



Date: August 2016

Position Statement on Infection Control in Endoscopy Guidelines (3rd Edition)

Drying Cabinets

The current *Infection Control in Endoscopy Guidelines* (3rd edition) were prepared by a combined committee of the Gastroenterological Society of Australia (GESA) and the Gastroenterological Nurses College of Australia (GENCA) and published in 2010 with the aim of alerting health professionals to the importance of infection control in endoscopy. They cover the circumstances in which an endoscopy-related infection might occur; measures to prevent infection, including endoscope reprocessing; antibiotic prophylaxis; and protection of endoscopy personnel.

Since the publication of the guidelines, outbreaks of multi-resistant bacteria (often carbapenem-resistant Enterobacteriaceae [CRE]) have been linked to endoscope usage in Europe and the USA. The GESA Board recognises the need to revise the existing infection control guidelines to provide evidence-based recommendations to reduce the risk of transmitting this infection. Most CRE cross-infection occurs during ERCP and are thought, at least in part, to be related to the difficulty in reprocessing of duodenoscopes

The GESA Board has considered a submission from the Infection Control Working Group suggesting amendments to the current guidelines. This document was widely distributed in draft form for comment. At its meeting in June 2016 the GESA Board endorsed the recommendation that continuous forced-air drying cabinets be used for duodenoscopes and linear echoendoscopes. This endorsement was made based largely on expert opinion, acknowledging that the vast majority of cases of CRE transmission have been associated with duodenoscopes. The Board **did not** endorse the recommendation that drying cabinets be used in the reprocessing of gastroscopes and colonoscopes as there was insufficient evidence in support at this at this time.

Infection control in endoscopy presents increasingly complex challenges. The GESA Board has resolved to establish a new, "Infection Control in Endoscopy Steering Committee" to revise the 2010 guidelines. This committee will be constituted in conjunction with GENCA and include representatives from relevant infection control, infectious diseases and health economics organisations. GESA, in establishing this committee, reaffirms its commitment to the highest standards of endoscopic practice in Australia.

For further information, email Subject line; ICEGC - Infection Control in Endoscopy Guidelines Committee to gesa@gesa.org.au.

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For review: September 2017