**Table 6.** Investigation for Alert Level Due to Low/- to Moderate-Concern Organisms Above the CFU Cutoff Level of National Guideline

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| **Initial actions:**1. Investigate reprocessing using an observational audit
2. Review protocols with reprocessing personnel.
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| **Investigation actions:**1. Observational audits are critical to identify breaches in “real-life” endoscope reprocessing techniques
2. Review results of all audits, all data collected and all recommended actions with clinical and reprocessing personnel.
3. Follow-up observational audit to confirm compliance with all changes implemented
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| Key Stages Requiring Investigation: | Audit and Relevant Testing | GI\* | ENV\* | Water | Skin, Oral, Resp\* |
| **1. Channel sample collection**- Location (not high traffic volume area)- Endoscope placed on sterile mat- Appropriate use of PPE- Sample collection complies with appropriate national guideline- Aseptic handling of channel brush- Sterile technique during sampling | Observational audit during sample collection |  | X |  | X |
| **2. Endoscope cleaning sink**- Sink disinfected after each use- Fresh detergent for each scope- Flushing pump: - clean & disinfect routinely - check tubing for discoloration | Observational audit during endoscope reprocessing**TEST:** Culture of tubing if discoloreda | X |  | X |  |
| **3. Manual cleaning of endoscope**- Follows appropriate MIFU- Lever mechanism (if present) properly cleaned- Proper channel cleaning- Proper cleaning brushes used (disposal of single-use brushes; proper reprocessing of reusable brushes)- Adequate tap water rinse - Glove usage after manual cleaning | Observational Audit during endoscope cleaning | X |  | X |  |
| **4. Environmental cleaning/disinfection**- daily cleaning & disinfection of countertop, sinks, AER exterior, stress mats | Observational audit during endoscope reprocessing | X | X | X | X |
| **5. Automated endoscope reprocessor**- Lever in 45° position (when present)- Filter integrity; ensure proper frequency of changing filter- MEC\* testing daily if using reusable HLD- Gloves: new gloves to remove scope from AER to transport for drying and storage | Observational audit during use of AERReview MEC test records | X | X | X |  |
| ***6. Storage of Endoscopes:***- New gloves to handle reprocessed  endoscopes pre and post storage- Weekly clean/disinfect cabinet- Inspect for moisture in endoscope channels after overnight storage | Observational audit when endoscope removed from AER and put into storage**TEST:** Assess channel moisture after overnight storage; Borescope or cobalt chloride stripsb | X | X | X | X |

Note. GI, gastrointestinal; ENV, environmental; RESP, respiratory; MEC, minimum effective concentration.

aFlushing pump tubing that is visibly discolored suggests biofilm may be present. A sterile swab should be inserted into the discolored tubing and submitted for culture. Any growth of indicator organisms indicates the tubing needs to be changed and the disinfection protocol reviewed to ensure the method and frequency recommended by the manufacturer are followed.

b Moisture in endoscope channels has been demonstrated to be widespread and underrecognized.7,11,19 Thorough drying is crucial. This can be achieved using validated automated air-flushing pumps used prior to placing the endoscope in a storage cabinet or by using validated channel-purge storage cabinets. Moisture in endoscope instrument channels after overnight storage can be evaluated using a borescope, or it can be evaluated using cobalt chloride strips.11,19 If moisture is detected, the site should implement a validated channel drying method.