will be removed, rinsed in water, and set on a prepared surface to dry. Once the instruments are dry, they will be returned to the appropriate storage containers.
2. All disinfectant and sterilizing solutions will be changed every 14-21 days as directed on the label, or sooner if the solution becomes visibly soiled or viscous.