Instrument decontamination

Instrument decontamination

Endoscopes will not withstand steam-based autoclaving and therefore require high-level disinfection between cases to prevent transmission of infection. Although accessories may be autoclaved, best practice requires the use of disposable single-use items whenever possible. All equipment should be decontaminated to an identical standard whether for use on immunocompromised/infected patients or not. This process involves two equally important stages: first, removal of physical debris from the internal and external surfaces of the instrument and, second, chemical neutralisation of all microbiological agents. A variety of agents are available and endoscopists should familiarise themselves with the agent in use in their department. In 2020 the British Society of Gastroenterology updated its guidelines for decontamination of endoscopes (see Further reading). Care should be applied to the decontamina tion of duodenoscopes because of reports of transmission of multiresistant bacteria (Summary box 9.1). Summary box 9.1 Disinfection of endoscopes /uni25CF /uni25CF /uni25CF /uni25CF There are currently no reliable means of decontaminat ing scopes from contact with prion-associated conditions such as variant Creutzfeldt–Jakob disease (vCJD), although risk of transmission of this is considered very low . If an ‘invasive’ procedure (where gut m ucosa is breached and an unsheathed accessory withdrawn through the endoscope working chan nel) is conducted in a patient with known or possible vCJD, the endoscope needs to be quarantined after use. The perfor mance of an invasive procedure in a patient at risk of vCJD owing to receipt of pooled plasma concentrates is no longer Hans Gerhard Creutzfeldt , 1885–1964, neurologist, Kiel, Germany . Alfons Marie Jakob , 1884–1931, neurologist, Hamburg, Germany . - su ffi cient, but the endoscope should be decontaminated sep - arately from others with a single-use disinfectant. There is no longer a requirement to quarantine the endoscope pr ovided that routine traceability data can be demonstrated.

All channels must be brushed and irrigated throughout the disinfection process All instruments and accessories should be traceable to each use, patient and cleaning cycle All staff should be trained and protected (particularly if glutaraldehyde is used in view of its immune-sensitising properties) Regular monitoring of disinfectant power and microbiological contamination should be performed

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