

Infection Control in Endoscopy Consensus Statements on Carbapenemase-Producing Enterobacteriaceae

August 2017

Since the 2010 publication of GESA's *Infection Control in Endoscopy Guidelines*, there have been several overseas outbreaks of carbapenemase-producing Enterobacteriaceae (CPE) linked to the use of flexible endoscopes. In response to these outbreaks, the Board of the Gastroenterological Society of Australia (GESA) appointed a multi-organisation expert committee to develop consensus statements addressing this issue. The committee comprises representatives from GESA, the Gastroenterological Nurses College of Australia (GENCA), the Australasian College for Infection Prevention and Control (ACIPC) and the Australasian Society for Infectious Diseases (ASID). The committee examined and assessed the published literature and using the Delphi methodology produced the following consensus statements, which in their expert opinion are considered best practice.

Statement 1 ▶ Endoscopic procedures should only be performed in centres where adequate facilities for safe cleaning and reprocessing are available for appropriately trained staff to reprocess endoscopes.

Statement 2 ▶ The most important component of decontamination is timely and meticulous cleaning prior to disinfection.

Statement 3 ▶ The use of a Therapeutic Goods Administration (TGA)-approved automated flexible endoscope reprocessor (AFER) is mandated for reprocessing in accordance with manufacturers' instructions.

Statement 4 ▶ Quality control is fundamental to the delivery of efficient and safe endoscopic procedures, and incorporates proof of process with adequate staff training (including continuing education, professional development and assessment), documentation and microbiological surveillance cultures.

Statement 5 ▶ Patient-to-patient transmission of carbapenemase-producing Enterobacteriaceae (CPE) by endoscopic instruments can result in serious illness, and its prevention must be a priority of every endoscopic unit.

Statement 5a ▶ Informed consent for patients undergoing endoscopic procedures with duodenoscopes or linear echoendoscopes must include disclosure of the risk of CPE colonisation or infection.

Statement 6 ▶ Reported endoscopic transmission of CPE has been predominantly related to instruments with complex tips (e.g. duodenoscopes and linear echoendoscopes), but all endoscopic instruments may transmit CPE.

Statement 7 ▶ Instrument reprocessing and environmental management protocols need to be augmented in an effort to reduce the risk of CPE.

Statement 7a ▶ All endoscopic instruments, except those in sterile packaging, should be stored in TGA-approved forced-air drying cabinets.

Statement 7b ▶ Endoscopes stored in TGA-approved forced-air drying cabinets may be used for a period of up to 7 days without reprocessing, unless otherwise stated by the manufacturer.

Statement 8 ▶ When endoscopic procedures are performed on known CPE-positive patients, specific environmental and instrument reprocessing protocols should be utilised.

Statement 8a ▶ Following an endoscopic procedure on a known CPE-positive patient, the instrument should undergo microbiological testing and be quarantined until a negative culture result is obtained at 48 hours.

Statement 9 ▶ All cases of suspected CPE transmission related to endoscopic procedures should be investigated by an outbreak management team.

Committee Members:

- Assoc. Prof. Benedict Devereaux (Co-Chair): GESA
- Prof. Rajvinder Singh (Co-Chair): GESA
- Sue Greig: ACIPC
- Prof. Eugene Athan: ASID

- Robyn Brown: GENCA
- Dianne Jones: GENCA
- Dr Henry Cutler: Macquarie University (ex officio)
- Fiona Bailey: GESA (ex officio)
- David Wallis: GESA (ex officio)

Endorsed by:



This work is wholly funded by GESA.

Published by:
Gastroenterological Society of Australia
PO Box 5359 Pinewood Victoria 3149 Australia

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