BRITISH SOCIETY OF GASTROENTEROLOGY

Insert company logo

Formative DOPS Assessment Form
Manual Cleaning of Gastrointestinal Endoscopes

Hospital:
Trainee's name (print):
Job title:
Date of assessment:
Review date:

Manufacturer:
Equipment Models: **(list endoscopes applicable to this training)**
Trainer's Name (print):

Using this form

The purpose of this DOPs form is to provide a universal training and assessment tool for continuity when training in manual cleaning processes.

PART 1. Manufacturers will deliver the initial specific product training traceable (*) to the product reprocessing instructions and confirm that the topics covered in the training from the criteria listed below.

PART 2. The employer will undertake an assessment of competency to undertake manual cleaning of endoscopes as part of the Skills for Health END21 competency and as annual revalidation of practice.

Each section/topic should be signed and dated by the individual delivering the training or assessing the competency.

Olympus will only take responsibility for delivering training on the shaded sections

The additional training record provided by Olympus, as the manufacturer, will take precedence over this document for Olympus quality control purposes.

Criteria	Training delivered (where applicable)	Comments	Competency assessment	Comments
1. Clinical Knowledge -Demonstrates relevant knowledge and understanding of:	**PART 1**		**PART 2**	
• The components and construction of the endoscope				
• Manufacturer's instructions for use and cleaning of that endoscope				
• Local standard operating procedures and policies for manual cleaning				
• Maintenance of endoscopes				
• Importance of documenting each stage of the decontamination process in patient records				
2. Preparation -Prepares work area appropriately for manual cleaning	**PART 1**		**PART 2**	
• Ergonomically sets up workspace				
• Identifies and assembles appropriate equipment for manual cleaning (appropriate for device being cleaned and fit for purpose)				
• Uses correct water temperature and water levels in sinks				
• Uses correct detergent concentration				
Technical ability -Correct procedural sequence in manual cleaning processes as outlined in the following 3 sections, in accordance with the manufacturer's Instructions For Use:.				
3. Pre/bedside clean	**PART 1**		**PART 2**	
• Correct handling and transportation of the endoscope				
• Wiping of external surfaces with lint free cloth				
• Cleaning the suction channel system (Colonoscope, gastroscope, duodenoscope, bronchoscope, ultrasonic gastroscope, ultrasonic bronchoscope, ultrasonic blind probe, cystoscope, ureteroscope, hysteroscope, laryngoscope, mobile airway fibre scope, choledochoscope, rhino-laryngoscope and pleura scope)				
• Flushing the air and water channel system (Colonoscope, gastroscope, duodenoscope, ultrasonic bronchoscope and ultrasonic blind probe)				
• Flushing the auxiliary water channel (Colonoscope , gastroscope and ultrasonic gastroscope)				
• Flushing the elevator channel (Gastroscope, duodenoscope and ultrasonic				

gastroscope)				
• Flushing balloon channel (ultrasonic gastroscope, ultrasonic bronchoscope and ultrasonic blind probe)				
• Removal of valves, biopsy port cap balloon and distal hood				
• Fitment of waterproof cap				
4. Leak Test - Undertaken using instructions according to endoscope manufacturer and endoscope type	**PART 1**		**PART 2**	
• Correct handling and transportation of the endoscope.				
• Leak testing carried out over a minimum timeframe of 30 seconds to ensure that correct positive pressure is maintained				
• Leak testing is performed using the correct device for the endoscope being tested in accordance with manufacturer's instructions				
• Positive pressure is established while angulating the distal tip fully				
• Observation of 'bubbles' underwater or decrease in pressure while maintaining positive pressure, repeating angulation of distal tip to identify small leaks				
5. Manual clean - (including elevator bridge and auxiliary water channel if applicable) All accessible channels are brushed until all debris is removed, withdrawing brush only when seen coming out of distal port. Debris removed from brush each time it emerges before reinserting.	**PART 1**		**PART 2**	
• Correct handling and transportation of the endoscope.				
• Selection of correct size channel cleaning device				
• Brushing (or equivalent suitable device in accordance with the manufacturer's instructions) of channel system				
• Cleaning of suction channel (Colonoscope, gastroscope, duodenoscope, bronchoscope, ultrasonic gastroscope, ultrasonic brochoscope, ultrasonic blind probe, cystoscope, ureteroscope, hysteroscope, laryngoscope, mobile airway fibre scope, choledochoscope, rhino-laryngoscope and pleura scope)				
• Cleaning of air water channel (Colonoscope, gastroscope, duodenoscope, ultrasonic gastroscope and ultrasonic blind probe)				
• Cleaning of elevator channel (Gastroscope, duodenoscope and ultrasonic gastroscope)				
• Cleaning of balloon channel (ultrasonic gastroscope, ultrasonic brochoscope				

and ultrasonic blind probe)				
• Cleaning of auxiliary channels (Colonoscope, gastroscope, ultrasonic gastroscope)				
• Reprocessing of accessories (water bottles, valves etc.)				
6. <u>Infection Prevention - Demonstrates standard (universal) precautions to prevent cross contamination within the workspace and protect themselves.</u>	**<u>PART 1</u>**		**<u>PART 2</u>**	
• Use of PPE				
• Hand hygiene when removing PPE				
• Actions required to reduce aerosol production while processing an endoscope				
• Use and disposal of single use items				
• Processes to ensure one way flow of clean and dirty equipment				
• Disposal of waste				
• Cleaning of workspace and reusable items post manual cleaning				
7. <u>Insight – Knows when to take action or seek advice</u>	**<u>PART 1</u>**		**<u>PART 2</u>**	
• Action required if leak detected				
• Action required if channel blockage detected				
• Action required if appropriate equipment not available, is faulty or not fit for purpose				

Both parties accept the topics and comments above.

Trainee signature: **Trainer signature:**

Date: **Date:**

PART 2. Competency assessment

Scale and Criteria Key **1** Minimal knowledge and understanding about how the competence relates to practice
2 Needs supervision to effectively carry out the range of skills within the competence
3 Performs some skills within the competence effectively without supervision
4 Confident of knowledge and ability to perform all the identified skills within the competence effectively

If outcome is 1 or 2 for any part of the training, further training will be required

Unit Manager Signature:

Hospital (legal entity)

Date:

Comments:

Further action required:

Relevant documents
Manufacturers' instructions
EN 17664:2004 Sterilization of medical devices - Information to be provided by manufacturer' for the processing of resterilizable medical devices