EndoWorx
Specialising in Endoscopy

MICROBIOLOGICAL SURVEILLANCE GUIDELINES

The guidelines and what they are:

The guidelines are a document that has been developed to enable all endoscopy users to operate safely through a common best practice methodology. They cover all areas of the general day-to-day issues that arise in endoscopy departments. These include the cleaning and handling of endoscopes, automated re processing machines, PPE, patient requirements etc.

The part of the guidelines that you will be required to know is the microbiological surveillance of flexible endoscopes. as the guidelines have now been noted in the AS/NZS 4187:2014 standards it is now a regulatory requirement that the micro testing of flexible scopes with lumens be adopted within all facilities that use this equipment.

It is recommended that time is spent to go through the complete guidelines to familiarise yourself with the requirements placed upon staff that will be trained in Endoscopy Microbiological Surveillance

The following information has been restricted to coverage that only applies to the parts of the guidelines that pertain to and are important to know in relation to the testing of flexible endoscopes.

AS/NZS 4187 refers to all surveillance of endoscopes to be done in accordance with the GENCA guidelines.

Exert AS/NZS 4187:2014 page 63

8.5 MICROBIOLOGICAL SURVEILLANCE OF FLEXIBLE ENDOSCOPES WITH CHANNELS

Flexible endoscopes with channels shall undergo microbiological surveillance. Gastrointestinal endoscopes shall be tested at least quarterly in accordance with the GENCA guidelines. Unless terminally sterilised, flexible endoscopes with channels that are used in sterile body cavities shall be tested monthly (e.g., bronchoscopes, cystoscopes and duodenoscopes)

Flexible endoscopes with channels that undergo terminal sterilisation shall be tested in accordance with HSO policy.

Loaned flexible endoscopes with channels, or returning from repair shall undergo microbiological surveillance within 72 hours of receipt by the HSO

Surveillance time frames of:

Differential risks of infection transmission mean that the following recommendations, which are themselves empirical, vary with both the proposed use of an endoscope and the method of disinfection: *(page 53 Infection Prevention and Control in Endoscopy 2021)*

10.4 Frequency of testing

• AFERs should be tested every **4 weeks.**

• Duodenoscopes, bronchoscopes and linear echoendoscopes should be monitored every **4 weeks.**

• All other gastrointestinal endoscopes and radial echoendoscopes should be monitored **every 3 months.**

• Endoscopes that have been reprocessed through a sterilisation cycle and stored in a wrapped state should be monitored **every 3 months**

• Endoscopes on loan are to be tested within 72 hours of receipt of the instrument. The loan instrument should then be retested according to the routine schedule for the type of endoscope if it remains on loan for that period of time.

Endoscopes should be sampled after standard processing and storage of at least 12 hours to allow detection of microorganisms arising from a biofilm. Endoscopes that have undergone sterilisation and are stored in a wrapped state should be removed from the packaging and tested at the interval indicated above. There should also be an interval of 12 hours from the last use of an AFER before microbiological sampling.

The volume of fluid required is different for each endoscope and will vary from 5 mL to 50 mL.

A sterilised reusable or single-use endoscope brush is passed down the biopsy channel or should also be performed on any brushable channel of any endoscope.