



# 5 RESOURCES NEEDED FOR PROPER MANUAL CLEANING

FLEXIBLE ENDOSCOPE EXPERT



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*Beyond Clean Flexible Endoscope Expert™:*

## 5 Resources Needed for Proper Manual Cleaning

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Manual cleaning is one of the most important phases of endoscope reprocessing, yet some healthcare facilities may not have all the tools needed. Healthcare facilities should work to provide their technicians with the tools and resources they need to successfully clean flexible endoscopes every time, including:

**Correct sink dimensions:** AAMI ST91 states that sinks should be a minimum of 16x30 inches, only 8 to 10 inches deep, and height adjustable. Non-compliant sinks increase the likelihood of a scope being accidentally banged against the side (if it's too small) or dropped (if it's too deep), causing damage.

**Proper brush sizes:** Brushes that are too small will not make adequate contact with the sides of the channel, and brushes that are too big will cause damage as they are forced through the channel. Follow the manufacturer's instructions for use to determine the proper brush size based on the model.

**Visual magnification:** AAMI ST91 requires inspection of the distal tip with lighted magnification to find areas where damage can lead to patient harm. Make sure magnification tools are available and techs are provided training to know what to look for.

**Automated enzymatic dispensers:** More enzymatic is not better when it comes to cleaning scopes. Without a calibrated, automatic dispenser, technicians tend to use too much enzymatic, which can be difficult to remove and impede sterilization or high-level disinfection.

**And last but certainly not least.... enough time!** A recent survey found that 70% of technicians feel pressured to speed up the manual cleaning process<sup>[1]</sup>. Technicians who feel rushed are more likely to make mistakes.

If any of the above resources are missing, we recommend the following:

- Work with facilities to update the physical environment
- Talk with supply chain to ensure that the correct tools are being provided
- Work with vendors to install and regularly calibrate automated dispensers

Even if your facility has the above resources, performing an audit of your cleaning processes can uncover additional gaps driving unnecessary repairs.

[1] Ofsted, Cory. PROCESS Magazine. July/August 2019



*Beyond Clean Flexible Endoscope Expert™ Biography:*

# Michael Matthews

Director of Customer Training and Education



Michael Matthews, MBA, CLSSGB, CRCST, CIS, CHL currently serves as the Director of Customer Training and Education for Agiliti. He previously served as Director of Clinical Education and Training for Northfield Medical in addition to former roles of Territory Manager for the Little Rock, Arkansas area, and a Clinical Education Manager for the southeast region. Before working at Northfield, Michael served as the manager for sterile processing at Baptist-Health Medical Center-Conway in Arkansas. During this time, Michael also served as an Infection Preventionist on a PRN basis to consult on reprocessing services throughout the Baptist-Health system. Michael has previously served as a Sterile Processing Technician at Jewish Hospital & St. Mary's Healthcare (Catholic Health Initiatives) (2012-2013), Baptist East Hospital (2011-2012), both in Louisville, KY, and system manager for sterilization and high-level disinfection at Conway Regional Medical Center (2013-2016). He holds three Healthcare Sterile Processing Association (HSPA) certifications for sterile processing. Michael has also served as a subject matter expert and participated in exam development for HSPA. Michael holds an MBA and has also been certified as a Lean Six Sigma Greenbelt. He has published articles in Infection Control Today, Becker's Hospital Review, Healthcare Purchasing News, as well as several LinkedIn articles in the sterile processing community. Michael is a former cohost of the Beyond Clean podcast, the premier podcast for sterile processing professionals throughout the world.

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