

## **The importance of bedside cleaning of flexible medical endoscopes and the relevance to patient cross infection risks.**

**Nick G Bromiley AGTS, CFER, CSPDT, ARIA. Principal Technical Specialist & Trainer, Endoscopes. Innovations Group, Medivators Inc. Minneapolis, Minnesota USA**

**Background and Aims:** Flexible medical endoscopes are an important and integral part of disease diagnosis and treatment, but are also sources of patient cross infection. The aim of this paper is to raise awareness to the risks of inappropriate bedside cleaning and patient safety impact.

**Conclusion:** In summary, bedside cleaning is a crucial step in flexible endoscope reprocessing. Failure to properly 'condition' the endoscope can impact the ability to perform manual cleaning.

Bedside cleaning is an integral and crucial step in the reprocessing of flexible medical endoscopes. It is also somewhat of a misnomer.

Bedside cleaning should be considered as a 'conditioning' step prior to the transportation and manual cleaning of the endoscope. Although bedside cleaning will assist in removing gross soil from the external surface of the insertion tube and biopsy/suction channels, its real purpose is to minimize the chances of soil drying on and in the endoscope making the manual cleaning process much more difficult.

This process should be conducted as soon after the procedure is completed, while the endoscope is still connected to the video processor and light source. Following the manufacturers IFU's and society guidelines meticulously will pay dividends during the manual cleaning process.

The consensus of all professional bodies and their associated guidelines are that manual cleaning of contaminated endoscopes be carried out as soon as possible after the procedure and certainly within one hour. Some European countries use three hours as the limit before manual cleaning is conducted.

Most facilities will resort to the extended soak recommendation of the endoscope manufacturers IFU's if manual cleaning has not been started within the recommended time frame. This practice can potentially remove an endoscope from procedure availability for up to eight hours depending on the infection control recommendations for extended soak time.

If nothing else, remember that "The level of decontamination is only as good as the weakest link in the chain".