Cleaning, Disinfection, and Sterilization

Basics of Infection Prevention
2-Day Mini-Course
2014

Objectives

- Describe basic principles of cleaning, disinfection, sterilization
- Identify when to use cleaning, disinfection, or sterilization
- Describe how to monitor cleaning, disinfection and sterilization processes

Terminology

- Cleaning
  - general removal of debris (dirt, food, feces, blood, saliva and other body secretions)
  - reduces amount of organic matter that contributes to proliferation of bacteria and viruses
- Disinfection
  - removes most organisms present on surfaces that can cause infection or disease
- Sterilization
  - the killing or removal of all organisms

Cleaning, Disinfection and Sterilization in Healthcare Settings

- Practice standards are based on Spaulding's Classification system
- Healthcare devices and equipment designated as
  - Critical
  - Semi-critical
  - Non-critical
- Categories define level of reprocessing required

Critical Items

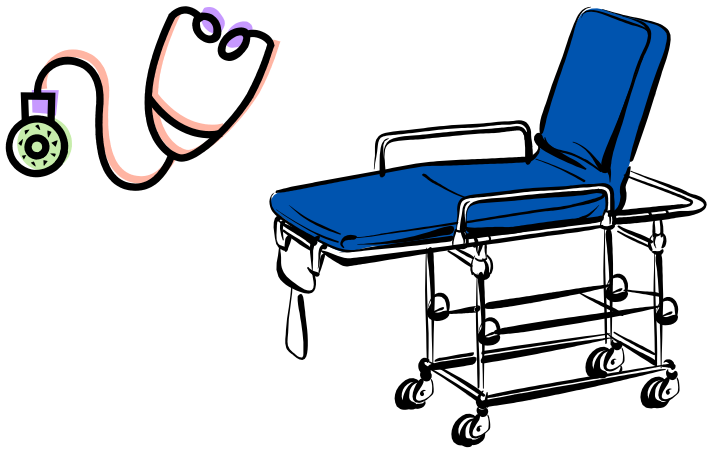
- Require sterilization
- Includes items that enter sterile tissue or the vascular system
- Examples include surgical instruments and accessories, biopsy forceps, cardiac and urinary catheters, implants, needles

Semi-Critical Items

- Require minimum high level disinfection (or sterilization)
- Includes items in contact with non-intact skin or mucous membranes
- Examples include respiratory therapy equipment, anesthesia equipment, flexible and larnygoscopes, bronchoscopes, GI endoscopes, cystocopes, vaginal ultrasonic probes
- Cleaning process must precede high-level disinfection

Non-Critical Items

- Require intermediate-level or low-level disinfection
- Includes items in contact only with intact skin
- Examples include BP cuffs, stethoscopes, durable mobile patient equipment



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Environmental Cleaning

- Patient environment can facilitate transmission of bacteria and viruses
  - By direct contact
  - On hands of healthcare personnel
- Contaminated surfaces increase potential for transmission of bacteria and viruses between patients
- Items categorized as non-critical (intermediate or low disinfection) or require cleaning only

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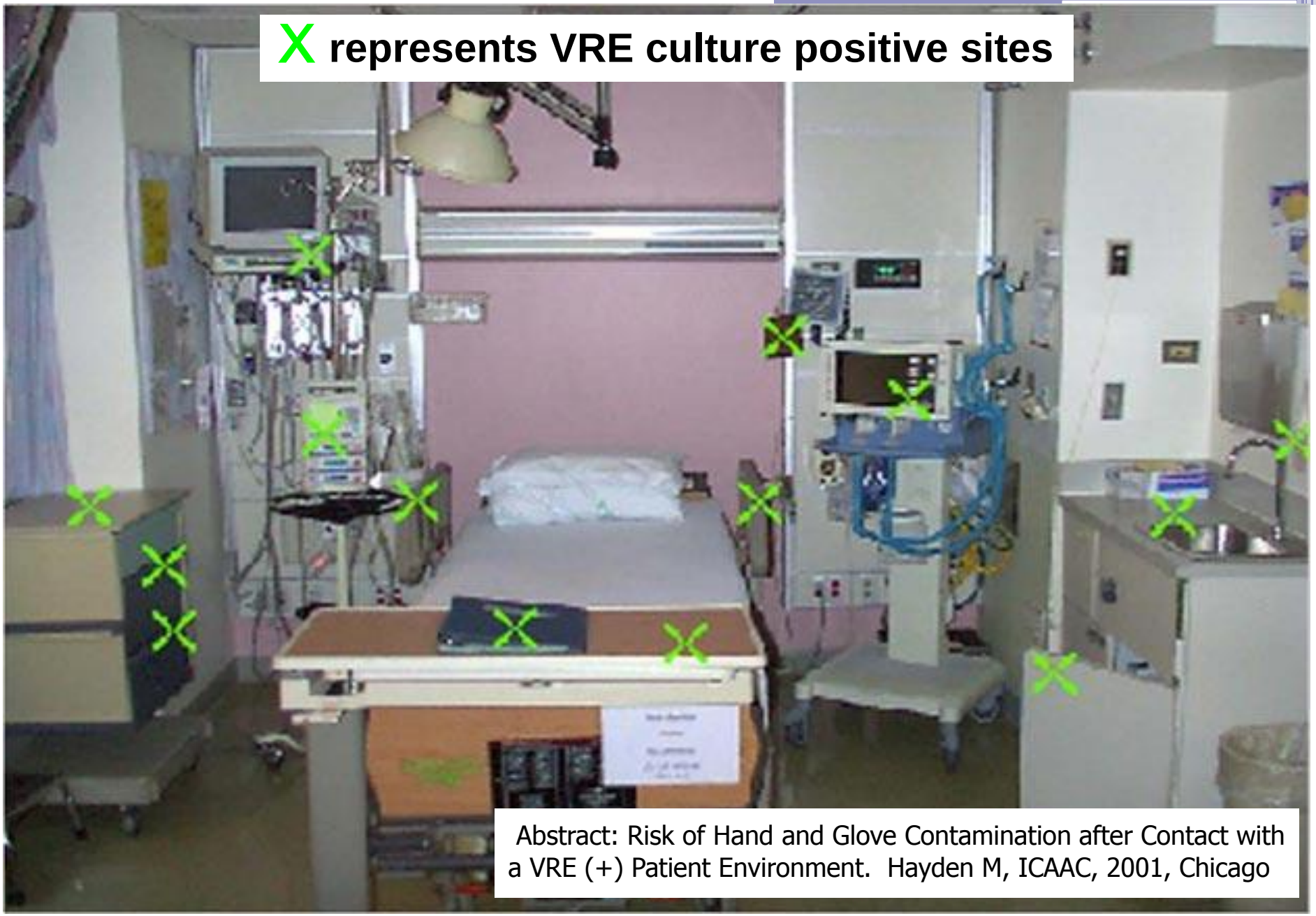

Abstract: Risk of Hand and Glove Contamination after Contact with a VRE (+) Patient Environment. Hayden M, ICAAC, 2001, Chicago

Policy Considerations

- Include in policy all surfaces and equipment that can reasonably be expected to be contaminated by bacteria (high touch surfaces)
- Define responsibility and frequency for cleaning and disinfecting patient care equipment and surfaces
- Monitor compliance with policy
- Staff should be able to answer question "How do you know whether this item has been cleaned and/or disinfected?"
- Cleaned/disinfected items should be labeled (date/time)

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High Touch Surfaces in Patient Rooms

- Considered non-critical
- Must be cleaned *then* disinfected on a regular basis
- Examples include:
  - Bedrails
  - Call bell
  - Telephones
  - TV remote
  - IV pump
  - IV poles
  - Toilet, commode chair
  - Overbed table
  - Light switches
  - Doorknobs
  - Respiratory and other bedside equipment
  - Computer keyboard
  - Chairs

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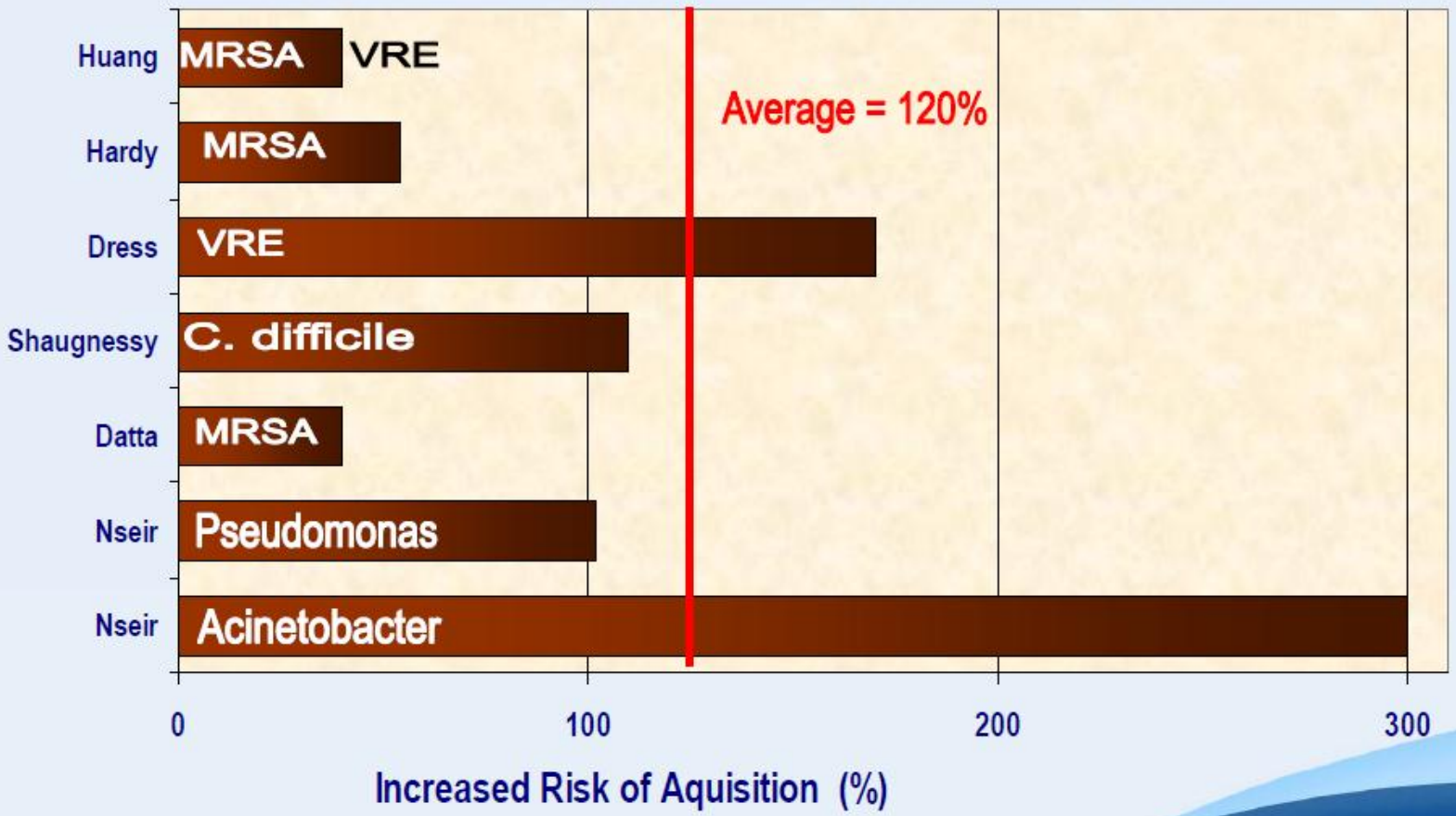
Increased acquisition risk from prior room occupant 6 studies as of January 2011



•Carling PC, Bartley JM. Am J Infect Control 2010;38 S41-50.

SHEA The Society for Healthcare Epidemiology of America

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Items Requiring *only* Cleaning

- Floors, walls, and windows
- Chairs and other furniture used by individuals who are clothed
- Private offices and other non-public, non-patient care areas
- Bed curtains should be changed when soiled and w/ terminal cleaning

Clarify in policy what needs to be cleaned and not necessarily disinfected

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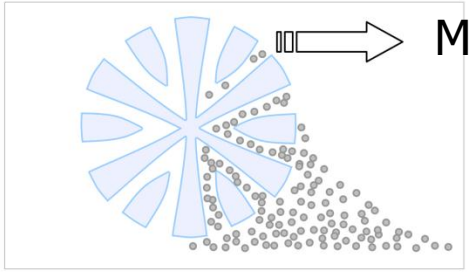
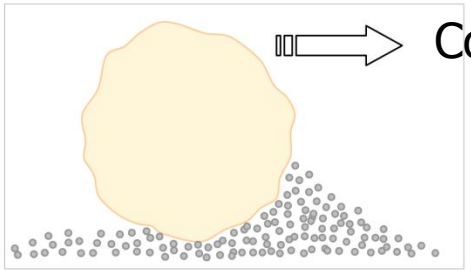
Use Microfiber for Cleaning

- Densely constructed synthetic strands ~1/16th the diameter of a human hair
- Attracts dust, cleans ~50% better than comparable cotton
- Easier to use, lighter, designed for repeat usage





HICPAC Disinfection & Sterilization Guideline 2008, Rutala

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Monitor Environmental Cleaning Processes

- Bioluminescence (outcome measure)
  - Monitors for light emissions produced if organism present
  - Results difficult to interpret because it is unknown whether organism remains viable and thus transmissible
  - Expensive
- Fluorescence (process measure)
  - Monitors for chemical markers that fluoresce with ultraviolet (black) light if not removed during cleaning
- Culturing
  - Should *not* be done except during some outbreak investigations
- Visual inspection
  - Make routine rounds and provide feedback to frontline staff

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Linens

- All linen handled as if contaminated with blood or body fluids (Standard Precautions)
  - Bag linen at point of use
  - Wear PPE when sorting and agitate minimally
- Laundry equipment must be maintained to prevent microbial contamination*
- New laundry technologies allow linen washing without requirements for hot water and chlorine
  - Hot water - 160° F x 25 min
  - Cold water - 71-77° F with 125 ppm chlorine bleach rinse or equivalent detergent
  - Detergents not required to have stated anti-microbial claims*

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*Manufacturer's instructions for use must be followed

Cleaning, Disinfection, and Sterilization of Medical Instruments and Devices

You CANNOT achieve disinfection or sterilization without pre-cleaning

- As organic material dilutes disinfectants, bioburden must be reduced for processes to be effective

Clean all medical instruments and devices as a first step

- Remove visible soil
- May need to disconnect or separate instrument parts
- Avoid organic material drying on equipment by rinsing or soaking in an enzymatic solution

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Personal Protection

When cleaning soiled medical instruments, wear

- Long sleeved impervious gown
- Eyewear
- Mask or mask with face shield
- Gloves
- Cap
- Chemical goggles (when mixing or changing solution)

Disinfection

- Eliminates or kills most bacteria, many virus types, some fungi (not prions)
- Cannot be accomplished without first cleaning
- Time-dependent process
- Levels of disinfection - high, intermediate, or low
- Hospitals must use EPA-approved product for desired level of disinfection
  - Has minimally a tuberculocidal label claim

Disinfection - continued

- Follow manufacturer's recommendations to achieve disinfection and to avoid medical device damage method
  - Use correct dilution – more is not better!
  - Use correct contact time
  - Use correct temperature
- Understand employee and environmental safety issues
  - Do not exceed exposure limits
  - Know permissible exposure levels
  - Assess compatibility with gloves, basins, other products

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EPA Registration of Disinfectants

- Labeled as high level vs. intermediate vs. low level
- May include degrees of approval
  - Limited approval, e.g. kills Hepatitis B and HIV but not approved for spores
- Select disinfectant based on what you are trying to accomplish
  - Environmental vs. medical device disinfection
- Search EPA website by product name

www.**epa**.gov/oppad001/chem**reg**index.htm

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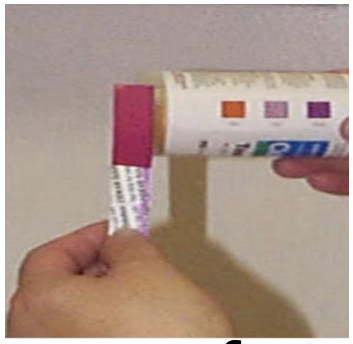
High-level Disinfection

- EPA approved products include gluteraldehyde, ortho-phthaldehyde(OPA), peracetic acid & hydrogen peroxide
- Ensure achievement of temperature requirements
- Test product prior to each use
  - Can get diluted with frequent use
  - Follow facility policy
  - Test strips expire; monitor dates



- Change product as indicated by test and as manufacturer requires
- Maintain log records
- Ensure competency of staff

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Endoscopes/Bronchoscopes

- United States
  - Infection: 1/1.8 million procedures
- Professional organization guidelines
  - Minimum high-level disinfection
  - Ensure competency of personnel performing process
- Outbreaks associated with failure to comply with guidelines for disinfection/sterilization

Ambulatory and Inpatient procedures in the US, 1996. CDC 1998:1-39
Ambulatory Surgery in the United States, 2006. NHSR Number 11.26pp

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Endoscopy/Bronchoscopy Associated Infections

Endoscopy

- More healthcare-associated outbreaks are associated with endoscopes than any other medical device
- Scopes acquire high levels of contamination with use (bioburden) due to high bacteria levels in areas explored

Bronchoscopy

- Evidence of transmission of pathogens from inadequately processed bronchoscopes including
  - Mycobacteria – resistant to many disinfectants
  - Pseudomonas aeruginosa – problematic MDRO

Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008
http://www.cdc.gov/hicpac/Disinfection_Sterilization/3_0disinfectEquipment.html#2

The 5 Steps of Endoscope Re-Processing

1. Clean
   - Remove debris/tissue which can impede disinfection process, flush all lumens (water & enzymatic cleaner)
2. High Level Disinfection
   - Perfuse through ALL channels with disinfectant
3. Rinse
   - Sterile or filtered water/tap water followed by alcohol rinse
4. Dry
   - Forced air
5. Store
   - Hang vertically – Promote drying & Avoid recontamination

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Key concepts: Perform steps in order. Don't skip steps!

Factors Leading to Outbreaks from Endoscope/Bronchoscope Contamination

- Contaminated water supply
- Contaminated brushes for cleaning scope lumens
- Improper manual cleaning prior to disinfection
- Biofilm inside automatic washer
- Improper use of automatic washer
- Contaminated or expired disinfection reagent
- Inability or neglect to clean the suction channel
- Mechanical or design issues related to the endoscope/bronchoscope

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Environmental Disinfectants

- Phenolics
  - "Gold Standard" in healthcare
  - Toxicity concerns prohibit use in nurseries, NICU
  - Does not kill spores
- Quaternary ammonium compounds
  - Approved for specific pathogens (read the label!)
  - Affected by water hardness
  - Affected by bioburden
  - PPE use required (estrogen-like effect with contact, use gloves) https://www.federalregister.gov/articles/2007/09/06/E7-17634/residues-of-quaternary-ammonium-compounds-di-n-alkyl-c8#h-23

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Correct dilution is critical to effectiveness.

Environmental Disinfectants - continued

- Iodophors
  - Can be used in food preparation areas
  - Inactivated by organic materials, e.g. blood
  - Can stain surfaces
- Chlorine (bleach)
  - Inactivated by organic materials, e.g. blood
  - Kills spores, e.g. *C. difficile*
  - Corrosive
  - Highly toxic (deadly) if combined with ammonia

Environmental Disinfectants - continued

- Disinfectant spray-fog techniques for antimicrobial control in hospital rooms
  - Unsatisfactory method of decontaminating air and surfaces
  - Not recommended for general infection control in routine patient-care areas
- Ultraviolet Radiation
  - Dependent on strength and duration of exposure to light, 'line of sight', how well microorganism can withstand UV
  - Limited to destruction of airborne organisms, inactivation of microorganisms on surfaces, and water purification

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HICPAC Disinfection & Sterilization Guideline 2008
Wikipedia

Sterilization

Achieved by

- Steam
- Dry Heat
- Ethylene Oxide
- Peracetic Acid
- Plasma Gas (vaporized hydrogen peroxide)
- Glutaraldehyde (using higher concentrations and exposure times than for high-level disinfection)

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Steam Sterilization - Autoclave

- Achieves rapid heating and penetration
  - Short exposure times (<20 minutes) but temperature must be maintained throughout
  - No toxicity to workers
  - Inexpensive
  - Can damage delicate instruments
- Items to be sterilized must be
  - Clean and free of protein (blood) or other organic material
  - Packaged so that the steam can penetrate
- Autoclave must be loaded correctly

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Rapid Cycle or Flash Sterilization

- "Unwrapped" steam sterilization
- Should only be used when absolutely necessary
  - Do not flash whole trays of instruments
  - Items must be used immediately
  - Avoid by keeping adequate supply of frequently dropped items
- Maintain records or "flash logs"
  - Include all implants
  - Requires same monitoring processes as routine steam sterilization in hospital
  - Use to support need for additional instruments

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Monitoring Sterilization

- Mechanical Indicators
  - Gauges, displays, printouts
  - Indicates if device working properly
  - Not indicator of sterility
- Chemical Indicators
  - Change color with timed exposure to heat, steam
  - Not indicator of sterility
  - Used to show items have gone through sterilization process
- Biological Indicators
  - Indicator of sterility
  - Demonstrates bacterial spores on test strips or in vials/containers have all been killed
  - Results can be available in 1 hour

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Storage of Sterile Items

- Protect sterility until ready to use
  - Store to protect packages from dust, moisture, falling on floor
  - Transport only covered, dry packages
  - Handle to protect package integrity

- Rotate sterile items first in, first out
- Store and label for effective recall system
- Expiration date vs. Event-related sterilization
  - Needs a program flex from L&C

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IP Role in Cleaning, Disinfection, and Sterilization

- Know the processes; update the policies
- Know directors of environmental services, sterile processing, operating room, endoscope services
- Know where all sterilization and disinfection is being done
  - May include
    - Radiology
    - GI dept
    - Cardiac cath lab
    - Wound care center
    - Outpatient clinics
    - Emergency room
    - Same day procedures
    - Ambulatory surgery
- Ensure staff know and follow contact times for products
  - Per manufacturer guidelines; on labels

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Questions?

For more information, please contact any HAI Liaison Team member

Thank you

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