3M℠ Health Care Academy

Sterilization Quality Control for the ASC

Location: **Date**

Disclosure

Name
Title
email
3M Medical Solutions Division

Disclaimer

Important Information:

The content of this webinar is based on current United States information including regulations, standards, guidelines, and practices as of [date].

Requirements in other countries may be different and US guidance may change in the future.

Always consult product *Instructions For Use* and follow local laws and regulations.

This presentation contains an overview of general information and should not be relied upon, in isolation, to make specific decisions.

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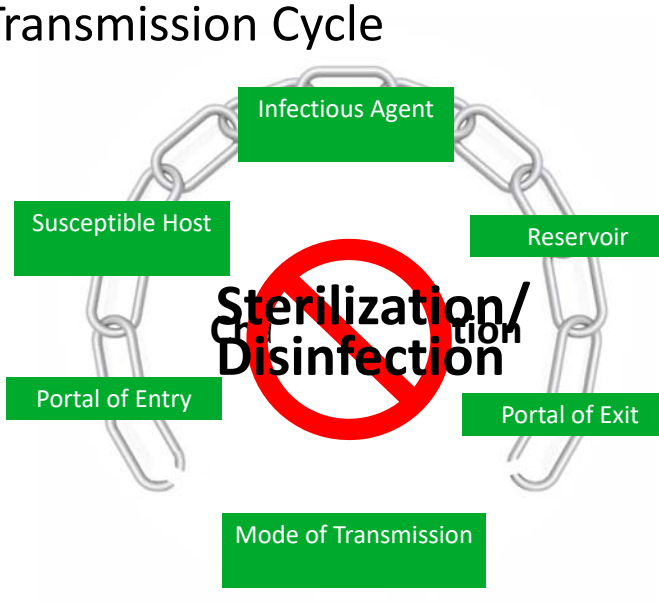
Disease Transmission Cycle



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Accreditation - The Joint Commission

Most Challenging Ambulatory Health Care Standard for 2019

- **IC.02.02.01 – The organization reduces the risk of infections associated with medical equipment, devices, and supplies.**

Compliance Tips

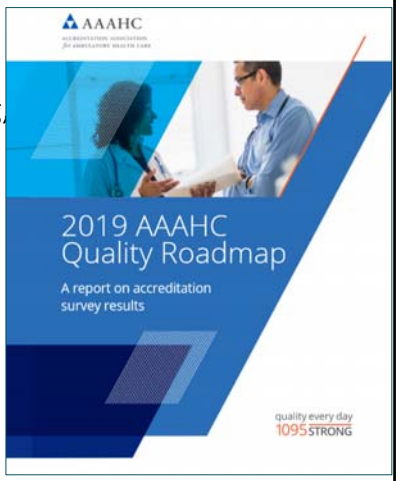
- Review MIFU for disinfectants, ultrasonic cleaners and sterilizers
- Staff education/competency assessment
- Periodic review of quality logs
- Adherence to MIFU, evidence-based guidelines, and facility policy

Joyce Webb, RN, BSN, MBA Project Director, Division of Standards and Survey Methods, The Joint Commission
https://www.jointcommission.org/resources/news-and-multimedia/blogs/ambulatory-buzz/2020/09/02/top-10-most-challenging-ambulatory-care-standards-in-2019/

AAAHC – 2019 Quality Roadmap

QC-related Instrument/Equipment Reprocessing Findings

- Insufficient (or no) monitoring and documentation of cleaning, HLD and sterilization; failure to follow manufacturer's instructions for use
- Sterile packages missing both internal and external indicators
- Missing processing date of sterilized packs
- Biological indicator testing done monthly, instead of weekly, per CDC guidelines



AAAHC REPORT IDENTIFIES AREAS OF COMPLIANCE AND OPPORTUNITIES FOR IMPROVEMENT
https://www.aaahc.org/aaahc-report-identifies-areas-of-compliance-and-opportunities-for-improvement/
Accessed 7/27/2020

Learning Objectives

- Review sterilization modalities typically used in the ASC setting
- Describe available sterilization monitoring tools
- Discuss current guidelines and recommended practices for quality control monitoring of steam and vaporized hydrogen peroxide sterilization processes

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Sterilization – Guidelines/Recommended Practices

2020 Edition AORN *Guidelines for Perioperative Practice.* AORN Inc.

ANSI/AAMI ST79:2017 – *Comprehensive guide to steam sterilization and sterility assurance in health care facilities*

ANSI/AAMI ST58:2013 (R2018) *Chemical sterilization and high level disinfection in health care facilities*

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Basic Definitions

Cleaning	High-Level Disinfection (HLD)	Sterilization
• **Removal** of organic soil • Microbes and soil can still be present • Device can still be infectious	• Microbial **kill** under defined conditions • Not all spores are killed • Effectiveness dependent on meticulous cleaning	• **Kills** all living organisms including spores • Effectiveness dependent on meticulous cleaning

Critical Devices Require Sterilization

"Prepare a sterile field for patients undergoing operative or other invasive procedures"

"Only sterile items should come into contact with the sterile field."

AORN 2020, *Guideline for Sterile Technique*, Recommendations 3.1 and 3.7.

Review sterilization modalities typically used in the ASC setting

Sterilization processes used in ASCs

High Temperature

Steam

"Saturated steam under pressure should be used to sterilize heat- and moisture-stable items unless otherwise indicated by the device manufacturer."

AORN 2020, *Guideline for Sterilization*, Recommendation 5.1

Sterilization processes used in ASCs

High Temperature

Steam

Low Temperature (chemical processes)

Ethylene oxide

Vaporized hydrogen peroxide

with plasma (e.g. Sterrad™)

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Sterilization processes used in ASCs

High Temperature

Steam

Low Temperature (chemical processes)

Ethylene oxide

Vaporized hydrogen peroxide

with plasma (e.g. Sterrad™)

without plasma (e.g. V-PRO® Systems)

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Steam Sterilization

- Fast
- Effective
- Inexpensive
- Technologically well understood
- Relatively easy to use
- Items can be packaged and maintained sterile
- No hazardous residues after sterilization

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Steam Sterilization

Three critical variables for steam sterilization to be effective:

Time

Temperature

Steam

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Steam Quality - NCGs

Non-condensable gases (NCGs) in the steam or chamber will prevent uniform and effective condensation, resulting in inadequate sterilization conditions.

What is the most common non-condensable gas?

AIR!!

Steam Sterilization Cycle Types
Goal: Air removal

Gravity displacement

- Steam into the top of the chamber drives air out the bottom

Dynamic air removal

- Pre-Vacuum
  - Series of vacuum pulls/pressure pulses to drive air out
- Steam Flush Pressure Pulse (SFPP)
  - Positive pressure steam pulses with gravity flush

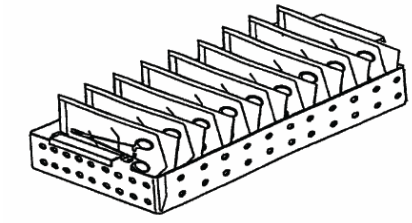
Loading the Steam Sterilizer - Instrument Sets

Place instrument sets and rigid containers horizontally

- To maintain distribution of metal mass
- Allow air removal
- Sterilant penetration
- Condensate drainage
- Drying
- Prevents shifting of set contents

ANSI/AAMI ST79:2017, Section 10.1.3

Loading the Steam Sterilizer - Paper-Plastic Pouches



- Used for small, lightweight, low-profile items
- Closed so that seals are smooth
- Double pouch only if validated by manufacturer

ANSI/AAMI ST79:2017, Sections 9.5.4 and 10.1.2
Sketch reprinted from ANSI/AAMI ST79:2010 & A1:2010 & A2:2011 &A3:2012 with permission of Association for the Advancement of Medical Instrumentation, Inc. © 2012 AAMI

Loading the Steam Sterilizer - Solid-bottom pans and Basins

Place items tilted on edge and oriented in the same direction for:

- Condensate drainage
- Displacement of air
- Rapid, even distribution of steam throughout the load

ANSI/AAMI ST79:2017, Section 10.1.5

Loading the Steam Sterilizer - Rigid Sterilization Container Systems

Inspect before each use

- Latching mechanism, valves, gasket, etc.

Place flat on shelf below absorbent items

Stack only if indicated by manufacturer

Do not stack containers from different MDMs

ANSI/AAMI ST79:2017, Sections 9.8 and 10.1.6

Unloading the Steam Sterilizer

Verify sterilization parameters

Remove cart and place in a low traffic area, no air-conditioning cold-air-vents

Allow items to cool to room temp before handling

- May use infrared thermometer

Do not touch items during the cooling process

- Could wick bacteria from hands into packaging

Do not transfer warm items to a cool metal rack or shelving (could cause condensate to form → contamination

ANSI/AAMI ST79:2017, Section 10.3; AORN Guideline for Sterilization, RP 5.4

VH2O2 Sterilization

Vaporized hydrogen peroxide sterilization

Advantages	Limitations
High efficacy	Materials compatibility
Rapid activity	Penetrability
Cost effectiveness	Organic material resistance
Monitoring capability	Toxic
	Technique Sensitive

Vaporized hydrogen peroxide sterilizer options

Advanced Sterilization Products (ASP)® - "*the plasma sterilizers*"

STERRAD® 100S

STERRAD® NX

STERRAD® 100NX

Vaporized hydrogen peroxide sterilizer options

STERIS® - *"the V-PRO® family"*

V-PRO® maX 2

V-PRO® maX

V-PRO® 1 plus

V-PRO® 1

V-PRO® 60

VH2O2 Sterilization Critical Parameters

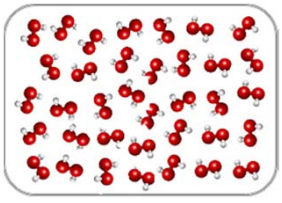
Variable identified as being essential to the attainment of sterilization

ISO 11140-1:2014

Sterilization of health care products — Chemical indicators — Part 1: General Requirements

Time

Temperature



Hydrogen peroxide concentration

VH2O2 sterilant delivery methods

Different technologies: different H_2O_2 delivery containers

Fixed Volume Injection

- Single-dose capsules
- Multiple-use cup

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Safe and effective use of VH2O2 in healthcare

- Adhere to the sterilizer chamber loading weight limits
  - Limits on weight and device types per models and cycles is complex!
  - Always refer to the sterilizer manufacturer's instructions for use
- Adhere to loading weight limits for rigid containers
- Assure packaging and devices are adequately dry
- Double check the packaging is labelled for VH2O2 sterilization
- Double check device is labeled for VH2O2 sterilization
- Reduce or stop the use of extraneous materials in VH2O2

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VH2O2 Sterilizer chamber loading practices

Follow sterilizer IFU

Example – Sterrad® 100S

- *Allow 1 inch from top of load and the electrode*
- *Allow 1 inch between packages in the load*
- *Place packages flat on shelves in a single layer*
- *Do not stack trays*

*STERRAD® 100S Instrument Processing Guidelines AD-51825-01 US_C

VH2O2 Sterilizer Chamber loading practices

STERRAD® 100NX® Express cycle

EXPRESS
Load Preparation: Bottom shelf only
(10.7 lbs or 4.85 kg)

EXPRESS
Load Preparation: Bottom shelf only
(10.7 lbs or 4.85 kg)

*STERRAD® 100NX System Cycle Selection AD-090152-0-CT_C

How does an ASC determine which sterilization processes to run?

- Sterilization Modality?
  - Steam
    - Method of air removal
    - Temperature
    - Exposure time
    - Dry time

By consulting the device manufacturers' Instructions for Use (IFU)
Online resource: oneSOURCEdocs.com

ANSI/AAMI ST79:2017, Section 10.2.2

Healthcare Facility Responsibility

Obtain and adhere to manufacturer's written instructions

- ***Cleaning***
- ***Packaging***
- ***Sterilization modality***
- ***Cycle type***
- ***Exposure time***
- ***Exposure Temperature***
- ***Drying time (if recommended)***

IFUs should be accessible to staff performing sterilization

Steam: Reconcile cycle parameter differences between the Sterilizer Manufacturer, Device Manufacturer, and Packaging Manufacturer

VH2O2: Device manufacturer and packaging manufacturer should both reference the same sterilizer model and cycle type

AORN 2020 Guideline for Sterilization, RP I.4

Describe available sterilization monitoring tools

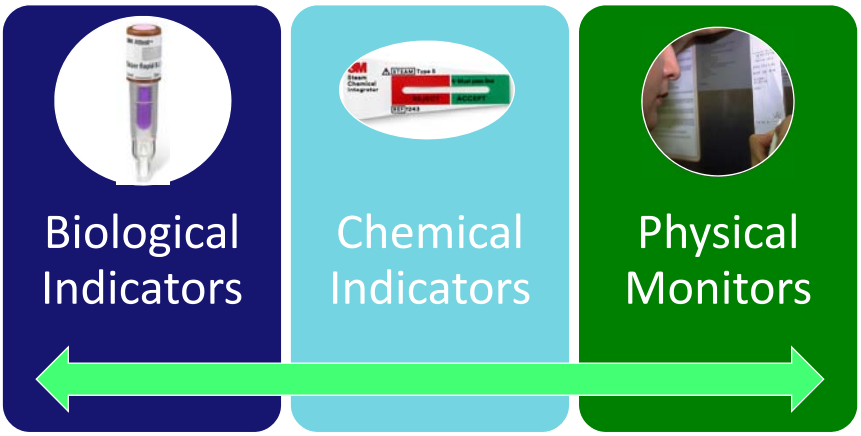
Sterilization Process Monitoring

Goal of the sterilization process?

- To kill microorganisms!
  - *You can't see sterility!*
  - *You can't test sterility of processed devices in your ASC in any practical way!*

We use several monitoring tools to gather information about the process to demonstrate the process was effective

Sterilization Process Monitoring Tools



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Biological Indicators for Sterilization Monitoring

Test systems containing viable microorganisms providing a defined resistance to a specified sterilization process

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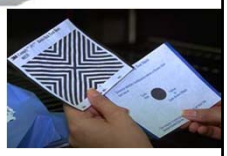
Chemical Indicators for Sterilization Monitoring

- *Devices used to monitor the presence or attainment of one or more of the parameters required for a satisfactory sterilization process, or used in specific tests of sterilization equipment*



Primary Applications

1. Exposure Indicators (outside every pack)
2. Internal Chemical Indicators (inside every pack)
3. Sterilizer Test Indicators

ANSI/AAMI/ISO 11140-1:2014, ANSI/AAMI ST79:2017 Section 13.5.2, ANSI/AAMI ST58:2013 (R2018) Section 9.5.3

Types of Chemical Indicators

Type 1 Process Indicators (external)

Type 2 Indicators for use in specific tests

(e.g. Bowie-Dick test)

Internal

Type 3Single variable Indicators (internal)

Type 4 Multi-variable Indicators (internal)

Type 5 Integrating Indicators (internal)

Type 6 Emulating Indicators (internal)

There is no hierarchical significance to the types

ANSI/AAMI/ISO 11140-1: 2014, ANSI/AAMI ST79:2017 section 13.5.2

Discuss current guidelines and recommended practices for quality control monitoring of steam and vaporized hydrogen peroxide sterilization processes

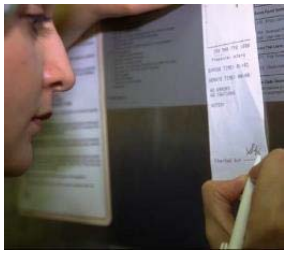
ANSI/AAMI ST79 Section 13
Steam Sterilization Process Monitoring

Four levels of testing . . .

1 Routine load release	Testing of each non-implant and implant load
2 Routine sterilizer efficacy monitoring	Establishing a regular pattern of testing the efficacy of the sterilization process
3 Sterilizer qualification testing	Testing of the sterilizer after events occur which could affect the ability of the sterilizer to perform
4 Periodic product testing	Testing of routinely processed items to ensure the effectiveness of the sterilization process and to avoid wet packs

ANSI/AAMI ST79:2017, Section 13

Routine Load Release Nonimplants



- Physical monitors
- External process indicator (Type 1) on every package
- Internal CI (preferably Type 5 or 6) inside every package
- Optional monitoring of load with a PCD containing a
  - BI
  - BI and a Type 5 CI
  - Type 5 integrating indicator
  - Type 6 emulating indicator
- Evaluation of all data by an experienced, knowledgeable person
- Do not distribute load if any data suggests a sterilization process failure

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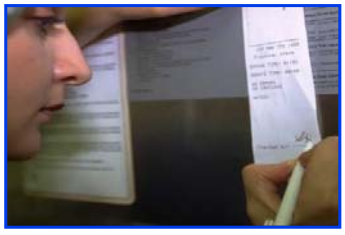
Physical Monitors

Physical monitor checked for every cycle to verify correct cycle was selected and cycle parameters were met



"Sterilizers that do not have recording devices should not be used, with the exception of sterilizers used together with accessory recording devices or printouts."

ANSI/AAMI ST79:2017, Section 13.5.1

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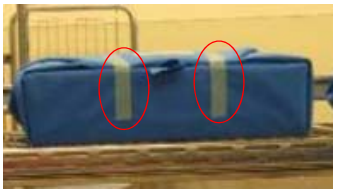
Exposure indicators (External CIs)

For visual confirmation that the pack or package was exposed to the process

Every packaged item should have an external process indicator (Type 1)

Do not provide information on the quality of the sterilization process

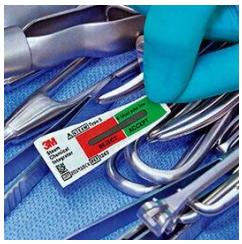


ANSI/AAMI ST79:2017, Section 13.5.2.2.1

Internal Chemical Indicators (CI)

Place a chemical indicator inside every package

- ✓ Can be Type 3, 4, 5, or 6 but **preferably** a Type 5 or Type 6 CI



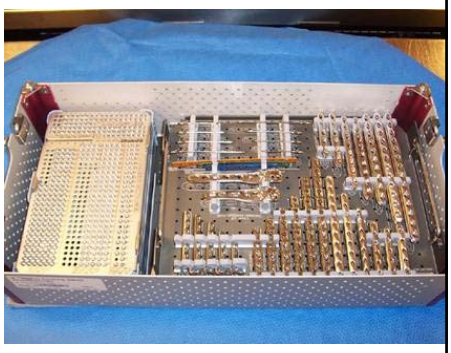
ANSI/AAMI ST79:2017, Section 13.5.2.2.2

Steam Sterilization Quality Control

Implants vs Non-Implants

AAMI & AORN place the highest level of quality control test requirements on loads that contain an implant

Rationale is that implants present the highest level of risk



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Routine Load Release Implants

- Physical monitors
- External process indicator (Type 1) on every package
- Internal CI (preferably Type 5 or 6) inside every package
- A PCD containing a BI and a Type 5 integrating indicator
- Evaluation of all data by an experienced, knowledgeable person
- Do not distribute load if any data suggests a sterilization process failure

- The load should be quarantined until the results of the BI testing are available
- Type 5 integrating indicator used to release implant in emergency situations

ANSI/AAMI ST79:2017, Sections 13.6.3, Table 2

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Early Release of Implants

If documented medical exceptions dictate release of implant before BI result:

- Exception Form for Premature Release of Implantable:
  - Name of implant
  - Name of patient
  - Name of surgeon
  - Reason for premature release
  - **What could have prevented the premature release**

ANSI/AAMI ST79:2017 13.6.3 and Annex K

Annex K

Exception Form for Premature Release of Implantable Device/Tray

NOTE—In a documented emergency situation, implantable devices will be released from quarantine in Central Service without the biological monitor result. This form should accompany the implant to the Operating Room. Operating Room personnel should complete this form and return it to Central Service within 24 hours.

PLEASE COMPLETE ALL INFORMATION:

DATE: _____ SHIFT: _____ TIME: _____ AM PM

PERSON COMPLETING THIS REPORT IN CENTRAL SERVICE: _____

The following implantable devices/trays were prematurely released to the Operating Room:

_____

_____

_____

NAME OF OR PERSON REQUESTING PREMATURE RELEASE OF DEVICES:

_____

OPERATING ROOM REPORT:

PATIENT NAME: _____

SURGEON NAME: _____

TIME OF PROCEDURE: _____ AM PM DATE: _____

REASON PREMATURE RELEASE WAS NEEDED: _____

_____

_____

_____

WHAT COULD HAVE PREVENTED PREMATURE RELEASE OF THIS DEVICE? TRAY? _____

_____

_____

_____

NAME OF OR PERSON COMPLETING THIS REPORT: _____

DATE REPORT COMPLETED: _____ FORM RETURNED TO CENTRAL SERVICE ON: _____

_____

Figure L.2—Exception form for premature release of implantable device/tray

Routine Sterilizer Efficacy Monitoring

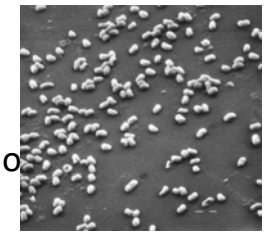
- **Divided into sections**
  - Sterilizers larger than 2 cubic feet
  - Table-top sterilizers
  - Gravity-displacement cycles

Photo courtesy of Rose Seavey, The Children's Hospital – Denver

ANSI/AAMI ST79:2017, Section 13.7

Routine Steam Sterilizer Efficacy Monitoring

- Biological indicators containing *Geobacillus stearothermophilus* spores
- Select a BI that is suitable for use in the specific sterilizatio cycle
- Frequency: BI PCD should be used for routine sterilizer efficacy monitoring at least weekly, but preferably every day that the sterilizer is in use



Geobacillus stearothermophilus spores (ATCC 7953)

ANSI/AAMI ST79:2017, Section 13.5

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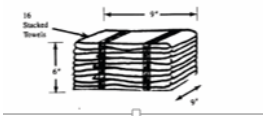
BI Process Challenge Device (PCD)

"Item designed to constitute a defined resistance to a sterilization process and used to assess performance of the process."

- User assembled PCD
  - Challenge test pack or tray (e.g., AAMI 16-towel pack, gravity IUSS containment device, representative table-top PCD)
- Pre-assembled, commercially available PCD
  - FDA Cleared
  - Note: not available for table-top sterilizers



ANSI/AAMI ST79:2017, Sections 2.9 and 13.5.4

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Routine Efficacy Monitoring with a BI PCD

Frequency of Monitoring with a BI PCD: Weekly, preferably daily

Sterilizers larger than 2 cubic feet

- AAMI 16 towel pack or commercially available disposable, FDA cleared BI PCD
- Commercially available PCDs recommended
- Full load on bottom shelf over drain
- Each cycle type should be tested

ANSI/AAMI ST79:2017, Sections 13.7,1, 13.7.2

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Routine Efficacy Monitoring Dynamic-air-removal IUSS

- Use a pre-assembled, commercially available BI PCD
- Monitoring of IUSS cycles may be done in an empty chamber (Table 1)

AAMI ST79:2017 Table 1 and Sections 13.7.2.1 and 13.8.4

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Routine Efficacy Monitoring with a BI PCD

Frequency of Monitoring with a BI PCD: Weekly, preferably daily

Gravity Displacement Sterilizers

- Representative BI PCD
- Test each type of tray configuration used
- Placed on bottom shelf over the drain
- Otherwise empty chamber

ANSI/AAMI ST79:2017, Sections 13.7.1, 13.7.4

Routine Efficacy Monitoring with a BI PCD

Frequency of Monitoring with a BI PCD: Weekly, preferably daily

Table top sterilizers

- BI PCD should be representative of the package or tray routinely processed, and most difficult to sterilize
- Contains items normally present during routine sterilization
- BI PCD placed in full load in cold point (check with sterilizer manufacturer)

ANSI/AAMI ST79:2017, Sections 13.7.1, 13.7.3

Biological Indicators - Positive Control

Incubate a positive control BI each day that a test BI is incubated in each incubator or auto-reader

- From same lot number as test BI

Purpose is to verify the test system is working and to ensure:

- Correct incubation conditions
- Viability of spores
- Capability of medium to promote growth
- Proper functioning of auto-reader and incubator

ANSI/AAMI ST79:2017, Section 13.7.2.4

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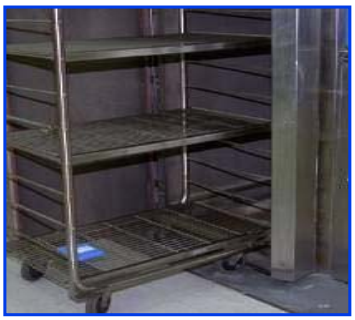
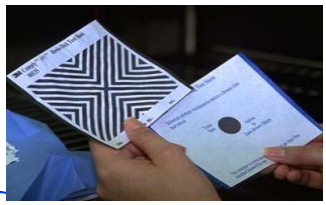
Routine Sterilizer Efficacy Monitoring

- Bowie-Dick Testing
  - **270-275ºF dynamic-air removal sterilizers (i.e., Pre-vacuum or vacuum-assisted sterilizers)**
  - **Run Bowie-Dick test pack:**
    - Empty chamber
    - Performed each day the sterilizer is used, before the first processed load





BD test sheet with uniform color change

ANSI/AAMI ST79:2017, Section 13.7.6

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Routine Steam Sterilizer Efficacy Monitoring
Pre-vac IUSS Sterilizer larger than 2 cubic feet

1. Warm-up Cycle
2. Bowie-Dick Test
3. BI PCD
4. Non-implant loads
5. BI + Type 5 CI PCD with any IMPLANT loads

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Routine Steam Sterilizer Efficacy Monitoring
Sterilizer larger than 2 cubic feet

1. Warm-up Cycle
2. Bowie-Dick Test
3. BI PCD
4. Non-implant loads
5. BI + Type 5 CI PCD with any IMPLANT loads

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ANSI/AAMI ST79:2017 Recall

"13.7.5 Actions to take when BIs, CIs, or physical monitors indicate a sterilization process failure"

"c) If the cause of the failure is not immediately identified, the load should be quarantined, and all loads back to the last negative BI should be recalled. Items in these loads should be retrieved, if possible, and reprocessed (see 13.7.5.2). The sterilizer in question should be taken out of service until the cause of the failure is identified and corrected."

ANSI/AAMI ST79:2017, Section 13.7.5

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ANSI/AAMI ST79:2017 Recall

"13.7.5 Actions to take when BIs, CIs, or physical monitors indicate a sterilization process failure"

"c) If the cause of the failure is not immediately identified, the load should be quarantined, and all loads back to the last negative BI should be recalled. Items in these loads should be retrieved, if possible, and reprocessed (see 13.7.5.2). The sterilizer in question should be taken out of service until the cause of the failure is identified and corrected."

ANSI/AAMI ST79:2017, Section 13.7.5

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Considerations for monitoring every steam sterilization load with a BI PCD:

Uniform standard of care

Highest level of quality control

Reduce risk of monitoring mistakes

Simplifies staff training

Minimize impact of a recall

Fast readout BIs facilitate frequent monitoring

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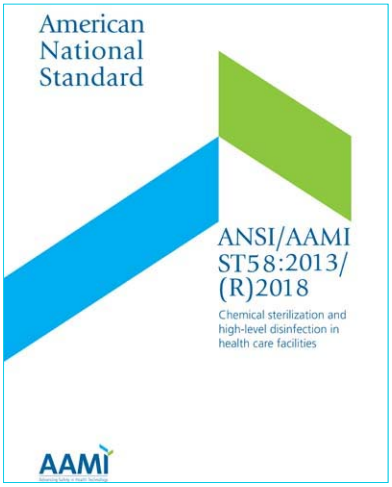
Sterilization Monitoring for Hydrogen Peroxide Systems



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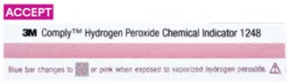
AAMI ST58:2013 (R2018) Section 9 Quality Control

9.5 monitoring gaseous chemical sterilization processes

- Physical Monitors
- Chemical Indicators
- Biological Indicators



AAMI ST58:2013 Section 9 Quality Control

9.5 monitoring gaseous chemical sterilization processes

Physical Monitors

… physical monitoring and other indicators of sterilizer performance should never be considered a substitute *for careful adherence to prescribed packaging and loading procedures … (AAMI ST58)*

- cycle identification number
- end of the cycle examine and interpret
- verify cycle parameters met and initial

AAMI ST58:2013 Section 9 Quality Control

Recommended Chemical Indicator (CI) Usage

- Exposure Control:
  external CI on every package

  "Using chemical indicators
  …..*A CI should be used on the outside of each package unless the internal indicator is visible…"*

AAMI ST58:2013, Section 9.5.3.2

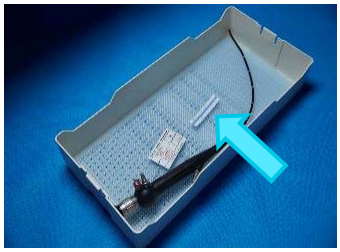
AAMI ST58:2013 Section 9 Quality Control

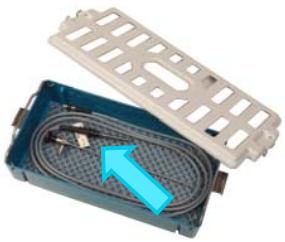
Recommended Chemical Indicator (CI) Usage

- Internal CI inside every package, tray, containment device, cassette, instrument tray

  *"**Using chemical indicators***
  …. The CI should be placed in that area of the package, tray, or containment device that creates the greatest challenge to sterilant penetration..."

  - AAMI ST58:2013, Section 9.5.3.2





AAMI ST58:2013 Section 9 Quality Control

Biological Indicators

9.5.4.1 General considerations

"…Biological indicators are intended to demonstrate whether the conditions were adequate to achieve sterilization."

9.5.4.3 Frequency of use…

"A PCD with the appropriate BI should also be used at ***least daily, but preferably in every sterilization cycle*** *(see 9.5.4.5)"*

Each load containing implantable.."

AAMI ST58:2013, Section 9.5.4.3

AAMI ST58:2013 Section 9 Quality Control

- Daily Control BI

Acceptance criteria:

- Negative result from test BI
- Positive result from control BI
- Appropriate readings from physical monitors
- CI with acceptable end-points

AAMI ST58:2013 (R2018), Section 9.5.4.5.3

Key Learnings

- Accreditation surveyors continue to focus on device reprocessing
- Consult device manufacturers' Instructions for Use (IFU) for validated sterilization parameters
- Quality control monitoring, according to current standards and evidence-based guidelines, is an important element of all sterilization processes

Questions?

THANK YOU!

References

Association for the Advancement of Medical Instrumentation.

- *Comprehensive guide to steam sterilization and sterility assurance in health care facilities.* ANSI/AAMI ST79:2017. Arlington, VA. 2017.
- *Chemical sterilization and high level disinfection in health care facilities.* ANSI/AAMI ST58:2013 (R2018). Arlington, VA. 2018.

Association of periOperative Registered Nurses. *Guidelines for Perioperative Practice* 2020 Edition. Denver, CO. 2020.

- *Guideline for Sterile Technique*
- *Guideline for Sterilization*

Thank you

This Concludes the CE Portion of Our Program

- Please use your phone to access the QR code on the right by opening your camera app and pointing it at the square.
- A link may also be provided if you wish to fill it out on your computer.
- Fill in the subsequent evaluation, and you will be issued a CE certificate for 1 contact hour for your records.
- Your Nursing License number is required to issue a continuing education contact hour.
- If you are unable to fill out the evaluation, you may request a paper evaluation.