

**STATEMENT ON STANDARD PRACTICE FOR INFECTION PREVENTION AND CONTROL
INSTRUMENTS FOR TRACHEAL INTUBATION**

**Committee of Origin: Committee on
Quality Management and Departmental Administration (QMDA)**

**(Approved by the ASA House of Delegates on October 20, 2010, and last amended on
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Statement: All instruments used for intubation of the trachea (endotracheal tubes, laryngeal mask airways (LMAs), laryngoscopes, fiberoptic devices, stylets, forceps, or other airway devices) should be properly cleaned using standard methods for decontamination and high-level disinfection between each patient use and stored in a clean environment. Sterility is not required¹. Prepackaged endotracheal tubes can be opened, cuffs checked for any leaks, stylets placed for future use, cuff syringes attached, and placed back into the package. Data suggest that storage and subsequent use of such prepared endotracheal tubes is reasonable for up to 48 hours^{2,3}.

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

A focused review of the ASA Closed Claim Database (10,000 cases over 30 years) shows that there were no cases of infection from placement of an endotracheal tube or LMA. Neither were there any claims of infections from dirty instruments for tracheal intubation in this database.

References:

1. Guidelines for Preventing Health-Care-Associated Pneumonia, 2003. Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee. Recommendations and Reports. March 26, 2004. Vol. 53. No. RR-3. Page 4; III. Prevention of Transmission of Microorganisms.
2. Browder WD, Cromer MP, Counselman FL... Open endotracheal tubes may be safely left on an ED airway cart for 48 hours. *Am J Emerg Med.* 2005 Jul; 23(4):548-51.
3. Rasic NF, Friesen RM, Anderson B, Hoban SA, Olson N, Kress J. Prepared endotracheal tubes: are they a potential source for pathogenic microorganisms? *Anesth Analg.* 2003 Oct; 97(4):1133-6.