Endoscopy Microbiology Alerts Procedure Standard Operating Policy	
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New HSE Standards	To bring in line with new standards
Update to: Introduction, Applicable to, Objectives of the Standard Operating Procedure, Procedures, References	

CONTENTS

1.0 Introduction

This document outlines the Microbiology Alert procedures relating to the Endoscopy areas in Theatre and OPD.

It is essential that personnel at all levels involved in decontamination of Endoscopes should have a sound knowledge of decontamination, including knowledge of the basic elements of infection prevention and control, microbiology and process chemicals to meet health and safety obligations of the organization and the individual and ensure reliable Endoscope decontamination to minimize the risk of infection transmission.

2.0 Definitions

SOP: The term **'Standard Operating Procedure'** is a way of carrying out a particular course of action and includes operations, investigations, pharmaceutical treatment, examinations and any other treatment carried out.

Endoscope Washer Disinfector (EWD)

External Source: Any external microbiology notification from outside the hospital including notifications from the HSE or the Health Products Regulatory Authority (HPRA) or other international bodies / competent authorities.

3.0 Applicable to

This SOP is applicable to; CNM1, CNM2, HCA's in Endoscopy, CNM3, CNM2 Theatre Coordinator, Laboratory Microbiologist and Infection Control team.

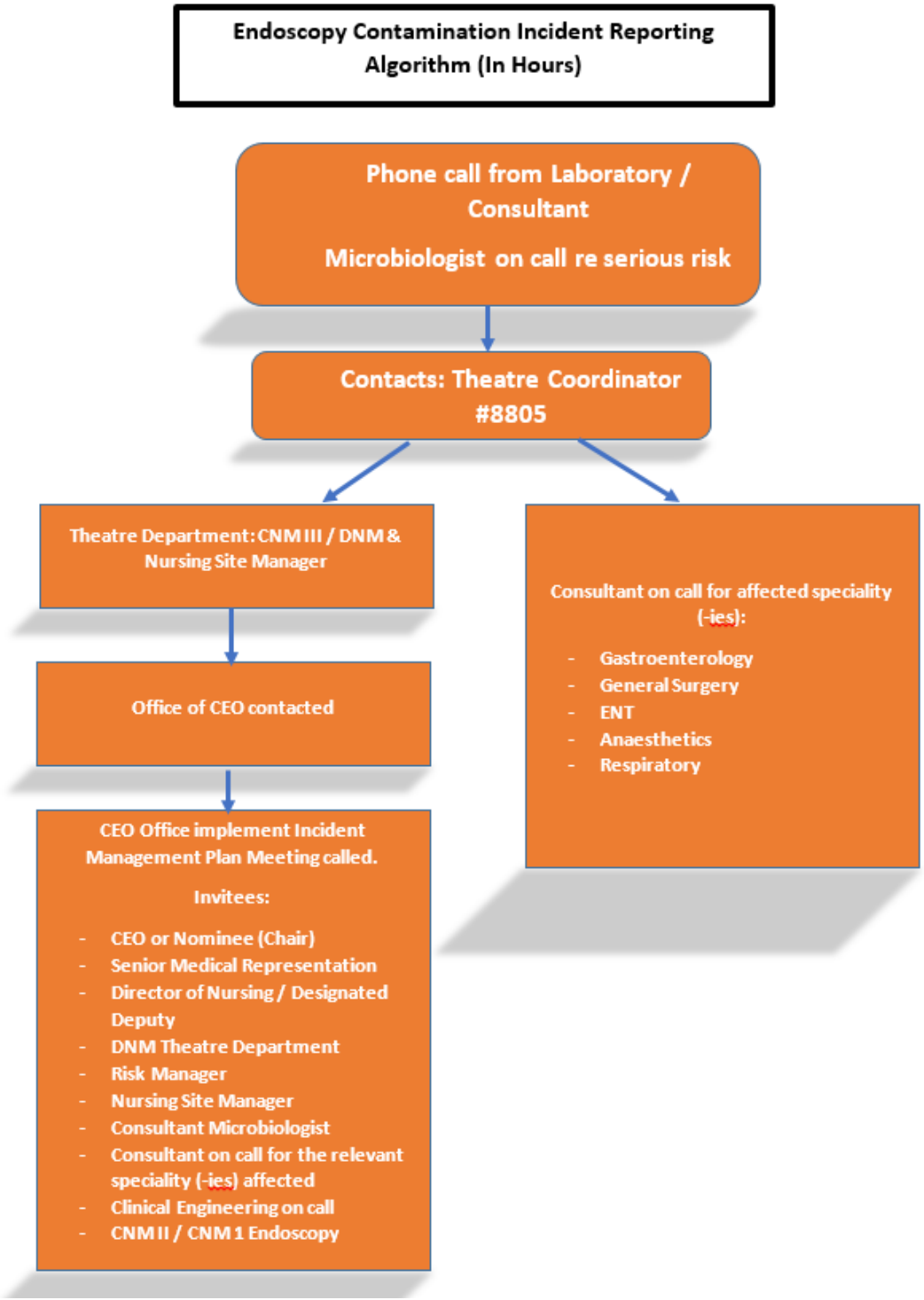
4.0 Objectives of Standard Operating Procedure

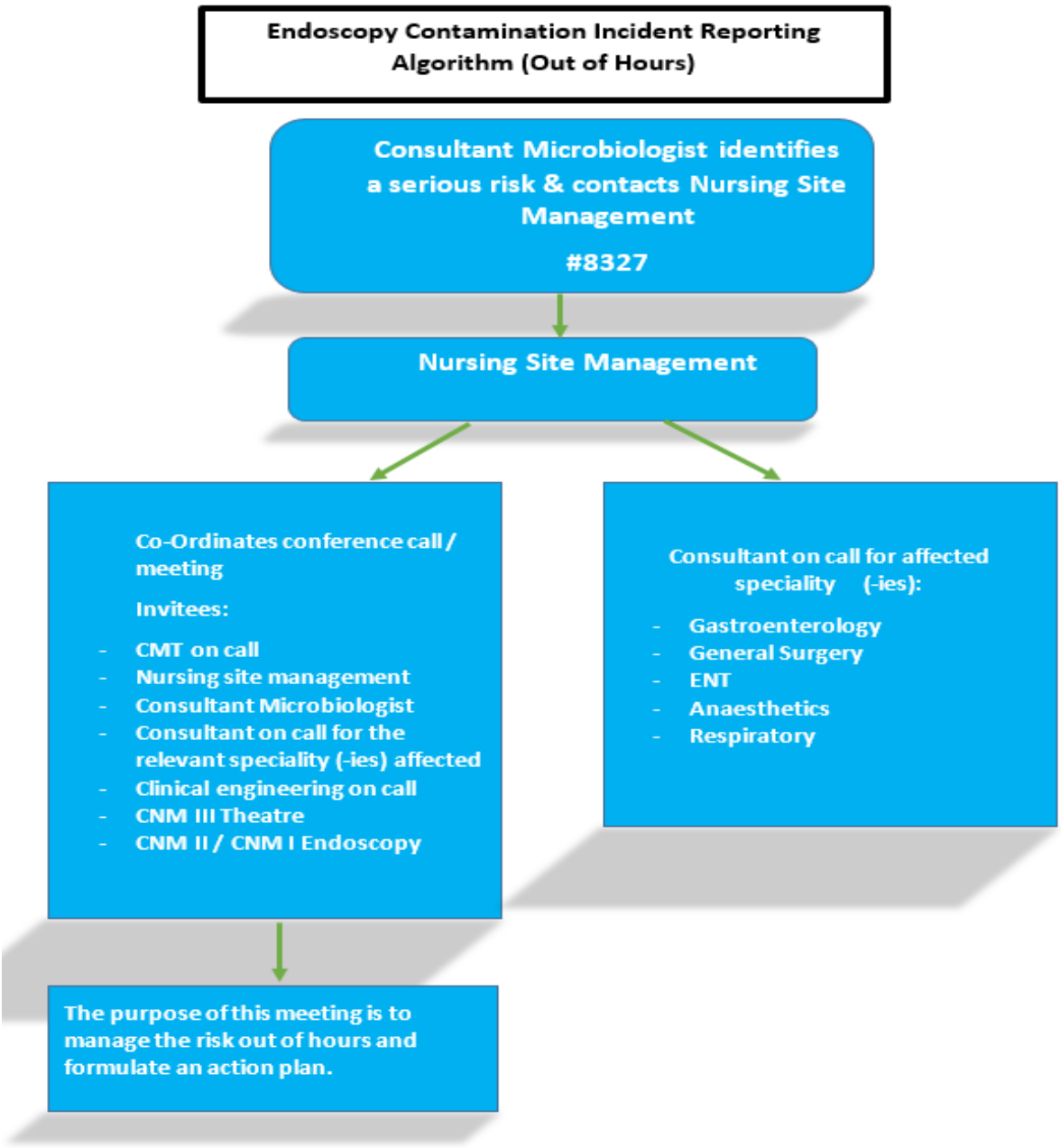
Microbiology screening is carried out on Endoscopes (water sampling +/- swabs), from the Wassenburg processor (water sampling +/- swab from the external surface) and swabbing from the Endoscopy Extended Storage Cabinet to ensure that there are no microbiological contamination present.

5.0 Procedures

5.1 When a **serious** Microbiology Alert is raised from an External Source or from the Laboratory, the following is adhered to:

- Infection Control will invoke the CHI Crumlin Endoscopy Contamination Incident Reporting Algorithm (In Hours or Out of Hours, whichever is applicable):


Endoscopy Contamination Incident Reporting Algorithm (In Hours)
Phone call from Laboratory / Consultant
Microbiologist on call re serious risk
Contacts: Theatre Coordinator #8805
Theatre Department: CNM III / DNM & Nursing Site Manager
Office of CEO contacted
CEO Office implement Incident Management Plan Meeting called.
Invitees:
- CEO or Nominee (Chair)
- Senior Medical Representation
- Director of Nursing / Designated Deputy
- DNM Theatre Department
- Risk Manager
- Nursing Site Manager
- Consultant Microbiologist
- Consultant on call for the relevant speciality (-ies) affected
- Clinical Engineering on call
- CNM II / CNM 1 Endoscopy
Consultant on call for affected speciality (-ies):
- Gastroenterology
- General Surgery
- ENT
- Anaesthetics
- Respiratory


Endoscopy Contamination Incident Reporting Algorithm (Out of Hours)
Consultant Microbiologist identifies a serious risk & contacts Nursing Site Management
#8327
Nursing Site Management
Co-Ordinates conference call / meeting
Invitees:
- CMT on call
- Nursing site management
- Consultant Microbiologist
- Consultant on call for the relevant speciality (-ies) affected
- Clinical engineering on call
- CNM III Theatre
- CNM II / CNM I Endoscopy
Consultant on call for affected speciality (-ies):
- Gastroenterology
- General Surgery
- ENT
- Anaesthetics
- Respiratory
The purpose of this meeting is to manage the risk out of hours and formulate an action plan.

5.2 If the alert is from the laboratory then the infection control department will make a decision as to whether there is a "Risk to the Patient" or not.

5.3 If there is a risk to the patient, then then Infection Control will invoke the Endoscopy Microbiology Alert Algorithm to its conclusion.

5.4 The CNM in Theatre / OPD will write the relevant information into the Microbiology Alert form and then determine what is the appropriate immediate action required as per the options outlined in the **Appendix 1** Endoscopy Microbiology Alert Algorithm.
This will consist of one of the following actions:

- **No Action required:**
  If it has been determined that no further action is required then this will be recorded in the appropriate section of the Microbiology Alert form.

- **Recall Scope from Storage / Quarantine: (Refer Appendix 2)**
  If the scope is required to be recalled from Storage or from Quarantine then the CNM will carry out the following:

a) The CNM / Endoscopy HCA will arrange for the scope to be rewashed and reprocessed in the EWD and then take a Sample and/or Swab the scope as per the relevant SOP.

b) The scope will then be placed in Quarantine if required (and it is recorded in the Quarantine Log on the notice board).

c) The EWD will be Thermal Disinfected if required.

d) The EWD will be Water Sampled if required and samples are then brought to the Laboratory for testing.

e) The CNM / Endoscopy HCA will then complete the Microbiology Alert form

and await the Test Results.

f) If there is no growth then the scope can be used and this should be recorded in the appropriate section of the Microbiology Alert form.

g) If the Alert is still present then contact Infection Control and repeat steps above (a) – e)).

5.5 If the Alert is still present then send the scope to the Manufacturer for repair. As per the Sending a Pentax, Olympus or Wolf Endoscope for Repair procedure and log in the Endoscopy Tracking Record Logbook.

5.6 Then complete the Microbiology Alert form with the actions taken.

5.7 **Extended Endoscopy Storage Cabinet Microbiology/ IC Alert: (Refer Appendix 3)**

The CNM / Endoscopy HCA will carry out the following:

5.7.1 Quarantine the Extended Endoscopy Storage Cabinet, depending on the alert and if advised by infection control. The Endoscope may need to be also rewashed and sampled too depending on this Microbiology Alert.

5.7.2 If it has been determined that no further action is required then this will be recorded in the appropriate section of the Microbiology Alert form.

5.7.3 If the cabinet needs to be rewashed and swabbed, then the CNM / Endoscopy HCA will arrange scopes in the cabinet to be removed and reprocessed in the EWD and returned to cabinet when it is cleaned and reswabbed.

5.7.4 The CNM / Endoscopy HCA will rewash the cabinet and then take a relevant swab of the Extended Endoscopy Storage Cabinet.

5.7.5 All samples are brought to the Laboratory for testing and record in the relevant sampling book.

5.7.6 The CNM / Endoscopy HCA will then complete the Microbiology Alert form and await the test results.

5.7.7 If the Alert is still present then carry out the following:

- Contact Infection Control and repeat steps 6.9.2 – 6.9.5.
- Contact Clinical Engineering

5.7.8 Then complete the Microbiology Alert form with the actions taken.

5.8 **EWD Wassenburg Microbiology / IC Alert. (Refer Appendix 4)**

The CNM / Endoscopy HCA will carry out the following.

5.8.1 The EWD will be Thermal Disinfected at the infected side.

5.8.2 Take an open filtered water sample and then bring to the Laboratory for testing.

5.8.3 The CNM / Endoscopy HCA will then complete the Microbiology Alert form and await the Test Results.

5.8.4 If Alert is still present then contact Clinical Engineering / EWD Engineer.

5.8.5 Then complete the Microbiology Alert form with the actions taken.

6.0 Implementation Plan

The implementation of this SOP is in line with the current practices of the CHI Crumlin.

7.0 Evaluation and Audit

This SOP will be evaluated as part of the overall evaluation and audit throughout the Endoscopy department and hospital.

8.0 References

HSE Standards & Recommended Practices for Commissioning Validation & Testing in Endoscope Decontamination Facilities Version 1.1 April 2019

HSE (2010) Medical Devices / Equipment Management Policy (Incorporating the Medical Devices & Equipment Management Standard). Dublin: HSE

HSE (2010) Medical Devices / Equipment Management Compliance with the HSE's Medical Devices Standard. Guidance for service areas. Dublin: HSE

HSE (2011) HSE Standards & Recommended Practices for Healthcare Records Management. Dublin: HSE

HSE (2011) Risk Management in the HSE: An Information Handbook. Dublin: HSE

HSE (2013) National Consent Policy. Dublin: HSE

Nursing & Midwifery Board of Ireland (2007) Guidance to Nurses and Midwives on Medication Management. Dublin: Nursing & Midwifery Board Ireland

Nursing & Midwifery Board of Ireland (201) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Dublin: Nursing & Midwifery Board Ireland

NMBI 2016 – Recording Clinical Practice

Nursing & Midwifery Board of Ireland (2015) Scope of Nursing & Midwifery Practice Frame work. Dublin: Nursing & Midwifery Board Ireland

Royal College of Physicians in Ireland / HSE (2015) Guidelines for hand hygiene in Ireland Healthcare settings: Update of 2005 guidelines. Dublin: HSE Health Protection Surveillance Centre

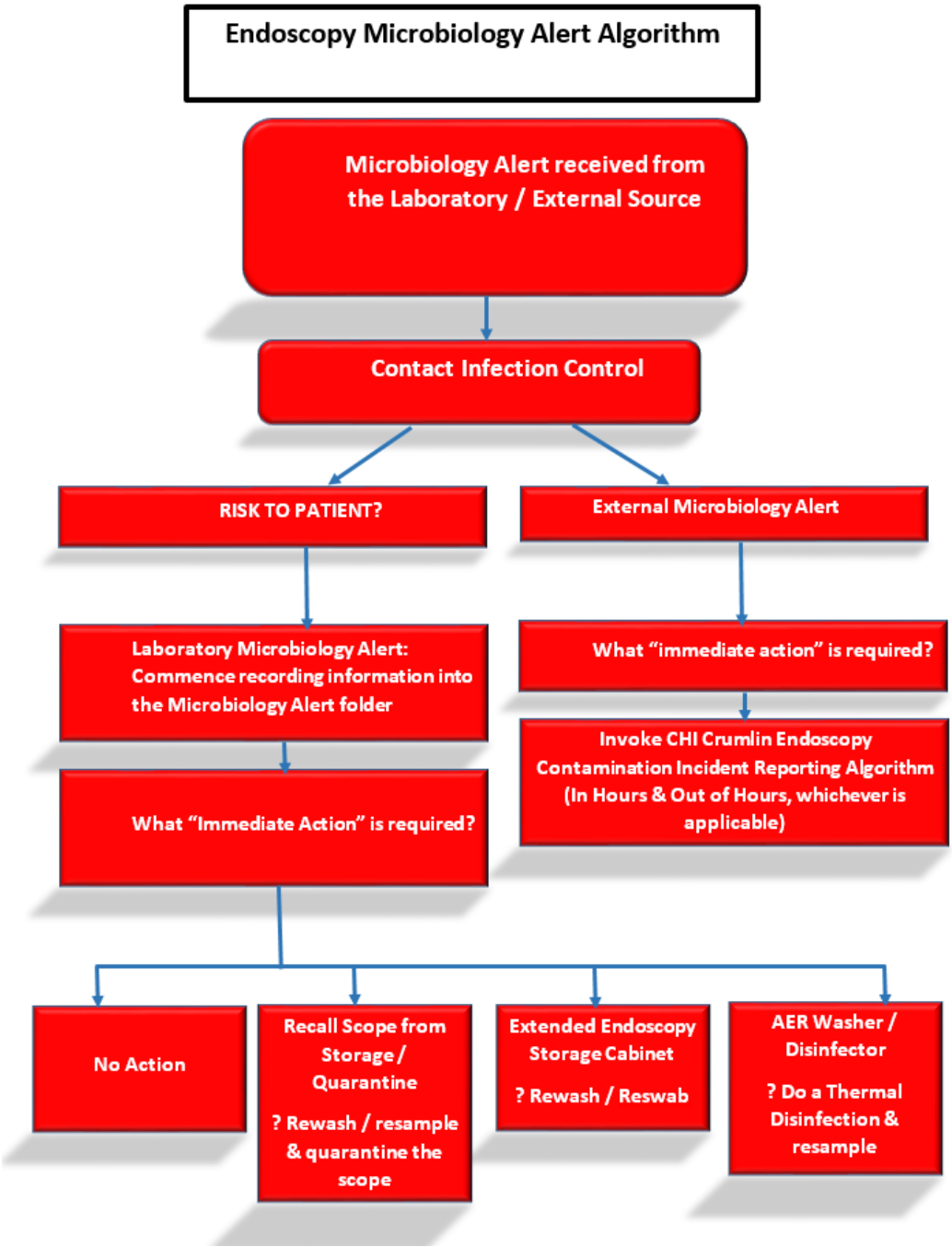
Nurses & Midwives Act (2011)

Freedom of Information Act 2014, Government of Ireland

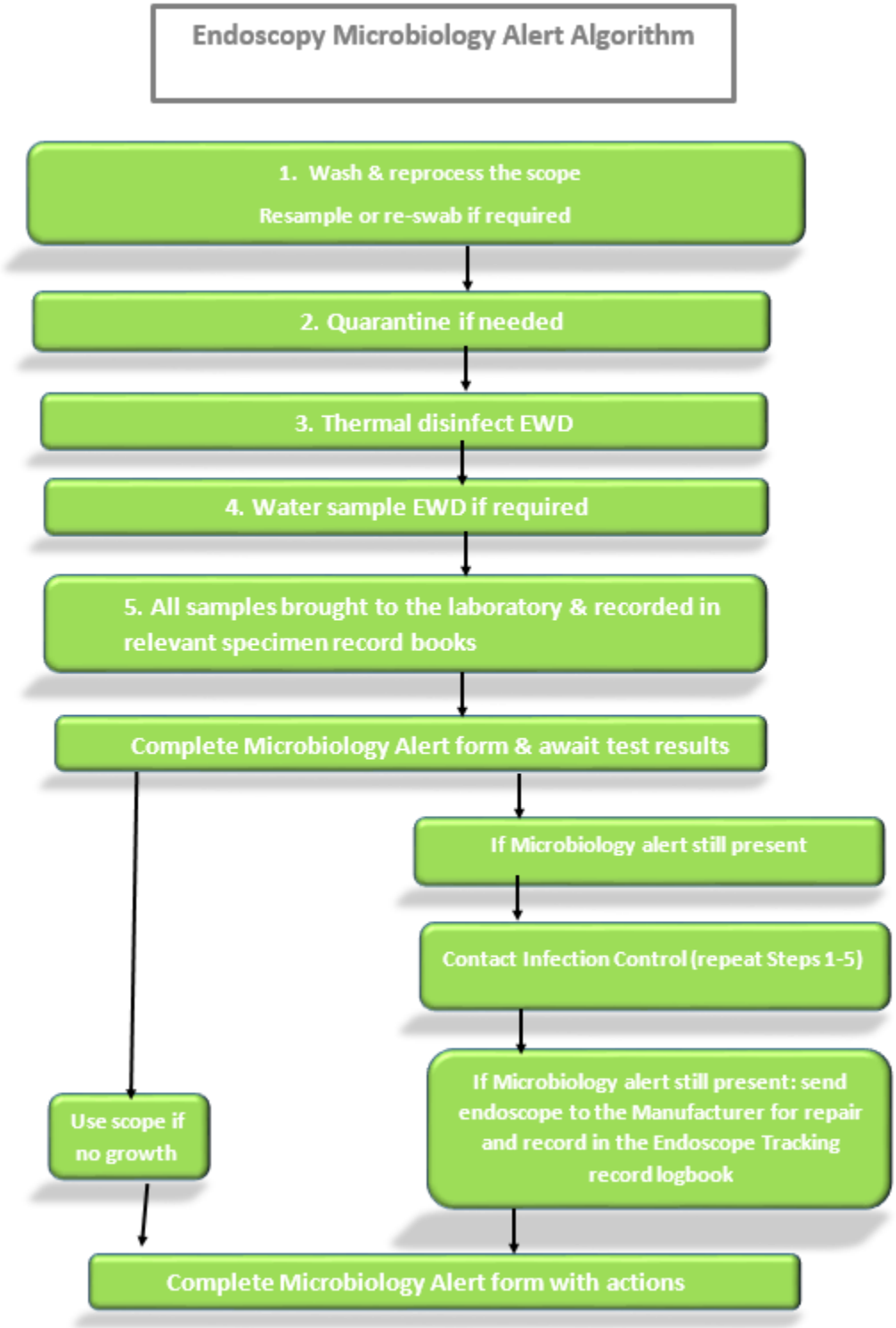
Medicinal Products (Prescription & Control of Supply) (Amendment) (No. 2) Regulations 201 (S.I. No 504/201)

9.0 Appendices

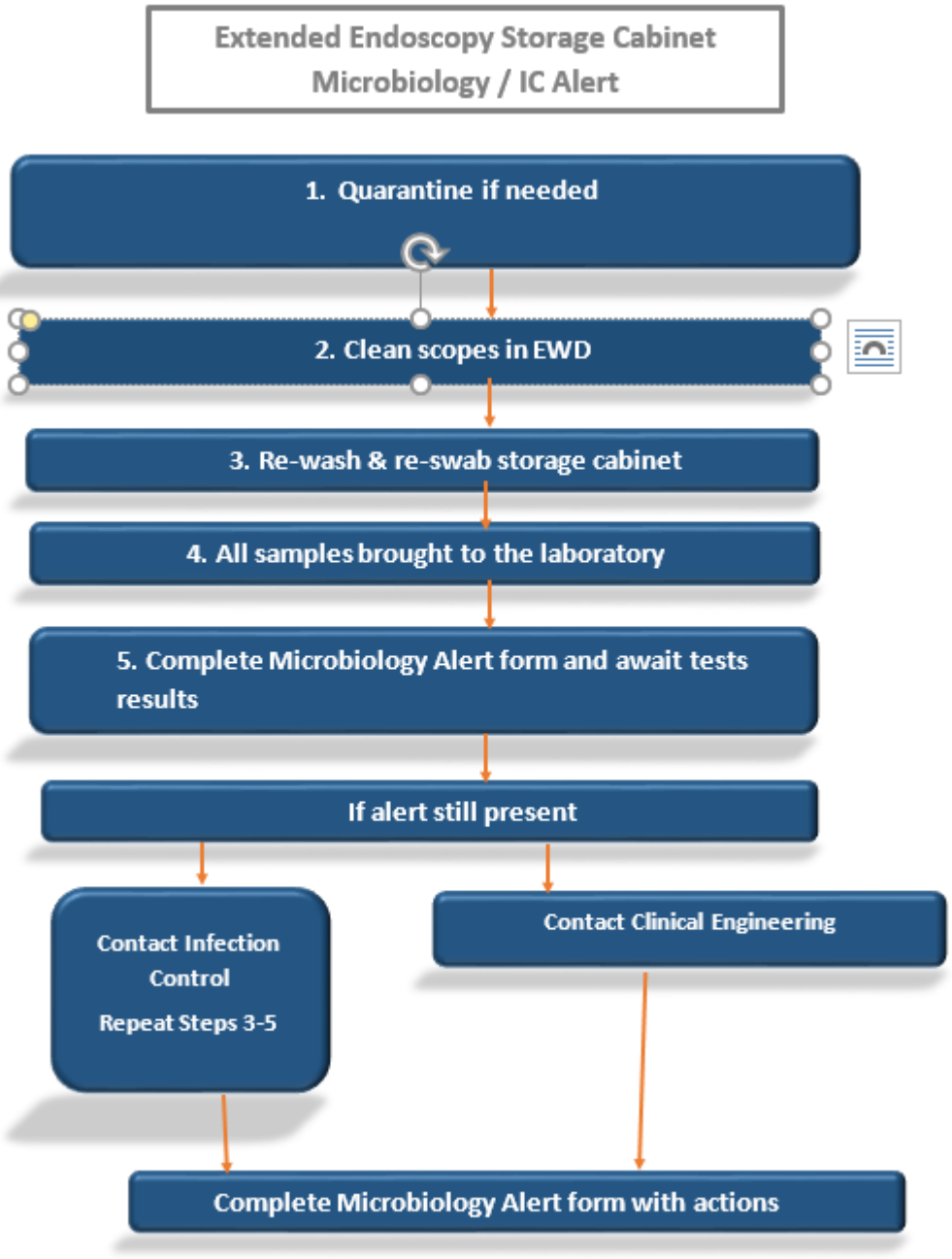
9.0.1 **Appendix 1** Endoscopy Microbiology Alert Algorithm



9.0.2 **Appendix 2** Recall Scope from Storage / Quarantine



9.0.3 **Appendix 3** Extended Endoscopy Storage Cabinet Microbiology / IC Alert



9.0.4 **Appendix 4** EWD Microbiology / IC Alert