




SPECIAL CONSIDERATIONS FOR ENDOSCOPY AND VARIANT CREUTZFELDT - JACOB DISEASE (VCJD) GUIDELINE	
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1.0 Purpose

To ensure that the potential risk of transmission of vCJD is minimised.

2.0 Definition of Term

Creutzfeldt-Jacob Disease (CJD). One of the transmissible spongiform encephalopathies which can occur in people or animals. The disease is characterised by degeneration of the nervous system and is invariably fatal. The precise nature of the agent that causes CJD. is not known, but the most likely theory implicates an abnormal form of protein called a "prion". The abnormal prion protein induces the normal protein to alter its shape. This leads to destruction of the nervous tissue. New variant (nvCJD) differs from classic CJD in its clinical presentation, younger age 19-42 years, and neuropathy. The Spongiform Encephalopathy Advisory Committee (SEAC) concluded that the most likely explanation for the emergence of nvCJD was that it had been transmitted to people through exposure to Bovine Spongiform Encephalopathy (BSE). The Incubation period for nvCJD is lengthy, between 10-30 years. During this time the affected person has the potential to transmit the disease during the course of an endoscopic procedure. (AORN 2004, BSG 2003).

3.0 Responsibility


All staff involved in endoscopic procedure must ensure that the correct procedures are followed to minimise contamination and maximise cleaning.

4.0 Guideline

- Endoscopy should be avoided whenever possible in patients with suspected or confirmed vCJD.
- When an endoscopic procedure is deemed absolutely necessary the ENT CNM 1, Infection Control Team and Risk Management must be notified prior to the procedure being carried out. It is the ultimate responsibility of the Consultant in Charge to inform the Infection Control Team and the ENT CNM 1
- A dedicated or 'Quarantined' scope must be used.
- Ideally single use equipment should be used

5.0 Procedure

- The Clinical Nurse Manager in Endoscopy and the Infection Control Team must be notified of the procedure to be performed. Adequate time must be given to allow the CNM to decide which scope is to be used, prepare the room, obtain the necessary disposable equipment and commence the unit protocol for scope decontamination / storage.
- A designated wash station (sealed box) must be identified and used solely for the manual washing of scopes used on suspected VCJD cases.
- *Following the procedure, the endoscope must undergo manual cleaning using disposable cloths. This procedure must be performed in the designated wash station.*

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- Decontaminate scope manually.
- In the event that a leak *test fails and the manufacturer* indicate that repairing the scope is not possible, the scope must *be destroyed by incineration*. The scope must be placed in a sealed bio-hazard container for transport.
- As there is not a designated quarantine scope in the department the Clinical Nurse Manager will make a decision which scope will be used. This scope will then be quarantined. The location will be subsequently made known to all those involved in endoscopy procedure, Infection Control Team and Risk Management.
- Where an alternative diagnosis has been made on a suspected case of vCJD, the scope may be removed from quarantine, processed in the normal manner and put back into circulation.
- Where a definitive diagnosis of vCJD has been made, THE SCOPE MUST BE SENT FOR INCINERATION. The scope must be placed in a sealed biohazard container for transport.

6.0 References

HSE Standards and Recommendations for Endoscope Reprocessing 2012 Version 2.2

Our Lady's Children's Hospital, Crumlin, Dublin, *Infection Control Policies and Guidelines*, 2007

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