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Questions can be sent to: [jakridge@hpnonline.com](mailto:jakridge@hpnonline.com)  
 called in to Jeannie Akridge at HPN: (941) 927-9345 ext.202 or mailed to:  
**HPN CS Questions, 2477 Stickney Point Road, Suite 315B, Sarasota, FL 34231**  
 Names and hospital identification will be withheld upon request.



### Using toothbrushes; loads left overnight; scope culturing; prevac sterilization

by Ray Taurasi

**Q** My boss recently saw a news story on TV regarding the superbug outbreak associated with improperly cleaned endoscopes and how a hospital solved their cleaning dilemma by using a \$1.00 toothbrush to clean the elevator of the duodenoscope more effectively. My manager has purchased a bunch of toothbrushes from the dollar store and wants us to start using them to clean our scopes. I am not sure this is something we should be doing. What are your thoughts?

**A** I did a search and found a video produced by CNN entitled [Hospital's \\$1 solution to clean \\$30,000 superbug scope](#), which I believe may be what your boss saw on TV. Since you asked, I think you most likely know the answer to your own question. A dollar store toothbrush most definitely should not be used to clean a duodenoscope or any other medical device. The scope manufacturers have provided IFUs for the care and handling of their instruments, which include the appropriate cleaning brushes. It is the user's responsibility to follow those instructions. Only approved cleaning accessories and brushes specified by the manufacturers should be used. Brushes used for cleaning medical devices are specially-designed to effectively clean the device without causing damage, if used appropriately.

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There have been documented cases where individuals have deviated from manufacturer's instructions and have used over-the-counter industrial brushes, tooth picks, paper clips, etc., to clean scope tips and other medical devices. This has resulted in serious damage to the medical device, along with particles from their "creative" cleaning tools remaining within or on the medical device. Obviously a defective, damaged endoscope or other medical device, or one that contains foreign matter, can pose a real and serious risk to patient safety. Figure one shows a toothbrush that was used for inappropriate purposes in a sterile processing department. Note the worn, damaged and broken bristles. You should never use industrial or household cleaning products or devices for cleaning any medical device. You might have noticed that in the news video there was no mention of any quality assurance, inspection or cleaning verification to qualify the efficacy of their cleaning process.

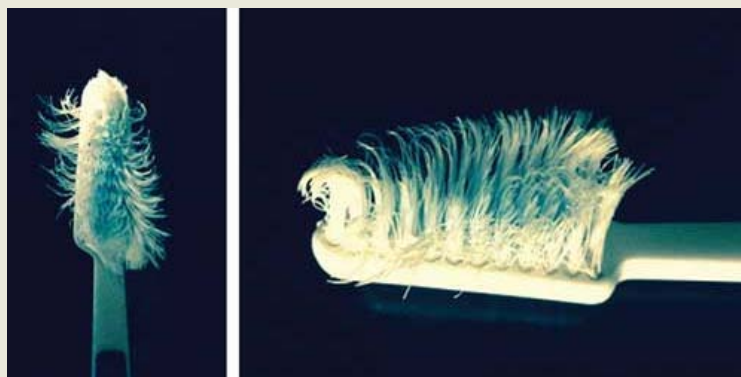


Figure 1

**Q** If a load is left in the sterilizer overnight does it need to be reprocessed? If so, why? I believe it does but I need a reason to give my staff as to why.

**A** There are many variables and uncertainties to consider but, in general, the items should be removed from the sterilizer as soon as possible. This allows for a visual inspection of load contents for unacceptable conditions, such as moisture and/or wetness. Leaving items in a closed, or for that matter, open sterilizer overnight can create inappropriate conditions inside the chamber that can contribute to moisture and/or mask unacceptable problems. Equipment should not be left running without a staff member present to assess and monitor conditions throughout the cycle.

**Q** I am the clinical administrator for Infection Control and Prevention at a multi-hospital system which includes several offsite endoscopy centers. In response to the many CRE superbug incidents, we are in the process of developing new policies and procedures to ensure the quality control and effectiveness of our cleaning and reprocessing of endoscopes. Some professional entities have recommended culturing all scopes once, which we plan to do. We would like to do more frequent culturing but just can't afford to quarantine scopes for two days while we await the lab results. If we did some random culturing of scopes would that mean we would be providing dual standards of care for our patients, since some would receive a cultured scope procedure while others would not?

**A** The most critical step in reprocessing, disinfection and sterilization is cleaning. If cleaning is not done effectively then disinfection and/or sterilization will likely be ineffective. Emphasis should be placed on ensuring that every scope is cleaned effectively. Various easy-to-use and cost-

effective soil specific tests are available for use on every scope that deliver rapid results and assurance that residual soils such as blood, protein and carbohydrates have been removed. There currently is no standard regarding the frequency of medical device soil testing or culturing, therefore you would not be providing dual standards of care. It is not uncommon practice for QA programs to include random sampling. All measures you take to monitor your processes are better than doing less or nothing at all. I can understand the difficulty of placing scopes in quarantine while awaiting the lab results. There is a testing device for endoscopes on the market for detecting gram negative bacteria such as CRE, which gives a result in 10 minutes. So it would be possible to actually conduct this rapid enzyme-based reaction test on an endoscope just prior to use on a patient.

**Q** I would like information on the prevac sterilization processing of instruments that have the same sterilization temperature (270 degree) but different exposure times such as 4 min., 6 min., 10 min., etc. Can they be processed together at the greatest exposure time?

**A** It is likely that most general, noncomplex metal instruments can be sterilized together at the longer exposure time but you will need to be sure that the specific devices can withstand the longer exposure times without causing harm or damage to the device. Check the IFUs and/or contact the manufacturer. **HPN**

*Ray Taurasi is Eastern Regional Director of Clinical Sales and Services for [Healthmark Industries](#). His healthcare career spans over three decades as an Administrator, Educator, Technologist and Consultant.*

