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Survey on the implementation of GUIDELINES FOR REPROCESSING ENDOSCOPES IN THE ENDOSCOPIC CENTERS OF THE FRIULI VENEZIA GIULIA (NORTH EAST ITALY REGION)

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INTRODUCTION

The incidence of infectious complications resulting from endoscopy is very low, but because of the high number of endoscopic procedures performed daily worldwide they remain the most frequent infections associated with the use of medical devices.

Proper reprocessing of endoscopes according to established guidelines is the most effective measure to prevent the risk of pathogen transmission during endoscopy.

The aim of this survey was to investigate the reprocessing techniques routinely employed in endoscopy centers in Friuli-Venezia Giulia, using as reference the Guideline for disinfection and sterilization in healthcare facilities, 2008 of the U.S. C.D.C.

MATERIALS AND METHODS

The survey, conducted between October 2010 and February 2011, involved all the 22 (public, private or semi-private) regional centers of gastrointestinal endoscopy and bronchoscopy.

A self-report questionnaire was used to collect both general information about the centers and their staff and data on specific issues, such as characteristics of the facilities where endoscopes were reprocessed, equipment available, methods for cleaning and disinfection/sterilization, training and safety of the personnel assigned to reprocess endoscopes and quality monitoring procedures.

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RESULTS

With regard to the structural aspects, the data collected indicate that in more than 70% of the centers the facilities used for the reprocessing of endoscopes were adequate, and equipped with a suitable ventilation system in about half of the centers.

All the centers had automated endoscope reprocessors and used appropriate disinfectants. In most cases the personnel who reprocessed endoscopes had good knowledge of biological and chemical hazards, but only approximately half of the centers had specific educational programs.

Almost all centers had endoscope reprocessing protocols but only 9 had a record-keeping system covering all steps of the process. Personal protective equipment was used routinely in almost all centers, and microbiological tests were performed on a regular basis in more than half of the centers.

According to the reprocessing personnel, poor compliance with the recommendations provided by guidelines and protocols might be attributed to a series of factors including excessive workload (31.8% of the centers), shortage of staff or equipment (22.7%) and lack of an effective record-keeping system (31.8%).

CONCLUSIONS

Overall, the level of compliance with reprocessing guidelines may be considered acceptable, even if the results obtained for the various centers were heterogeneous.

However, there is clearly still room for improvement, both in terms of procedures and quality of staff training.



For further information and all results:

<http://www.ipasvi.it/ecm/rivista-linfermiere/rivista-linfermiere-page-10-articolo-117.htm>