

Frequently Asked Questions FROM 2010

—3M Sterilization Assurance Techline

by Sandra Velte, BA, CSPDT

Objectives

1. Discuss the Association for the Advancement of Medical Instrumentation. Comprehensive guide to steam sterilization and sterility assurance in health care facilities, ANSI/AAMI ST79:2010 & A1:2010 recommendations for monitoring implants loads.
2. Discuss guidelines and recommended practices from AAMI ST79 and the Association of periOperative Registered Nurses (AORN) related to monitoring flash sterilization (i.e., immediate-use steam sterilization or IUSS) cycles.
3. Describe recommendations from AAMI ST79 and AORN related to cleaning verification.
4. Explain the implications for hospital users related to the U.S. EPA Reregistration Eligibility Decision for Ethylene Oxide (RED).
5. Describe guidelines from AAMI ST79 related to recall.

Test Questions

True (A) or False (B)

1. It is acceptable to release implants before the biological indicator (BI) result is known.
A. True B. False
2. According to the recent update to AAMI ST79, a Class 6 PCD can be used to release implants.
A. True B. False
3. Flash sterilization refers to 270°F/132°C gravity unwrapped cycles only.
A. True B. False
4. If you flash instruments in open mesh-bottom surgical trays and in rigid containers, both configurations need to be routinely tested with a BI.
A. True B. False
5. Routine monitoring with a BI is conducted in a full load for flash cycles.
A. True B. False

6. Mechanical cleaning equipment should be routinely tested for proper functioning at least weekly and preferably daily.
A. True B. False
7. According to the EPA RED for EO, ethylene oxide sterilization cycles in healthcare facilities must be completed in a single-chamber.
A. True B. False
8. Use of a separate aeration cabinet is permitted in hospitals and healthcare facilities.
A. True B. False
9. According to AAMI ST79, only a positive BI triggers a recall.
A. True B. False
10. If a Class 5 or Class 6 CI PCD is used to monitor a non-implant load and the CI fails, a recall back to the last load with a negative BI result may be recommended.
A. True B. False

Introduction

As a member of the 3M Sterilization Technical Services Team, my job responsibilities include answering the 3M Sterilization Assurance Techline. In my career, I have responded to thousands of telephone and email inquiries from health care professionals from across the country. These inquiries are not limited to questions about 3M Sterilization Assurance products, but also include requests for information related to sterilization standards and recommended practices. Therefore, it is important that I am familiar with the most current guidelines and recommended practices from organization such as the Association for the Advancement of Medical Instrumentation (AAMI), the Association of periOperative Registered Nurses (AORN), and the Centers for Disease Control (CDC), as well as regulations from the Environmental Protection Agency (EPA).

Staying up-to-date with the most current industry regulations and standards can be a challenge for sterile processing professionals and a wide variety of questions are asked by callers to the 3M Sterilization Assurance Techline. Although I am continually asked questions I have never heard before, there are several topics that seem to come up on a regular basis. Answers to five frequently asked questions from 2010 are discussed in this self-study article.

With the recent publication of AAMI ST79:2010, did anything change related to monitoring and releasing implants?

In October, 2010 AAMI published the second edition of ANSI/AAMI ST79, Comprehensive guide to steam sterilization and sterility assurance in health care facilities. An amendment to the standard, A1:2010, was published with the 2010 version.¹ [Note: Information on how to order this new edition is provided at the end of this article.]

AAMI ST79:2010 still recommends that implant loads be monitored with a biological indicator (BI) process challenge device (PCD) that also contains a Class 5 integrating indicator, and that the load should be quarantined until the BI results are known.

In section 10.6.1 Process monitoring devices, of AAMI ST79:2010 it states:

“Every sterilization load containing implants should be monitored with a PCD containing a BI (a BI challenge test pack). A Class 5 integrating CI should be included in this PCD. Implants should be quarantined until the results of the BI testing are available (CDC, 2008).”¹

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healthVIE.com and 3M Health Care will be working collaboratively to provide continuing education courses at *healthVIE.com*.

The reason that only biological indicators can be used to release implants is because BIs provide the only direct measure of lethality of a sterilization cycle. Biological indicators are recognized by most authorities as being closest to the ideal monitors of the sterilization process because they measure the sterilization process directly by using the most resistant microorganisms, and not by merely testing the physical and chemical conditions necessary for sterilization.³ If the cycle is able to kill all the spores in the biological indicator, then you have the highest assurance that the bioburden on the items in the load was also killed.

In section 10.5.3.2 Using biological indicators, of AAMI ST79:2010 it states:

“Rationale: The use of BIs provides evidence of efficacy by challenging the sterilizer with a large number of highly resistant bacterial spores. Biological monitoring provides the only direct measure of the lethality of a sterilization cycle.”¹

Recommendations for early release of an implant, before the BI result is known, also have not changed in AAMI ST79:2010. If it is not possible to quarantine the implant until the biological indicator is negative, because of a documented medical emergency, then the implant can be prematurely released on the result of the Class 5 integrating indicator in the BI PCD provided that all the other monitoring results were acceptable. Two forms are still provided in Annex L of ST79:2010 – an implantable devices load record to document all implant loads and an exception form to document premature release of implants before the BI results are known. The exception form documents:

- ▶ the name of the patient,
- ▶ the name of the implant,
- ▶ the name of the surgeon,
- ▶ the reason the implant was released early, and
- ▶ what could have prevented the premature release.¹

In section 10.6.3 Release criteria for implants, of AAMI ST79:2010 it clearly states:

“Releasing implants before the BI results are known is unacceptable and should be the exception, not the rule.”¹

What is new in AAMI ST79:2010 is that recommended use for Class 6 emulating indicators is now provided. Tables 6 and 7 summarize the recommended use of sterilization monitoring devices, including physical, chemical, and biological indicators. These tables have been updated in the 2010 amendment to include guidance on the use and application of Class 6 emulating indicators. A Class 6 emulating indicator can be used:

- ▶ as an internal chemical indicator (in the cycle for which it is labeled),
- ▶ within a PCD to monitor and release non-implant loads (in the cycle for which it is labeled), and
- ▶ within a PCD as an additional monitoring tool for implant loads (in the cycle for which it is labeled).¹

Here it is important to point out that, according to AAMI ST79:2010, a Class 6 PCD cannot be used in the place of a BI PCD to release implants and a Class 6 emulating indicator cannot be used to release implants in an emergency.

As you know, each health care facility develops policies and procedures based on laws and regulations, current scientific knowledge, and accepted practice guidelines, and these policies and procedures should be consistent throughout the health care facility. It is necessary for facilities to follow written policies and procedures so they can obtain Joint Commission accreditation. An easy-to-use sterilization process monitoring program should follow the most stringent recommended practices, standards, and guidelines set forth by organizations such as AAMI, AORN, and the CDC. As you will see below, recommendations from AORN and CDC related to monitoring implant loads are very similar to what is recommended by AAMI ST79.

AORN recommends that implantable devices be monitored with a biological indicator and quarantined until the BI result is negative.

“XVI.h.2 ...each load containing an implantable device should be monitored with a BI and quarantined until the results of the BI testing are available...”²

In the event of an emergency requiring flash sterilization of an implant, AORN recommends the use of a rapid-action BI and quarantining of the implant until the BI result is known.

“IV.h. In an emergency, when flash sterilization of an implant is unavoidable, a rapid-action BI and a Class 5 chemical integrating indicator (or enzyme-only indicator) should be run with the load.”²

“IV.h.1 The implant should be quarantined on the back table and should not be released until the rapid-action BI provides a negative result.”²

[Note: The enzyme-only indicator product has been discontinued and is no longer available.]

In the 2008 CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, it states:

“Use biologic indicators for every load containing implantable items and quarantine items, whenever possible, until the biologic indicator is negative.”³

What are the recommendations for monitoring flash sterilization loads?

First, let’s establish what is considered a “flash” sterilization cycle. Originally, flash sterilization was used to reprocess single dropped instruments mid-procedure, using the unwrapped method and a 270°F/132°C gravity cycle. However, over the years, flash sterilization has expanded to include dynamic-air-removal (e.g., prevacuum) cycles as well as other packaging methods.

It is also the case that flash sterilization has increased in frequency and is often misused to process entire instrument sets due to insufficient instrument inventory or late delivery of loaners. Consequently, the term “flash” has negative connotations attached to it.

Because flash sterilization has evolved over time, the term “flash” no longer means the same thing to all people and this has caused confusion in the industry. In June, 2010 AORN reported on a collaborative effort by several organizations and regulatory agencies, including AORN and AAMI, to establish a standardized language for and understanding of what has previously been called “flash sterilization.” The group decided to call this type of sterilization “immediate-use steam sterilization” or “IUSS.”⁴ In the spring of 2011, a joint position statement titled “Immediate-Use Steam Sterilization” was published and the position statement can be found on the AAMI website.⁵ So expect an industry shift from the term “flash sterilization” to “immediate-use steam sterilization.”

Having said that, let’s get back to discussing what the current AAMI and AORN guidelines are for monitoring flash cycles. As with all steam sterilization cycles, it is recommended that flash sterilization cycles be monitored with physical, chemical, and biological monitors.

For each flash cycle, the sterilizer printout (i.e., physical monitor) should be reviewed and initialed by a trained and knowledgeable person to verify that cycle parameters were met and that the correct cycle was chosen for the load contents.

According to AAMI ST79:2010, routine sterilizer efficacy monitoring of flash sterilizers is done with one or more BIs and one or more CIs in a BI challenge test tray (i.e., PCD) placed on the bottom shelf over the drain in an otherwise empty chamber. In addition, if you are running prevacuum flash cycles you also need to test your sterilizer daily with a Bowie-Dick test.

All different cycles used must be tested separately. For example, if you run both gravity and prevacuum flash cycles you would need to test each of these with the appropriate BI. However, if you run three minute and ten minute open tray gravity cycles, then you only need to test the shorter, more challenging, three minute cycle. Keep in mind that AAMI ST79 recommends testing all tray configurations that are used

Like AORN, AAMI ST79 recommends that mechanical cleaning equipment be monitored upon installation, weekly (preferably daily) during routine use, and after major repairs.

(e.g., open, mesh-bottom surgical trays; rigid container systems; protective organizing cases; and single-wrapped surgical trays) because they each create a different challenge to air removal and steam penetration.

Since 2009 AORN has recommended the use of rigid sterilization containers for flash sterilization (see below) and many facilities have adopted this recommended practice. Keep in mind that if you change the packaging configuration used for flash, you may also need to update your policies and procedures for monitoring flash cycles to ensure you are conducting the BI testing correctly.

“TV.e. Rigid sterilization containers designed and intended for flash-sterilization cycles should be used. (PNDS: 170, 198)

Rigid flash-sterilization containers:

- ▶ reduce the risk of contamination during transport to the point of use,
- ▶ facilitate ease of presentation to the sterile field, and
- ▶ protect sterilized items during transport.”²

AAMI ST79:2010 recommends that an internal chemical indicator (Class 3, 4, 5 or 6) be used inside each sterilized package, tray, or rigid container system. AORN gives more detailed recommendations related to monitoring flash cycles and specifically recommends the use of Class 5 integrating indicators in all flash cycles:

“TV.c.3. Biological (BI) and chemical indicators should be used to monitor sterilizer efficacy and assess compliance of monitoring standards established for gravity-displacement and dynamic air-removal sterilizers. Class 5 chemical integrating indicators should be used within each sterilizer container or tray.”²

What do the guidelines say about monitoring cleaning equipment?

Most guidelines on monitoring focus on the sterilization process, but it is important to remember the old adage that you cannot achieve sterilization without effective cleaning. There is no such thing as sterile dirt; therefore, an instrument that is not properly cleaned cannot be sterilized.

While in the past hospitals have relied mainly on visual inspection to verify the adequacy of cleaning, recommended

practices are beginning to discuss a less subjective approach. Both AORN and AAMI recommend that health care personnel perform verification tests as part of their overall quality assurance program to ensure that mechanical cleaning equipment is working properly and according to the manufacturer’s specifications.

AORN first addressed the need for a quality assurance program around cleaning in their 2009 Recommended Practices for Cleaning and Care of Surgical Instruments and Powered Equipment. AORN recommends that both mechanical washers and manual cleaning methods be monitored or evaluated for efficacy. The quote below is from the AORN:2011 edition.

“XXII.a. A quality management program should be in place to test mechanical cleaning equipment.

Mechanical instrument washers should be tested for proper functioning before initial use, weekly during service, and after major maintenance.

Manual cleaning should be evaluated when new types of instruments are reprocessed and periodically, at intervals determined by the health care organization.”⁶

In 2009, AAMI ST79 also added recommendations related to the frequency of monitoring mechanical cleaning equipment to ensure it is working properly. Like AORN, AAMI ST79 recommends that mechanical cleaning equipment be monitored upon installation, weekly (preferably daily) during routine use, and after major repairs.

In section 10.2 Monitoring of mechanical cleaning equipment, ST79 explains that “[a] major repair is a repair that is outside the scope of routine preventive maintenance and that significantly affects the performance of the equipment. Examples include replacement of the water pump(s), detergent delivery system, heating system, water delivery system, water treatment system, or computer control or an upgrade to software.”¹

Additionally, many washers have printouts. ST79 recommends that these printouts be reviewed and initialed for each cycle to verify the washer completed all phases of the cycle. And, of course, it is important to document all monitoring results.

In section 10.2 Monitoring of mechanical cleaning equipment, AAMI ST79 makes the following statement.

“Ideally, cleaned medical devices should be traceable to the patients on whom they are used.”¹

If you have not yet incorporated cleaning verification in your department and wonder how to do it, Annex D titled User verification of cleaning processes included at the back of

ST79 would be a good resource to consult. Annex D includes two tables that review the methods available to assess the cleanliness of cleaned instruments and the efficacy of washer-disinfectors.

After the exposure phase in an ethylene oxide sterilizer, is it acceptable to transfer the load to a separate aerator or to open the load to retrieve the BI for incubation?

Ethylene oxide (EO or ETO) is used in hospitals as a low temperature sterilant for items that are heat- and/or moisture-sensitive. In the United States, ethylene oxide is regulated as a pesticide by the Environmental Protection Agency (EPA). The EPA periodically reviews the benefits and associated risks with the continued use of chemical pesticides, a process known as a Reregistration Eligibility review.

In 2008, the EPA completed a Reregistration Eligibility Decision (RED) for EO. The decision permits the continued use of ethylene oxide as a pesticide provided users adopt new risk mitigation measure indicated on EO labels. During the EPA's RED for EO, the public and industry stakeholders were given the opportunity to provide input. The EPA reviewed alternative methods of device sterilization and concluded, "Based on available information, EPA considers ETO critical to sterilization in the medical industry and necessary to protect public health."⁷

The 2008 EPA RED for EO determined that the benefits of using EO outweigh the associated risks, provided that risk mitigation measures are adopted by users and that suppliers amend EO labels to incorporate the recommended risk mitigation measures. These new risk mitigation measures are designed to reduce the potential for adverse health effects associated with long-term inhalation exposure to EO. There are two specific restrictions for EO usage in hospitals and healthcare facilities:

- ▶ "Sterilization/fumigation with ETO must be performed only in vacuum or gas tight chambers designed for use with ETO."
- ▶ "After February 28, 2010, a single chamber process is required for ETO treatment (sterilization and aeration are to occur in the same chamber) in hospitals and healthcare facilities."⁷

Therefore, healthcare facilities currently transferring sterilized loads to a separate aeration cabinet will have to modify their work practices and perform sterilization and aeration in a single chamber.

Suppliers of EO are required to revise their product labeling to reflect the new requirements. In addition to the specific restrictions for EO usage in hospitals described above, amended EO labels must include language about Personal Protective Equipment (PPE). The EPA recommends that handlers wear a long-sleeved shirt and long pants, shoes and socks, and chemical resistant gloves. Respiratory protection is recommended with the ambient EO concentration equals or exceeds the 1 part per

These new risk mitigation measures are designed to reduce the potential for adverse health effects associated with long-term inhalation exposure to EO.

million (ppm) 8-hour time weighted average Permissible Exposure Limit (PEL) stipulated in OSHA's occupational exposure standard to EO (29 CFR 1910.1047).⁸ The EO label/Directions for Use must also contain the following statement: "Employers in facilities that use ETO must comply with all of the requirements for ETO use specified in 29 CFR 1910.1047."^{7,8}

The availability of the EO RED was announced in the April 16, 2008 Federal Register and explained in a March 2010 Fact Sheet.⁹ Contact your EO supplier to be sure you have current Directions for Use.

All 3M™ Steri-Vac™ Gas Sterilizer/Aerators begin in-chamber aeration automatically upon completion of the EO gas exposure phase and a final purge. Additionally, 3M Steri-Vac Sterilizer/Aerators operate at negative pressure (i.e., at a vacuum) throughout the sterilization cycle. Thus users of Steri-Vac sterilizers can comply with both the single-chamber process and vacuum chamber requirements. If you have a different brand of EO sterilizer, contact the manufacturer to determine whether the sterilizer features in-chamber aeration and negative pressure/gas tight operation.

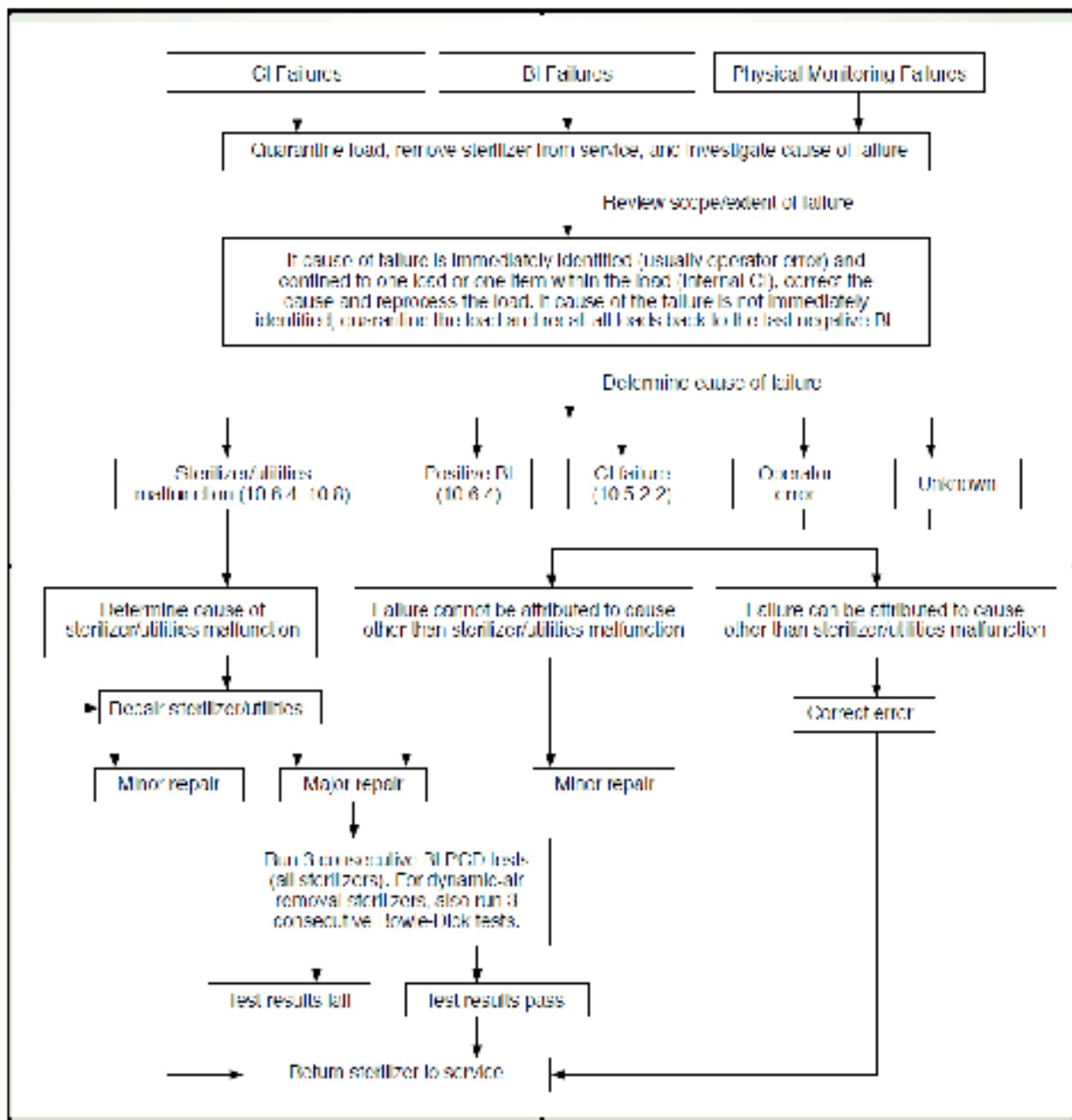
The EPA RED does not specifically address retrieval of biological indicator (BI) test pack or PCD during aeration. However, as the goal of the single chamber process is risk mitigation through the reduction of ambient EO levels in hospitals, it may be presumed that it is no longer acceptable to retrieve BI test packs from the sterilizer until the aeration phase is complete.

The use of a separate aeration cabinet is no longer permitted in hospitals and healthcare facilities as the EPA requires a single chamber EO process. While the EPA RED risk mitigation requirements were effective February 28, 2010, in a March, 2010 website notice, the EPA clarified that hospitals should implement the change when the labeling on the EO containers is updated.⁹

3M Steri-Vac Sterilizer/Aerators, which operate at negative pressure throughout the cycle and use single-dose 3M Steri-Gas™ EO cartridges, include a number of engineering features designed to provide a safe operating environment. When properly installed and operated according to instructions, operator exposure to EO is below the OSHA PEL and respiratory protection is therefore not required for routine

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Figure 12. Decision tree for conducting investigations of steam sterilization process



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Table 8. Checklist for identifying reasons for steam sterilization process failures

Operator Errors
<p>Incorrect use and interpretation of monitoring tools</p> <ul style="list-style-type: none"> • Incorrect physical monitors for the load • Incorrect use of BI or BI PCD <ul style="list-style-type: none"> - Incorrect selection of BI or BI PCD for the load - Incorrect placement of BI PCD in the load (e.g., another pack was placed on top of the PCD) - Incorrect incubation of BI - Misinterpretation of BI result - Incorrect documentation of BI result • Incorrect use of Class 5 integrating CI PCD. <ul style="list-style-type: none"> - Incorrect selection of CI PCD for the load. - Incorrect placement of CI PCD in the load (e.g., another pack was placed on top of the PCD) - Misinterpretation of Class 5 integrating CI result - Incorrect documentation of Class 5 integrating CI result • Incorrect use of internal CI <ul style="list-style-type: none"> - Incorrect selection of internal CI for the load - Misinterpretation of internal CI result - Incorrect documentation of internal CI results • Incorrect storage of any CIs or BIs • Failure to check physical monitors for functionality before running cycle • Use of broken media: ampoule or ampoule with missing spore strip • Use of BI PCD or CI PCD that is missing the BI or CI • Use of defective CI (e.g., a CI that is expired, faded, shows a partial color change because of incorrect storage, or has been previously exposed to the sterilant) <p>Selection of incorrect cycle for load contents (containment device or medical device manufacturer's instructions for use not followed)</p> <p>Use of inappropriate packaging materials or packaging technique</p> <ul style="list-style-type: none"> • Incorrect packaging or containment device for the cycle parameters • Incorrect preparation of containment device for use (e.g., incorrect filters, valves, or bottom tray) • Use of a paper-plastic pouch, woven or nonwoven wrapper, or towel in a 270°F to 275°F (132°C to 135°C) gravity-displacement cycle • Use of a tray that does not allow air removal and steam penetration • Use of a wrapper that is too large for the application • Placement of a folded paper-plastic pouch inside another paper-plastic pouch • Placement of a paper-plastic pouch inside a wrapped set or containment device without verification of adequate air removal and steam penetration by product testing • Incorrect placement of basins in set (i.e., basins are not aligned in the same direction) • Failure to use nonlinting absorbent material between nested basins • Preparation of textile packs that are too dense to sterilize with the cycle parameters chosen • Inadequate preconditioning of packaging materials (i.e., not holding package materials at 68°F to 73°F (20°C to 23°C) for 2 hours before use) <p>Incorrect loading of sterilizer</p> <ul style="list-style-type: none"> • Stacking of containment devices if not recommended by manufacturer • Stacking of perforated instrument trays • Incorrect placement of instrument trays (i.e., not laying instrument trays flat or parallel to the shelf) • Incorrect placement of paper-plastic pouches (e.g., placing pouches flat instead of on edge; not allowing sufficient space between pouches; not placing pouches with plastic sides facing one direction) • Incorrect placement of basins (i.e., not placing basins on their sides so that water can drain) • Incorrect placement of textile packs (i.e., not placing them on edge) • Placement of packages too close together, impeding air removal and sterilant penetration in the load

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sterilizer use. Regardless of the EO sterilizer manufacturer, your facility should have employee exposure monitoring results on file per OSHA's occupational exposure standard for EO (29 CFR 1910.1047).⁸

Is it correct that only a positive biological indicator would cause a recall?

In the A2 amendment to AAMI ST79 that was published at the end of 2009, section 10.7.5, previously entitled "Positive BI results," was renamed "Actions to take when PCDs (BI challenge test packs or CI challenge test packs) indicate failure." This significant change reminds us that any indication of a sterilization process failure must be taken seriously. AAMI ST79 now recommends quarantining the load and recalling all loads back to the last negative BI if the cause of the failure isn't immediately identified. It is important to understand that in the past, only positive BI results could cause a recall; however, now, recall has been expanded to include failing CI PCDs and physical monitors.

ST79 includes two tools, a decision tree and a checklist, to assist with root cause investigation of steam sterilization process failures. I think you'll find these tools to be quite useful the next time your department experiences a steam sterilization process failure.

- ▶ Figure 12 – Decision tree for conducting investigations of steam sterilization process failures (see below)
- ▶ Table 8 – Checklist for identifying reasons for steam sterilization process failures (see below)

The decision tree in section 10.7.5 is a flow chart that walks you through the steps to take in the event of a sterilization process failure. Two scenarios are described. In one case, if the cause of the failure is immediately identified and confined to one load or item, for example an operator selected an incorrect sterilization cycle or used an inappropriate monitoring tool, then the problem should be corrected and the load reprocessed. However, if the cause of the failure is not immediately identified, ST79 now recommends quarantining the load and recalling all loads back to the last negative BI. The root cause of the sterilization failure should be investigated and if the sterilizer or utilities need major repairs, qualification testing should be conducted before the sterilizer is put back into routine use.

While it is easy to say "investigate and identify the root cause" of a sterilization process failure, in reality it is often difficult to do. Therefore, Table 8 in section 10.7.5 provides a checklist to assist during a root cause investigation. I recommend you use it the next time you are investigating a sterilization process failure with your facilities engineer. The table divides the causes of sterilization process failures into two categories: 1) operator error and 2) sterilizer or utility malfunction. The length of this checklist illustrates how many different things can contribute to sterilization process failures.

Revise your policy and procedure to reflect that when a physical monitor or PCD (containing a BI or CI) indicates a sterilization process failure, the load should be quarantined and an investigation should be initiated. Additionally, a recall back to the last negative BI should be initiated if the cause of the failure isn't quickly identified. For example, if you use a Class 5 or Class 6 CI PCD to monitor non-implant loads, and the CI fails, that load should be quarantined while the root cause is investigated. If the cause of the failed CI PCD is not immediately identified as an operator error confined to only that load, all loads back to the last negative BI PCD must be recalled and reprocessed. This is just one of the many reasons a facility may choose to monitor every load with a BI PCD.

I hope this information from AAMI, AORN, CDC and EPA is helpful as you update your department policies and procedures. Feel free to call the 3M Sterilization Assurance Techline if you have any questions.

Ordering Information

Contact AAMI to order ANSI/AAMI ST79:2010 & A1:2010, Comprehensive guide to steam sterilization and sterility assurance in health care facilities (Consolidated Text)

Order Code: ST79 or ST79-PDF

Price/AAMI Member Price: \$240/\$120

Call 877-249-8226 or visit <http://marketplace.aami.org>

AAMI documents can be purchased through AAMI by credit card using the following four options:

1. Internet: <http://www.aami.org>
2. Call: 1-877-249-8226
3. Fax: 1-301-206-9789
4. Mail: AAMI publications, PO Box 2011, Annapolis Junction, MD 20701-0211

ST79 can also be purchased through AORN and AAMI at AAMI member prices. †

References

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ANSWERS

- | | |
|------|-------|
| 1. B | 6. A |
| 2. B | 7. A |
| 3. B | 8. B |
| 4. A | 9. B |
| 5. B | 10. A |

Sterile Process and Distribution CEU Information

CEU Applicant Name _____

Address _____

City _____ State _____ Zip Code _____

The CBSPD (Certification Board for Sterile Processing and Distribution) has pre-approved this inservice for 1.5 contact hours for a period of five (5) years from the date of publication. Successful completion of the lesson and post test must be documented by facility management and those records maintained by the individuals until recertification is required. **DO NOT SEND LESSON OR TEST TO CBSPD.**

For additional information regarding Certification contact: CBSPD, 148 Main St., Lebanon, NJ, 08833 or call 908-236-0530 or 800-555-9765 or visit the Web site at www.sterileprocessing.org.

IAHCSMM has awarded 1.5 Contact Points for completion of this continuing education lesson toward IAHCSMM recertification.

Nursing CEU Application Form

This inservice is approved by the California Board of Registered Nurses, CEP 5770 for 1 contact hour. This form is valid up to five (5) years from the date of publication.

1. Make a photocopy of this form.
2. Print your name, address and daytime phone number and position/title.
3. Add the last 4 digits of your social security number or your nursing license number.
4. Date the application and sign.
5. Answer the true/false CE questions. **KEEP A COPY FOR YOUR RECORDS.**
6. Submit this form and the answer sheet to:
healthVIE.com
PO Box 25310, Scottsdale, AZ 85255-9998
7. For questions, contact craig@firstaccessmedia.com.
8. Participants who score at least 70% will receive a certificate of completion within 30 days of healthVIE.com's receipt of the application.

Application

Please print or type.

Name _____

Mailing Address _____

City, State, Country, Zip _____

Daytime phone () _____

Position/Title _____

Social Security or Nursing License Number _____

Date application submitted _____

Signature _____

Offer expires July 2016

On a scale of 1-5, 5 being Excellent and 1 being Poor, please rate this program for the following:

- 1) Overall content _____
- 2) Met written objectives _____
- 3) Usability of content _____