

Hilton Conference Centre, Düsseldorf, Germany





Simulated reprocessing model for flexible endoscopes: assessment of routine cleaning to prevent accumulation of build-up biofilm

### Ph.D. Wafi Siala<sup>1</sup>, Prof. Dr. Michel Delmée<sup>2</sup>, **Prof. Dr. Françoise Van Bambeke<sup>1</sup>**

<sup>1</sup>Laboratory of molecular and cellular pharmacology, Louvain Drug Research Institute, <sup>2</sup>Medical Microbiology, Institute of Clinical and Experimental Research,

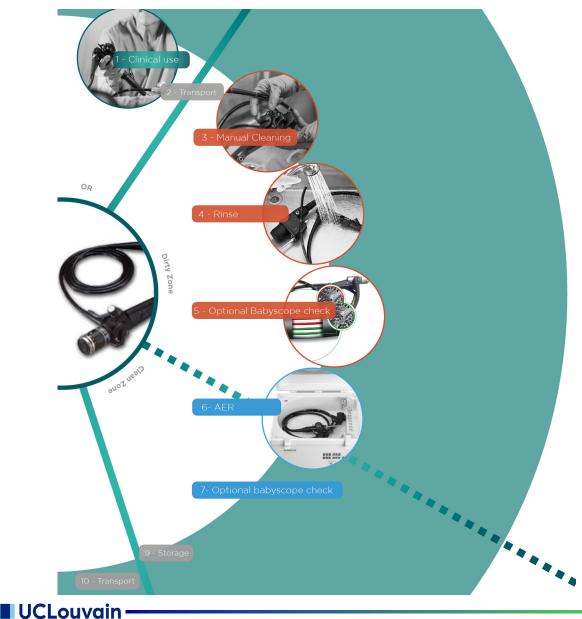
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### **Endoscope reprocessing**

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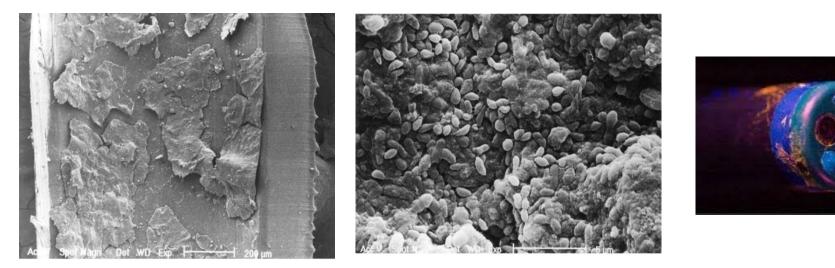
# Flexible endoscopes are reprocessed with a **low margin of safety** :

- Process subjected to human error
- Requires good training of staff
- Complex design of endoscopes
- High-Level disinfection is not sterilization
- Biofilms may form in endoscopes
- → Each step must be optimized to deliver endoscopes that are safe for patients

\*AER: Automated Endoscope Reprocessors



### **Biofilms in endoscopes**



Pajkos et al., J Hosp Infect. 2004;58:224-9.

« Build up biofilm forms due to the repeated exposure to disinfectants and to cycles of wet and dry phases. » (Alfa et al., BMC Infect Dis. 2009; 9: 56)

# → Biofilm-contaminated endoscopes are a permanent source of germs transmitted to patients

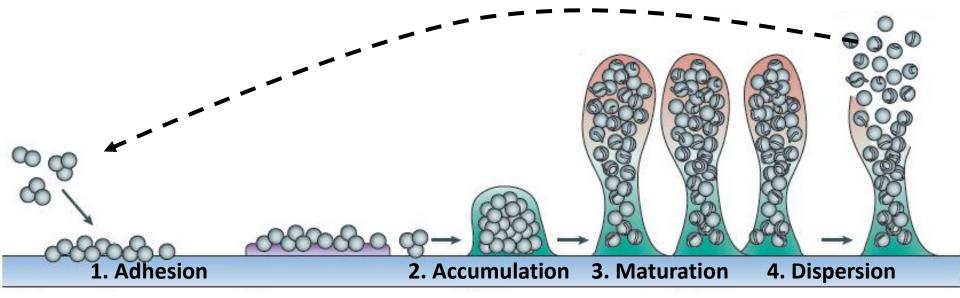




# The impact of biofilms on reprocessing

Biofilms are microbial communities, often composed of multiple species, developing on surfaces or at interfaces and encased in a self-produced matrix of polymers (EPS)

- They form where there is water, nutrients and the adequate temperature (... all of which can be found in a soiled endoscope)
- They are tolerant to high concentrations of biocides
- $\rightarrow$  Biofilms increase the cleaning challenge
- $\rightarrow$  If biofilms persist in endoscopes, they are a threat to patient safety



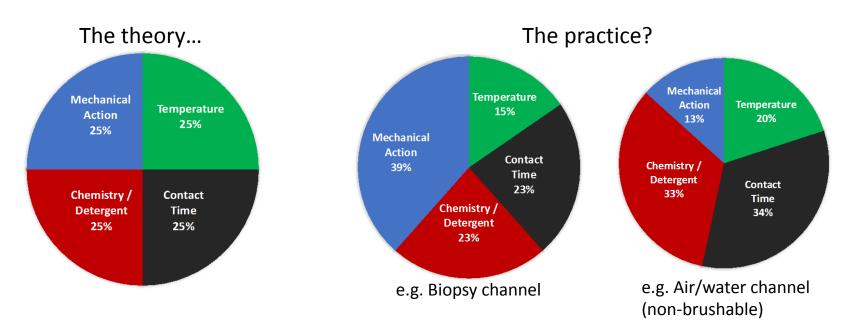
Otto, Nature Reviews Microbiology, 2009; 7: 555–56

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### The role of cleaning in endoscope reprocessing

Cleaning is the physico-chemical removal of all soils and bioburden, it is determined by **Sinner's cycle** :



• How can we make sure that cleaning will be effective?

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- What happens when the biofilm is forming is cleaning still effective?
- Is a more thorough cleaning procedure needed to prepare the endoscope for effective disinfection?





## The added value of models

Models can simulate the clinical reality and can be used to gather valuable information

For surgical instrument cleaning, the Fibrin PCD [Process challenge devices] model<sup>1</sup> provides the means to evaluate and compare detergents and cleaning processes on realistic but **worst-case soils** 

A build-up biofilm model was developed<sup>2</sup> to evaluate the efficacy of cleaning on **mature 8-days biofilms** 

The goal of the present study is to optimize a model to simulate the effectiveness of endoscope cleaning protocols **in conditions where early biofilm develops** 



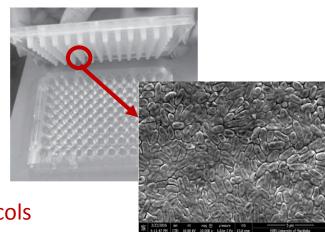
<sup>1</sup> Wehrl et al., ZentralSterilization 2018; 26:382-396

<sup>2</sup> Da Costa et al., J Microbiol Methods 2016;127:224-229

<sup>3</sup> Alfa et al., ZentralSterilization 2005; 13:387-402 - US patent 6,447,990

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### The in vitro model

#### **One cycle**

Simulated endoscope use -Incubation in ATS\* (30 min, 4h, 24h) at room temperature

Cleaning with detergent (10 ml/l, 5 min, 20 or 40°C)



2 x

Rinsing 2 x

Rinsing 2 x





Disinfection in peracetic acid (40°C, 3 min, 900 ppm)

### Quantification of residual biomass/bioburden by crystal violet staining

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\* Artificial Test Soil



### The in vitro model: tested cleaning agents

4 detergents representing different types of commercialized cleaning agents were tested:

- **M** = neutral detergent (pH = 8.5 in concentrate)
- **N** = enzymatic detergent (M + 5 % w/w protease)
- **O** = multi-enzymatic detergent (M + 5 % w/w protease + 2% w/w of amylase, cellulase and lipase)
- **P** = alkaline detergent (M adjusted to pH 12.5 with KOH)

Detergent M							
Category	Raw material	Mass (%)					
Solvents	Distilled water	50,0					
Stabilizer	4-Phenylboronic acid	2,5					
Stabilizer	Sodium formate	3,0					
Builder	GLDA	2,0					
Non-ionic Surfactant	Fatty alcohol ethoxylated - CAS : 27458-92-0	5,0					
Solvents	Glycerol	15,0					
Preservative	Methylisothiazolinone	0,5					
pH adjustment	Phosphoric acid	To pH 8.5					
Solvents	Distilled water	up to 100 %					

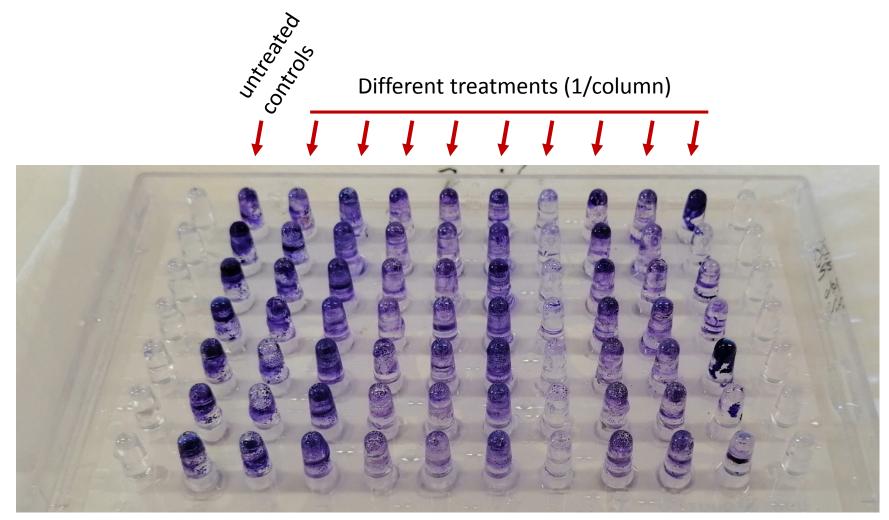
#### **Disinfectant used: Soluscope PAA**

(5% peracetic acid solution) diluted at 900 ppm active peracetic acid in the final solution according to manufacturer's instructions



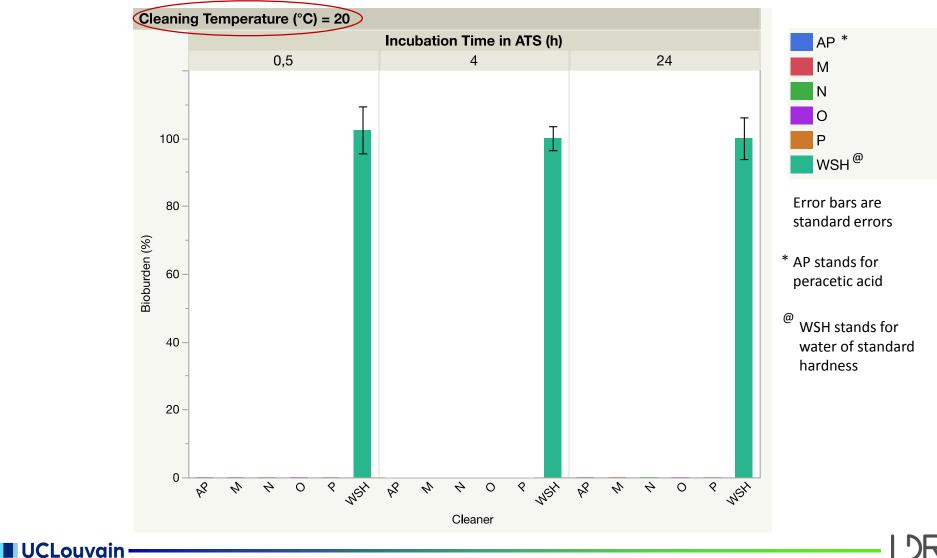
### **Results: biofilm formation on PEGs**

Example of the crystal violet colored substrates at the end of a cycle



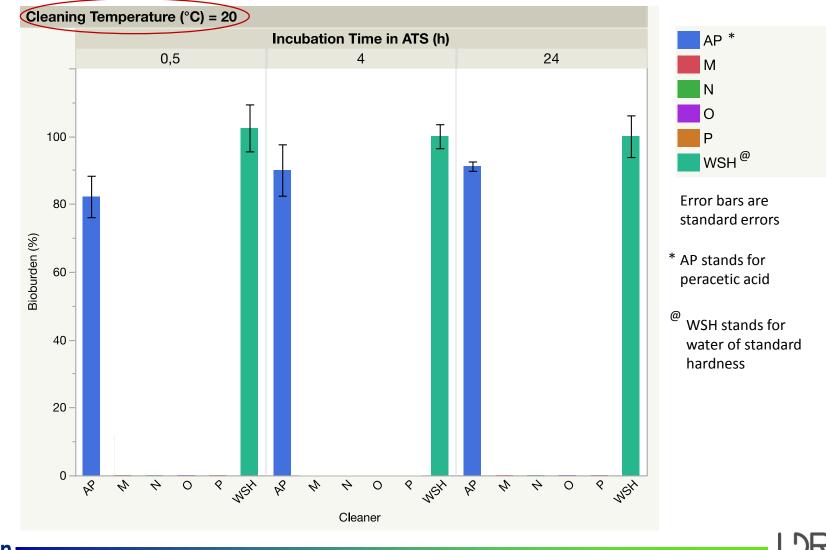


#### 30 min, 4 h and 24 hours incubation in ATS (1 cycle – 5 min cleaning time at 20°C)



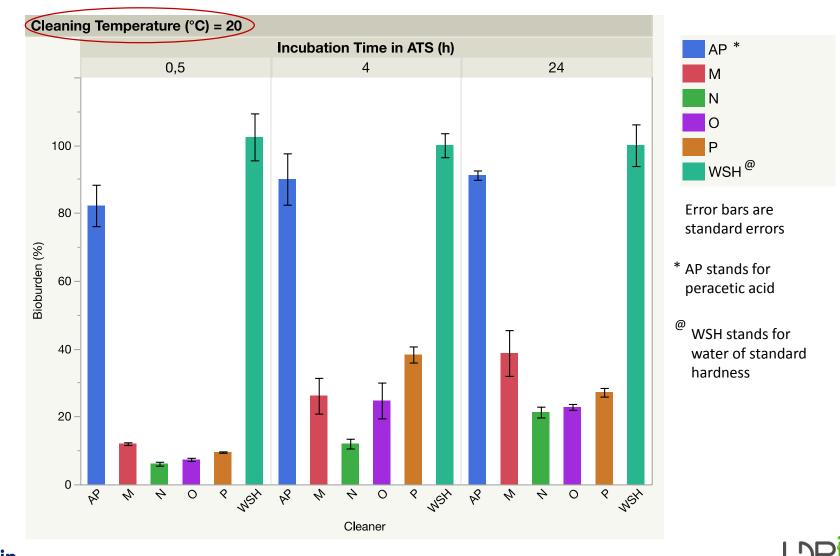
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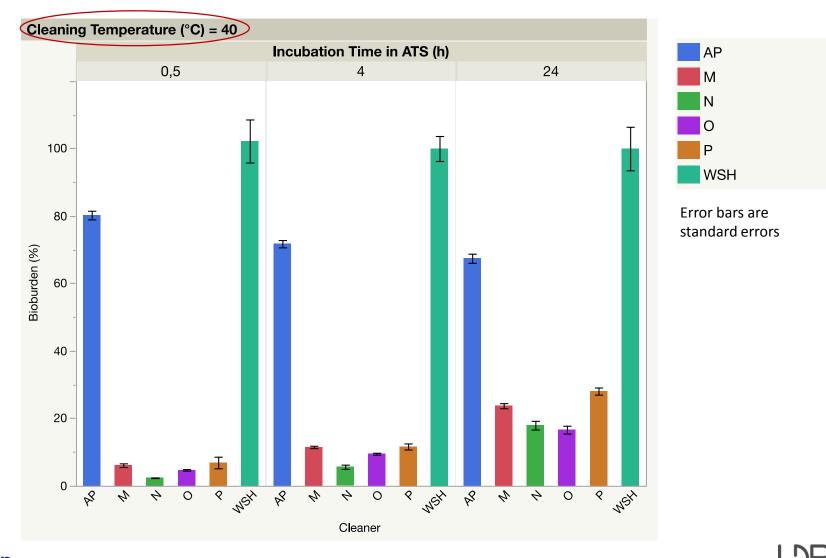
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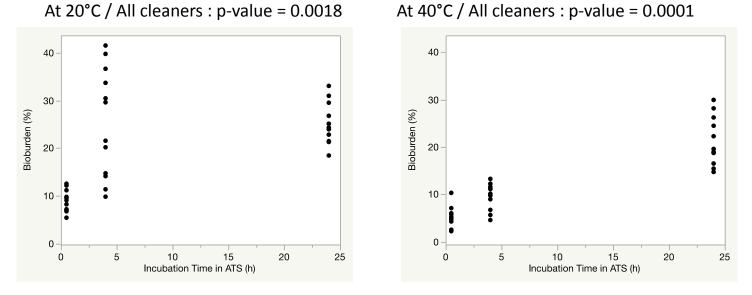
#### 30 min, 4 h and 24 hours incubation in ATS (1 cycle – 5 min cleaning time at 40°C)



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# Influence of incubation time in ATS and of cleaning t°

Relation between the ATS incubation time and the bioburden residue (controls excluded):

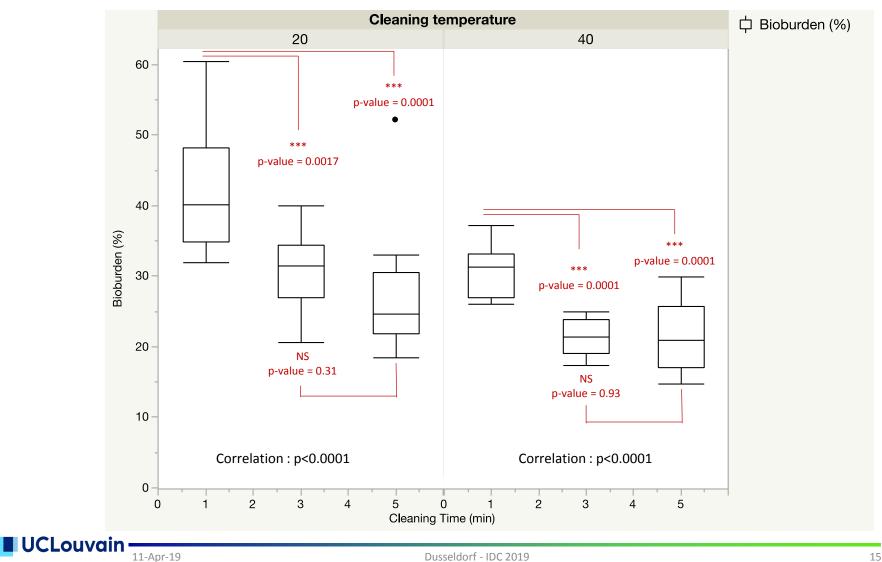


• Effect of cleaning temperature – all detergents pooled (controls excluded):

ATS incubation duration	Residual bioburden (%) @ 20°C	Residual bioburden (%) @ 40°C	P-value of Student T test		
30 min	8.7	5.0	*** 0.0004		
4 h	25.3	9.6	*** 0.0003		
24 h	27.5	21.6	* 0.0305		

# Influence of cleaning time

Different cleaning times (1 cycle – 24 hours incubation in ATS – all cleaners pooled – controls excluded)



# Statistical comparisons (One-way ANOVA)

Detergent efficacy comparison pooling data from 20°C and 40°C cleaning during 5 minutes (comparison of least squared means), treatments with different letters are statistically different)

ATS incubation time 30 min

ATS incubation time 4 h

ATS incubation time 24 h

Cleaner				Mean Bioburden (%)	Cleaner						Mean Bioburden (%)	Cleaner					Mean Bioburden (%)
WSH	Α			102.3	WSH	A					100.0	WSH	А				100.0
AP		В		81.2	АР		В				80.9	АР		В			79.3
М			С	9.0	М			С	D		18.8	Μ			С		31.2
Р			С	8.2	Р			С			25.0	Р			С		27.6
0			С	6.0	0				D		17.1	0				D	19.7
Ν			С	4.2	N					Е	8.8	N				D	19.6

#### **Observations:**

- After 30 min of incubation in ATS : No discrimination between cleaners
- After 4 hours of incubation in ATS : detergent N (enzymatic) performs best
- After 24 hours of incubation in ATS : detergent N & O (enzymatics) perform best

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### Conclusions

- The proposed in vitro model enables simulation of reprocessing of soiled medical devices (e.g. endoscopes) taking into account biofilm formation
- Longer incubation time in ATS resulted in overall reduction of cleaning efficacy probably due to biofilm buildup
- A cleaning time of 3 minutes seems to be as effective as 5 minutes (all data together) but it may be cleaner dependent
- When biofilm starts to form (4 h and 24 h incubation) enzymatic formulations were performing better than neutral and alkaline cleaners in this model
- A higher cleaning temperature was found to provide better cleaning efficacy at all incubation times (all cleaners pooled)



### **Perspectives**

- Monitor the levels of cultivable bacteria (CFU) surviving reprocessing on top of bioburden
- Use the model to understand how commercially available products behave with respect to cleaning temperature, contact time and concentration

 $\rightarrow$  Valuable information to optimize cleaning phases in reprocessing

- Repeat the ATS incubation / reprocessing cycles 2, 3 and 4 times to determine whether further accumulation of bioburden occurs (Preliminary data suggest otherwise)
- Use other bacterial species or multi-species inoculum in ATS
- Validate model reproducibility with other laboratories



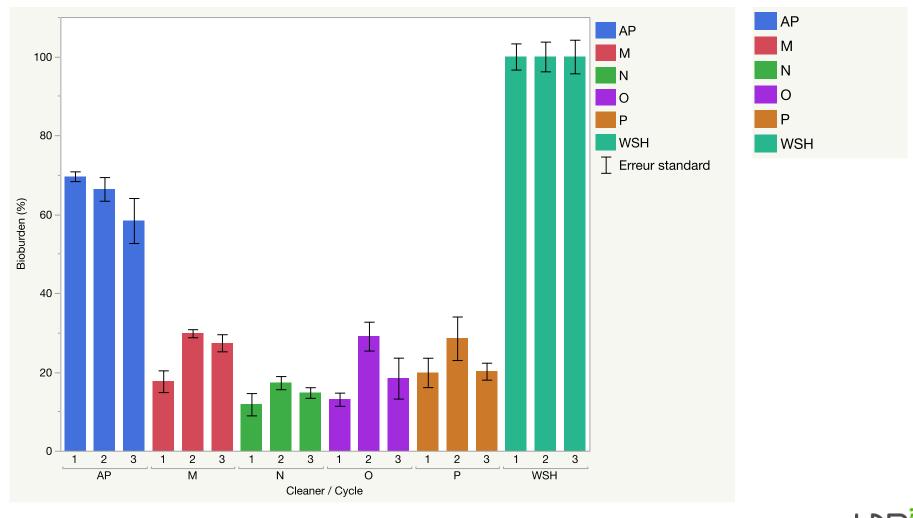


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### **Appendix – Repeated cycles**

- 1, 2 or 3 cycles or use-reprocessing with 4 hours incubation in ATS (5 min cleaning time at 40°C)
- ightarrow No marked trend of biofilm buildup or reduction



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## **Appendix – Comparison of commercial cleaners**

#### 1 cycle or use-reprocessing with 24 hours incubation in ATS (3 min cleaning time at 20°C)

- E = mild-alkaline, enzymatic cleaner
- F = neutral, multi-enzymatic cleaner

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- G = neutral, multi-enzymatic cleaner
- H = neutral, multi-enzymatic cleaner with biocidal activity

