

FROM: Committee on Quality Management and Departmental Administration 411-2.3 (PA)
SUBJECT: Statement on Standard Practice for Infection Prevention and Control Instruments for Tracheal Intubation (Proposed) Page 1
DATE: March 7, 2010

1 Statement on Standard Practice for Infection Prevention and Control
2 Instruments for Tracheal Intubation
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4 Committee of Origin: Committee on
5 Quality Management and Departmental Administration (QMDA)
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7 **Statement:** All instruments used for intubation of the trachea (endotracheal tubes, LMAs,
8 laryngoscopes, fiberoptic devices, stylets, forceps, or other airway devices) should be properly
9 cleaned using standard methods for decontamination and high-level disinfection between each
10 patient use and stored in a clean environment. Sterility is not required¹. Prepackaged
11 endotracheal tubes can be opened, cuffs checked for any leaks, stylets placed for future use, cuff
12 syringes attached, and placed back into the package. Data suggest that storage and subsequent
13 use of such prepared endotracheal tubes is reasonable for up to 48 hours^{2,3}.
14

15 **Rationale:** The mouth (where such instruments pass on their way to the trachea) is not a sterile
16 environment. However, cleanliness and prevention of contamination from patient to patient is
17 essential and consistent with patient safety.
18

19 A focused review of the ASA Closed Claim Database (data search of 8954 claims through
20 December 2008), shows that there were no cases of infection from placement of an endotracheal
21 tube or LMA. Neither were there any claims of infections from dirty instruments for tracheal
22 intubation in this database.
23

24 **References:**
25

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27 of CDC and the Healthcare Infection Control Practices Advisory Committee.
28 Recommendations and Reports. March 26, 2004. Vol. 53. No. RR-3. Page 4; III.
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- 32 3. Rasic NF, Friesen RM, Anderson B, Hoban SA, Olson N, Kress J. Prepared endotracheal
33 tubes: are they a potential source for pathogenic microorganisms? Anesth Analg. 2003
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