

Infection Control in Endoscopy Consensus Statements on Carbapenemase-Producing Enterobacteriaceae

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CPE can be transmitted by endoscopic instruments. Prevention of transmission must be a priority of every endoscopy unit. All units must commence an action plan to implement these recommendations *immediately*.

This includes the installation of forced-air drying cabinets as the evidence supports that drying will reduce the risk of endoscopy related transmission of CPE related to biofilm formation in endoscopic instrument channels. All endoscopy units should review current infection prevention and control practices and ensure they are consistent with the statements. Every endoscopy unit should identify any areas for improvement by completing a gap assessment and update / develop an implementation plan to respond to any gaps identified as soon as possible. Compliance with the consensus statements and the recommendations in AS/NZS 4187:2014 by 1 January 2022 is consistent with the Advisory 16/03 released by the ACSQHC[†]. It is acknowledged that endoscopic units may require time to facilitate the purchase and installation of forced-air drying cabinets and to respond to other gaps identified, although it is emphasised that they should be responded to as soon as possible. Endoscopy units will be required to demonstrate sustained and continuous improvement in the implementation of the recommendations in AS/NZS 4187 to achieve a 'met' as part of accreditation review.

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 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.

*Quarantined from use – endoscope may be stored as per routine storage. †Australian Commission for Safety and Quality in Health Care.

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