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# SCOPE CLEANING & FMT

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# SCOPE BASICS

- MULTIPLE SCOPES: LARYNGOSCOPE, BRONCHOSCOPE, RADIAL AND LINEAR BRONCHOSCOPE, GASTROSCOPE, RADIAL AND LINEAR GASTROSCOPE, DUODENAL SCOPE, COLONOSCOPE, ENTEROSCOPE
- MAIN DIFFERENCES BETWEEN SCOPES: DIAMETER, LENGTH, WORKING CHANNELS/FUNCTIONS



LARYNGOSCOPE



BRONCHOSCOPE



LINEAR  
BRONCHOSCOPE



GASTROSCOPE



RADIAL & LINEAR GASTROSCOPE



DUODENAL SCOPE



COLONOSCOPE



ENTEROSCOPE

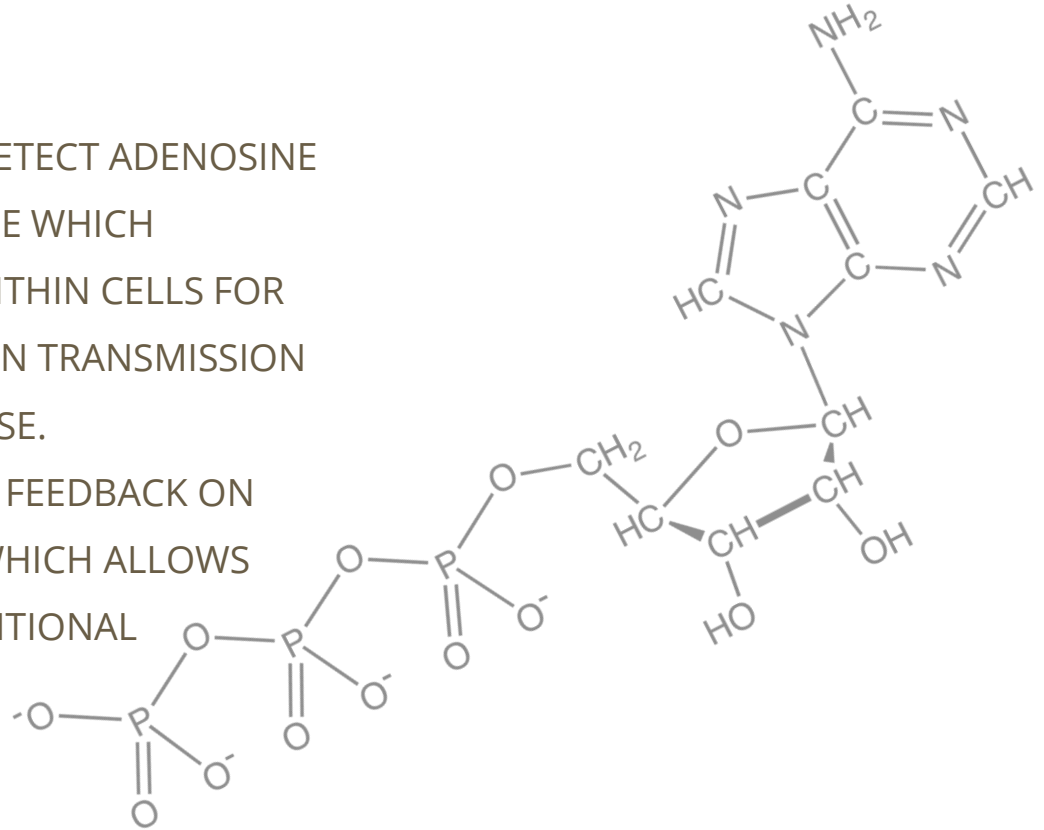
# SCOPE CLEANING

- FLEXIBLE ENDOSCOPES HOLD THE POTENTIAL TO HARBOR BACTERIA AND CAUSE HEALTHCARE DEVICE- RELATED OUTBREAKS
- EFFECTIVE ENDOSCOPE REPROCESSING IS A STRONG DEFENSE AGAINST SUPERBUGS
- BASIC CLEANING TECHNIQUE: BEDSIDE CLEAN, MANUAL WASH, HIGH DISINFECTANT REPROCESSOR
- OTHER FACTORS THAT INFLUENCE SCOPE CLEANING



# ATP TESTING

- USED ON DUODENAL SCOPES TO DETECT ADENOSINE TRIPHOSPHATE (ATP), A NUCLEOTIDE WHICH TRANSPORTS CHEMICAL ENERGY WITHIN CELLS FOR METABOLISM, WHICH CAN RESULT IN TRANSMISSION OF INFECTION BETWEEN PATIENT USE.
- ATP TESTING PROVIDES IMMEDIATE FEEDBACK ON EFFICACY OF MANUAL CLEANING, WHICH ALLOWS YOU RIGHT AWAY TO KNOW IF ADDITIONAL CLEANING IS NEEDED.



# ATP TESTING

- ATP SAMPLES ARE COLLECTED AFTER MANUAL CLEANING USING SPECIALLY DESIGNED SWABS THAT ARE THEN PLACED IN A TEST TUBE CONTAINING A SPECIAL ENZYME (LUCIFERASE) WHICH WHEN BOTH COME IN CONTACT, A BIOLUMINESCENT REACTION OCCURS.
- THE PLASTIC TEST TUBE IS PLACED IN A SMALL HAND HELD DEVICE CALLED A LUMINOMETER WHERE THE LIGHT EMITTED FROM THE REACTION IS MEASURED AND QUANTIFIED INTO A NUMERICAL VALUE CALLED THE RELATIVE LIGHT UNITS (RLUs).
- THIS NUMBER IS WHAT ALERTS YOU TO KNOW IF REPEATED MANUAL CLEANING IS NEEDED OR IF THE SCOPE CAN GO INTO THE HIGH LEVEL DISINFECTANT.
- ATP MONITORING IS NOT CURRENTLY MANDATED IN THE US. THE FDA HAS RECOMMENDATIONS FOR FACILITIES THAT CHOSE TO IMPLEMENT A SURVEILLANCE PROGRAM.



# FECAL MICROBIOTA TRANSPLANTATION

- C DIFF SPORES CAN REMAIN ON INANIMATE SURFACES FOR MONTHS AND SPREAD EASILY BETWEEN HEALTH CARE PROVIDERS AND PATIENTS.
- STRICT ISOLATION, HAND HYGIENE, AND CLEANING ARE IMPORTANT IN PREVENTING SPREAD OF DISEASE AND PREVENTING REINFECTION IN NEWLY TRANSPLANTED C DIFF PATIENTS, THIS MUST BE MAINTAINED THROUGHOUT HOSPITAL STAY
- KEEPING PATIENTS, FAMILY, AND STAFF INFORMED AND STRESSING THE IMPORTANCE OF ENVIRONMENT CLEANING AND HAND HYGIENE



# FECAL MICROBIOTA TRANSPLANTATION

## OUTPATIENT SETTING

- CALL PRIOR TO PROCEDURE, INSTRUCT PATIENT ON CLEANING HOME ENVIRONMENT, BRINGING NEW UNDERGARMENTS TO WEAR HOME, WHAT TO EXPECT
- PRIOR TO PROCEDURE PATIENT IS IN CONTACT ISOLATION AND REMAINS THROUGHOUT HOSPITAL STAY
- AFTER FMT PATIENT GOES TO A NEW CLEAN ROOM TO RECOVER IN- NEW GOWN AND PADS PLACED ON PATIENT PRIOR TO LEAVING PROCEDURE ROOM
- INSTRUCT FAMILY/SUPPORT PERSON ON CLEANING ENVIRONMENT AROUND PATIENT- HOUSE, CAR, ETC BEFORE PATIENT HAS CONTACT WITH IT

# FECAL MICROBIOTA TRANSPLANTATION

## INPATIENT SETTING

- VISIT PRIOR TO PROCEDURE, INSTRUCT PATIENT ON FMT PROCESS, ENCOURAGING HOME ITEMS TO BE SENT BACK WITH FAMILY/SUPPORT PERSON, COORDINATING WITH CARE TEAM
- ALL DISPOSABLE ITEMS THROWN AWAY AND REPLACED WHILE PATIENT IS IN PROCEDURE
- NEW ROOM ASSIGNED AFTER PROCEDURE COMPLETE
- PERSONAL ITEMS THAT MUST REMAIN WITH PATIENT CLEANED WITH PATIENT APPROVAL
- NEW GOWN AND PADS PLACED ON PATIENT PRIOR TO LEAVING PROCEDURE ROOM