Updated infection control guidelines

Revised infection control guidelines for GI endoscopy have been issued by the Society of Gastroenterology Nurses and Associates (SGNA) and the American Society for Gastrointestinal Endoscopy (ASGE).

Both SGNA and ASGE point out that failure to adhere to established reprocessing guidelines accounts for most if not all of reported cases of infection transmissions in GI endoscopy.

SGNA standards

The SGNA standards cover key infection control topics, such as personnel, education and training, and quality assurance. They also describe a 6-step endoscope reprocessing protocol:

- cleaning
- rinsing
- high-level disinfection
- rinsing
- drying
- storage.

The standards underline that cleaning is the first and most important step in removing the microbial burden from an endoscope. Manual cleaning is necessary immediately after removing the endoscope from the patient and before automated or manual disinfection.

Bedside cleaning is still required, the standards stress, though some automated endoscope reprocessors now carry labeling that clears them as washer-disinfectors that do not require manual cleaning and channel brushing. SGNA cautions against dispensing with manual cleaning and brushing steps “before the capabilities of the new machines are confirmed in independent studies and clinical practice.”

There are new recommendations for biofilms that may form on the inner surfaces of endoscopes. A biofilm is a matrix of bacteria and exopolysaccharides secreted by bacteria that adhere to surfaces. Biofilms are hard to remove and are considered one of many causes of cleaning and disinfectant failure. This is an unfolding area that experts are watching closely. The SGNA standards mention reports in the literature indicating biofilms can develop inside scope channels even when valid reprocessing protocols are used. However, currently there are no reports in the medical literature linking biofilm inside gastrointestinal endoscopes reprocessed according to proper guidelines to disease transmission, SGNA’s president, Lisa Heard, RN, BSN, CGRN, told OR Manager.

Prompt, efficient cleaning processes are the best defense against biofilm formation, the standards advise.

“We feel precleaning is extraordinarily important and should be done immediately after the scope is removed from the patient, not just to remove biofilm but to remove biological matter,” she said.

Specific cleaning steps are outlined in the standards. The standards give several options for manual cleaning agents, including one or more of the following:

- a medical grade low-foaming neutral pH detergent
- a specially formulated bacteriocidal endoscope detergent designed specifically to detach and destroy biofilm
• an enzymatic detergent formulated for endoscopes
• a detergent formulated to remove synthetic lipids.

The SGNA standards recommend these as choices but don’t specify any one type of these products over the others, Heard noted.

**ASGE guidelines**

Documented infections from GI endoscopy are rare, estimated at 1 in 1.8 million procedures, and stringent reprocessing continues to be the best protection against infection transmission, the ASGE guidelines emphasize. The guidelines continue to recommend careful adherence to the Multi-Society Guidelines for Reprocessing Flexible Endoscopes issued in 2003.

The multi-society guidelines outline in detail cleaning and other reprocessing steps. These evidence-based guidelines were endorsed by 11 organizations, including SGNA, AORN, and the Association for Professionals in Infection Control and Epidemiology (APIC).

ASGE says that since the multi-society guidelines were issued, there have been no reports of infection transmission when the guidelines were followed. Most reports of infection predate the initial 1988 guidelines, which stressed the need for thorough manual cleaning before high-level disinfection.

Like SGNA, the ASGE guidelines stress manual cleaning, saying cleaning removes the bioburden and minimizes the chance of biofilms developing in endoscope channels.

The guidelines also stress safe injection practices and use of single-use drug vials. Unsafe injections were implicated in a recent outbreak of hepatitis C among patients of an endoscopy clinic in Las Vegas.

_The SGNA guidelines are at www.snga.org. The ASGE guidelines are at www.asge.org/PublicationsProductsIndex. The Multi-Society Guidelines are at http://asge.org/WorkArea/showcontent.aspx?id=3376._

**References**


