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Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes Webinar FAQ

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The webinar titled, Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes was presented on February 23, 2016. These frequently asked questions are from participants of the webinar. Information contained in this document is based on the current SGNA Standards and feedback from the instructors. This FAQ is being presented as a resource and does not supersede the Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes.

Which day is the first of the 7 for scope storage? Is reprocessing day 0 or 1?

- Depends on institutional policy to decide and outline.

Is it acceptable to store endoscopes in clean container, covered in the procedure room for future procedures?

- Per SGNA Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes, “Endoscopes must be stored in an area that is clean, well-ventilated and dust-free in order to keep the endoscopes dry and free of microbial contamination. An endoscope that is not dry must be reprocessed before use. Endoscopes should also hang freely so that they are not damaged by physical impact. Endoscopes should be stored in accordance with the endoscope and storage cabinet manufacturers' IFU.”

Do you have supporting literature for scopes being reprocessed every 7 days?

- Refer to references beginning on page 27 of the Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes

What is rational for scopes not touching each other when hanging in cabinets?

- Per SGNA Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes, “In conventional storage, hang endoscopes in a vertical position (with caps, valves, and other detachable components removed) to prevent moisture accumulation and subsequent microbial growth. Make sure that they hang freely so they are not damaged by contact with one another.”

Do you suggest purchasing a drying cabinet to dry scopes? It is very difficult to use compressed air for ten minutes?



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When reprocessing stored scopes to meet the 7 day hang time, are the scopes just high level disinfected. I thought I heard you say they are cleaned from leak testing through the rest of process. Is that correct?

- Per SGNA Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes, stored endoscopes' advance to leak testing first when not used on patient; then follow all remaining reprocessing steps.

How often do you recommend the storage closet of scopes be cleaned? Do you have any information regarding scope foam protectors in hanging closet and transportation? How do you recommend scopes be transferred from procedure room or travel cart to reprocessing room?

- Endoscope cabinets should be cleaned routinely (like other areas in endoscopy) as outlined by institutional policy
- Per SGNA Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes, "Transport the soiled endoscope to the reprocessing area in a closed container that prevents exposing staff, patients, or the environment to potentially infectious organisms (Petersen et al., 2011). The transport container must be labeled to indicate biohazardous contents (ASGE, 2011; AAMI, 2015). Containers should be large enough to prevent damage to the endoscope by being coiled too tightly

Do you recommend reusable buttons?

- Refer to your institutional policy on using reusable or disposable buttons/valves. Follow manufacturer's instructions for use for reprocessing.

How are buttons dried after HLD?

- Refer to manufacturer's instructions for use

Our unit is now using the single use DEFENDO buttons/valves for our EGD and colonoscopes. Do you have any comments regarding this use?

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How do you suggest cleaning the scope buddy tubing, and how often should this be done?

- Refer to manufacturer's instructions for use.



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Literature suggests keeping buttons with its scope for reprocessing, but what is SGNA's recommendation? Do we have to do this?

- Per the SGNA Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes, "Literature suggests that reusable buttons and valves should be reprocessed and stored together with the endoscope as a unique set for tracking purposes (BSG, 2014)". Each facility must determine their individual practices and policies.

What were the various products used to test for the effectiveness of removing the bio burden during the manual cleaning step?

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Is rapid cleaning monitoring an SGNA standard? Or is it up to the facility?

- Refer to your institutional policy

What is the alcohol concentration we should use for flushing? 70%?

- Correct. Refer to endoscopy manufacturer's instructions.

Why is pre cleaning not the most important step?

- Pre-cleaning is an essential step to remove gross soil immediately after point of use. The mechanical activity of manual cleaning (where brushing occurs) is most important because it completes cleaning. Per the SGNA Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes, "Manual cleaning of endoscopes is necessary prior to automated/manual high-level disinfection or sterilization. This is the most important step in removing the microbial burden from an endoscope. Retained debris contributes to biofilm development (Fang et al., 2010) and interferes with the HLD capability to effectively kill and/or inactivate microorganisms (Roberts, 2013). Manual cleaning and thorough brushing of channels are required even when AER manufacturers claim that manual cleaning is unnecessary (FDA, 2009)."

When using manual forced drying, how long do you instill the air, two minutes?

- Instill the air until dry

What about drying the scope yourself before use? Or there should not be any water in the scope?

- Endoscope should be dry before use; dry means no water in endoscope



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Who is recommending rapid testing prior to disinfection? Where is your supporting data?

- See references for supporting data and follow institutional policy.

Please clarify if it is a requirement to do check scope with a validation strip after cleaning. These are those strips that check for blood, carbohydrate etc.

- Per the SGNA Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes, “Literature suggests that, to confirm the adequacy of manual cleaning, a rapid cleaning monitor (or rapid audit tool) for residual organic soil can be used prior to high-level disinfection (Visrodia et al., 2014). If the tool results are positive, this allows for the re-cleaning of the endoscope prior to disinfection. The frequency of the testing should be determined by the individual institutions (Alfa et al., 2013, 2014; AAMI, 2015; ASGE, 2014). “

What is the time frame for immediate with pre-clean?

- Point of use, immediately after scope is removed from patient.

If there is a delay in reprocessing a scope greater than 1 hour, how long does the scope need to soak before cleaning and reprocessing?

- Per the SGNA Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes, “Precogning occurs in the procedure room immediately after removal of the insertion tube from the patient and prior to disconnecting the endoscope from the power source. Precleaning should be performed at point of use, before bioburden has an opportunity to dry and before complete decontamination (Miner, 2013; Petersen et al., 2011).” See manufacturer’s instructions for use for the endoscope

If the chemical used in the AER is not validated by the scope manufacturer for high level disinfection of that scope, but the chemical's manufacturer has validated the use for that scope, Is it ok to use this chemical?

- No, reconcile compatibility of endoscope/chemical/AER

Would it be a good practice to keep the tip of the endoscope soaked during transport to decontamination?

- No, refer to manufacturer’s instructions for use.

The blowing out the scope for 10 minutes: Is the 10 minutes as discussed during the Webinar supposed to be in the washer or manually done when the scope is removed from the washer?

- Refer to Drying step in the SGNA Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes. 10 minutes was recommended from study (Alfa & Sitter)



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How long a time period between point of service cleaning and manual cleaning is considered a delay in reprocessing?

- Per the instructions for use endoscope manufacturer (typically 1 hr). Reprocessing is a continuum so all steps are done one after the other.

Our AER states no need for manual cleaning. Is eliminating it safe?

- Per the SGNA Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes, “The FDA has approved labeling some AERs as washer-disinfectors, which do not require prior manual cleaning and channel brushing. While the introduction of automated, brushless washing of endoscope channels represents a potentially significant advancement, the existing multi-society guideline (Petersen et al., 2011) and other international standards emphasize that manual cleaning and brushing are still necessary when a washer-disinfectant is used in order to assure the overall efficacy of HLD. The redundancy achieved by adding an automated washing step following manual cleaning can undoubtedly provide an extra level of safety. Users are cautioned about dispensing with manual cleaning endoscope reprocessing and brushing steps before the capabilities of the new machines are confirmed in independent studies and in clinical practice (Alfa, Olson, & DeGagne, 2006; ASGE, 2008). Further studies in clinical settings are warranted for these technologies (Petersen et al., 2011).”

When reprocessing flexible scopes that have not been used in 7 days, why do you need to leak test and Manual cleaning before HLD?

- Reprocessing includes all steps

Is the safety stop "time out" done when the scope is in the sink being manually cleaned?

- Yes

Please clarify if it is a requirement to do check scope with a validation strip after cleaning?

- This is not a requirement. The decision to do so is left to the individual facility policies.

What do you recommend for scopes that have a bad smell after being reprocessed correctly?

- Check AER, check scope, and check sterilant. Validate reprocessing process. Consult infection prevention person in your institution and manufacturer of endoscope, AER, send scope out for assessment.



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Would it be helpful to pre-clean the elevator at the distal top of the scope prior to decontamination?

- Refer to manufacturer's instructions

If you have to manually flush with alcohol and purge with air, what methods are acceptable for air purge? Is compressed air acceptable? Are there any standards for using compressed air?

- Refer to manufacturer's instructions

Is Step 5, Visual Inspection, SGNA's newest update to its manual cleaning guidelines?

- There are several updates in the SGNA Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes, but yes Step 5 Visual Inspection is a new step.

New 9 step process now includes visual inspection of scope. Do you use a magnify glass to view scope? Or can we just simply visually look at scope and note any problems?

- Per SGNA Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes, "Visually inspect for conditions that could affect the disinfection process (e.g., cracks, corrosion, discoloration, retained debris) (FDA, 2009; AAMI, 2015). Use magnification and adequate lighting to help assist in visual inspection (AAMI, 2015). Repeat manual cleaning step(s) if not clean.

The manufacturer of the AER our department utilized states the endoscope is immediately ready for use upon removal; however there is some alcohol and water remaining in the channels. Is it recommended to force air dry even if the AER manufacturer does not specifically recommend it?

- Reconcile compatibility of manufacturer's instructions for use between the endoscope and AER as well as standards

Should every scope in the Endoscopy unit be check with the clean trace system after each use?

- The audit comes after manual cleaning; check and follow institutional policy

What are the specifics to the appropriate gloves required in cleaning scopes?

- Refer to OSHA and facility policies; chemical MSDS

Can you use the AFU-100 Olympus flush pump to flush the aux water channel of an ERCP scope?

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What is the role of the physician in the use and preparation of cleaning and HLD of the endoscope?

- This is left to the individual institutional policies



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Does the final rinse need to be “critical water” as stated by AORN? Should endoscopy staff be certified as AAMI ST 91 states? Are you recommending drying cabinets?

- Per Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes, “Tap water and/or water that has been filtered by passage through a 0.2 micron filter or water of equivalent quality (i.e., suitable for drinking) should be available in the reprocessing area (Petersen, et al., 2011). Bottled sterile water may be used.”

The data included in our Standards specific to drying cabinets is for information purposes. Please refer to the AORN and AAMI Standards for clarification on their standards.

What steps are needed for manually cleaning when using an AER, is there a difference or do all steps need to be completed?

- Refer to Manual Cleaning steps in the SGNA Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes. All steps in reprocessing are crucial.

Do you have suggestions on certification of scope processing staff?

- Refer to SGNA’s Standard of Infection Prevention in the Gastroenterology Setting (2015). This can be found on the SGNA website and in the SGNA Mobile App.

Can the endoscopes be used immediately after the HLD solution i.e. drying?

- Follow all reprocessing steps; rinse thoroughly and dry

What was the study from 1991 on dry time?

- Please refer to references at the end of the SGNA Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes

Olympus does not validate Recert for use on their scopes, but Steris has a validation for Recert. Is this acceptable for use? Or should you follow Olympus IFU?

Follow manufacturer’s instructions for use

What are the recommended guidelines for culturing scopes?

- Per our Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes, “The FDA listed supplemental measures to consider when reprocessing duodenoscopes, including microbiological culturing, ethylene oxide sterilization, use of a liquid chemical sterilant, and repeated high-level disinfection (August 4, 2015). They recommended that health care facilities performing ERCP evaluate whether they have the resources necessary to perform these options but did not mandate any changes at the time this document was published. Routine culturing of endoscopes following reprocessing is not currently recommended in the United States but may be considered in the event of an identified outbreak (Petersen et al., 2011).”



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- “Surveillance cultures can be used as a method for assessing reprocessing quality (Frohlich, Leiss, & Muller, 2013; Kovaleva, Peters, van der Mei, & Degener, 2013; Rutala & Weber, 2015) and aid in identifying particular endoscope defects that hamper effective reprocessing (Buss et al., 2007; Rutala & Weber, 2015). Facilities should be aware of recent interim guidelines and consider culturing duodenoscopes to validate the cleaning process of these particular scopes (CDC, 2015).”

Would it be a good practice to keep the channels saturated with cleaning fluid during transport to decontamination?

- Follow endoscope manufacturer’s instructions for use

Can simethicone be used in irrigation bottles?

- Follow endoscope manufacturer’s instructions for use

Our current AER tracking system on our scopes does not have space to put a medical record number in. Is this a process we need to have?

- Per SGNA Standards of Infection Prevention in Reprocessing Flexible Gastrointestinal Endoscopes: Quality assurance is essential to ensure the continued safety and effectiveness of endoscope reprocessing. Healthcare facilities must have documentation that may include but is not limited to the following (Peterson et al., 2011):
 - procedure date and time,
 - patient’s name and medical record number,
 - endoscopist’s name,
 - endoscope model and serial number or other identifier,
 - AER (if used) model and serial number or other identifier,
 - names of individuals who reprocessed the endoscope.