AORN updates recommended practices

AORN offered updates on 3 of its recommended practices for 2009 at its annual Congress in March in Chicago:
• high-level disinfection
• cleaning and processing of flexible endoscopes
• surgical hand antisepsis.

The first 2 recommended practices appear in the 2009 Perioperative Standards and Recommended Practices book. The third will be issued in a new electronic document that can be purchased through the AORN website (www.aorn.org). AORN says all of its standards and RPs will soon be available electronically as a collection and as individual documents.

Here are some highlights from the RP update session. These are highlights only. Managers will want to review the complete language.

High-level disinfection
The recommendations for high-level disinfection, consistent with those from other organizations, are based on the familiar Spaulding classification, which defines devices as critical, semi-critical, and noncritical. The reprocessing method is selected according to the type of device and how it will be used.

The RP guides users through the steps of cleaning, decontamination, selection of a chemical for high-level disinfection, and protecting devices from contamination during transport to the point of use. Also covered are safety for personnel and chemical disposal. Like all, it includes sections on education and competency validation, documentation (if appropriate), policies and procedures, and quality control.

Two helpful tables have been added, one on the Spaulding classification with examples of devices in each category, and one with Food and Drug Administration (FDA)-cleared chemicals for high-level disinfection.

Cleaning and processing of flexible endoscopes
The recommendations for the reprocessing of flexible endoscopes and accessories are especially critical because these instruments have been linked to more infection outbreaks than any other type of device. The intricate channels and connections make them difficult to clean and disinfect.

The RP is greatly expanded, with 16 recommendations compared to 6 in the previous 2003 version.

The update was completed before the Centers for Disease Control and Prevention (CDC) issued its long-awaited Guideline for Disinfection and Sterilization in Healthcare Facilities in November 2008. But the RP was reviewed by the CDC liaison to AORN’s RP committee and found to be consistent with the CDC recommendations, committee member Peter Graves, RN, BSN, CNOR, assured the audience.
Questions on recommendations

A couple of new recommendations raised questions from the audience.

One recommendation is to reprocess flexible endoscopes before use if unused for more than 5 days. The advice is based on 4 studies that found endoscopes have grown organisms after 5 days when stored in closed cabinets.

Speaking from the floor, one person said she thought tracking when scopes have been reprocessed would be “a huge challenge.”

A tip was offered by Carla McDermott, RN, CNOR, liaison to the committee from the International Association of Healthcare Central Service Materiel Management. At her facility, when hanging flexible scopes in the cabinet after disinfection, the staff clips the strip from the reprocessing machine to the hanger with the scope. When preparing for a procedure, a technician takes the strip, identifies it with the patient, and places the strip in the log book.

“It’s a handy way to keep track,” McDermott said. It helps, for example, with choledochoscopes and pediatric scopes that may not be used within 5 days of disinfection.

A question was also raised about the recommendation to have physically separate areas for decontamination, clean items, and patient care, which many GI labs don’t have. Not having separate areas is “less than ideal,” AORN’s nurse consultants commented.

Hand antisepsis

The revised hand antisepsis RP was previewed at the session, though it is not in the 2009 standards book and was not available electronically at deadline.

“What’s new is not so much the content but the evidence that supports good practice,” said Renae Battié, RN, MN, CNOR.

The RP’s purpose is “simple but profound,” she said. The purpose of hand hygiene is to prevent infection. The Joint Commission includes hand hygiene in its National Patient Safety Goal for reducing the risk of health care-associated infections, and there is a focus on “never events” related to infection.

The recommendations include guidance on hand hygiene, surgical hand antisepsis and hand scrub, and selection of related products. The recommendations not to wear jewelry or artificial nails in direct patient care reappear. For nails, the definition of what not to wear has been expanded to include “any enhancement or resin-bonding product,” reflecting new nail technology. Intact nail polish is still OK.

Persistence is key

The section on product selection is expanded and includes a useful table. Two essential criteria for hand antisepsis products are:

• documented persistence
• cumulative activity.

“Persistence, persistence, persistence,” Battié stressed. Once gloves are on, micro-organisms can grow. “We need a product to help us with the issue of growth while we deliver care.”

Though not new, the recommendation that a brush is not necessary for the surgical hand scrub was re-emphasized.

“Brushing disrupts the resident flora and causes it to multiply,” Battié noted. Though some products still come with a brush, she said, “The brush
is not necessary as part of the scrub process and may actually have a negative effect.”

References