

Flexible Endoscope Reprocessing Checklist

Facility: _____ Date: _____ Observer: _____

Flexible endoscopes are some of the most challenging devices for healthcare workers to reprocess due to unique designs and complex reprocessing steps. Use this Reprocessing Checklist to review your facility's compliance with the **SGNA** "Standards of Infection Control in Reprocessing Flexible Gastrointestinal Endoscopes" to make quality improvements.

POINT OF USE (Pre-cleaning)	Yes	No	DNO
1. Appropriate PPE is worn and the endoscope MFR's instructions for use (IFU) are available?	___	___	___
2. Endoscope is wiped immediately after removal from the patient with a wet cloth or sponge?	___	___	___
3. Distal tip of endoscope is placed in an appropriate detergent solution and suctioned until clear?	___	___	___
4. Finish by suctioning air?	___	___	___
5. Air, water, and auxiliary channels are flushed according to endoscope MFR's written IFU?	___	___	___
6. Detach the endoscope from the light source and suction lamp?	___	___	___
7. If video source is used, the protective video cap is attached to the endoscope?	___	___	___
8. Soiled endoscopes are transported to a separate reprocessing area in a closed container?	___	___	___
9. Transport containers are large enough not to damage endoscope by coiled too tightly?	___	___	___
10. Transport containers are labeled to indicate biohazardous contents, i.e., sticker or sign?	___	___	___

LEAK TESTING (Manual Steps)	Yes	No	DNO
1. Appropriate PPE is worn and the endoscope MFR's instructions for use (IFU) are available?	___	___	___
2. Suction valves, air water valves, and biopsy valves are removed prior to leak testing?	___	___	___
3. Leak tester is attached and endoscope is pressurized before submerging into tap water?	___	___	___
4. While submerged, the distal portion is flexed in all directions observing for bubbles?	___	___	___
5. The freeze and release buttons are depressed while observing the control head for bubbles?	___	___	___
6. The insertion tube, the distal bending section, and universal cord are checked for bubbles?	___	___	___
7. After testing, the endoscope is removed from the basin and the leak tester is turned off?	___	___	___
8. If applicable, the video cap is disconnected after the leak tester is turned off?	___	___	___
9. The endoscope is allowed to depressurize (if applicable, the video cap is secure)?	___	___	___
10. If leak is detected or damage to endoscope is observed, the reprocessing is stopped?	___	___	___

MANUAL CLEANING and RINSING	Yes	No	DNO
1. Basin is filled with fresh water and appropriate detergent (i.e., neutral pH, low foaming)?	___	___	___
2. If applicable, video cap is secured prior to immersion into the detergent solution?	___	___	___
3. All debris is washed and wiped from the exterior while submerged in the detergent solution?	___	___	___
4. Removal parts and all channels brushed, including the body insertion tube and the umbilicus?	___	___	___
5. After each passage, the cleaning brush is rinsed in detergent solution to remove visible debris?	___	___	___
6. Cleaning adapters are attached for suction, biopsy, air, and water channels per the MFR's IFU?	___	___	___
7. All channels are flushed with detergent solution and soaked for a specified period of time?	___	___	___
8. Endoscope and all removable parts are thoroughly rinsed with clean water to remove debris?	___	___	___
9. Forced air is used to purge water from all channels of the thoroughly rinsed endoscope?	___	___	___
10. The exterior of the endoscope is dried with a soft, lint-free cloth?	___	___	___

HIGH-LEVEL DISINFECTON and RINSING

Yes No DNO

1. HLD solution is prepared according to MFR's IFU and in an appropriate sized basin?
2. The date the HLD solution is poured and the date the reuse life ends is documented?
3. Prior to use, the HLD solution is tested for minimum recommended concentration (MRC)?
4. The test strip is appropriate for the HLD solution and test results are documented?
5. The endoscope and all accessories are completely immersed into the HLD solution?
6. The HLD solution is flushed into all channels until a steady flow is seen exiting each channel?
7. The HLD solution is covered with a tight fitting lid for time and temperature per MFR's IFU?
8. If automated HLD is used, the automated endoscope reprocessor (AER) use is per MFR's IFU?
9. After HLD, all surfaces and all removable parts are thoroughly rinsed per MFR's IFU?
10. All channels are flushed with fresh, clean water for each rinse?

DRYING and STORAGE

Yes No DNO

1. All channels are purged with air until dry?
2. All channels are flushed with alcohol until the alcohol exits the opposite end of each channel?
3. 70% alcohol is used and is properly stored in a closed container between uses?
4. All channels are purged with air?
5. All channel adapters are removed?
6. The exterior of the endoscope is dried with a soft, clean, lint-free cloth?
7. All removable parts are thoroughly rinsed and dried?
8. Removable parts are not attached for storage and all valves are in the open position?
9. Endoscopes are stored in a closed cabinet with venting that allows air circulation around them?
10. Endoscopes are hung in a vertical position and caps, valves, and other detachable parts removed?
11. There is adequate height for endoscopes to hang without touching bottom or each other?
12. Cabinet is kept clean and well ventilated?
13. Endoscopes are not allowed to be stored in their original shipment cases?
14. Storage time before next use is measured and monitored?
15. Endoscopes are reprocessed before use if evidence of improper drying exists?

RECORD KEEPING

Yes No DNO

1. The date and time of reprocessing is documented?
2. Each endoscope is indentified, along with method of cleaning and name of technician?
3. HLD test strip quality control and MRC test results are documented?
4. Routine and unscheduled maintenance or repairs are documented?
5. Disposition of defective equipment is documented?

Comments

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