Laryngoscope Reprocessing Policy

Policy Owner: Epidemiology

POLICY STATEMENT

GRMC reprocesses laryngoscope blades as semi-critical devices between each patient use and in accordance with the manufacturer's instructions. Laryngoscope blades are packaged and stored in a manner to prevent recontamination. As manufacturer’s instructions for the handles vary from low level disinfection to sterilization, manufacturer’s instructions for reprocessing laryngoscope handles will be followed and handles will be stored and managed in a manner to prevent contamination.

Devices such as laryngoscope blades and handles, may be exposed to potentially infectious material during indicated use, and can become contaminated through direct contact with the patient’s skin, mucous membranes, secretions, and blood. To reduce the risk of infection, the importance of standardizing the reprocessing and storage of laryngoscope blades and handles is emphasized. This policy will provide provisions for reprocessing, handling and storage of laryngoscope blades and handles to ensure that they are safe for use.

AFFECTED STAKEHOLDERS

Indicate all entities and persons within the Enterprise that are affected by this policy:

- Administrative Services
- Hired Staff
- Housestaff/Residents & Clinical Fellows
- Leased staff
- Medical Staff (includes Physicians, PAs, APNs)
- Patient Care Services (Nursing, PCT’s, Unit Clerks)
- Professional Services (Laboratory, Radiology, Respiratory, Pharmacy; etc.)
- Vendors/Contractors
- Other: Include any other stakeholders not listed above.

DEFINITIONS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>High Level Disinfection</td>
<td>A process which destroys all microorganisms, with the exception of high numbers of bacterial spores. This process may use chemicals or high heat temperatures to achieve appropriate disinfection.</td>
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<tr>
<td>Laryngoscope</td>
<td>Instrument used to visualize the vocal cords and glottis when performing tracheal intubation during general anesthesia or cardiopulmonary resuscitation or when performing procedures on the larynx or other parts of</td>
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<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>Laryngoscope Blade</td>
<td>Attachment which comes in an assortment of sizes and configurations (straight, curved, etc.) to minimize trauma. Some are now flexible with fiber optics allowing for diagnostic procedures such as biopsies, not just for airway management.</td>
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<tr>
<td>Laryngoscope Handle</td>
<td>Base of the device which provides a light source for better visualization and attaches to the blade.</td>
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<tr>
<td>Proteolytic Enzymatic Cleaner</td>
<td>A detergent that contains protease enzymes which breakdown proteins found in blood, mucous and other organic matter.</td>
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<tr>
<td>Semi-critical Device</td>
<td>Devices that touch mucous membranes and/or non-intact skin, but do not enter sterile tissues or the vascular system.</td>
</tr>
<tr>
<td>Sterilization</td>
<td>The complete elimination of all forms of microbial life, including spores.</td>
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**PROCESS & PROCEDURES**

As laryngoscope blades come into contact with mucous membranes, the Centers for Disease Control and Prevention consider these to be semi-critical devices. As such, high level disinfection or sterilization is required for reprocessing after each patient use. While some blades can tolerate steam sterilization per manufacturer’s instruction, some manufacturers restrict either the temperature or pressure used during steam sterilization. Therefore at GRMC, laryngoscope blade sterilization after use will be restricted to cold sterilization methods (Steris 1E or Sterrad) and high level disinfection (Cidex OPA).

1. After use, cover the blade with ET tube wrapper or other disposable, impervious barrier.
2. Remove blade from the handle with minimal contamination of the handle.
3. Place the blade in an appropriate transport container (ex: biohazard bag) after spraying with the approved, ready-to-use proteolytic enzymatic cleaner.
4. Clean the laryngoscope handle with the hospital approved germicidal cloth after each use allowing for adequate dry time.
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5. Perform hand hygiene and return the dried handle to the designated storage area.
6. Transport the laryngoscope blade to the soiled holding area or to an approved decontamination area per unit policy.
7. Manually wash the blade with hospital grade detergent and rinse thoroughly.
8. Per the manufacturer’s instructions, reprocess accordingly:

Using Sterrad or Sterrad NX:
   a. Place blade tip first in appropriate peel pack for Sterrad sterilization.
   b. Reprocess according to manufacturer’s and Sterrad instructions.

Using Steris 1E:
   a. Dry and place in a Steris tray for chemical, high level disinfection in the Steris 1E unit.
   b. Promptly remove and dry thoroughly.
   c. Place individually, blade tip first, in peel pack pouches.

Note: High level disinfection may be used instead of sterilization if necessary.
9. Date and initial packaging after reprocessing. Label blades that have been high level disinfected as “clean, not sterile.”
10. Return packaged laryngoscope blades to an approved storage area which provides protection against dust, moisture, temperature and humidity extremes.
11. Only open packaged laryngoscope blades immediately before use.
12. If light source and blade testing are necessary, perform hand hygiene before manipulation. Test the blade only using the part of the blade that connects to the light source while keeping the remaining part of the blade in the peel pack.

REFERENCES, SUPPORTING DOCUMENTS, AND TOOLS

The Joint Commission’s Recommended Practices and Standards FAQ

Manufacturer’s Instructions for Use

Georgia Regents Medical Center
Policy Library

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RELATED POLICIES

Disinfection Level Determination Policy
High Level Disinfection Policy
Low and Intermediate Level Disinfection Policy
Sterilization Policy

APPROVED BY
Chief Executive Officer, Georgia Regents Medical Center Date: 07/10/2015