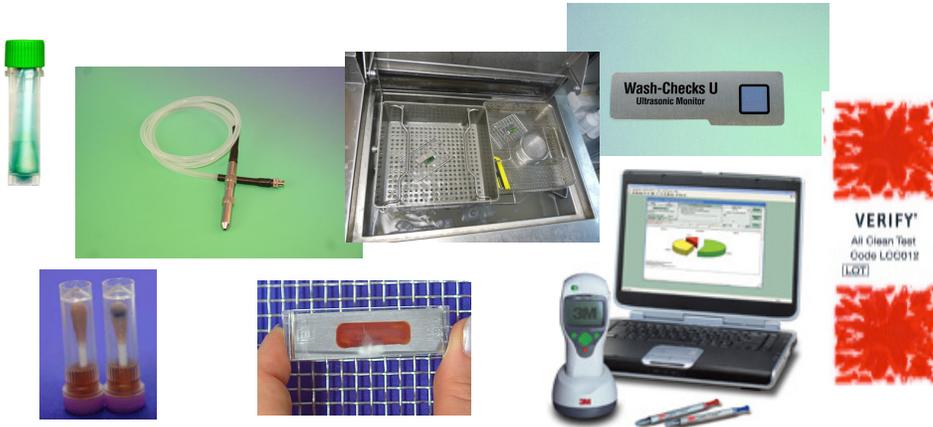


IC Notes

Infection Control Solutions

SteriCert Company

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Spotlight on Cleaning

"If it isn't clean, it can't be sterilized!"

You've heard this a thousand times. And you know it is true. But... how do you know if it is really clean and what is "clean enough"?

This issue of IC Notes discusses some methods to verify manual and automated cleaning processes.

Cleaning Techniques

What are the choices, how do you choose?

Background

Each instrument has at least one preferred cleaning technique. These are provided by the instrument manufacturer in the Instructions for Use (IFU) provided with the instrument. These IFU's are provided to the FDA as part of the instrument's FDA submittal for clearance, and represent validated cleaning techniques. Unlike sterilization cycles, however, there is no question that an instrument can be cleaned for longer than the IFU states (unless the IFU says it can't be).

Beginnings

If you have a group of instruments that have similar design and similar cleaning instructions, but the cleaning time (soak, washer phase time, etc.) is different, do you treat them differently? NO! You can run them all for the time required to clean the instrument with the longest cleaning duration. There will be no damage, and life is simpler, as you have fewer special cases to deal with.

Groupings

If there is no limitation imposed by the IFU, you may group instruments as discussed in the previous section. One study in Europe has come up with the following major instrument groups:

1. Instruments that have no hidden surfaces, holes or blind holes
2. Instruments such as scissors and instruments with box lock hinges.
3. Shift-Shaft Instruments
A division into instruments that you can and can't dismantle is appropriate here.
4. Tubular Instruments
This group includes standard tubular instruments and suction devices, trocars and other lumened (hollow) instruments as well as arthroscopy shavers.
5. Microsurgical instruments
6. Special Instruments
This group comprises instruments that cannot be assigned to any other group according to their design.
7. Flexible Instruments

The easier instruments to clean are in the lower-numbered groups. Groups 6 and 7, Special Instruments and Flexible Instruments, require close attention to the IFU's.

Cleaning Verification

So... how do you know it is clean? Here are a few methods:

Testing the instrument

An instrument can be tested for residual protein-based soil in a few ways.

Hydrogen Peroxide: Drugstore-strength hydrogen peroxide (3%) will bubble if it encounters protein. Cheap. Easy. Effective. Not a measure of how much is left.

ATP tests: Swab tests allow you to measure of amount of residual protein on a surface. Using a luminescence reader, the amount of ATP is measured, giving a semi-quantitative measure of how well the instrument is cleaned. But, you can only measure what you can reach.

Testing the process

There are commercially-available tests for ultrasonic and automated washers. There are also third-party tests that evaluate cleaning performance quantitatively and provide lab results for the testing.

All of these approaches leave you better off than not knowing if the instruments have been cleaned, if a new detergent is as good as you were told, if your dosing is correct, and if your new washer was worth the money.

Cleanliness is next to Godliness...

As potential patients, we all hope that the hospital's SPD acts to make sure that instruments get as close to absolutely clean as possible. For more on this subject, please download our presentation on cleaning verification from our website, www.stericert.com.

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start cleaning BEFORE the instruments leave the OR

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