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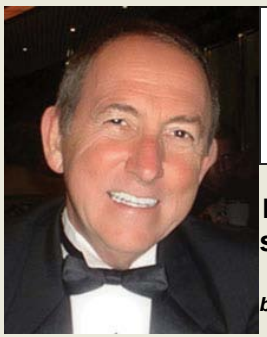

Questions can be sent to **editor@hpnonline.com**, or called in to Valerie Dimond at *HPN*:(941) 927-9345 ext.202. Names and hospital identification will be withheld upon request.

IUSS cycle frequency; differentiating sanitization, disinfection and sterilization

by Ray Taurasi

Q How many Immediate Use Steam Sterilization (IUSS) cycles are acceptable during a one-month timeframe? I have not been able to find that information in any of the AAMI or AORN guidelines. In surveying my colleagues at various hospitals I have gotten a multitude of different answers.

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We have an accreditation inspection coming up and I don't want to be cited for not following regulations.

A There are no regulations, guidelines or standards stating how many IUSS cycles are acceptable to run during any specific timeframe. Sterilization process failures are a major concern and pose a serious risk to patient safety and well-being. It makes more sense to place great emphasis on each and every sterilization cycle regardless of whether the cycle is IUSS or a traditional terminal cycle.

It is imperative that every single step and detail in the reprocessing/sterilization process is performed precisely in accordance with the medical device and equipment manufacturers' instruction for use (IFU). There are absolutely no short cuts in the sterilization process. All policies and procedures must be followed for cleaning, disinfection, inspection, assembly, instrument positioning, packaging, loading sterilizer, sterilizer operation, cycle settings, monitoring, documentation, and adherence to aseptic techniques.

Clearly, sterilization is a complex and very precise process and one that cannot be rushed. For that reason all professional entities agree and recommend that the use of IUSS be reserved for true emergency and/or unanticipated events. Having inadequate instrumentation to meet surgical case load needs is not considered an emergency or unanticipated event. Surveyors from CMS, TJC, and other accrediting bodies will be looking at the efficacy of the entire sterilization process, not merely how many IUSS cycles are run. They will also assess your adherence to professional guidelines and standards relative to managing and monitoring all sterilization processing, including IUSS.

As a quality improvement initiative, you may want to consider benchmarking your own IUSS cycle rates against themselves to demonstrate that you are managing the process and implementing measures to reserve the use of IUSS to the unanticipated events. Calculate your IUSS rates by dividing the number of IUSS cycles per month by the number of procedures per month.

Q Is it essential to sanitize all soiled items returned to CS, or is decontamination/disinfection sufficient prior to sterilization?

A It is important to realize that decontamination (cleaning), sanitization, disinfection and sterilization are each different and unique processes. The first step in reprocessing involves thorough cleaning which is the removal of soil from used materials. The second step involves a microbicidal process such as sanitization, or disinfection. The objective of decontamination is to protect individuals from disease caused by contact with pathogenic organisms on soiled medical devices. Thorough cleaning, while an essential first step, may not always be sufficient to ensure that an item is safe to handle. Currently, there is no standard to measure just how "clean" or safe-to-handle an object must be. Therefore, to ensure that harmful microorganisms are destroyed, a microbicidal process may be employed. Medical devices that have been

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contaminated by blood, body fluids or large microbial populations must always be subjected to a microbicidal process after cleaning. Deciding which process to use is a risk-versus-benefit decision for each item you process. Therefore, a clear understanding of these processes is imperative.

Sanitization is suitable for easily-killed microorganisms and can reduce the number of microbial contaminants on an inanimate surface to a relatively safe level. Following thorough cleaning, the objects are rinsed in hot water or steam-purged for a designated period of time depending on method used. Examples of sanitizing equipment include cart washes, steam guns, and dishwashers. Sanitization is adequate for items that only come in contact with the surface of unbroken skin. Disinfection provides a higher level of safety and can be used on work surfaces, medical devices and equipment that have come in contact with highly contaminated substances, body fluids and blood. The disinfection process may be accomplished either by a thermal or chemical exposure. Pasteurization is an example of a thermal disinfection process. It involves exposing an object to a hot water bath at between 150 and 170 degrees Fahrenheit for 30 minutes. Contact with water at or above 180 to 205 degrees Fahrenheit for one minute can provide an intermediate level of disinfection. This is the process used in automated instrument washers during the final rinse.

Chemical disinfection processes employ various liquid chemicals that contain agents such as quaternary ammonium compounds, iodophors, hydrogen peroxide, phenolics, chlorine compounds and glutaraldehydes. Chemical disinfection can be a complicated process, and careful selection of the appropriate chemical for each medical device or piece of equipment is imperative. Labeling will identify a chemical's active ingredients and concentrations and provide the scope and spectrum of microbicidal activity. Directions for use must be followed precisely, including required contact time and temperature. It is essential to follow the device manufacturer's IFU for proper cleaning and disinfection.

As noted previously, thorough cleaning is a critical step and if not done effectively, can impede the efficacy of the disinfection process. To monitor the efficacy of the cleaning process all automated washers (e.g., instrument washers, cart washers, ultra-sonics and automated endoscope reprocessor) should be tested weekly, preferably daily, in accordance with AAMI ST79 standards. There are specific testing tools and devices available for the various automated washers which verify the performance of the equipment. The cleaning efficacy of medical devices can be verified with testing devices that detect residuals of organic matter such as, blood, carbohydrates, and proteins.
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