

## 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.

Additional training records and certificates will be provided by PENTAX UK Ltd.

Criteria 1. Clinical Knowledge -Demonstrates relevant knowledge and	Training delivered (where applicable)	Comments	Competency assessment PART 2	Comments		
understanding of:	PART 1		<u>FARLZ</u>			
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	PAR	<u>T 1</u>	PART			
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						
			<u></u>			
Correct handling and transportation of the endoscope						
Wiping of external surfaces with lint free cloth						
Cleaning the suction channel system (Colonoscope, gastroscope, duodenoscope, enteroscope, dual channel endoscopes, bronchoscope,						
ultrasonic gastroscope, ultrasonic bronchoscope, cystoscope, ureteroscope, hysteroscope, laryngoscope, choledochoscope)						
ultrasonic gastroscope, ultrasonic bronchoscope, cystoscope, ureteroscope,						
<ul> <li>ultrasonic gastroscope, ultrasonic bronchoscope, cystoscope, ureteroscope, hysteroscope, laryngoscope, choledochoscope)</li> <li>Flushing the air and water channel system (Colonoscope, gastroscope, duodenoscope, enteroscope, dual channel endoscopes, ultrasonic</li> </ul>						

bronchoscope)				
Removal of valves, biopsy port cap balloon and distal hood				
Fitment of waterproof cap				
4. <u>Leak Test - Undertaken using instructions according to endoscope</u> manufacturer and endoscope type	PAF	<u>RT 1</u>	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. <u>Manual clean - (including elevator bridge and auxiliary water channel</u> <u>if applicable) All accessible channels are brushed until all debris is</u> <u>removed, withdrawing brush only when seen coming out of distal</u> <u>port. Debris removed from brush each time it emerges before</u> reinserting.	<u>PART 1</u>		PART 2	
Correct handling and transportation of the endoscope.				
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<ul> <li>Correct handling and transportation of the endoscope.</li> <li>Selection of correct size channel cleaning device</li> <li>Brushing (or equivalent suitable device in accordance with the manufacturer's</li> </ul>				
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<ul> <li>Correct handling and transportation of the endoscope.</li> <li>Selection of correct size channel cleaning device</li> <li>Brushing (or equivalent suitable device in accordance with the manufacturer's instructions) of channel system</li> <li>Cleaning of suction channel (Colonoscope, gastroscope, duodenoscope, enteroscope, bronchoscope, ultrasonic gastroscope, ultrasonic bronchoscope, cystoscope, ureteroscope, hysteroscope, laryngoscope, choledochoscope, enteroscope, ultrasonic gastroscope, gastroscope, duodenoscope, enteroscope, ultrasonic gastroscope, duodenoscope, enteroscope, ultrasonic gastroscope, duodenoscope, enteroscope, ultrasonic gastroscope, duodenoscope, enteroscope, ultrasonic gastroscope, dual channel endoscopes)</li> <li>Cleaning of balloon channel (enteroscope, ultrasonic gastroscope, ultrasonic bronchoscope)</li> <li>Cleaning of auxiliary channels (Colonoscope, gastroscope, ultrasonic</li> </ul>				

6. <u>Infection Prevention - Demonstrates standard (universal) precautions</u> to prevent cross contamination within the workspace and protect themselves.	<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				
<ul> <li>Processes to ensure one-way flow of clean and dirty equipment</li> </ul>				
Disposal of waste				
Cleaning of workspace and reusable items post manual cleaning				
7. Insight – Knows when to take action or seek advice	PAR	<u>T 1</u>	PART	2
Action required if leak detected				
Action required if channel blockage detected				
<ul> <li>Action required if appropriate equipment not available, is faulty or not fit for purpose</li> </ul>				

Both parties accept the topics and comments above.

Trainee signature:

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:

Trainer signature:

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

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