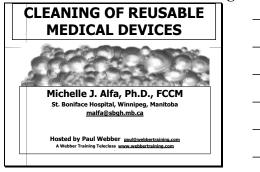
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Slide 1



Slide 2

#### **Overview:**

- Basic Cleaning Concepts
- Overview of medical device issues
- Impact of suboptimal cleaning

What is Pr	oper Reprocessing?
Cleaning:     Physical removal     Detergent effect     Temperature     Rinsing     Disinfection/Sterili     Killing of organisms	
	SAFE to use; no risk of disease transmission

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CI	۵an	ina	Dro	cess:
u	ean	шч	PIU	cess:

- Pre-rinse: remove gross debris (soil)
- Detergent (chemical or enzymatic): improves ability to remove soil
- Sonication: physically "knocks" soil off device surface
- Rinsing: removes loosened soil & detergent
- NOTE: Lubrication: (after cleaning, before sterilization; where needed)

Slide 5

# Step 1: Cleaning Instructions

 Obtain VALIDATED cleaning instructions from Manufacturer

Slide 6

# Step 2: CRITIQUE device

- ? Can patient secretions enter areas of device you can't visually inspect?
- ? Does cleaning process get fluid into ALL areas of device?

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Slide 8

#### Step 3: Select Detergent

- Chemical (washer/disinfector) vs
   Enzymatic (sonicator, manual)
- Tap water quality will affect choice (treated water source?)
- Ensure Contact time is adequate (e.g. Enzymatic; 3-5 min, RT, minimum contact time)

Slide 9

#### Step 4: Rinse Water

- LOTS OF IT!!!
- Tap water is O.K.
- Rust/mineral deposits
- Final rinse (e.g. Reverse osmosis water if possible)

NOTE: Lubrication: after cleaning but before sterilization (when recommended)

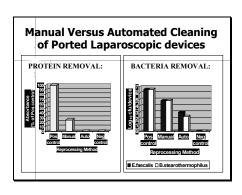
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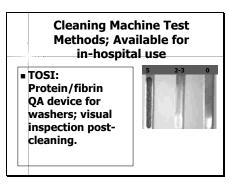
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Slide 10

Automated Vs Manual  Automated is preferred: - consistency, - large volumes of fluid - temperature control  Machines are only as good as their	Automated is preferred: - consistency, - large volumes of fluid - temperature control	Automated is preferred: - consistency, - large volumes of fluid - temperature control  Machines are only as good as their
- consistency, - large volumes of fluid - temperature control  Machines are only as good as their	- consistency, - large volumes of fluid - temperature control  Machines are only as good as their	- consistency, - large volumes of fluid - temperature control  Machines are only as good as their
<ul> <li>Machines are only as good as their</li> </ul>	■ Machines are only as good as their	<ul> <li>Machines are only as good as their</li> </ul>
	DRIVERS!!!	DRIVERS:

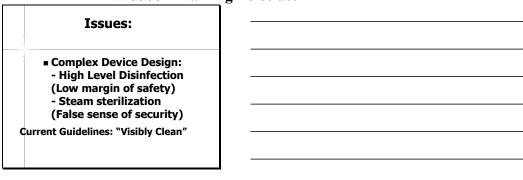
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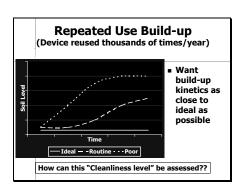


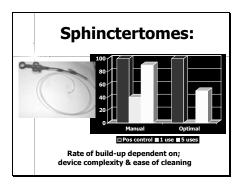
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Slide 13



Slide 14





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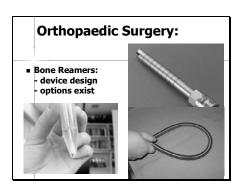
Slide 16

	ent Cleaning nchmarks:
<ul> <li>Guidelines:         "Visibly Clean"</li> <li>What is realistic??</li> </ul>	

Slide 17

#### **General Surgery:**

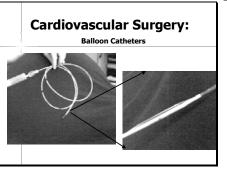
- Surgical instruments:
- Hinges, serrated edges



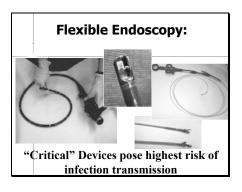
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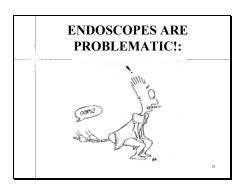
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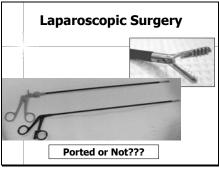
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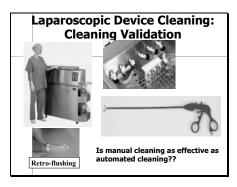


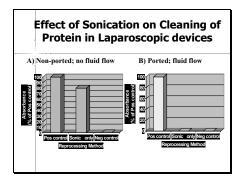
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Slide 22



Slide 23





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Slide 25	So what if Cleaning is suboptimal???	
	<ul> <li>Endoscopes: infection transmission</li> <li>Arthroscopes: increased infection rates</li> <li>Brain surgery: CJD transmission</li> </ul>	
	- Juliu Sulgery, est a anismission	
Slide 26	Value of Cleaning Verification tests for users	
	<ul> <li>Washing Machine tests:</li> <li>confirm proper function (QA)</li> <li>Medical device tests:</li> <li>confirm that cleaning protocol</li> </ul>	
	used in-hospital is effective - confirm staff training and document competency over time	
Slide 27	Guidelines:	
	<ul> <li>CEN/ISO: working toward standardizing tests for users</li> <li>AAMI: guideline for manufacturer's</li> </ul>	
	- recommending manufacturers provide rapid tests for users	

How Clean is Clean Enough!!??

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Slide 28

#### **Summary:**

- Device Complexity: Cleaning issues
- Ensure Proper PROCESS in place
- Equipment
  - optimal cleaning capacity
- monitor for functionality
- sonication needs FLUID FLOW
- MANUFACTURER"S responsibilities
- FLUID FLOW>>>FLUID FLOW!!

