ENVIRONMENT OF CARE ROUNDS

Quick Safety Checklist for an Endoscope Reprocessing Area

This checklist was developed to aid infection preventionists (IPs) in conducting environment of care (EOC) rounds in the endoscope reprocessing area.

It outlines ten high-risk areas to be considered during a routine walk-through of the reprocessing area. This checklist is not intended to replace a comprehensive EOC rounding tool. Further detail for each consideration can be found in APIC's Issue Brief on *The Science of Endoscope Reprocessing*.

APIC
Association for Professionals in Infection Control and Epidemiology

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Considerations

Consideration	Yes	No	Notes
1. Is there a defined dirty-to-clean workflow for the design/layout of the reprocessing area? *Based on the room configuration (e.g., two separate rooms versus one room), a unidirectional flow from dirty to clean must be followed. Effective design and workflow in these spaces are pivotal in preventing cross-contamination and ensuring patient safety.*	☐	☐	
2. Is the appropriate personal protective equipment (PPE) available for the healthcare personnel in this area? *The minimum level of PPE that needs to be available for endoscope reprocessing includes a fluid-resistant face mask, eye protection (full-length face shields or goggles), disposable gloves, fluid-resistant gown with sleeves, shoe covers, and hair coverings.*	☐	☐	
3. Was the endoscope pre-cleaned when received by the reprocessing area? *Pre-cleaning at point of use helps prevent biofilm formation on both internal and external endoscope surfaces by removing gross debris before it dries. If cleaning is not started within the designated time limit (e.g., 60 minutes), follow the manufacturer's instructions for use for delayed reprocessing, which may require soaking before the manual cleaning process.*	☐	☐	
4. Is leak testing completed using the appropriate method for the type of endoscope before manual cleaning? *There are several ways to perform a leak test, including manual wet, manual dry, mechanical wet, or mechanical dry. Ensure the appropriate method is being used to allow the leak tester to detect damage to the endoscope. If the endoscope fails the leak test, it should be removed from service and modified reprocessing steps should be followed as indicated by the device manufacturer to ensure the safe handling and shipping of the device. The manufacturer will provide further instructions on how to reprocess a leaking endoscope prior to shipment.*	☐	☐	
5. Is the manual cleaning process of the endoscope performed according to the relevant manufacturer's instructions for use (i.e. appropriate cleaning detergent per the endoscope manufacturer, appropriate detergent dilution and temperate range per the detergent manufacturer)? *Inadequate cleaning can result in residual bioburden, ineffective high-level disinfection, or sterilization. Therefore, strict adherence to the manufacturer's instructions for use for reprocessing is essential.*	☐	☐	
6. Is the endoscope being visually inspected during or after manual reprocessing? *Visual inspection can help detect minor issues such as tears, scratches, discoloration, staining, and bioburden. Using optimal lighting and magnification is crucial to assess the effectiveness of the reprocessing steps.*	☐	☐	

Consideration	Yes	No	Notes
7. Is a cleaning verification process used according to the manufacturer's instructions for use and the facility's policy? *Facilities should use a risk assessment to select the appropriate cleaning verification test and process. Common cleaning verification methods include protein, carbohydrate, hemoglobin, and adenosine triphosphate testing, which detects specific residual soils left on the device post-cleaning.*	☐	☐	
8. Is the endoscope undergoing high-level disinfection or sterilization according to the manufacturer's instructions for use and the facility's policy? *The Spaulding Classification System determines the level of disinfection or sterilization required for a reusable device based on the type of contact with a patient (e.g., intact skin, mucous membranes, or sterile tissue). When determining which type of reprocessing to perform on the devices, the facility should assess the requirements using both the Spaulding Classification System and the manufacturer's instructions for use.*	☐	☐	
9. Is the endoscope and its accessories dried appropriately? *The drying process for an endoscope depends on how the device was disinfected or sterilized. After high-level disinfection, the interior of the endoscope should be dried using instrument air or HEPA-filtered air until no water exits the distal tip. Always consult the manufacturer's instructions for use to determine the recommended pounds per square inch pressure to use for the air flush process. The exterior of the endoscope and its accessories should be dried with a clean, lint-free cloth. Endoscopes and their components packaged for sterilization need to be dried beforehand to prevent issues with residual water during sterilization.*	☐	☐	
10. Is there a hand hygiene sink in the reprocessing area? *Hand hygiene stations must be positioned separately from reprocessing sinks to maintain cleanliness and avoid the use of decontamination sinks for hand washing.*	☐	☐	