ICAS Endoscopy Checklist

Note: Yellow highlighted boxes refer to mandatory items

(A) Endoscope Reprocessing

	Item reviewed	Yes/No	Action Plan
1	Pre-cleaning is performed immediately after the endoscope has been withdrawn from the patient.		
2	Pre-cleaning of the endoscope is performed at bedside using enzymatic/non-enzymatic detergent and before disconnecting the endoscope from the power source		
3	Endoscopes are reprocessed by AER.		
4	Endoscopes are transported in closed leak proof and puncture resistant transport container from clinical areas to reprocessing room, and vice versa. It should be marked with a biohazard label.		
5	Leak Testing performed as soon as the endoscope arrives in the processing area and prior to immersion of endoscope into appropriate cleaning solution.		
6	The reprocessing room is provided with compressed air or medical grade air for drying the endoscopes.		
7	There is an ultrasonic cleaner for the reprocessing of reusable endoscopic accessories.		
8	The AER is submitted to self-disinfection cycle.		
9	The endoscopes are reprocessed after the maximum storage time specified by the guideline **and endoscope storage conditions**. The endoscopes are reprocessed after the maximum storage time specified by the manufacturer IFU or institutional guidelines.		
10	The reusable endoscope accessories are sterilized at the Central Sterilization after manual cleaning.		
11	The reprocessing of endoscopes follow these steps: pre-cleaning, manual cleaning and, disinfection, drying and storage.		
12	Policies and procedures are in place for transportation of contaminated and clean endoscopes between buildings, if applicable.		

(B) Personnel and Training

	Item reviewed	Yes/No	Action Plan
1	There is dedicated trained staff assigned to perform reprocessing of endoscopes and accessories.		
2	There is dedicated staff meeting competency standards performing endoscope reprocessing including storage and transport.		
3	Staff is appropriately informed about the risks (biological hazard, chemical hazard/spillage, injuries) to which it is exposed while reprocessing endoscopic equipment.		
4	Staff is adequately trained to all steps of reprocessing procedure.		
5	Staff received updated training and there is documentation of competency for new models of endoscopes, accessories, valves, and AER as they are introduced in the facility.		
6	Staff are trained on the regular maintenance of all technical equipment, including endoscopes, AER, and storage cabinets according to the manufacturer's instructions for use.		
7	Supervisory personnel meet minimum recommended qualifications.		
8	Technicians employed meet minimum recommended qualifications.		
9	All new staff receive initial and comprehensive facility and department orientation.		
10	All staff receive a minimum annual training on department policies and procedures All staff demonstrate competency annually.		

(C) Staff safety

	Item reviewed	Yes/No	Action Plan

1	Staff wears appropriate personal protective equipment (PPE) during the endoscopic procedure.		
2	Staff involved in the reprocessing procedure wear appropriate PPE.		
3	Updated Safety Data Sheets (SDS) for hazardous chemicals are easily accessible by all staff.		
4	Staff are immunized according to national guidelines.		
5	There are policies and adherence to appropriate staff attire.		
6	There is a policy and adherence to appropriate PPE in decontamination area.		
7	Regular audits are done to assess staff and patient safety.		

(D) Monitoring

	Item reviewed	Yes/No	Action Plan
1	Manufacturers' written instructions for AER cycle parameters are available.		
2	Regular microbiological surveillance cultures are done for the endoscopes processed.		
3	Final rinse water sampling from AER is cultured regularly.		
4	Quality of water supplied to the AER is monitored regularly.		
5	Temperature and humidity of the endoscope storage cabinet with HEPA filter is monitored as per manufacturer's instruction.		

(E) Documentation

	Item reviewed	Yes/No	Action Plan
1	Each reprocessing step (including pre-cleaning at bedside, manual cleaning, and disinfection in an AER) including the names of the persons undertaking each step, are recorded.		
2	Documentation relating to maintenance interventions is archived by the department for a period of not less than 3 years.		
3	Tracking is done digitally or manually with records easily accessible in the event of recall.		
4	There is a recall policy describing action steps to be taken including notification to Infection Prevention and senior management.		

(F) Facility Design

	Item reviewed	Yes/No	Action Plan
1	All endoscope reprocessing is centralized or in certified designated area).		
2	If centralized reprocessing is not possible, consistent policies and procedures between locations are in place.		
3	Endoscopy department size is appropriately designed with regard to anticipated volume.		
4	Decontamination area facilitates proper workflow and provides adequate space for necessary equipment.		
5	Decontamination area has space dedicated to donning and removal of PPE.		
6	Decontamination sink is of adequate size and has 2 compartments (for cleaning and rinsing).		
7	Handwashing sinks/hand hygiene facilities are appropriately located in department.		
8	Emergency eyewash stations (required by OSHA) located within 10 seconds travel time of all chemical usage locations in decontamination area, with a continuous flush of at least 0.4 gallons/ 1.5litres per minute for at least 15 minutes.		
9	Functional workflow pattern: clear distinction (i.e. physical wall/ Passed Through AER) between dirty and clean.		
10	Functional workflow pattern: pass–through window available to avoid hallways, and is not propped open.		

11	Temperature and humidity monitoring controls in decontamination and clean areas.		
12	Temperature and humidity monitoring is recorded daily.		
13	Appropriate traffic control. Written policy and procedure in place for authorized entry and movement and attire.		
14	Floors and walls are constructed from materials that can withstand frequent cleaning.		
15	Ceilings are flush surfaces and not of materials that are of a particulate or fibre-shedding composition.		
16	Doors close freely and do not have thresholds.		
17	Appropriate positive (clean areas) and negative (soiled areas) pressure ventilation systems in place.		
18	Appropriate air-changes in decontamination and storage area.		
19	Proper storage of chemical in designated 'CORROSIVE' cabinet and a valid Police License for Explosive Precursors is available.		
20	There is a proper storage area for the reprocessed endoscopes and for endoscopic accessories to avoid contamination during procedures and reprocessing.		