

Department: Rehabilitation

Subject: Fiberoptic Endoscopic Evaluation of Swallowing (FEES)

Policy:

The Speech-Language Pathology department conducts Fiberoptic Endoscopic Evaluation of Swallowing (FEES) as clinically indicated to address safety and efficiency of swallow function, identify swallowing disorders, assess change in swallow function and determine contribution of dysphagia to nutritional status, pulmonary compromise and concerns for airway safety.

Purpose:

The Speech-Language Pathology department conducts instrumental evaluation to visualize the structures of the upper aerodigestive tract; assess and make observations the physiology of the structures involved in swallowing to determine presence, severity and cause of dysphagia; determine the resident's response to bolus misdirection and residue; visualize the presence, location, sensitivity to and amount of secretions in the hypopharynx and larynx and the ability to clear the secretions; determine the cause(s) for laryngeal penetration and/or aspiration; and determine with specificity the relative safety and efficiency of various bolus consistencies and volumes.

Competency:

As per New York State guidelines, the evaluating speech-language pathologist (SLP) should have specialized training and clinical experience in the use and interpretation of FEES. Specialized training may include coursework, mentorship and/or methodology workshops as well as observation and participation.

- Evaluating SLPs who complete FEES procedure must have completed initial training continuing education units and 15-20 total supervised passes on residents with normal and disordered swallow function documented.

Storage:

The FEES equipment (endoscope) will be cleaned per infection control protocol and stored in the rehabilitation department.

- Computer component will be wiped down with SaniCloth or similar disinfectant on all frequently touched areas (e.g., keyboard, handles.)
- If the endoscope has not been cleaned for more than 5 days it will be immediately re-processed prior to use.

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Procedure:

All FEES will be complete by trained SLP. Additional medical personnel (i.e., nursing staff, respiratory therapist, SLP) to be present if necessary.

Prior to FEES:

- Dry-leak test per manufacturer guidelines.
- Don gloves and personal protective equipment (as medically necessary).

Completion of FEES:

- With gloves and personal protective equipment (as medically necessary) on.

Post FEES:

- Immediately after FEES, pre-clean with Enzymatic sponge/wipe. Using gloved hands remove sponge/wipe from packaging while holding package over sink or container.
- Use sponge/wipe to clean endoscope insertion tube and distal tip.
- Dispose of sponge.

Infection Control:

An infection control log will be available in rehabilitation department.

After use, FEES equipment will be cleaned in accordance with manufacturer's guidelines which requires high-level disinfectant. Sterilization process is not required per manufacturer's guidelines.

High-level disinfectant (HLD) will be stored and disposed of according to manufacturer's guidelines (see attached). HLD and cleaning equipment (i.e., bins and sponges) will be stored in the rehabilitation department and disposed of using the designated sink area.

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ATMOS® Scope Operating Instructions: Cleaning/disinfection protocol pp 19

Steps to clean

- Stage I
 - Fully immerse the product in the cleaning solution. Ensure that all accessible surfaces are moistened.
 - Clean the product while it is in the cleaning solution, using a soft cloth or a suitable cleaning brush, until all visible residues have been removed from the surfaces.
 - Brush all surfaces which are not accessible to visual inspection, such as hidden crevices, lumens or complex geometry for at least 1 minute until no more residues can be removed. During cleaning mobilize non-fixed components, such as set screws, joints, lever etc. 3 times in each direction as far as possible.
 - Thoroughly rinse these components with the cleaning solution (at least 5 times), using a disposable syringe (20 ml).
 - Do not use metal cleaning brushes or other abrasives which could damage the product surfaces and could cause corrosion.
- Stage II
 - Thoroughly rinse the product 3 times (all accessible surfaces) for at least 1 minute. Mobilize non-fixed components, such as set screws, joints, lever, etc. 3 times in each direction as far as possible. Use fresh water for each rinsing cycle.
 - Thoroughly rinse all surfaces which are not accessible to visual inspection, such as hidden crevices, lumens (e. g. working channel) or complex geometry with a disposable syringe (20 ml) for at least 5 times.
 - Allow water to drip off for a sufficient length of time.
- Stage III
 - Fully immerse the product in the disinfecting solution. Ensure that all accessible surfaces are moistened.
 - Mobilize non-fixed components, such as set screws, joints, lever, etc. 3 times in each direction as far as possible.
 - Thoroughly rinse all surfaces which are not accessible to visual inspection, such as hidden crevices, lumens (e. g. working channel) or complex geometry with a disposable syringe (20 ml) for at least 5 times.
- Stage IV
 - After disinfection the product should be thoroughly rinsed 3 times (all accessible surfaces) for at least 2 minutes. Mobilize non-fixed

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components, such as set screws, joints, lever, etc. 3 times in each direction as far as possible. Use fresh water for each rinsing cycle.

- Thoroughly rinse all surfaces which are not accessible to visual inspection, such as hidden crevices, lumens (e. g. working channel) or complex geometry with a disposable syringe (20 ml) for at least 5 times.
- Allow water to drip off for a sufficient length of time.
- Stage V
 - Dry the product with a soft, lint-free tissue.
 - Areas, which cannot be reached with the lint-free tissue, can be dried with compressed air (p max. = 0.5 bar)

(Redacted) Center for Nursing and Rehabilitation

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