

Reprocessing Basics of Heat Stable Medical Devices

Hygiene & Reprocessing Training Material



Disclaimer

This Training Material is a summary of the steps necessary to properly reprocess heat stable medical devices. Always follow the detailed steps instructed in the latest INSTRUCTION FOR USE (REPROCESSING MANUAL).

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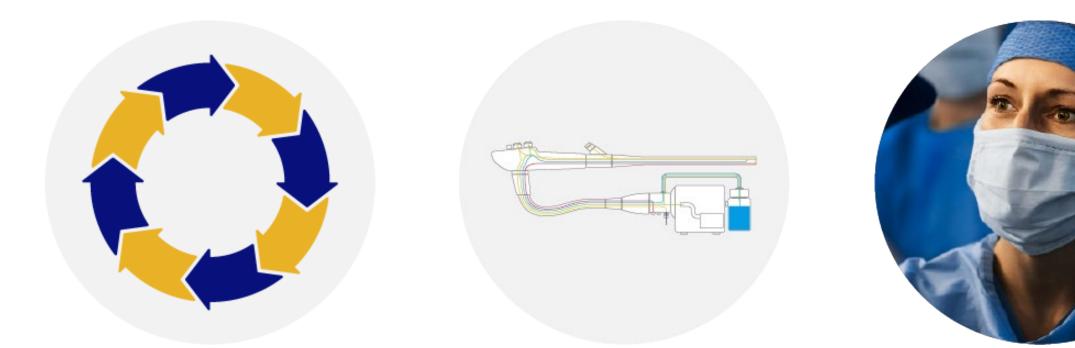
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Prerequisites

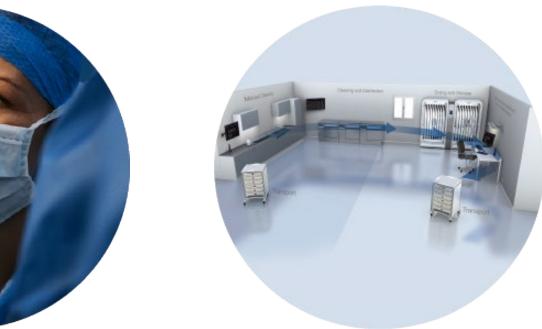


Knowledge of relevant reprocessing steps depending on medical device and its field of application

Knowledge of Instruments' design Personal protective equipment (PPE)

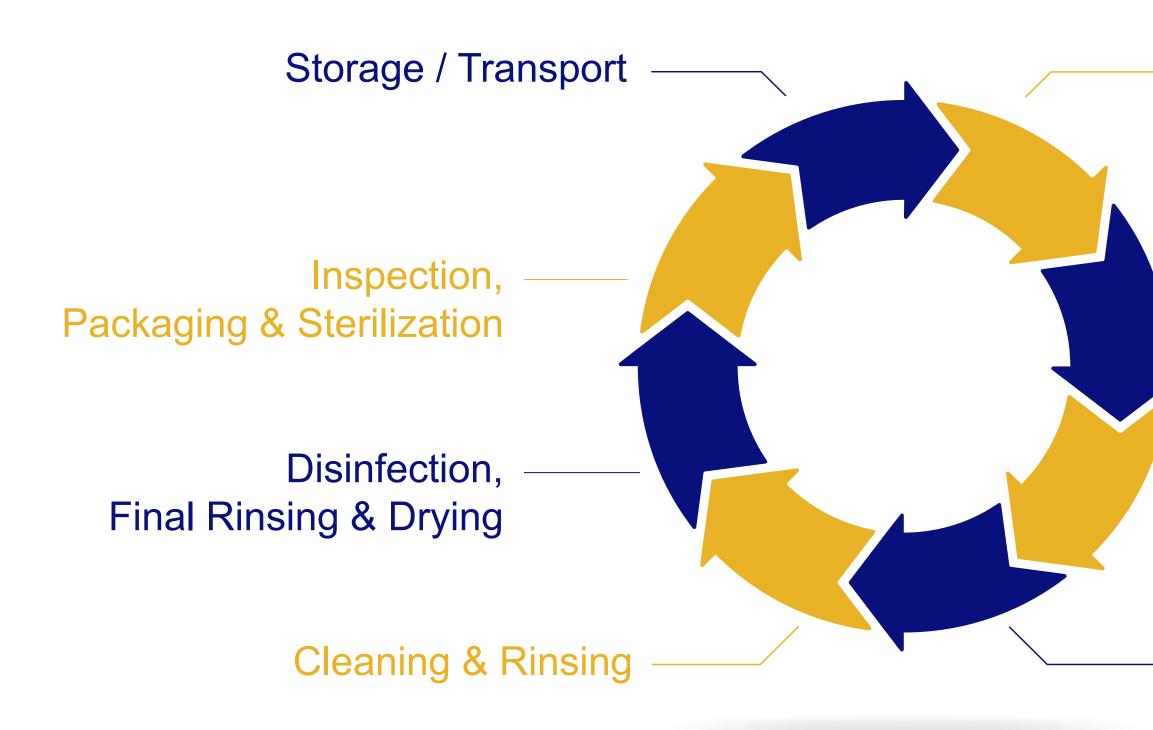


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Appropriate reprocessing equipment

Reprocessing Cycle for Medical Devices EN ISO 17664







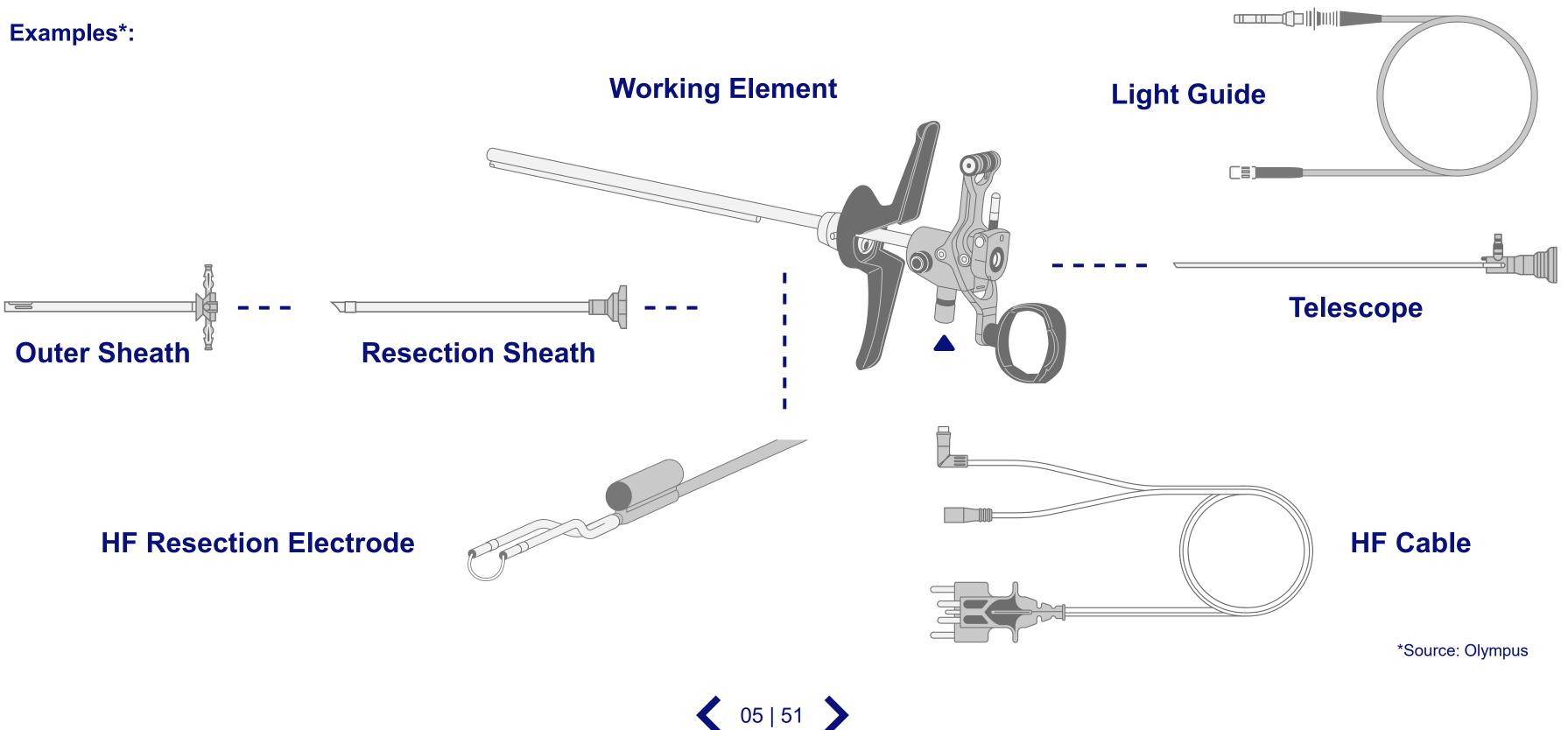
Contamination





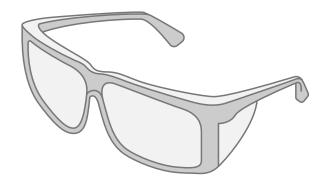
Preparation before Cleaning

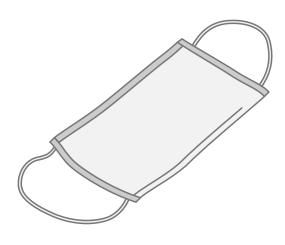
Prerequisites Instruments' Design

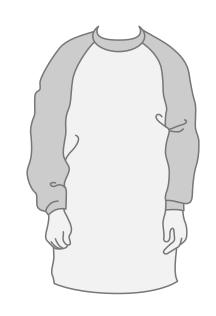


Prerequisites | Personal Protective Equipment

Examples*:





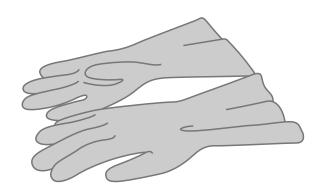


Eyewear

Face mask

Moisture-resistant clothing

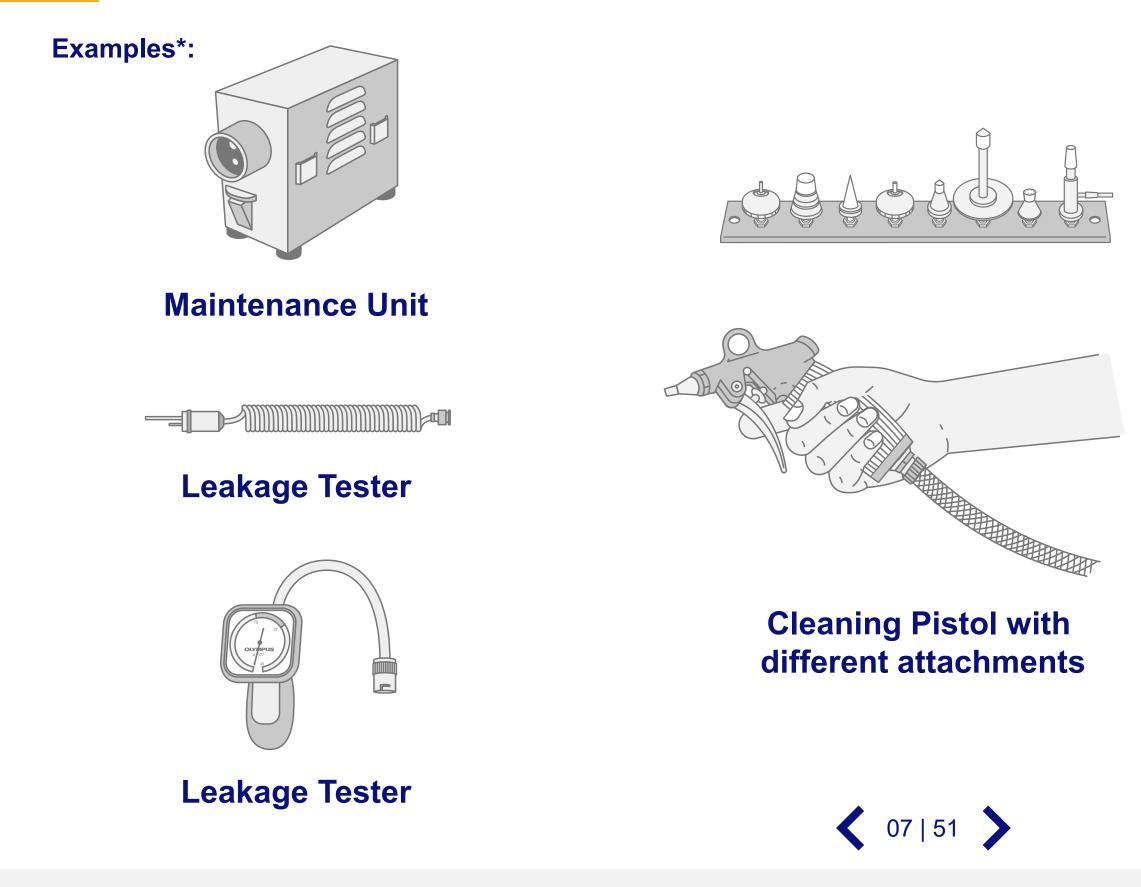




Chemical-resistant gloves

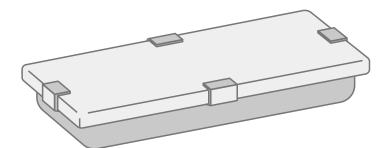
*Source: Olympus

Prerequisites | Appropriate Reprocessing Equipment









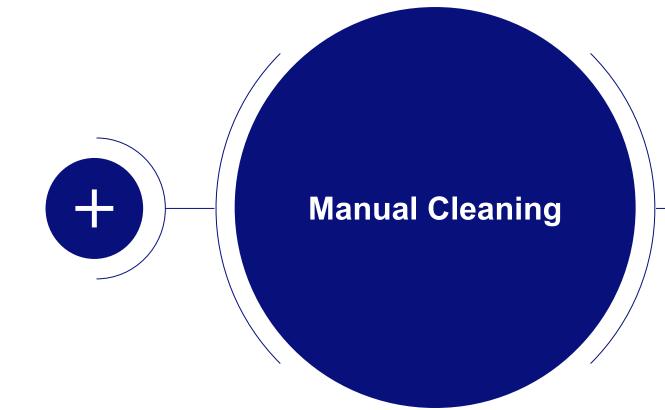
Sterilization Tray



Cleaning Brush

*Source: Olympus

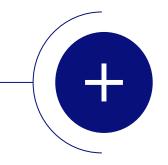
Manual Cleaning of Heat Stable Medical Devices



Click on the Plus-Symbols for further information



Page 8 Reprocessing Basics of Heat Stable Medical Devices | Pre-treatment at point of use



Manual Cleaning of Heat Stable Medical Devices

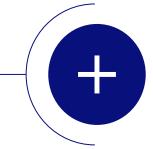
Purpose

- Removal of most microorganisms and residues, such as:
 - Fluids
 - Blood, mucus, faeces
 - Debris
 - Pharmacological substances (e.g. contrast agents, lubricants)

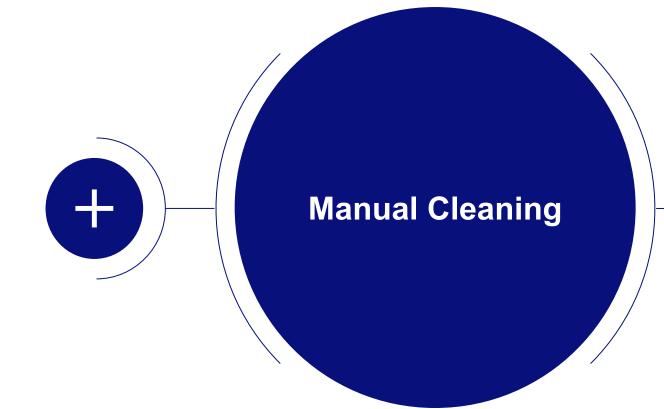


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Manual Cleaning of Heat Stable Medical Devices



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Reprocessing Basics of Heat Stable Medical Devices | Pre-treatment at point of use Page 10

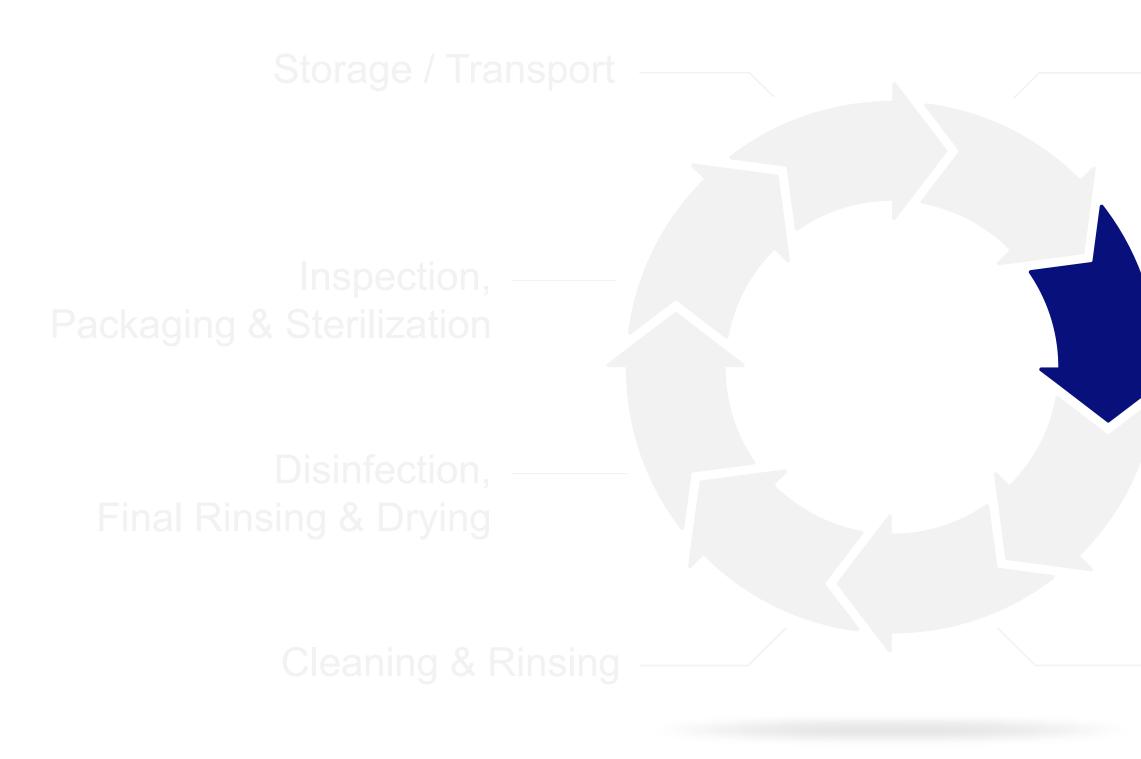
Cleaning Solutions

 Surfactants, low-foaming substances, with/without enzymes, neutral or alkaline pH (see IfU)

- Whenever possible alkaline cleaner

- Without fixative properties (e.g. aldehydes, alcohols, peracetic acids)
- Change at least every working day; immediately in case of visible contamination
- No internationally standardized efficacy requirements for cleaners

Reprocessing Cycle for Medical Devices EN ISO 17664



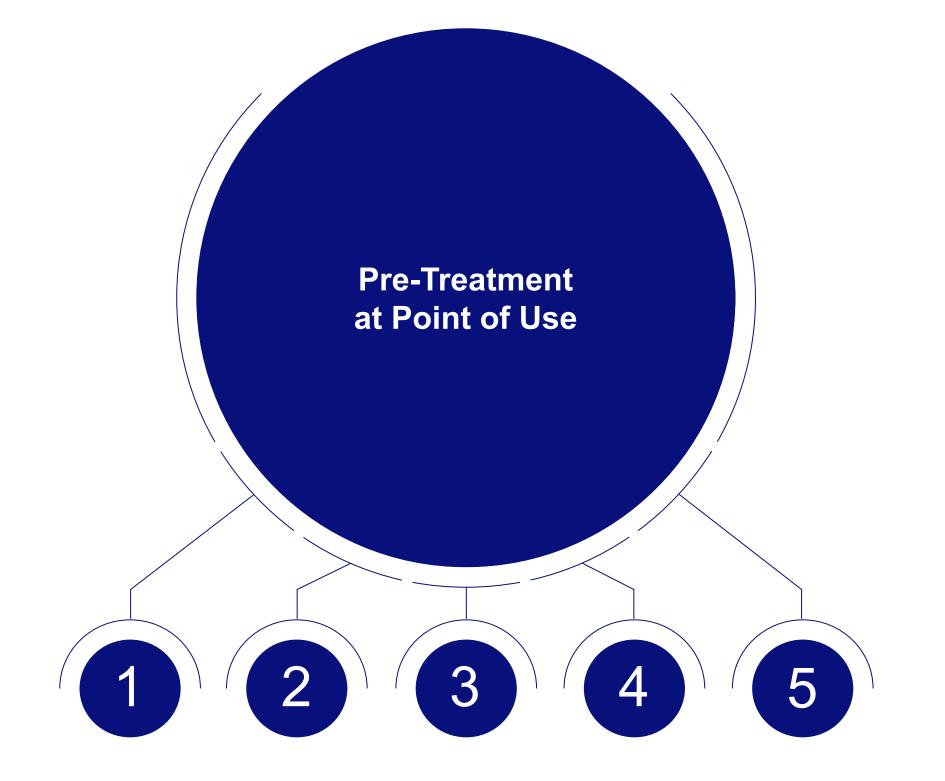




Pre-treatment at point of use

Immediately after use

- Remove gross contamination
- Disassemble the product to the extent possible
- Open jaws where present
- Unused instruments are treated like being used
- Comply with the time between use and reprocessing

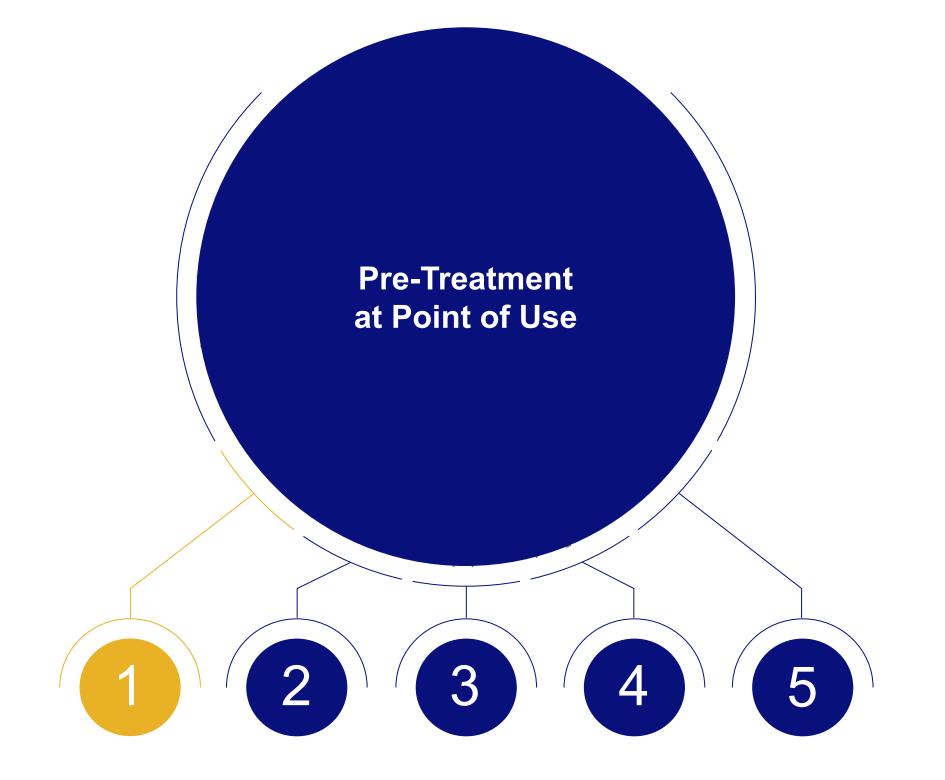


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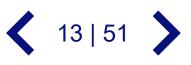


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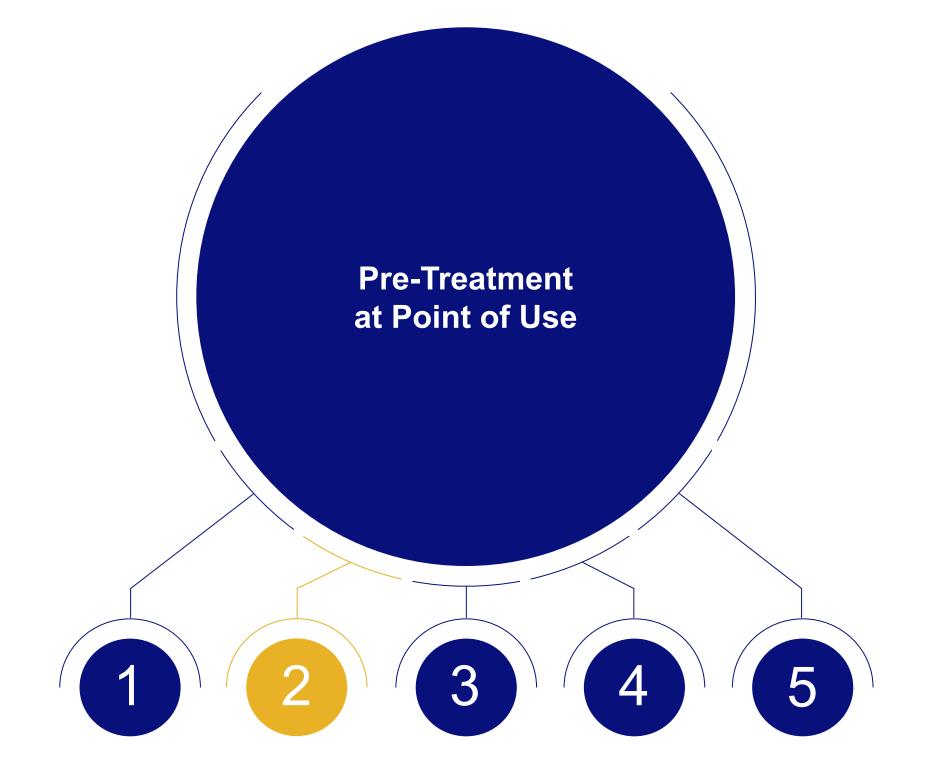


Click on the buttons for further information.



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Click on the buttons for further information.

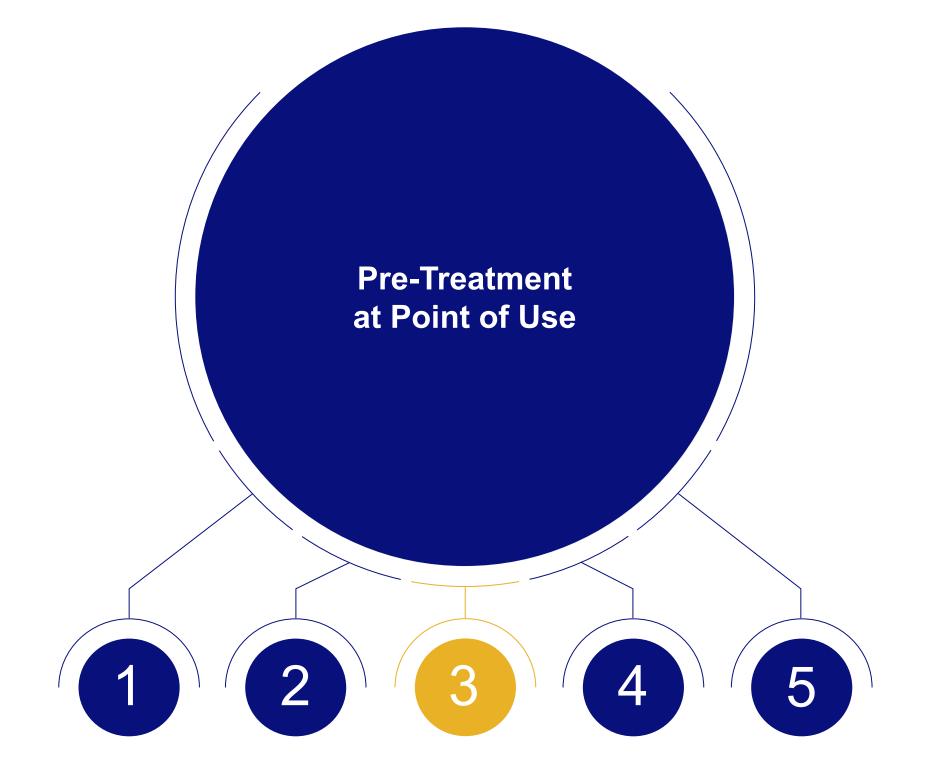


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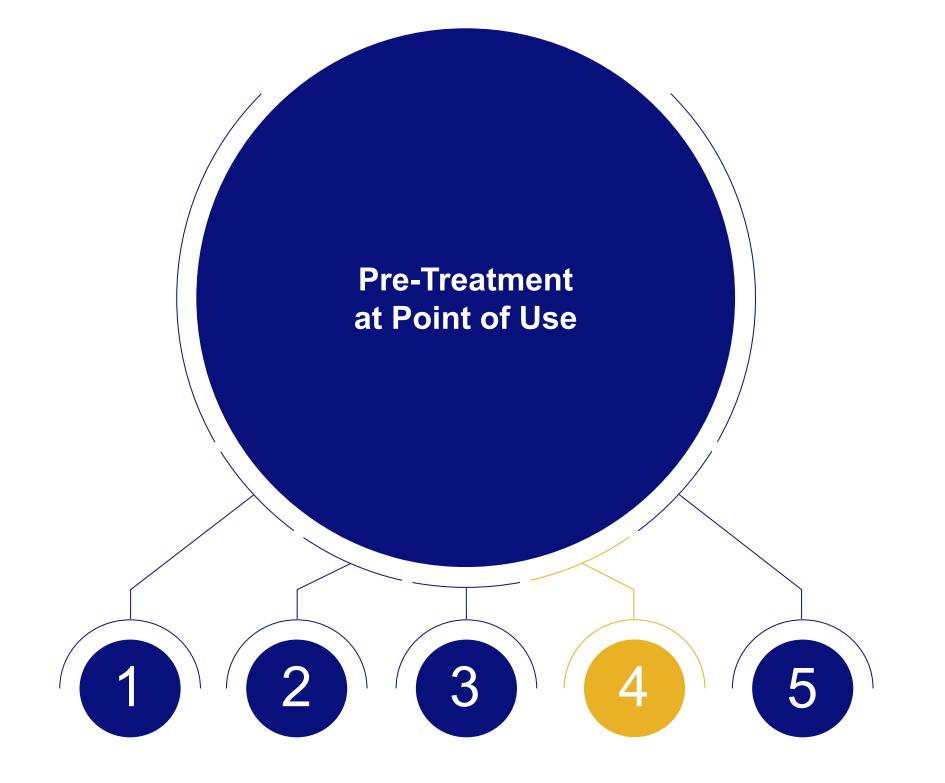


Click on the buttons for further information.



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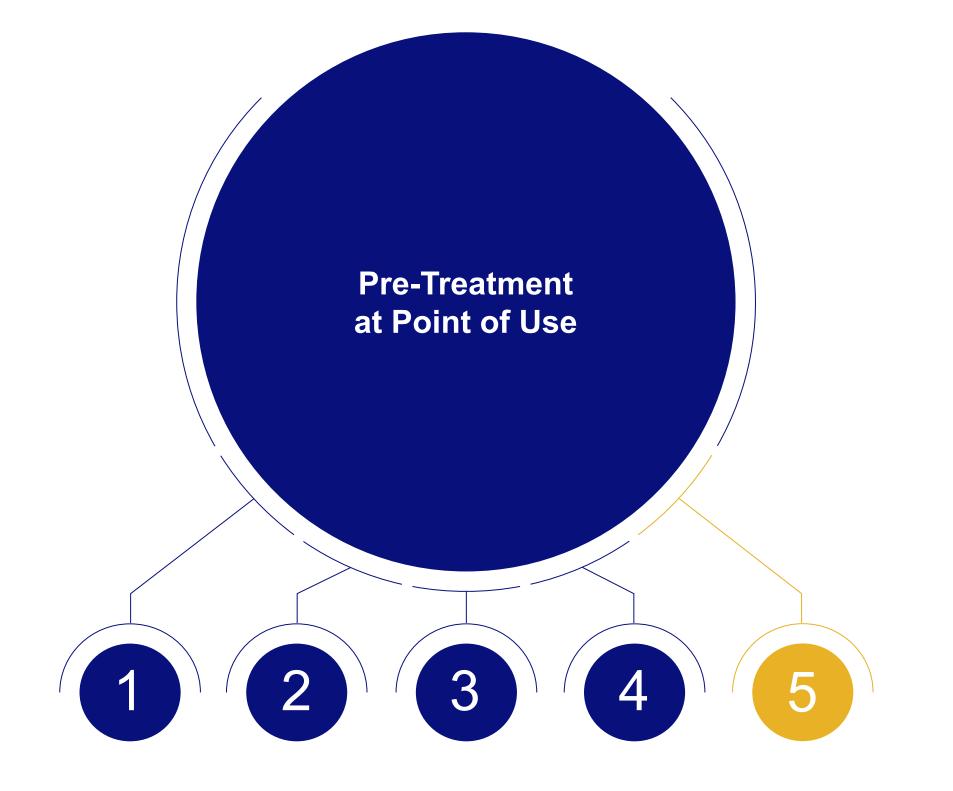


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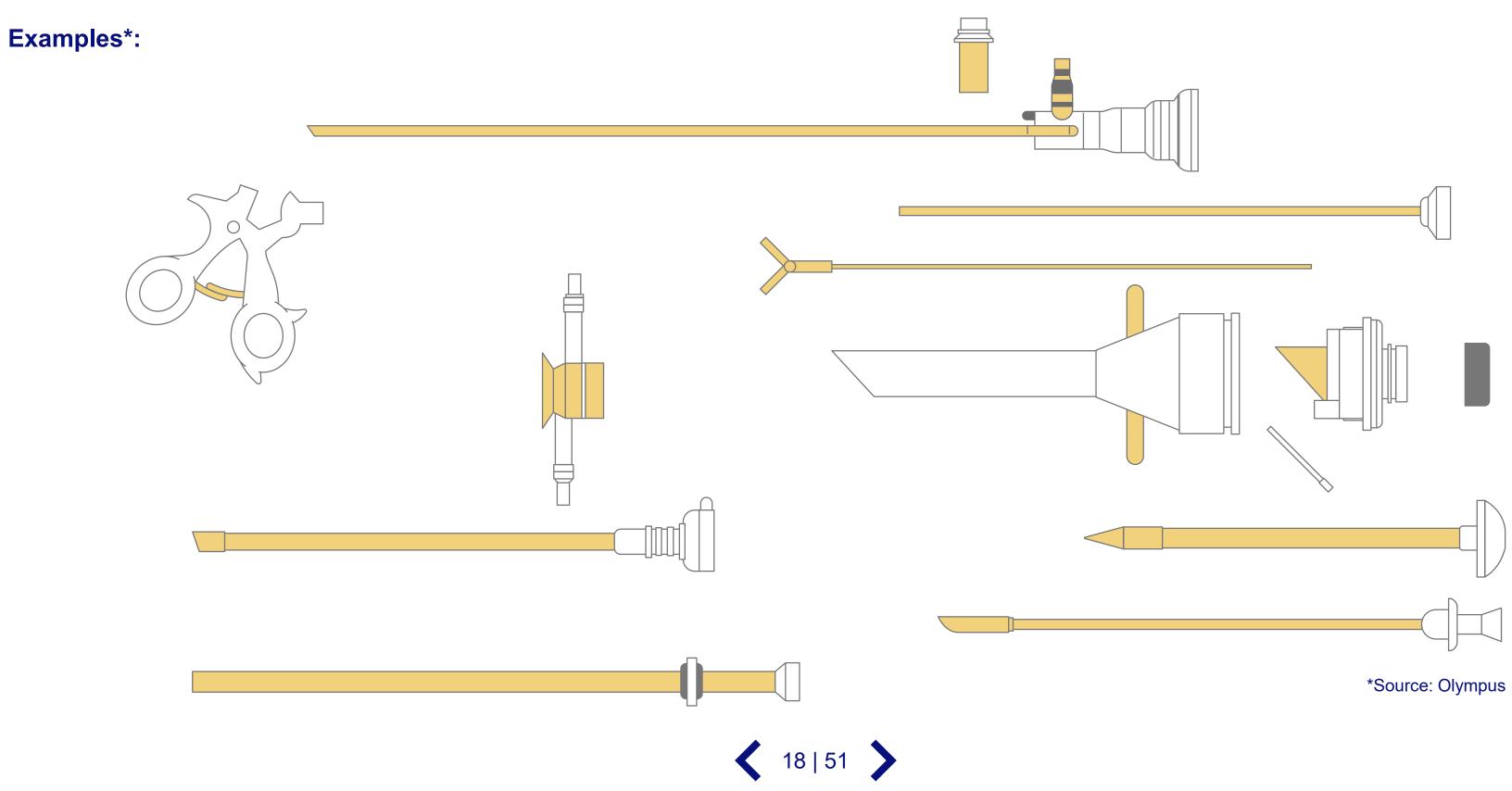
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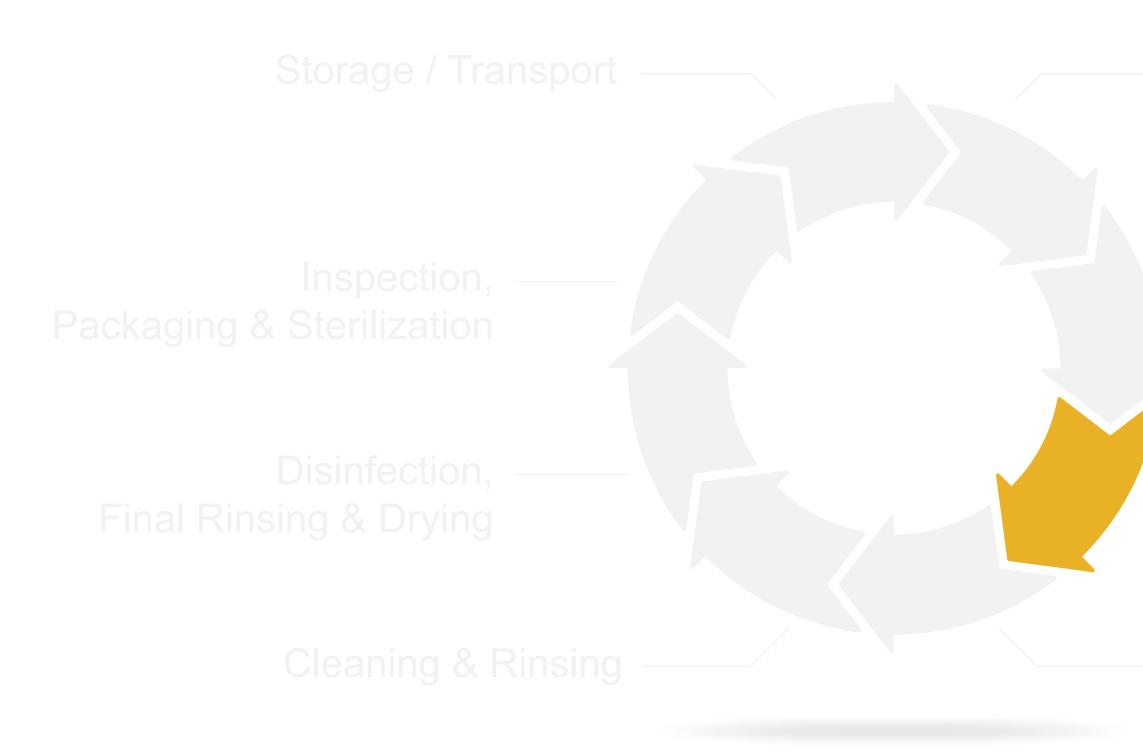


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Reprocessing Cycle for Medical Devices | EN ISO 17664

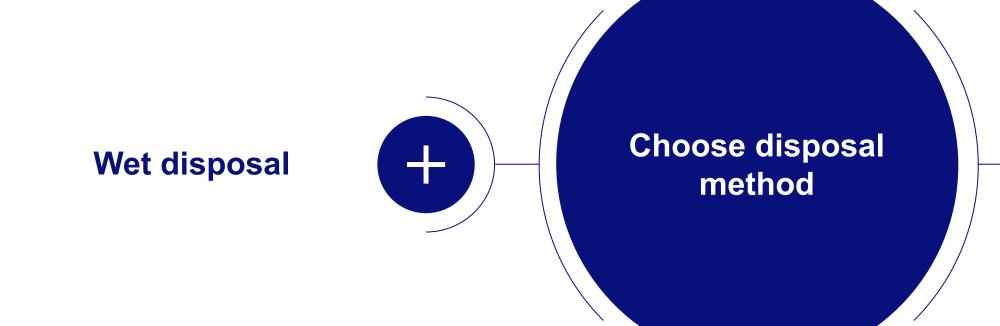






Transport





Click on the Plus-Symbols for further information



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 Reprocessing Basics of Heat Stable Medical Devices | Transport



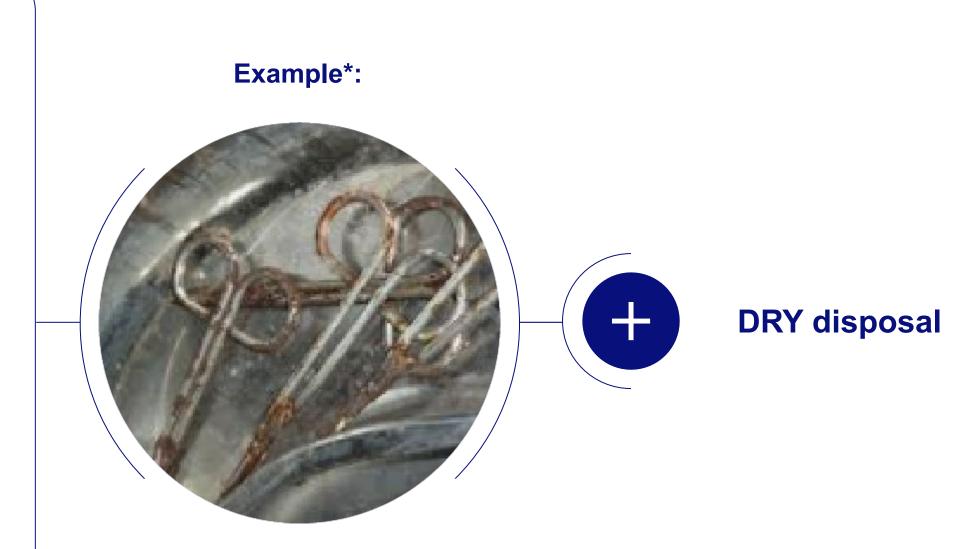


Transport

WET disposal

- Work safety
 - No long transportations
 - No risk of injury
- Avoidance of corrosion by chlorides (blood)
 - do not use physiological saline solution
- Also: "humid" disposal
 "wrap" in moistened cloths
- When using cleaning or disinfecting solutions, strictly follow the manufacturer's specification on temperature, immersion time and concentration

Click on the plus button for further information

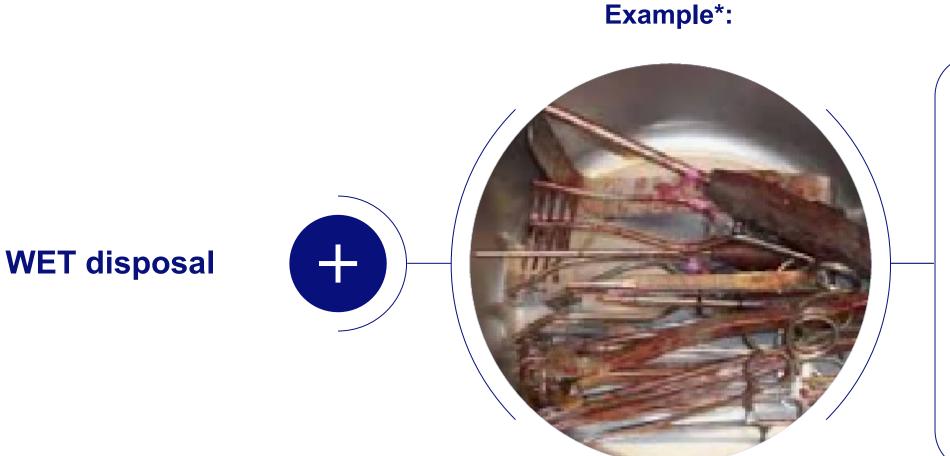


*Source: Olympus









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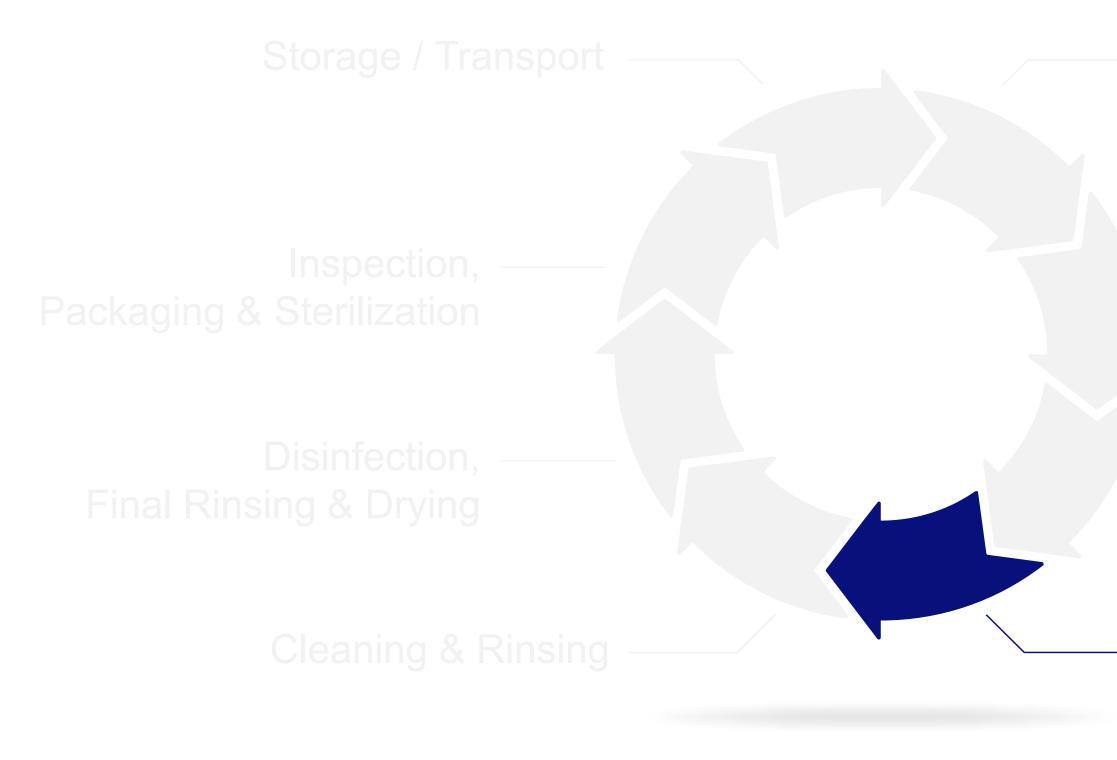
Click on the Plus-Symbols for further information

DRY disposal

- Predominantly when automated reprocessing is possible
 - Short transportation
 - Max. 6 hours between use and reprocessing, **BUT: follow IFU!**
 - Less chemistry

Use Closed Containers Do not overload trays

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Preparation before Cleaning

Preparation before Cleaning

- Disassembling, if not already done
- Depending on the design/application of a medical device, manual cleaning before WD processing not mandatory in CSSD (Central Sterile Services Department)

Can be justified by:

- Manufacturers' specification
- Kind and degree of soiling

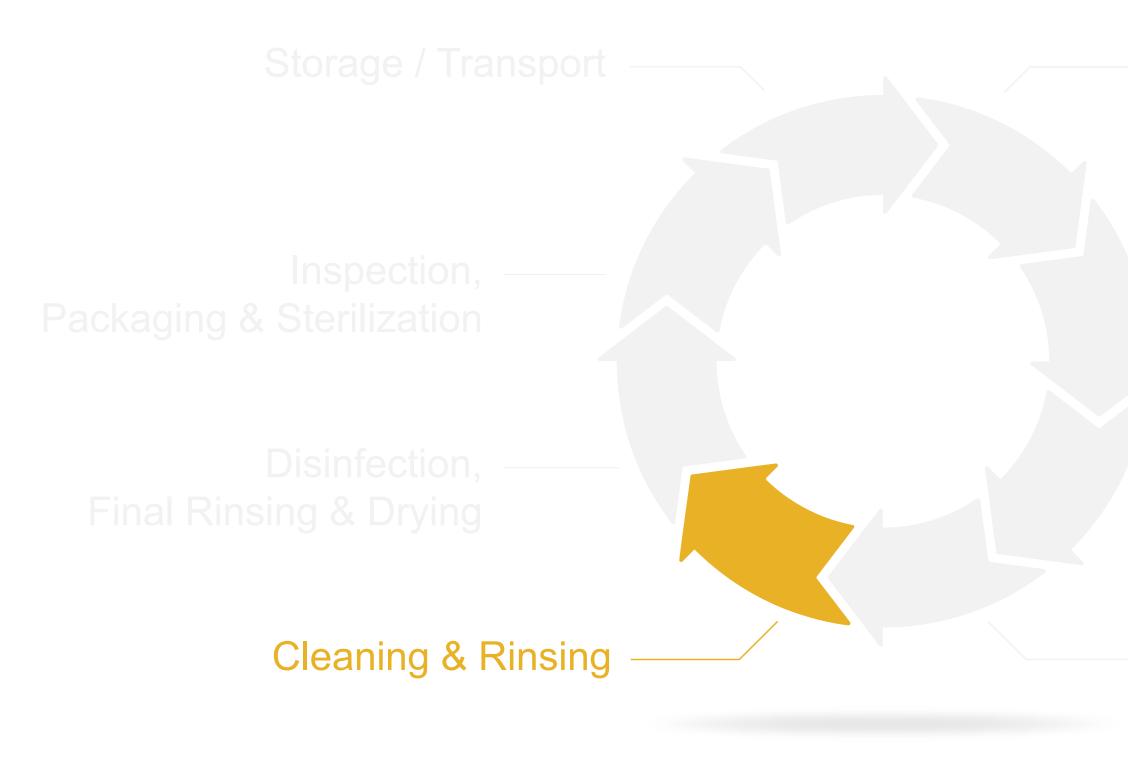


Example*:



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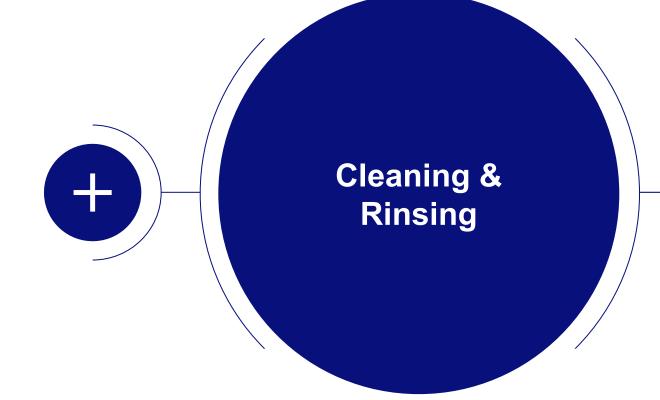
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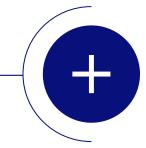


Cleaning & Rinsing



Click on the Plus-Symbols for further information





Cleaning & Rinsing

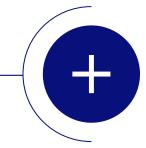
Automated Cleaning

- Preparation for automated cleaning
 Reduced manual cleaning
- Automated cleaning in washerdisinfector (WD)
- Follow the WD manufacturers advice and the IFU of instrument manufacturer about the cleaning chemicals

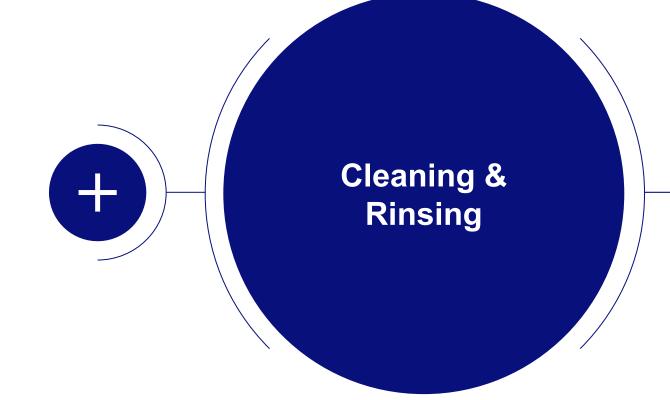


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Cleaning & Rinsing



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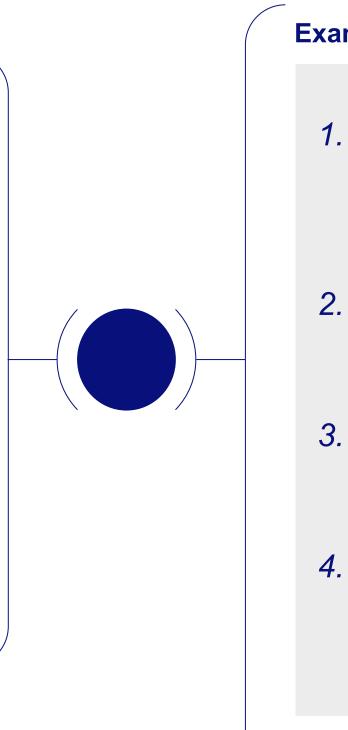


Manual Cleaning

- Cleaning chemicals as recommended by instrument manufacturers' IFU
- Immersion
- Brushing, wiping and/or flushing
- (Rinsing and Ultrasound cleaning)
- Rinsing
- Drying

Automated Cleaning | Reduced Manual Cleaning

- Preparation of detergent solution
 - Follow instructions of process chemical manufacturer in terms of concentration, exposure time and temperature
- Fully immerse the instrument in detergent solution
- Thoroughly wipe or brush all external surfaces and flush all gaps and lumens
- In case of using a cleaning pistol to remove persistent debris in or on a medical device check the maximum/minimum allowed pressure
- Subject the product to ultrasonic cleaning (follow IFU)



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At all times: visibly check the medical device on cleanliness

Example*:



- 1. Immediately after use, thoroughly flush all gaps and lumens of the instrument with enzyme-based detergent using a syringe of at least 10 ml
- 2. Immerse the product in enzyme-based detergent and subject the product to ultrasonic cleaning
- 3. Thoroughly rinse the product with deionized water using a cleaning pistol or other rinse device
- 4. The cleaning pistol or other rinse device must be suitable for cleaning medical devices and deliver a minimum pressure of 1 bar (14.5 psi)

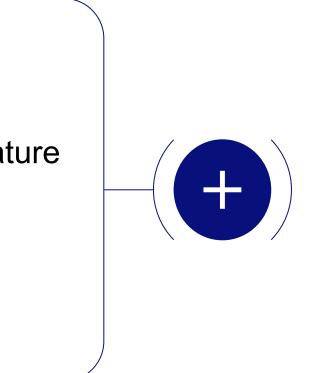
*Source: IFU Olympus TURis/TCRis RESECTOSCOPE

Manual Cleaning | Brushing

- Preparation of detergent solution
 - Follow instructions of process chemical manufacturer in terms of concentration, exposure time and temperature
- Fully immerse the medical device in detergent solution
- Thoroughly wipe or brush all external surfaces

At all times: visibly check the medical device on cleanliness





Click on the Plus-Symbol for further information

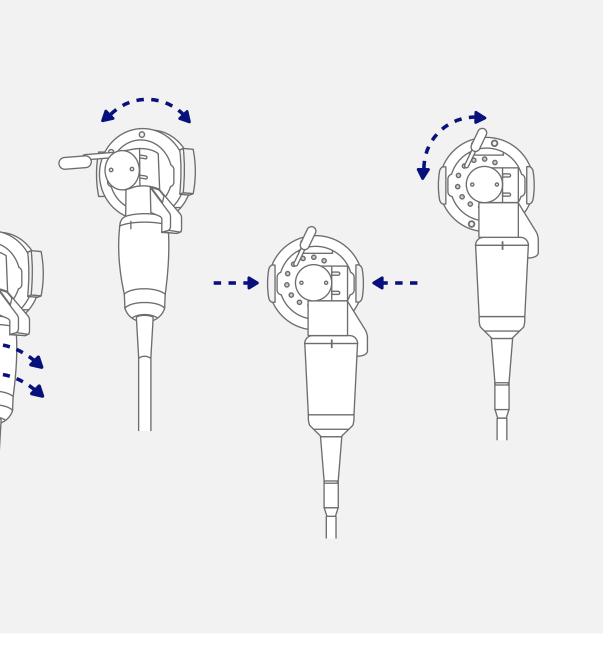
Manual Cleaning Brushing

Example*:

- 1. Fill a clean, large basin with the detergent solution at the temperature and concentration recommended by the detergent manufacturer
- 2. Immerse the camera head in the detergent solution
- 3. Confirm that there are no air bubbles on the surfaces of the camera head. If air bubbles adhere to the surfaces, wipe them away using lint-free cloths or the cleaning brush
- 4. Immerse the camera head in the detergent solution for more than 15 minutes
- 5. Thoroughly brush or wipe all external surfaces of the camera head using clean lint-free cloths or sponges
- 6. Move the movable parts of the camera head at least 3 times while immersed in the detergent solution



"



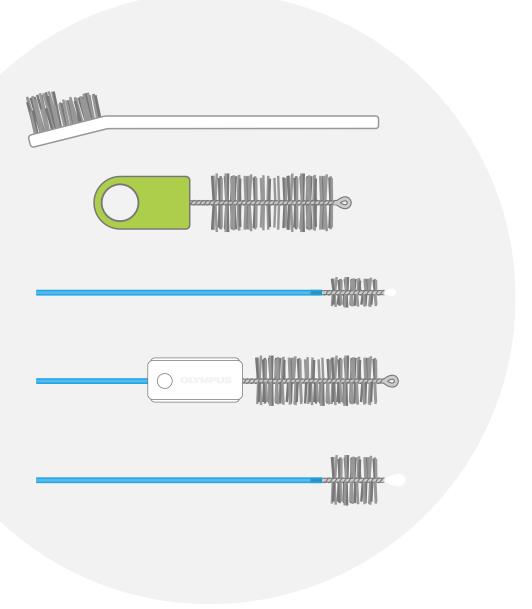
*Source: Olympus IFU CH-S190-08-LB Camera Head

Manual Cleaning | Brushing

- Disposable brush
 - Only used for brushing 1 instrument
 - Forward-backward brushing
- Reusable brush
 - Used for multiple instruments
 - Reprocess after every instrument
 - Carefully check brush prior to use
- Exchange brush if abnormalities are shown
- For defined instruments, special care must be applied when treating the distal end / optics

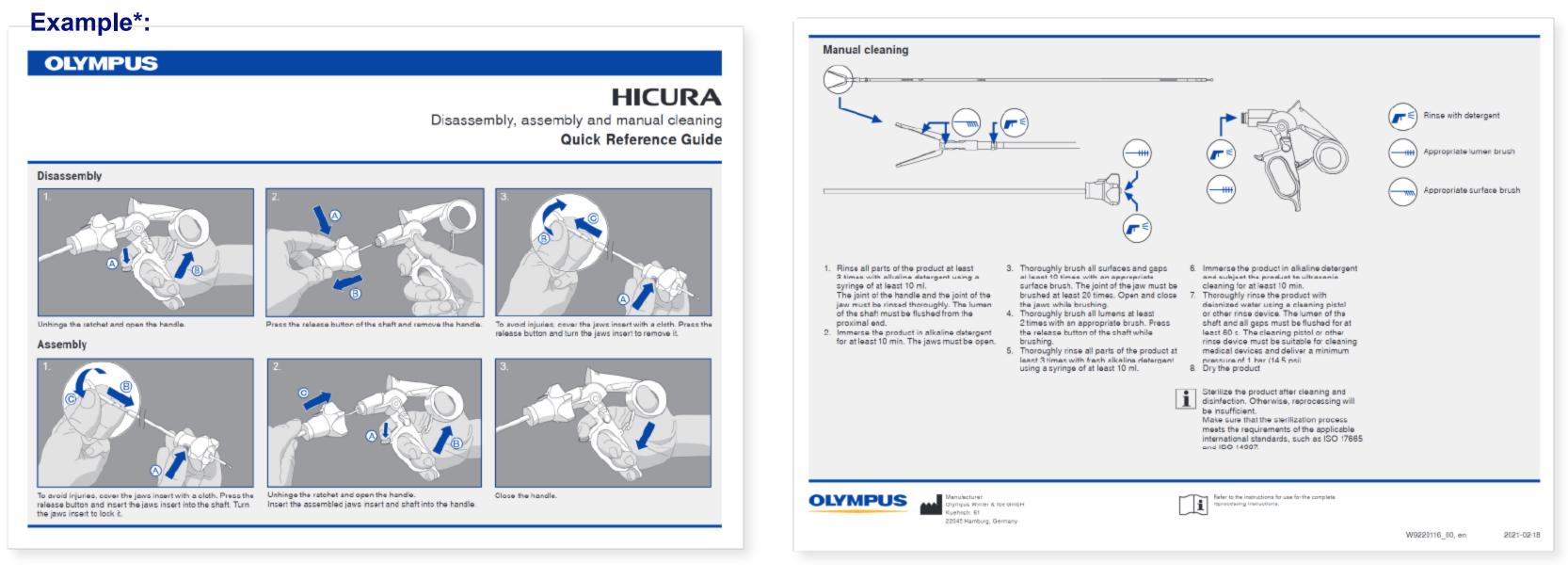


Example*:



*Source: Olympus

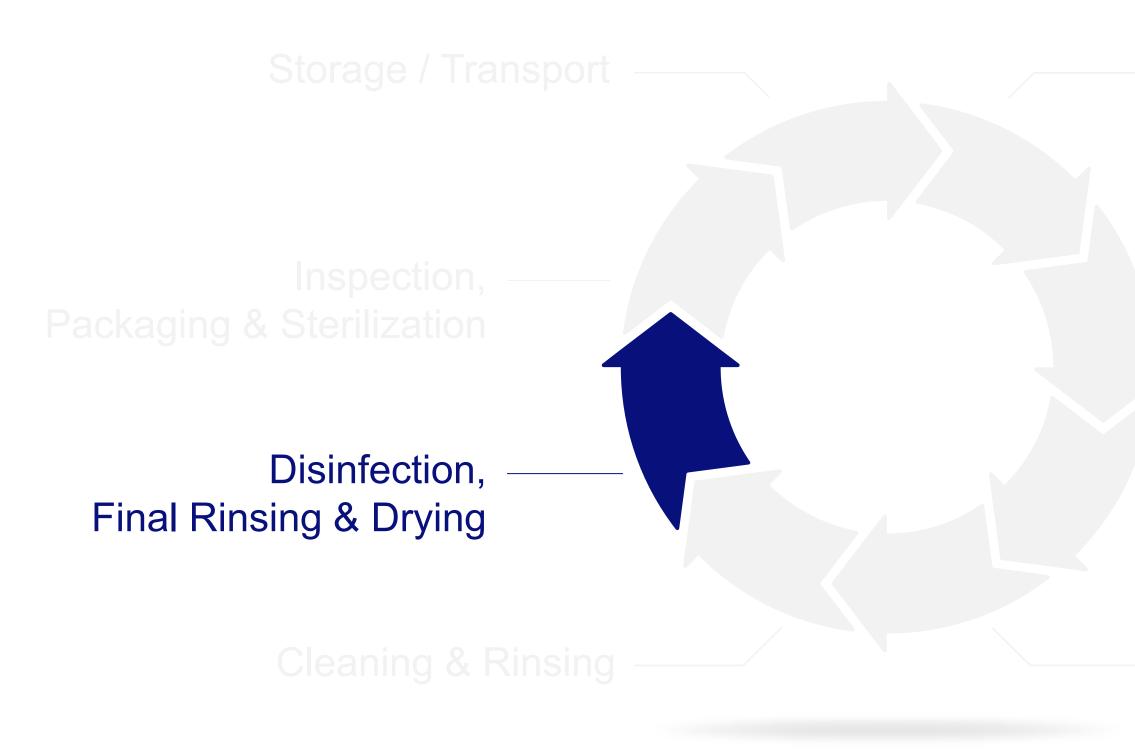
Reprocessing tools QRGs (Quick Reference Guide)





*Source: Olympus

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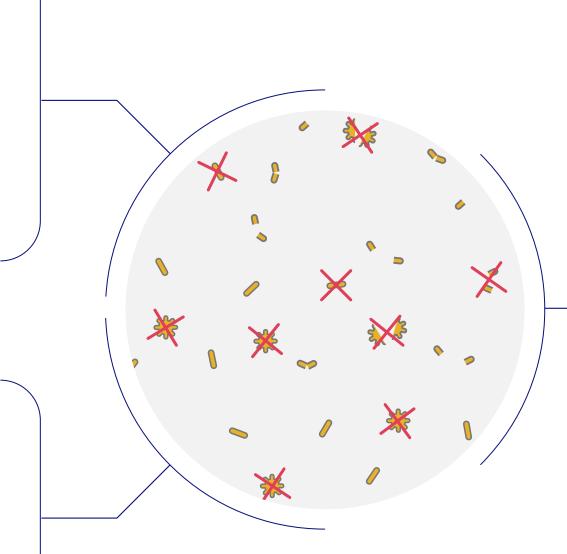




Disinfection

Purpose

- Killing / inactivation of microorganisms except for large numbers of bacterial spores
 - Medical product does not pose a risk of infection



Methods

- Automated in a WD according to EN ISO 15883
 - Thermal without chemicals at approx. 90 °C (A₀ concept)



- Manually at room temperature with minimum disinfectant activity:
 - Bactericidal (incl. mycobactericidal)
 - Fungicidal
 - Limited virucidal (virucidal & sporicidal in case of terminal disinfection)
- Always follow the chemical manufacturers' instructions in terms of concentration, exposure time & temperature

Disinfection

Automated disinfection of surgical instrument = state-of-the-art!

- No disinfectant needed, as disinfection is done by **hot water**!
- Automated thermal disinfection in washer-disinfector (WD) for all heat stable instruments (80°C or higher)
- Check heat stability in IFU of the instruments
- The efficacy of thermal disinfection is defined over the A₀ value
- Rinsing also automated in WD





Automated Disinfection | The A₀ concept

A ₀ value depends on time				
and temperature				

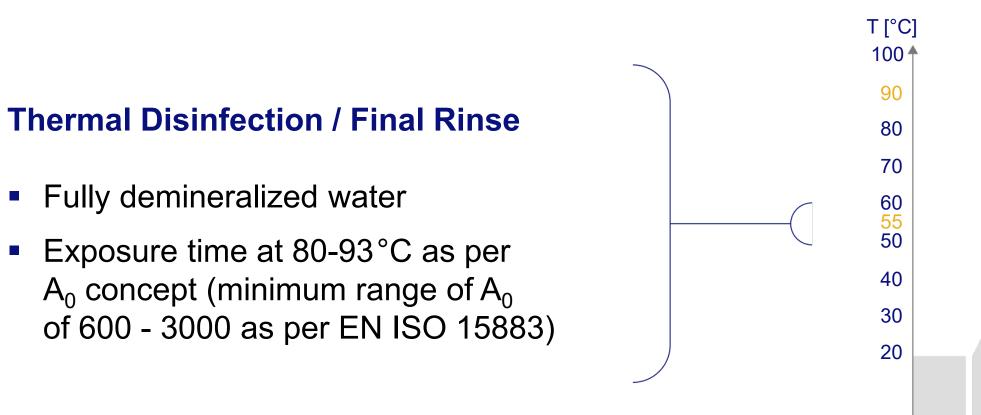
 In some countries, A₀ value needs to have a value of 600 for surgical instruments, other countries ask for A₀ of 3000

Temp	Holding time [s]				
[°C]	$A_0 = 60$	$A_0 = 300$	$A_0 = 600$	$A_0 = 3000$	
95	1.9	9.49	19.0	94.87	
94	2.4	11.94	23.9	119.43	
93	3.0	15.04	30.1	150.36	
92	3.8	18.93	37.9	189.29	
91	4.8	23.83	47.7	238.3	
90	6.0	30.0	60.0	300.0	
89	7.6	37.77	75.5	377.68	
88	9.5	47.55	95.1	475.47	
87	12.0	59.86	119.7	598.58	
86	15.1	75.36	150.7	753.57	
85	19.0	94.87	189.7	948.68	
84	23.9	119.43	238.9	1194.32	
83	30.1	150.36	300.7	1503.56	
82	37.9	189.29	378.6	1892.87	
81	47.7	238.3	476.6	2382.98	
80	60.0	300.0	600.0	3000.0	

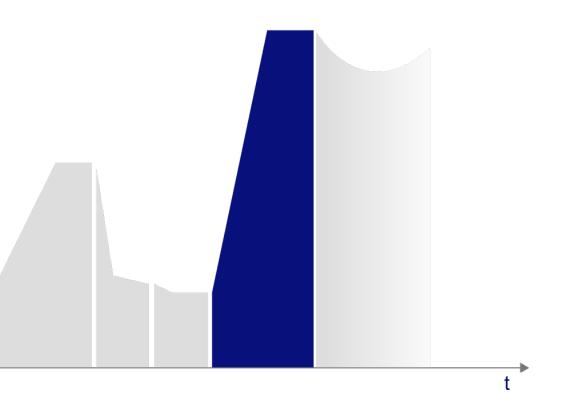
In some countries, A_0 value needs to have a value of 600 for surgical instruments, other countries ask for A_0 of 3000



Disinfection, Final Rinsing and Drying





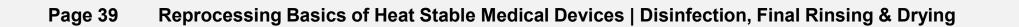


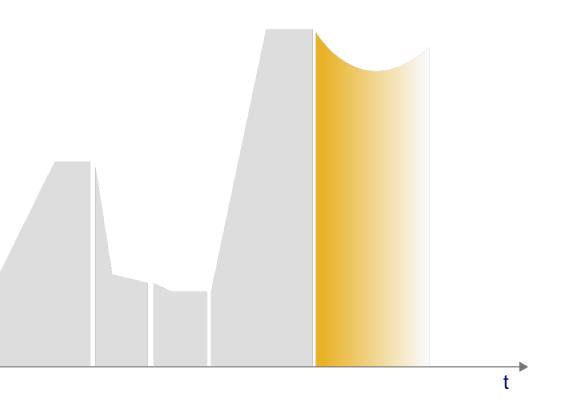
Disinfection, Final Rinsing and Drying

Drying Sufficient drying must be ensured either through the washer-disinfector or by taking other appropriate measures 30 20



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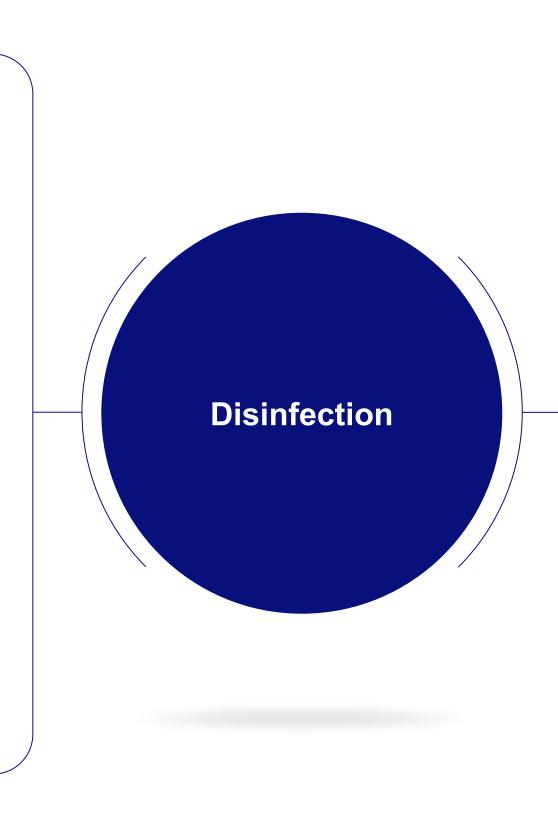


Disinfection

Manual Disinfection

- Possible but not state-of-the-art
- Disinfection not followed by sterilization
 - Use of virucidal and possibly sporicidal disinfectant activity (high level disinfection (HLD))
- Disinfection followed by sterilization
 - Limited virucidal disinfectant activity is enough, e.g. surgical instruments, ureteroscopes etc.

Take care of the ingredients of your chemicals and talk to your chemical distributor





Immersion: take care on contact time and make sure, that all surfaces (inside and outside of the instruments) have contact with disinfection solution

Rinsing

With adequate water quality, depending on following steps:

- Disinfection not followed by sterilization
 - Rinsing to be done with disinfected, soft sterile-filtered or DI (de-ionized) water
- Disinfection followed by sterilization
 - Rinsing to be done with water of drinking water quality

Please refer to the instrument manufacturers' IFU

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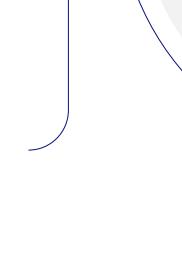




Inspection

After cleaning, disinfection, rinsing & drying

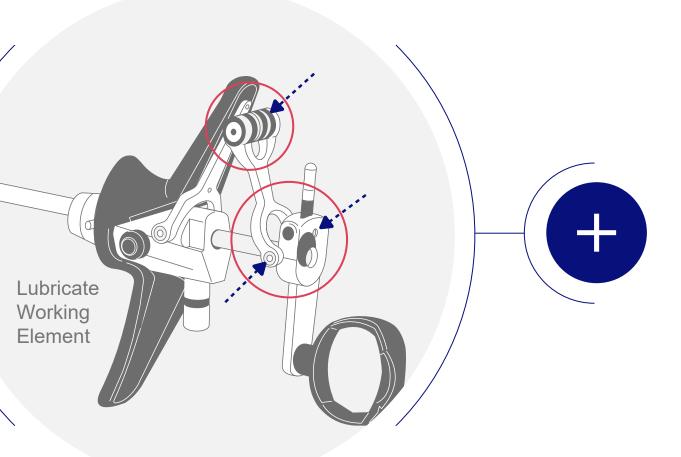
- Visually inspect the product thoroughly
- Use lubricants validated for the sterilization method
- Routine use: Perform inspection / functionality test
- Periodic inspection: Performed by the person in charge of medical equipment maintenance, e.g. the biotechnician



Click on the Plus-Symbol for further information



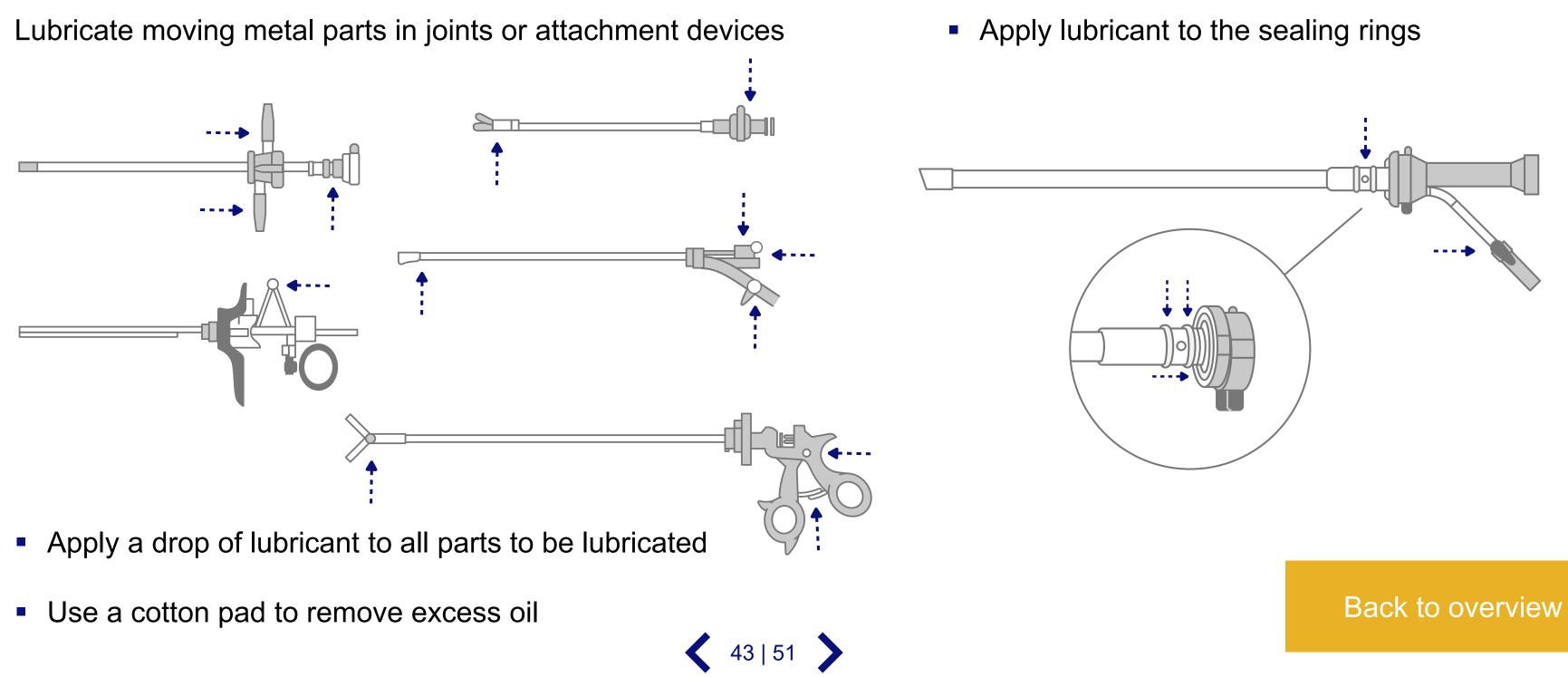
Example*:



*Source: Olympus



Moving metal parts



Silicone sealings

Inspection

After cleaning, disinfection, rinsing & drying

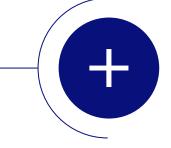
Attention:

- A number of factors connected with handling and some reprocessing methods may lead to increased wear of the product
- The product must be replaced if signs of wear become visible
- If spare parts are not original parts (e.g. third party products), it might have an impact on durability and function, especially during reprocessing
- In this case, manufacturer cannot take over any responsibility on further results

Click on the Plus-Symbol for further information







Inspection



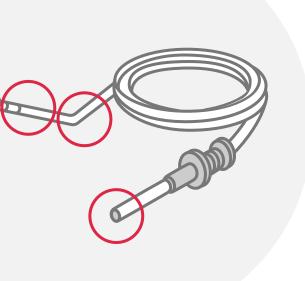
Unauthorized repair (left) compared to authorized repairs (right)

- cable's outer sleeve

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Back to overview





Inspect for cuts or other damages to the

 Visually inspect the connector to be plugged into the light source. Make sure, that the cover glass is not damaged

Packaging | Sterile Barrier Systems (EN ISO 11607-1,2)

To enable sterilization and to guarantee sterility at adequate storage until reuse

- Rigid Packaging
 - Container made of chrome / steel, aluminium, plastics
- Soft Packaging
 - Fleece, foil bags





Packaging | Sterile Barrier Systems (EN ISO 11607-1,2)

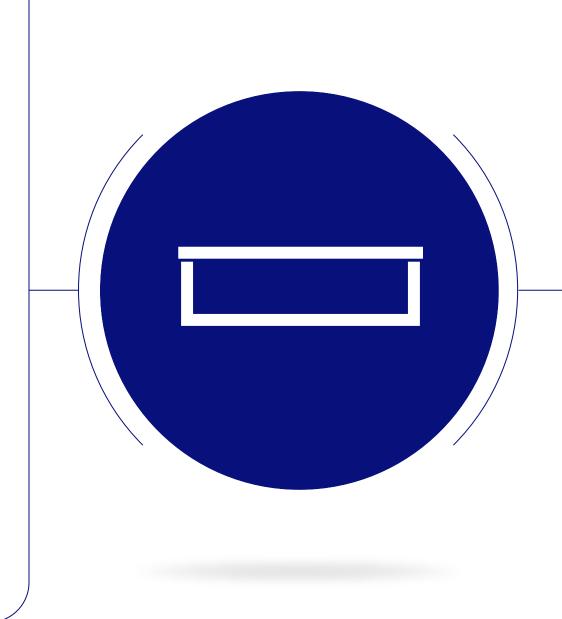
Rigid Packaging

Advantages

- Reusable
- Protection against external influences
- Time saving

Disadvantages

- High purchase price
- High weight
- Fixed sizes
- Follow-up costs (filters etc.)





Soft Packaging

Advantages

- Low weight
- Flexible and adaptable

Disadvantages

- Work- and time consuming
- Running costs
- Risk of perforation
- Weaknesses: stiches and wrinkles

Packaging Sterile Barrier Systems (EN ISO 11607-1,2)

After cleaning, disinfection, rinsing & drying

Attention

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- Not all packaging material is compatible with all sterilization methods!
- Refer to the sterilizer manufacturers advice for packaging and follow your medical device manufacturers' IFU
- If containers are used as the sterile barrier system
 - Cleaning and disinfection process has to be compatible with containers' material (e.g. high alkaline cleaners and aluminium containers!)

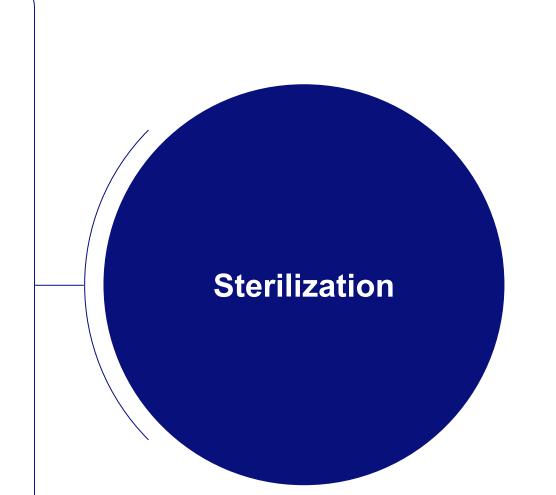


Sterilization

Required for critical medical devices (Spaulding classification)

- Use appropriate packaging
- Different sterilization methods available
 - Steam sterilization at 134°C => for most surgical instruments
 - Ehtylene oxide at 55°C
 - Low temperature steam formaldehyde (LTSF) at 55°C to 70°C
 - Hydrogen peroxide / H_2O_2 at ~50 °C
- Storage like any other medical device in (closed) cabinet

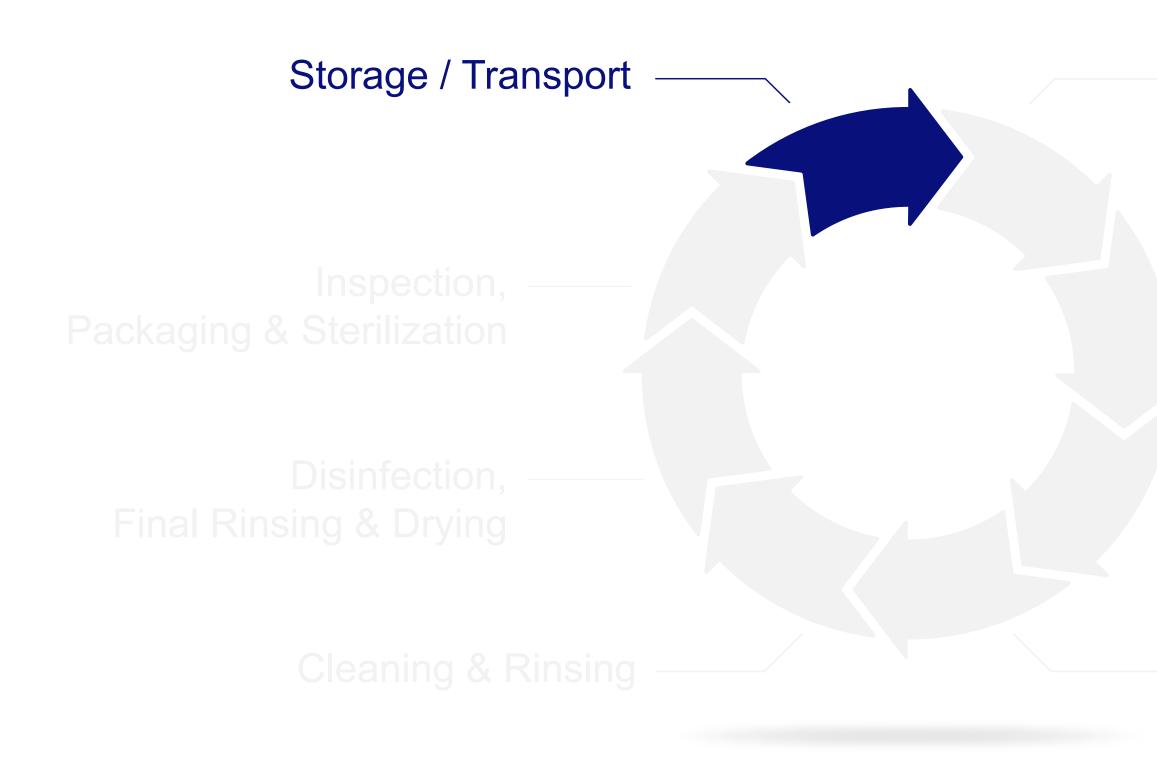






To choose the correct sterilization method follow the respective IFU of each medical device

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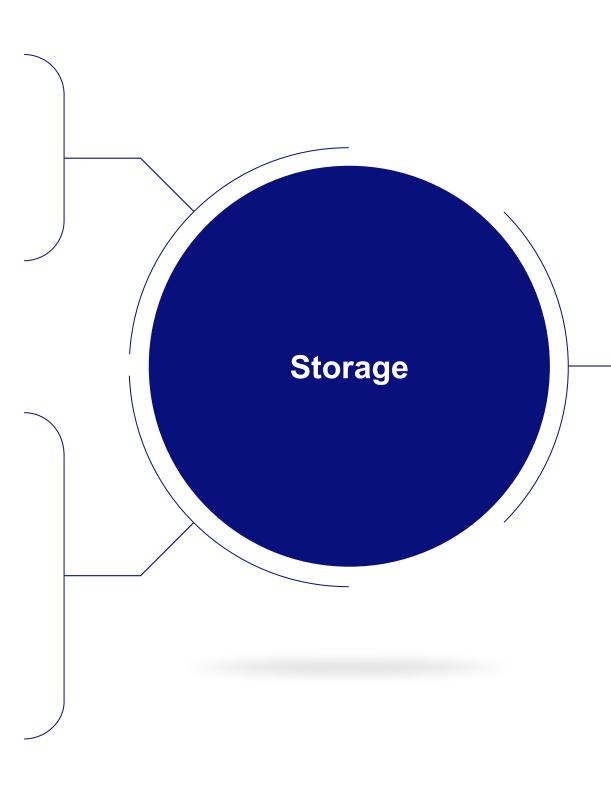
Storage

Purpose

 Avoidance of recontamination and damage

Disinfected items

- Confirm that all surfaces of the reprocessed items are dry
- Store the reprocessed items properly





Sterilized items

- Record the sterile expiration date on the sterile packaging. Do not damage the packaging
- Store the sterilized items in a proper storage cabinet, following your institutional guidelines



