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endoNEWS

INTERNATIONAL

Dear reader,

In October 2019 in Barcelona, the United European Gastroenterology (UEG) Week took place for the 27th time. Embedded was the 23rd European congress of the European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA). Our competence team "endoscopy" met and interviewed Ulrike Beilenhoff, co-organiser and scientific secretary of ESGENA. In this issue of endoNews International you can read her take on the convention and her view on the challenges of endoscope reprocessing.

A second focus in this issue is the disinfecting cleaning of surfaces, an essential element of every hygiene plan. It protects reprocessed endoscopes from contamination und not least employees as well.

In addition, we would like to present to you the social media activities of Dr. Weigert. Since September 2019 you can find news from Dr. Weigert on Facebook, Xing and LinkedIn. Follow us! We look forward to connecting with you.

Enjoy the read!

Yours,
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DR. WEIGERT
Systematic Hygiene

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Reprocessing of endoscopes – quo vadis?
Interview with Ulrike Beilenhoff

From 19 to 23 October 2019, embedded in the United European Gastroenterology Week (UEG), the 23rd European congress of the European Society of Gastroenterology and Endoscopy Nurses and Associates (ESGENA) took place – as always, a successful exchange of expertise on an international level.

The co-organiser and scientific secretary of ESGENA is Ulrike Beilenhoff, with whom the endoNEWS team conducted an interview after the congress.

endoNEWS: Mrs Beilenhoff, which topics and highlights were particularly outstanding for you at this year's ESGENA conference?

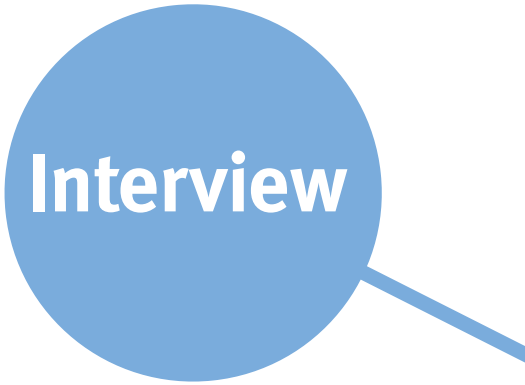
UB: There was a very wide range of topics and it all fit together really well, so I couldn't highlight any one of them. Many talks centered around the "extended role" of the endoscopy assistance and focused on training and the broadening of competence.

endoNEWS: In which countries do the assistants conduct the endoscopy by themselves?

UB: Nurse Endoscopists are currently only established in Great Britain, Ireland, the Netherlands and Sweden. However, with "extended roles", we do not only mean assistants independently conducting endoscopic procedures.

The topic is rather that the endoscopy personnel takes care of patient groups. For example, IBD-patients, adipose or infectious patients or patients with liver damage. Meant by this are also various tasks preceding the endoscopy procedure, looking after the family, or counselling patients especially regarding preventive exams and follow-up. These things are already established in Scandinavian and English-speaking countries.

The topic "Health & Safety", that is organizing reprocessing, plays a big role as well. The central reprocessing in the CSSD is not yet widespread internationally. Nevertheless, for example the Netherlands are outsourcing the reprocessing far more than Germany. However, this only works with well organised and automated logistics.



endoNEWS: What trends do you see coming up in endoscopic reprocessing?

UB: Many workshops dealt with topics such as hygiene, possibilities to improve cleaning performance including brushes, rinsing and suction systems and the centralisation of reprocessing. Also, microbiological assays have been addressed. In one-on-one discussions, I heard a lot of questions about this: How should we incubate? How do we have to conduct sample taking? And how often do we have to run microbiological assays?

endoNEWS: There are big differences between countries when it comes to microbiological inspections. Do you expect that there will be a European standard?

UB: We have an ESGE-ESGENA guideline about microbiological inspections from 2007. This guideline will be updated in 2020. This is urgently needed for a harmonisation of sample taking, duration and use of media.

endoNEWS: When can we expect completion?

UB: All in all, we will certainly need a year to publish the update.

endoNEWS: Will there also be a harmonisation regarding storage duration? Currently, there are substantial national differences.

UB: The problem with storage is that there is no evidence base to the different national requirements. In some countries (e. g. Great Britain, the Netherlands, France) drying cabinets are mandatory, because otherwise the endoscope must be reprocessed again 3–4 hours later. In many countries, in Germany as well, storage with and without drying cabinet is possible. There are single studies discussing storage duration, both with and without drying cabinets. Many studies did not look longer than 5 or 12 days. Therefore, we do not know what happens with the endoscopes on the following days. Secondary contamination by the endoscopy personnel could occur as well, e. g. due to inefficient storage and hand hygiene.

Thus, we added an extended commentary to the KRINKO and the ESGE-ESGENA-guidelines, stating that storage depends on various factors such as the last rinse water quality, the quality of drying, the type of storage and the contamination risk. Every department has to critically question their respective drying and storage conditions and assure the reprocessing quality with microbiological assays.

In the course of reprocessing there was also a lot of discussion about training the personnel. In Germany, we have quite good requirements. Expert training courses are a criterion for certification, and endoscopy departments will face problems, if they do not conduct these courses. Other countries do not have these requirements.

endoNEWS: Do other countries plan to adopt this system?

UB: We have implemented the German system into a European curriculum and built an international consensus.

endoNEWS: Where do you see further potential for improvement, and what would you hope for from manufacturers of endoscopes and WD-E?

UB: There is room for improvement on the side of endoscope-manufacturers especially regarding the cleansing of distal ends e. g. of duodenoscopes. Also, there could be more disposable cleansing material such as brushes, tube systems (washer adapters) and washer fittings.

endoNEWS: Will one-way valves catch on?

UB: Yes. I believe that they will catch on just like previously biopsy forceps, also regarding price development.

The problem is that we need different valves for different endoscopes. If I use EUS-devices that are not available in big numbers, it can be problematic to produce them with marketable, competitive pricing. However, this is a weak point of endoscopy.

With the daily multitude of endoscopy procedures, time pressure increases, and we all know, that with time pressure, errors happen – that's only human.

endoNEWS: Will the fittings for adapters also improve regarding automatic reprocessing?

UB: I expect from the conceptualisation of the WD-E, that despite plugging the adapter into the connectors there will remain only few "blind" spots. Obviously, this is difficult with a force-fit connection.

It is still in question, how cleansing adapters should be cleaned and disinfected, when they are used in the pre-cleaning step, but cannot be automatically reprocessed. This is currently a problem because the CSSD do not want to or cannot reprocess the adapters. In many cases, the adapters are not used at all.

Rinsing of the air or water canal or of additional flushing canals is often skipped because of a lack of time during the cleaning process. The personnel often does not use the cleaning adapter, and if a syringe is only loosely attached to a valve port, 95 % of the cleaning solution flow over, not into the canal.

endoNEWS: You have conducted a workshop in collaboration with Dr. Weigert, focusing in the first part on processing chemicals and repeatedly occurring misuse or damage. In the second part, you have talked about outbreaks and hygiene problems, that came with flawed endoscope reprocessing. The participants had to figure out the cause of the problems based on the cases described. From your point of view, which was the most important message of this workshop?

UB: When infections or outbreaks occur in the endoscopic practice, there are several possible causes: We have the endoscope, the WD-E, the chemicals, the manual cleaning steps and variably well-trained personnel. These are many factors, that could potentially lead to a problem and that can play a role in the search for the cause.

As an example, we used an actual outbreak of multi-resistant bacteria. This outbreak was due to several factors: First, there were microlesions at the distal end, second, small mistakes during cleaning were made, and third, the chemicals were not used appropriately. When all problems were solved, the outbreak could be stopped. For this to happen, however, all personnel involved had to come together: the manufacturers of endoscopes, WD-E and chemicals, the hospital's hygiene team, the endoscopy and the reprocessing team had to solve the problem in a multidisciplinary manner, without blaming and recriminations – scrutinizing own actions and searching for joint solutions.

To recognize damage at the distal end, it is also useful to look closely with a magnifying glass with integrated lighting, commonly used on the clean side of the CSSD department. That way it is possible to see residual contamination or smallest damage that are not visible to the naked eye. But to do this, staff has to be trained and sensitised.

In this interesting conversation, several further questions came up. To read all of Mrs Beilenhoff's responses, you can find the entire interview here:

https://www.drweigert.com/com/current-issues/news/

The questions were asked by:
Jacqueline Treutner and Guido Merk

Ulrike Beilenhoff

Disinfecting Cleaning of Surfaces

Protects reprocessed endoscopes from recontamination and protects employees

Systematic hygiene

When in 1905 W. Hofmann published the "Guideline of disinfection for disinfection staff, administrators, veterinaries and medical doctors"[1], it was already clear, that "when constructing disinfection facilities, it is of critical importance that the so called "unclean" receiving side is to be entirely separate from the clean exit side. Only this way, a reinfection of objects in the disinfection facility itself can be avoided."

At that time, there was still the notion of the "disinfection facility", which has fortunately been replaced by the term "Central Sterile Supply Department (German: Aufbereitungseinheit für Medizinprodukte)", in short CSSD (German: AEMP). With this term there came also a set of guidelines that are to be considered when building a reprocessing unit.

Today it is commonplace in the CSSD and the reprocessing room of the endoscopy department to disinfect surfaces.[2] This has been documented in the recommendations of the Commission for Hospital Hygiene and Infection Prevention (German: Kommission für Krankenhaushygiene und Infektionsprävention, KRINKO) of the Robert Koch-Institute (RKI) and the Federal Institute for Drugs and Medical Devices (German: Bundesinstitut für Arzneimittel und Medizinprodukte, BfArM).

The ESGENA Guideline for example recommends that contaminated containers in which precleaned endoscopes are transported after completion of bedside cleaning should be "...cleaned and disinfected manually using surface disinfectants or automatically in CSSD".[3]

The RKI begins in its recommendations for the work step "Cleaning" as follows: "Each further step during reprocessing is conducted in the unclean zone of a distinct reprocessing room, because fluids sprayed during the cleaning of the used endoscope can cause a contamination of surfaces." If this happens, a targeted disinfection with an effective surface disinfectant should be conducted in order to protect staff.

At least, however, disinfecting cleaning of surfaces in these areas should be done on a daily basis or in the case of a visible contamination. The activity spectrum required for different surfaces depends on the risk assessment by the management of hygiene or CSSD. At this point, the recommendation by the RKI regarding "Requirements for Hygiene during cleaning and disinfection of surfaces" can be of assistance.

Following the manual or automated reprocessing, the endoscope is moved in the clean zone. Here, the endoscope must not be recontaminated by a surface that is soiled or contaminated with microbes (storage surface during blow-drying with compressed air or within the drying cabinet or storage cabinet). ▶

Tab. 1: Disinfection done right

Type of microorganism	Microorganism	Survival period
Bacteria	Escherichia coli	up to 16 months
	Pseudomonas aeruginosa	dry surfaces: • up to 5 weeks damp surfaces: • up to 16 months
	Staphylococcus aureus (incl. MRSA)	up to 7 months
Mycobacteria	Mycobacterium tuberculosis	up to 4 months
Bacterial spores	Clostridium difficile (spores)	up to 5 months
Fungi	Candida albicans	up to 4 months
Viruses	Norovirus	up to 7 days
	Hepatitis B Virus (HBV)	up to 7 days
	Human Immunodeficiency Virus (HIV)	up to 7 days
	Adenovirus	up to 5 months

Source: IHO-series: Desinfektion richtig gemacht (disinfection done right)

Therefore, the hygiene plan especially for the clean zone has to contain effective surface disinfection on a regular basis. The importance of disinfection becomes clear when looking at the viability of microorganisms (see Tab. 1). Escherichia coli, for example, can survive on a surface for up to 16 months and would exponentially replicate during that period.

Whether routine disinfection or targeted disinfection – Dr. Weigert offers a surface disinfectant for every situation and thereby lives up to the motto "systematic hygiene".

Apart from neoform Rapid, the quick-acting disinfectant with efficacy against noroviruses within 2 minutes, and neoform Active or neoform MED FF, the surface disinfection cleaners with broad-spectrum activity, the new disposable wipes dispenser system neoform wipes RTF extended the product line in June. Beside an especially firm stand and sturdy handle, the lid comes with tamper-evident closure. The ease of use, quality and size of the PET-fleece wipes support users and contribute to a more efficient surface disinfection. Both delivery of active ingredients and compatibility with appropriate surface disinfectants from Dr. Weigert have been documented in compliance with EN 16615.

To top off the product line of surface disinfectants, neoform Classic, a routine product based on amines, comes with a limited spectrum virucidal activity.

Beyond this, neoform Classic has an excellent material compatibility with almost streak-free results. neoform Classic is now available.

Author: Jacqueline Reiners, Marketing / Product Management

1 Hoffmann W. Leitfaden der Desinfektion für Desinfektoren, Verwaltungsbeamte, Tierärzte und Ärzte. Leipzig, Barth 1905

2 Anforderungen an die Hygiene bei der Aufbereitung von Medizinprodukten; Anlage 8: Anforderungen an die Hygiene bei der Aufbereitung flexibler Endoskope und endoskopischen Zusatzinstrumentariums. Bundesgesundheitsbl. 2012; 55: 1244–1310 DOI 16.1007/S 00103–012–1548–6

3 Reprocessing of flexible endoscopes and endoscopic accessories used in gastrointestinal endoscopy: Position Statement of the European Society of Gastrointestinal Endoscopy (ESGE) and European Society of Gastroenterology Nurses and Associates (ESGENA) – Update 2018

Contact Dr. Weigert:

Please contact us if you have any questions of suggestions that you are interested in reading about – we will gladly take your ideas into consideration!

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www.drweigert.com

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New on social media, established competence – Dr. Weigert on Facebook & others

Social networks such as Facebook, Instagram, Twitter, LinkedIn or Xing allow users worldwide to compare notes and to connect. Information and content are not only publicly available and shared on the internet – they can even be commented, discussed and rated. For companies, and naturally for us at Dr. Weigert as well, these opportunities to connect with customers and interested parties are exciting and challenging at the same time.

We are prepared to take on this challenge with our time, energy and passion. With captivating content and posts we will continue our communication online in the traditional spirit of our company: candid, curious, trustworthy and competent.

Since September 2019, you can find Dr. Weigert's social media channels active and up to date on Facebook, Xing or LinkedIn. Weekly, we provide news around the Dr. Weigert-world to our followers, inform about relevant topics on the market and let you know about events where you can find Dr. Weigert.

So, please be invited to have a look at our companies' online profiles, read our news on social media and to comment or even follow us. We look forward to reading and hearing from each other.