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Summary

Invisible hazards: Staff protection during endoscopy procedures and reprocessing

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Nurses

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An endoscopy decontamination lead discussed invisible occupational and patient safety hazards across procedure rooms and reprocessing areas, questioning whether current high-level disinfection standards remain adequate as procedures become more invasive.

KEY POINTS

- The speaker reported that on average 19.9% of reprocessed gastrointestinal endoscopes may contain contaminated particles at the point of use, with geographic variation, highlighting the need to monitor all endoscope channels.
- Key hazards identified include aerosol exposures during reprocessing, poor ergonomics from lack of height-adjustable sinks, inadequate segregation of clean and dirty areas in some units, and biofilm persistence despite adherence to standard cleaning protocols.
- The speaker raised the question of whether endoscopes should be reclassified from semi-critical to critical devices requiring sterilisation rather than high-level disinfection, though acknowledged current technologies may not be fully ready.
- Manual reprocessing involves multiple critical steps with no room for shortcuts, and the biopsy channel is brushed while other channels rely only on automated air cycles, creating potential gaps in decontamination.
- In Ireland, all public endoscopy hospitals use the same automated reprocessing system, and level 6 training programmes are mandatory for endoscopy staff, with level 7 degrees available in decontamination management.
- The speaker disclosed developing occupational asthma at age 22 from exposure to open vats of cidex without ventilation in the early 1990s, illustrating historical occupational hazards in endoscope reprocessing.

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