Guidelines for Reprocessing Ultrasound Transducers:2025 - Feedback form

We recommend that you access the DRAFT ***Guidelines for Reprocessing Ultrasound Transducers: 2025*** document on a separate window to support your answers

* Required

1. I'm responding to this feedback as a *

- ☐ Individual
- ☒ On behalf of an organization

2. If you are responding on behalf of an organization, please provide the name of the organization

The Australian and New Zealand College of Anaesthetists (ANZCA)

Contact: policy@anzca.edu.au

3. The Guideline sufficiently covers the topic of reprocessing reusable ultrasound equipment. *

- ☐ Strongly Agree
- ☒ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

4. The Guideline recommendations adequately address the initial cleaning and device inspection.
*

☐ Strongly Agree

☒ Agree

☐ Neutral

☐ Disagree

☐ Strongly disagree

5. The Guideline recommendations adequately address the disinfection process.
*

☐ Strongly Agree

☒ Agree

☐ Neutral

☐ Disagree

☐ Strongly disagree

6. The Guideline presents clear definition and applications applicable to non- invasive ultrasound inducers.
*

☐ Strongly Agree

☒ Agree

☐ Neutral

☐ Disagree

☐ Strongly disagree

7. The Guideline presents clear definition and applications applicable to 1nvas1ve ultrasound inducers.
*

☐ Strongly Agree

☒ Agree

☐ Neutral

☐ Disagree

☐ Strongly disagree

8. The Guideline recommendations adequately address quality assurance management.
*

☒ Strongly Agree

☐ Agree

☐ Neutral

☐ Disagree

☐ Strongly disagree

9. The Guideline recommendations adequately address infection prevention and control considerations for ultrasound equipment.
*

☐ Strongly Agree

☐ Agree

☒ Neutral

☐ Disagree

☐ Strongly disagree

10. Table 2 presents clear recommendations for the storage of reusable ultrasound devices in accordance with AS5369:2023.
    *

    ☐ Strongly Agree

    ☒ Agree

    ☐ Neutral

    ☐ Disagree

    ☐ Strongly disagree

11. The Guideline presents appropriate general recommendations.
    *

    ☐ Strongly Agree

    ☒ Agree

    ☐ Neutral

    ☐ Disagree

    ☐ Strongly disagree

12. The Guideline are clearly set out and easy to read?
    *

    ☒ Strongly Agree

    ☐ Agree

    ☐ Neutral

    ☐ Disagree

    ☐ Strongly disagree

13. What could be added or taken out? *

ANZCA is commenting from the perspective of the use of ultrasound transducers in procedures involving percutaneous diagnosis (intact skin TTE), percutaneous procedures (eg vascular access (peripheral venous and arterial, central venous), perineural (regional) blockade, and TOE).

The scope states “This guideline focuses on reusable ultrasound equipment that does not require, or is not suitable for, sterilisation.”. Hence this excludes TOE probes, which undergo HLD (eg UV-C).

14. Do you have comments in respect to the tone, format, readability and applicability of the guideline? *

Please clarify in point 4.1 "…If this is not possible, reprocessing and patient care should not take place simultaneously.". Patient care is a broad term. US probes are often cleaned and inspected in the same procedure room as the patient, including when a probe cover has been used. It might reflect more practical advice that the final disinfection (or sterilisation) should be undertaken in a patient-free environment.

Transducer covers are mentioned (5.4) and 5.5.3 "Incorporating ultrasound transducers into a procedural aseptic technique will often demand additional aseptic precautions being employed such as the use of sterile transducer covers, sterile gel, and sterile gloves." Section 6.1 provides very helpful guidance, however it is not explicitly stated that when sterile transducer covers are used: 1. The user should ensure that the cover provides a barrier to all components of the transducer and cabling that are in the sterile field (including where handled by the proceduralist who has sterile gloves); 2. The appropriately covered transducer (and cable) is considered non-critical from a disinfection perspective despite being used in an invasive role (eg non-intact skin). This is important as, in Section 6.2, it should be noted that many devices used intraoperatively within sterile fields (including deep in operative sites) are in current practice covered by a sterile sheath and considered non-critical as a result. These include epi-aortic ultrasound transducers in cardiac surgery, doppler probes in microvascular (free flap) surgery and (non-ultrasound) gamma counter probes used to identify lymph nodes during breast cancer surgery. The barrier provided by the sterile transducer sheath should be explicitly stated to render the transducer (and covered cable) itself non-critical.

Section 6.1.2 . Please include in examples 'ultrasound guided regional anaesthesia blocks'

15. Do you see any barriers to implementing the guideline, if so please give details? *

Implementation may well be challenging if the points raised above regarding a sterile sheath as a probe cover are not clarified. This is especially in relation to clarifying the status of the transducer and cable.

Table 4. (i) ANZCA (*Professional document PG28 Infection prevention and control*) considers that single-shot regional anaesthetic blocks (ie "simple therapeutic injection") should require a sterile ultrasound transducer cover to be used. (ii) Table 4 is silent in the placement of indwelling catheters (eg perineural catheters) for local anaesthetic infusion (potentially over a number of days). The principle as for "used for peripheral vascular catheter insertion" should be applied ie sterile sheath 'required'.
Section 6.2 Table 5 (see above) If sterile sheath is used appropriately then the ultrasound transducer (and covered cable) is non-critical and does not require HLD or Sterilisation.

16. Do you know of tools or additional information that may make the guideline more user friendly in an Australasian setting? *

As a binational organization, we understand 'Australian and New Zealand' to be a preferred term to 'Australasian' unless referring to an organisation's official name.

Other comments, please see above.

Thank you for the opportunity to feed back.