Rationale for Case Scenarios

Recommended Practices for Cleaning, Handling, and Processing Anesthesia Equipment

Rationale for Case Scenario 1

It is the responsibility of the facility to designate a person/people to take charge of maintaining anesthesia equipment. Those items that come in contact with mucous membranes should be sterilized or undergo high-level disinfection before use. Reusable items (e.g., airways, breathing circuits, connectors, fiberoptic endoscopes, forceps, laryngoscope blades, masks, self-inflating bags, some laryngeal mask airways [LMAs], transducer tubing, transesophageal probes) are considered semicritical. Reusable semicritical items should be cleaned as the first step in reprocessing. Rigid laryngoscopes should be disassembled and all components cleaned, including handles. Clean, semicritical reusable items should be processed by high-level disinfection, pasteurization, or sterilization with a US Food and Drug Administration (FDA)-approved agent, according to AORN’s “Recommended practices for high-level disinfection” or “Recommended practices for sterilization in the practice setting.” Written instructions from the manufacturers of reprocessing equipment, chemicals, and instruments should be followed. The CDC recommends that reusable semicritical items be high-level disinfected, pasteurized, or sterilized. This recommendation is supported by professional organizations, including the Association for Professionals in Infection Control and Epidemiology, Inc (APIC), the American Society of Anesthesiologists (ASA), and the American Association of Nurse Anesthetists (AANA). Laryngoscopes should be disassembled and all parts thoroughly cleaned and the blades high-level disinfected before they are reassembled. Some LMAs are designed for limited reuse. Manufacturers’ instructions should be followed. The facility must monitor these processes as well as ensuring that the responsible staff members undertake these tasks.

Rationale for Case Scenario 2

Every used needle and syringe must be immediately discarded into a puncture resistant sharps container and not left lying on the anesthesia cart.

Each time a multi-dose vial is entered, a new syringe and needle must be used after swabbing the top of the vial with alcohol.

If a multi-dose vial is entered into with a used needle and syringe, regardless of the type of medication or the amount left in the vial, the vial must be discarded immediately after it was entered with the used syringe/needle.
Rationale for Case Scenario 3

Despite CMS’s statement regarding “immediate use” sterilization and its “safety” if done correctly using covered containers; it is still advised that ASFs plan to purchase additional instrumentation and/or closed short-cycle sterilization containers. Make the investment part of a quality improvement project that seeks to standardize the sterilization process at your facility. However, “immediate use” sterilization is acceptable at ambulatory surgery centers as long as loads are wrapped or contained and facilities follow manufacturers’ guidelines for all devices involved. If you're routinely conducting “immediate use” sterilization, use closed containers designed specifically for such and have them delivered to the sterile field covered. (Resources provided)