

# Comments on sterilization.

Wim Renders

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1 van 1

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## WFHSS - Questions & Answers - Quality Assurance - Q01577

Using Steam integrator in peel pouches, is it compulsory?

**From:** Abukar Barqadle (Saudi Arabia) **Date:** 4 September 2007, 13:24 [GMT]

**Subject:** Using Steam integrator in peel pouches, is it compulsory?

Dear all

I am using Peel pouches for my Supplementary instrument.

As usually peel pouches has Steam indicator that indicates if item went through steam or not.

I am new CSSD Supervisor in Hospital in Riyadh Saudi-Arabia and the previous Supervisor was using Steam integrator in the peel pack.

For cost effectively I would like to stop using that?

Your advice will be helping me to make right Decision.

## WFHSS - Questions & Answers - Steam Sterilization - Q01552

### TSO Ozone sterilizer for Operating Room and SPD

[Follow Up](#)  
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**From:** Carol Brown (United States) **Date:** 15 August 2007, 13:53 [GMT]

**Subject:** TSO Ozone sterilizer for Operating Room and SPD

Can anyone provide me with information on the rankings of steam, Sterrad, ETO and Ozone sterilization. My hospital purchased an Ozone sterilizer last year, and it has never been installed or used. I am not familiar with this type of Sterilization method, and don't know if it will meet our needs, or what it can efficaciously sterilize. I don't know of anyone in this country who uses one. Help, please

Carol



“Knowledge is the best medical device”  
(Jan Hoborn)

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The road to the goal  
is the goal itself!

You may never:

- deviate from routine practice without proof that the new technique is an improvement,
- think that the grass is greener on the other side.







## VSZ enquête CSA

Opleiding	intern	Intern gem aantal uren	VSZ basis	VSZ verdieping	Andere
Hoofd CSA	18,6%	15,75 uur	27,9%	25,60%	34,9%
Teamchef	9,3%	10 uur	10,84%	6,44%	9,30%

### •Hoofd CSA

- Ongeveer 60% heeft een opleiding gevolgd
- Slecht een beperkt aantal volgt een jaarlijkse interne opleiding gedurende een zeer beperkt aantal uren
  - 4 ⇔ 30 uur

### •Teamchefs

- Slechts een beperkt aantal heeft een externe opleiding gevolgd
- Interne opleiding is een uitzondering
  - 4 ⇔ 24 uur



## VSZ enquête CSA

Opleiding	intern	Intern gem aantal uren	VSZ basis	VSZ verdieping	Andere
Medewerkers	27,9%	10,8 uur	33,3%	0,35%	1,26%
Logistiek ass.	16 %	9 uur	20%		2,33%

### •Medewerkers

- Ongeveer 60% heeft een opleiding gevolgd
- Slecht in  $\frac{1}{3}$  van de CSA's wordt een jaarlijkse interne opleiding voor medewerkers gedurende een zeer beperkt aantal uren georganiseerd
  - 2 ⇔ 25 uur
- 2 op 3 CSA medewerkers heeft geen basiscursus gevolgd
- In 32,5 % van de CSA heeft geen enkele medewerker een basiscursus gevolgd
- 0,5 % heeft een verdiepingscursus gevolgd

### •Logistiek assistenten

- 20 % heeft een basiscursus gevolgd
- In de CSA met logistiek assistenten wordt in slechts 16% een interne

## VSZ enquête CSA

Leeftijd sterilisatoren	Gemiddeld	Maximum	Opmerking
Stoom	7	20	50% ouder dan 10 jaar
ETO	11,3	20	80% ouder dan 10 jaar
Steris	2,6	9	
Sterrad	4,3	9	

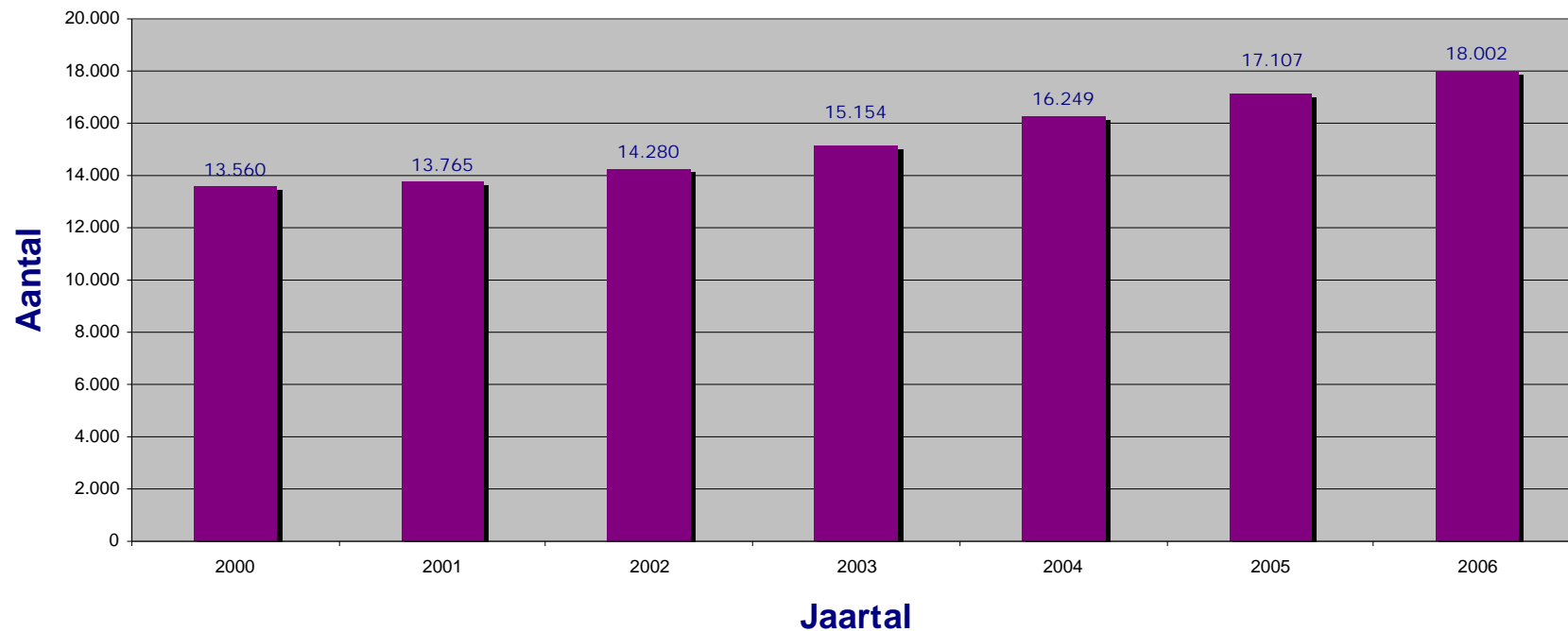
Was- en desinfectie			
Wasmachines	100,00%	Gemiddeld 7 jaar	32% ouder dan 10 jaar
Ultrasonie	72,09%		
Wastunnel	16,28%		
Droogkast	13,95%		
Droogtunnel	2,33%		







## Evolutie ingrepen operatiekwartier - AZ Sint-Jan AV







Keep it simple !











# Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007

Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC; Marguerite Jackson, PhD;  
Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory  
Committee

**Acknowledgement:** The authors and HICPAC gratefully acknowledge Dr. Larry Strausbaugh  
for his many contributions and valued guidance in the preparation of this guideline.

*Suggested citation: Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection  
Control Practices Advisory Committee. 2007 Guideline for Isolation Precautions: Preventing  
Transmission of Infectious Agents in Healthcare Settings, June 2007*  
<http://www.cdc.gov/infectioncontrol/guidelines/isolation2007.pdf>















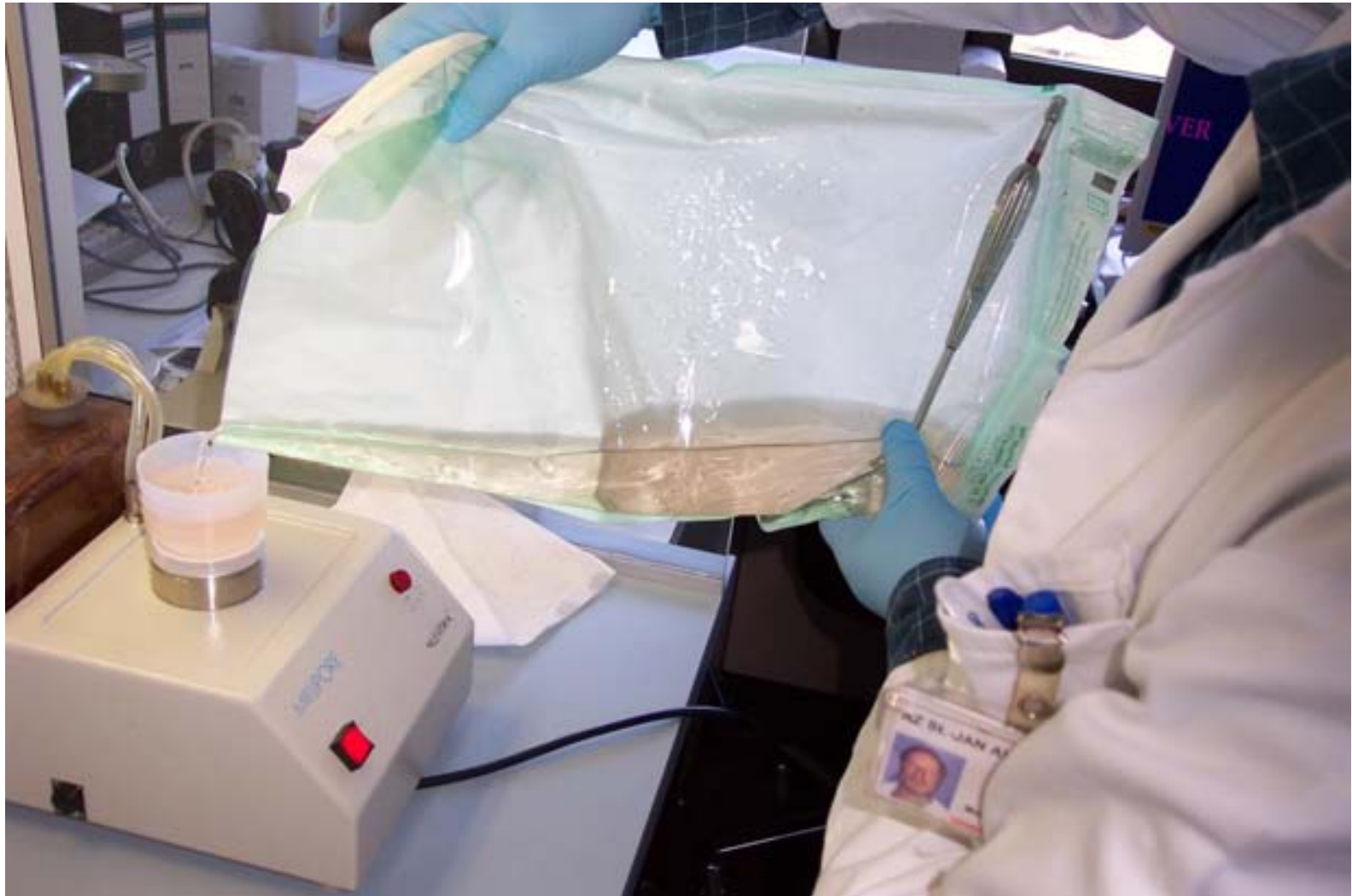


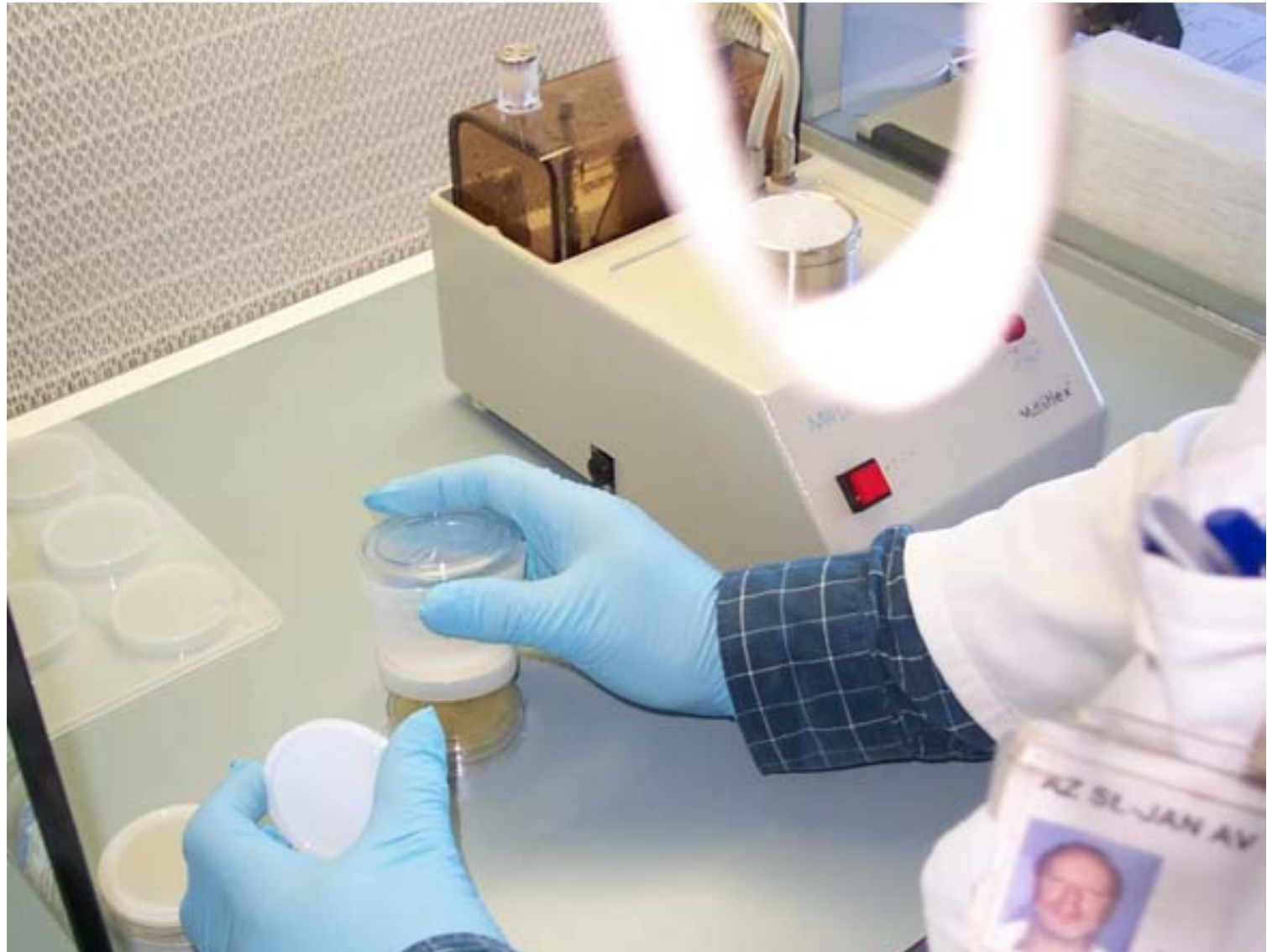


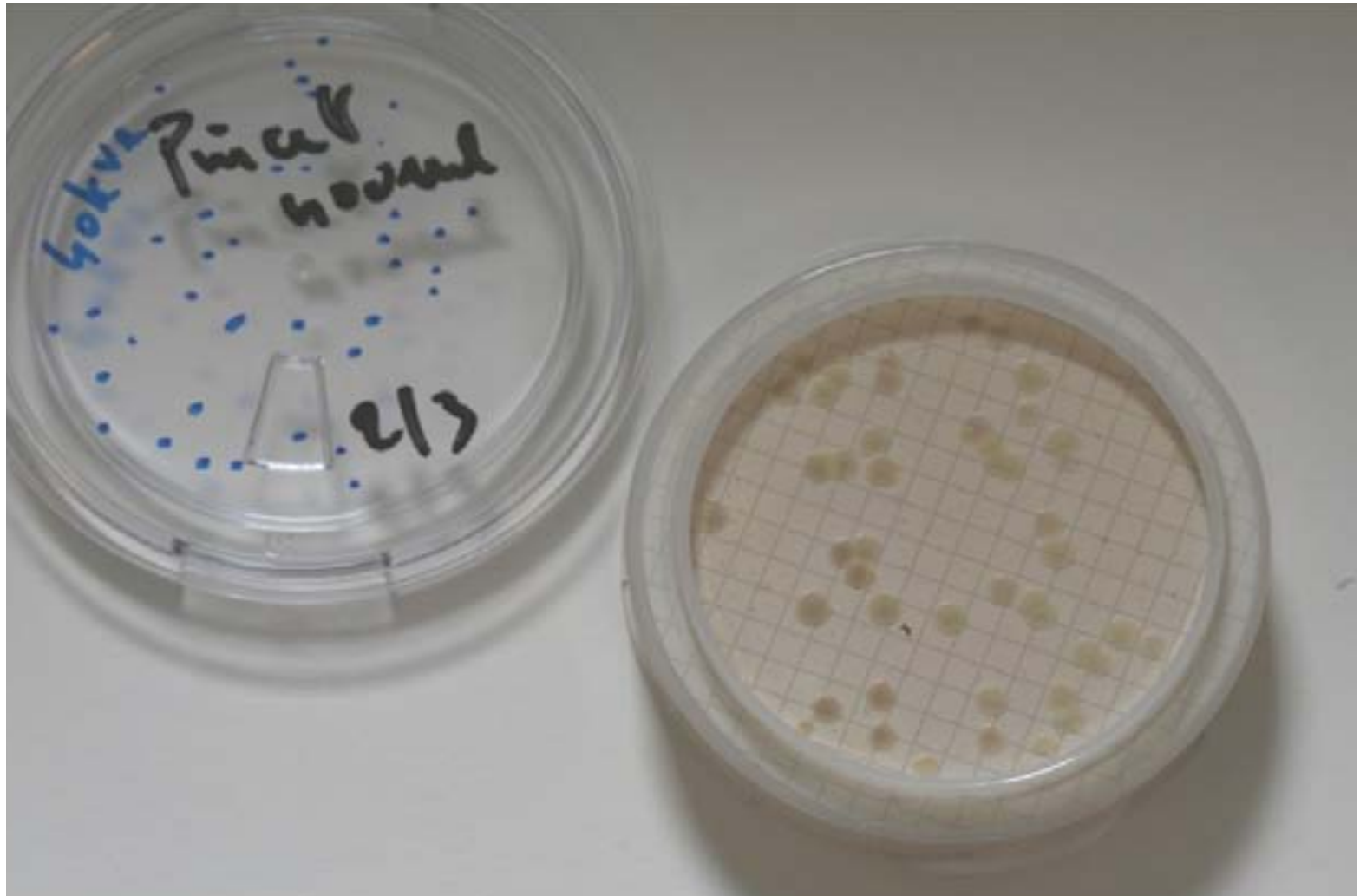


















## Thyroideectomy:

- Farabeuf: 2 cfu
- Needle holder: 6 cfu

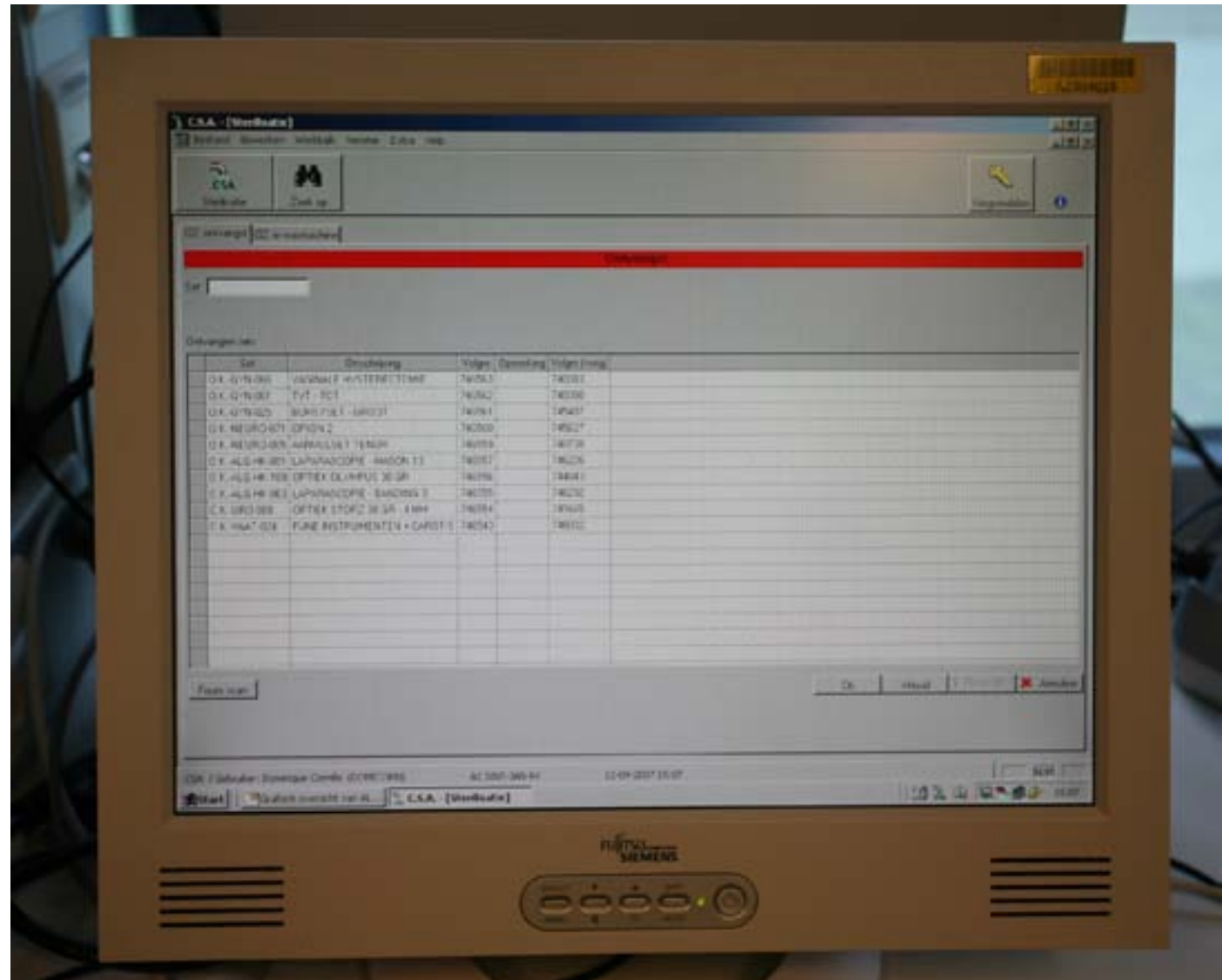
## Thrombectomy:

- Suction tube: 14 cfu
- Wound spreader: 3 cfu
- Forceps: 40 cfu





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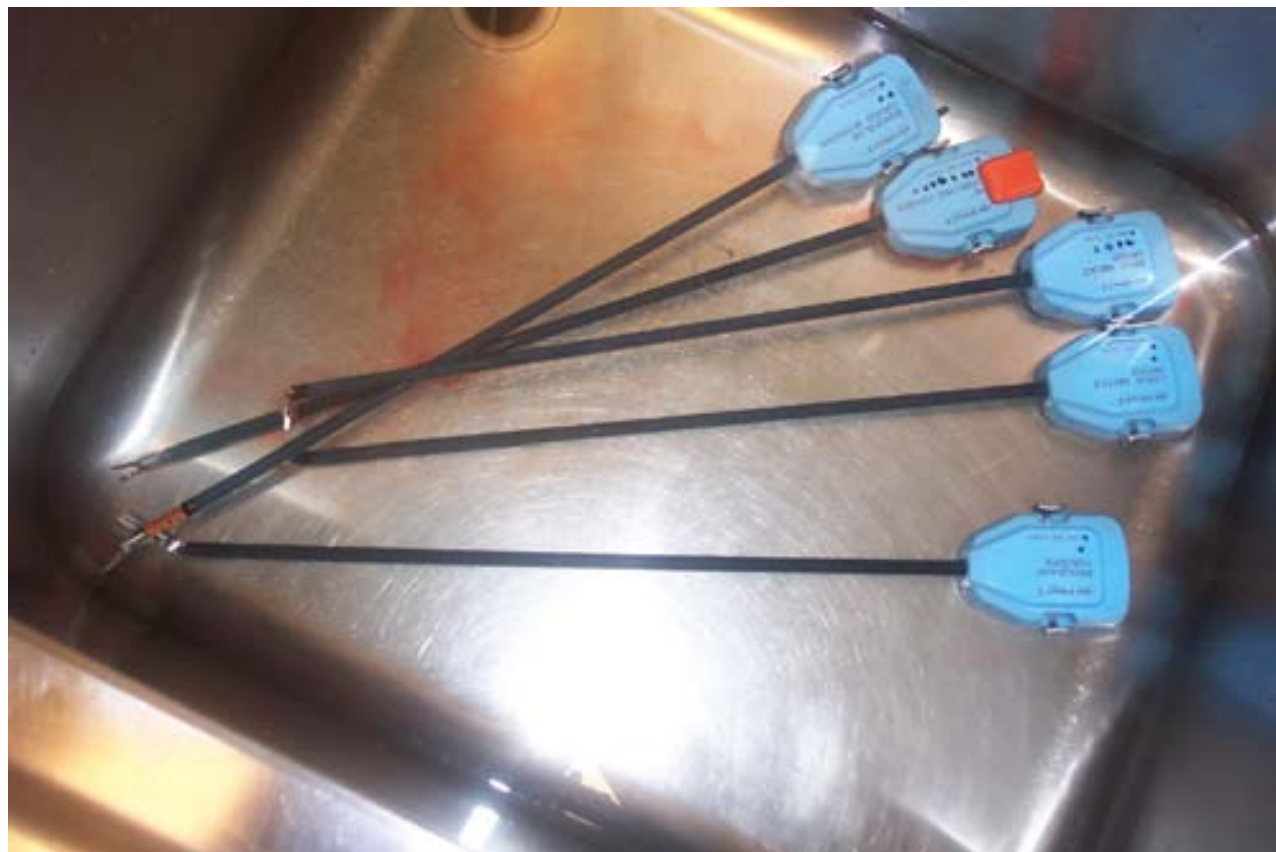


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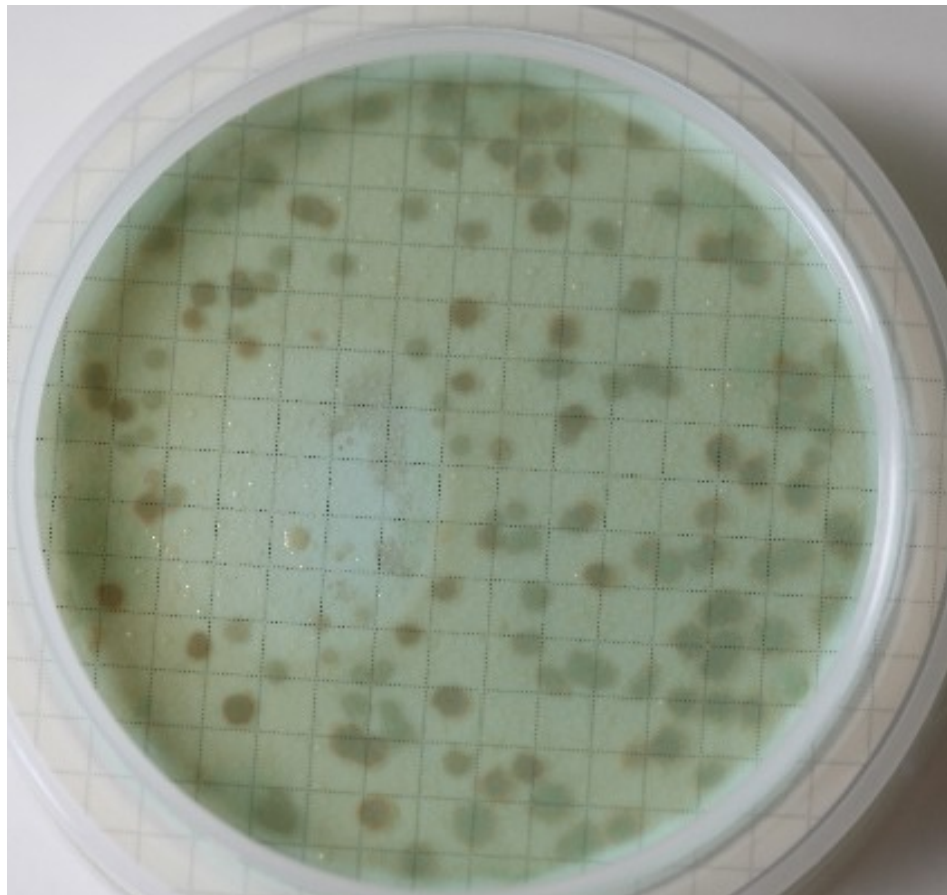


Ultrasonic unit

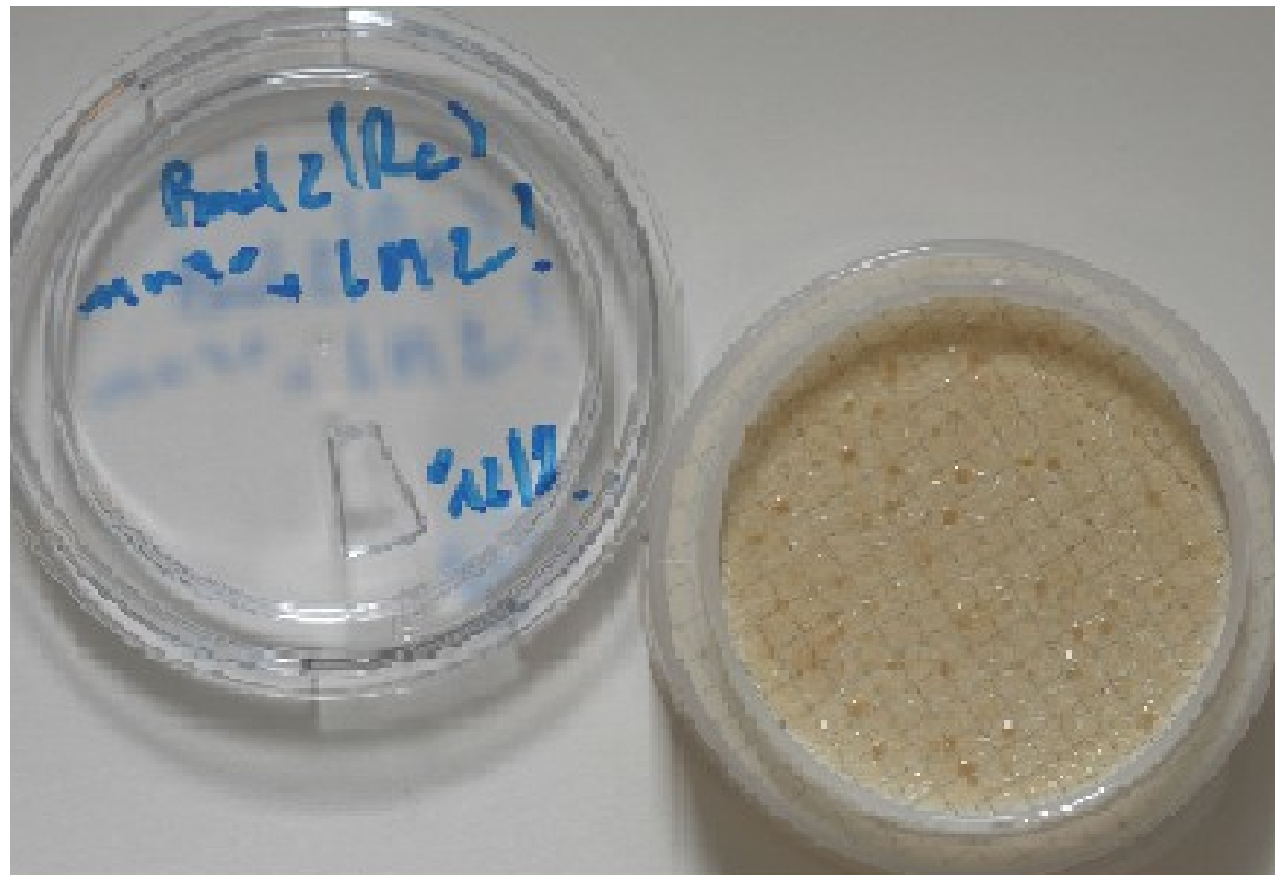
Rinsing



## STERILITEITSTESTEN OP ULTRASONE BADEN

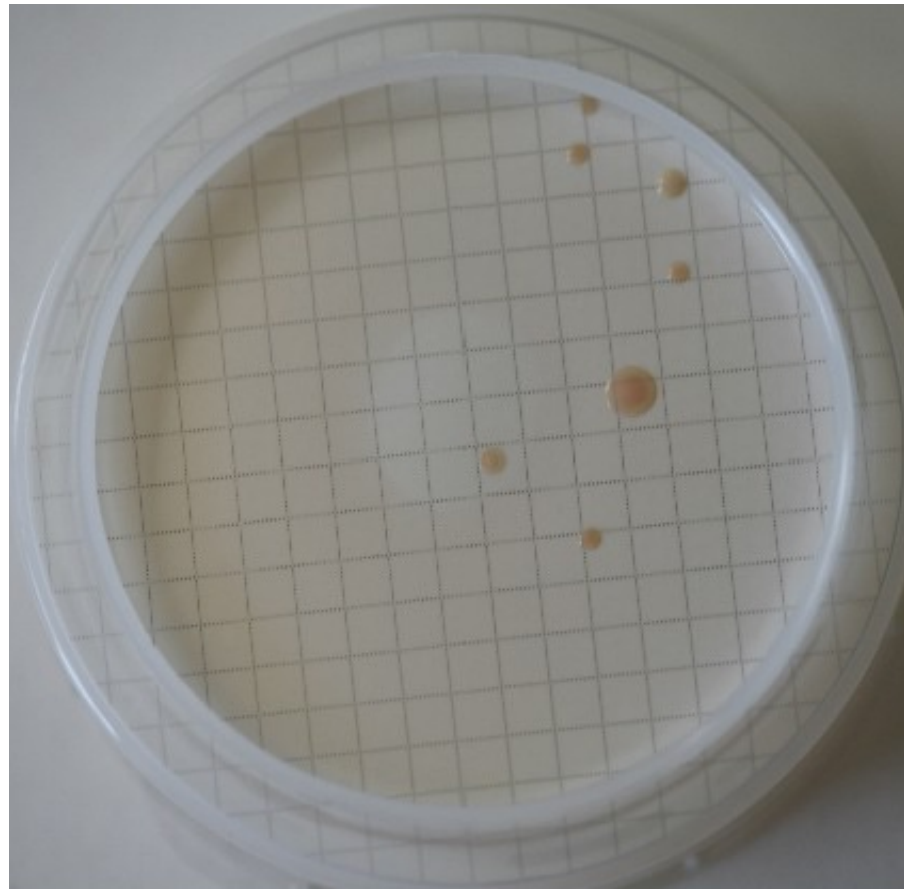


## STERILITEITSTESTEN OP ULTRASONE BADEN





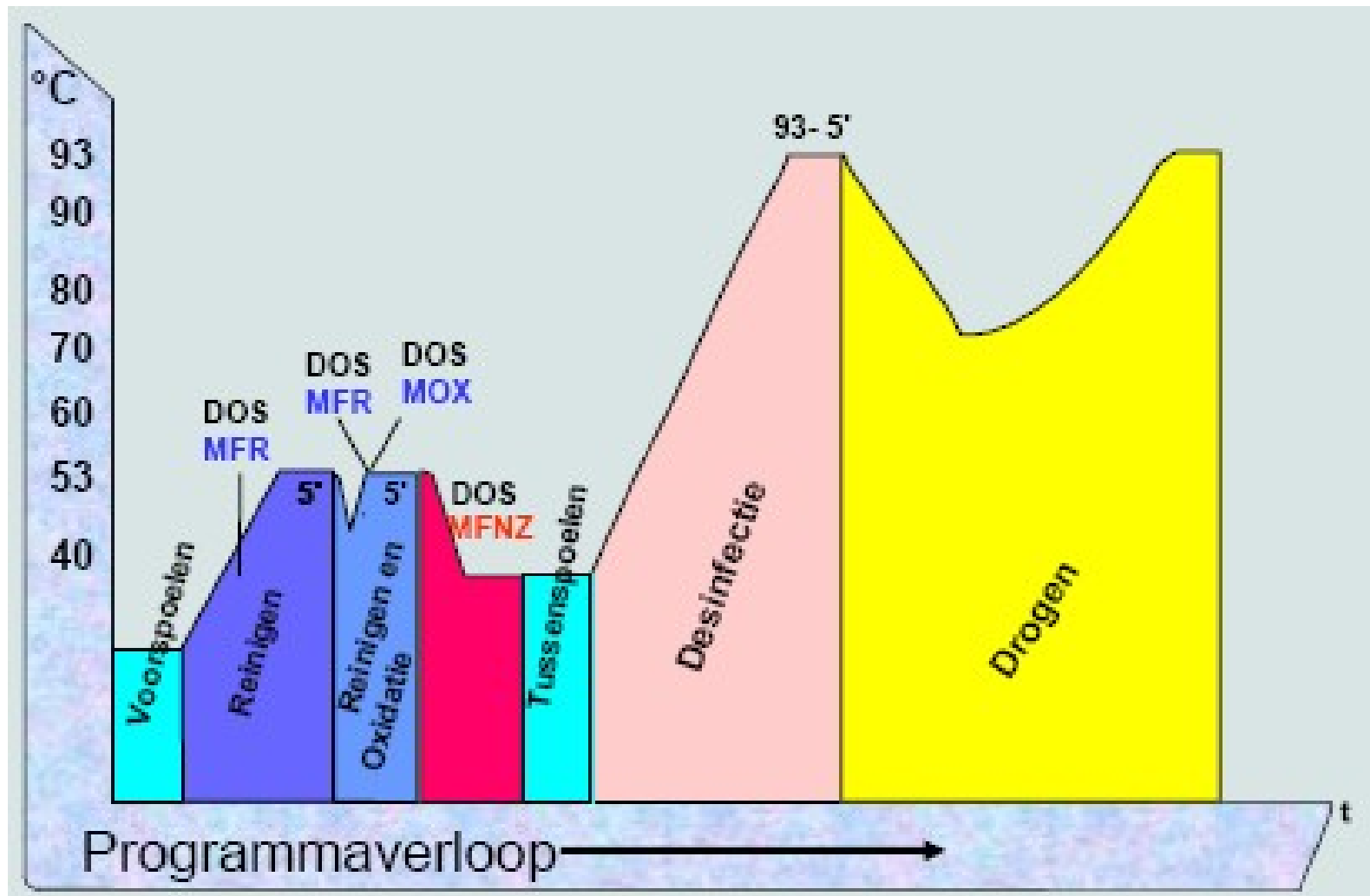
## STERILITEITSTESTEN OP ULTRASONE BADEN



Ultrason bath is:

- emptied in the evening and dried out.
- The sides and the lid are sprayed with alcohol 70°, and some alcohol is poured down the drain.







## RKI recommendations:

- Detergents pH > 10
- Disinfection 5 min 90°C
- Sterilisation: 5' 134°C

## Disinfection parameters:

- $A_0 = 600 \text{ sec}$  ( $80^\circ\text{C}$  ,  $Z = 10^\circ\text{C}$ ): uncritical
- $A_0 = 3000 \text{ sec}$  : semi-critical & critical

U. Rosenberg

### Thermal Disinfection – The $A_0$ Concept and the Biological Background

Thermische Desinfektion – das  $A_0$ -Konzept und der biologische Hintergrund

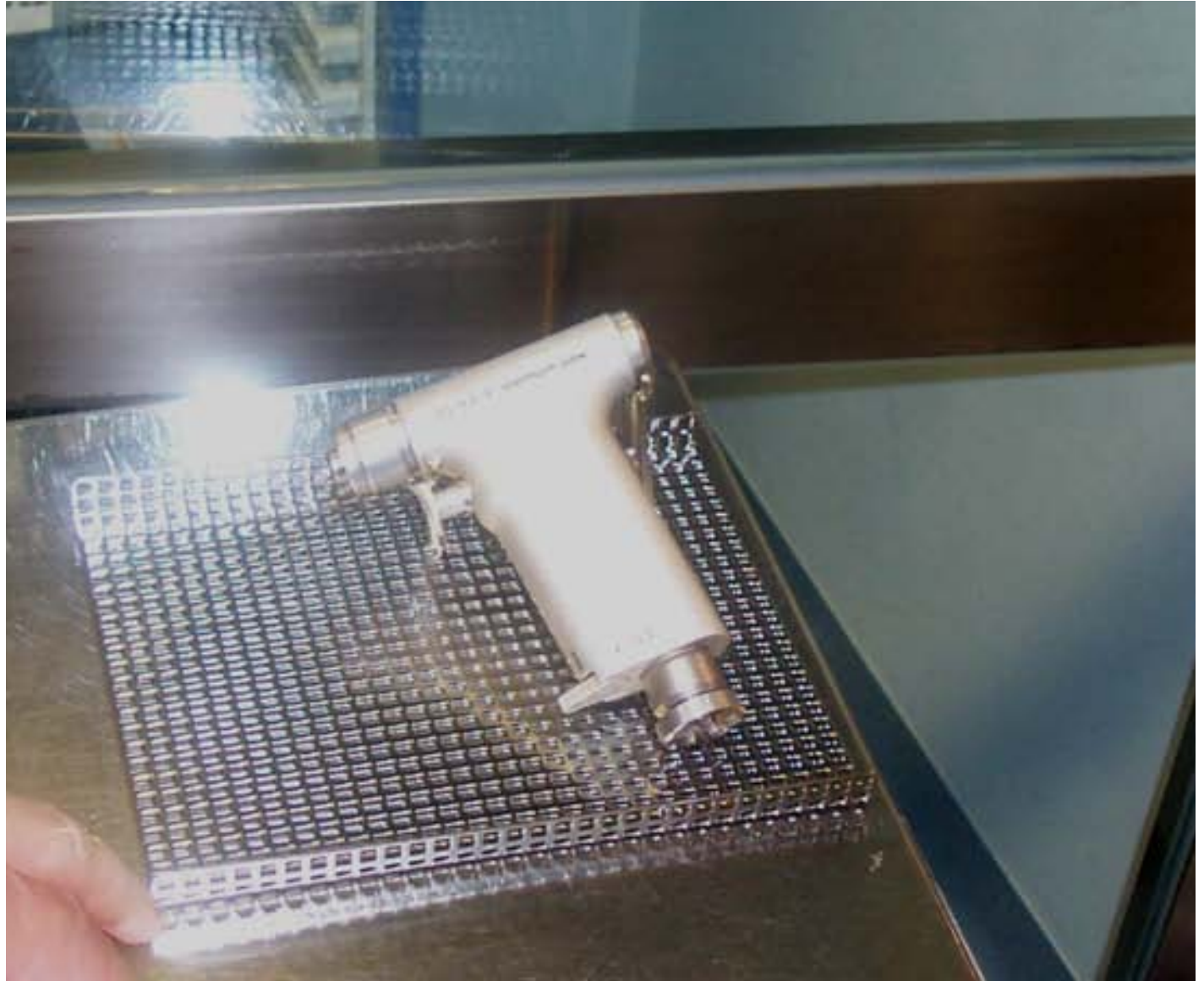
This paper focuses on parametric control of thermal disinfection and on its relationship to the biology underlying the killing/inactivation of microorganisms through moist heat. The disinfection parameters ( $A_0$  values) as recommended in the standard, or their interpretation, are critically reviewed. It would probably be advisable to replace the overkill approach, which is especially prevalent in German-speaking countries, by improved cleaning. (Zentr Steril 2003; 11 (2): 115–120.)

thermische Desinfektion, parametrische Freigabe,  $A_0$ -Wert, thermal disinfection, parametric release,  $A_0$  value

























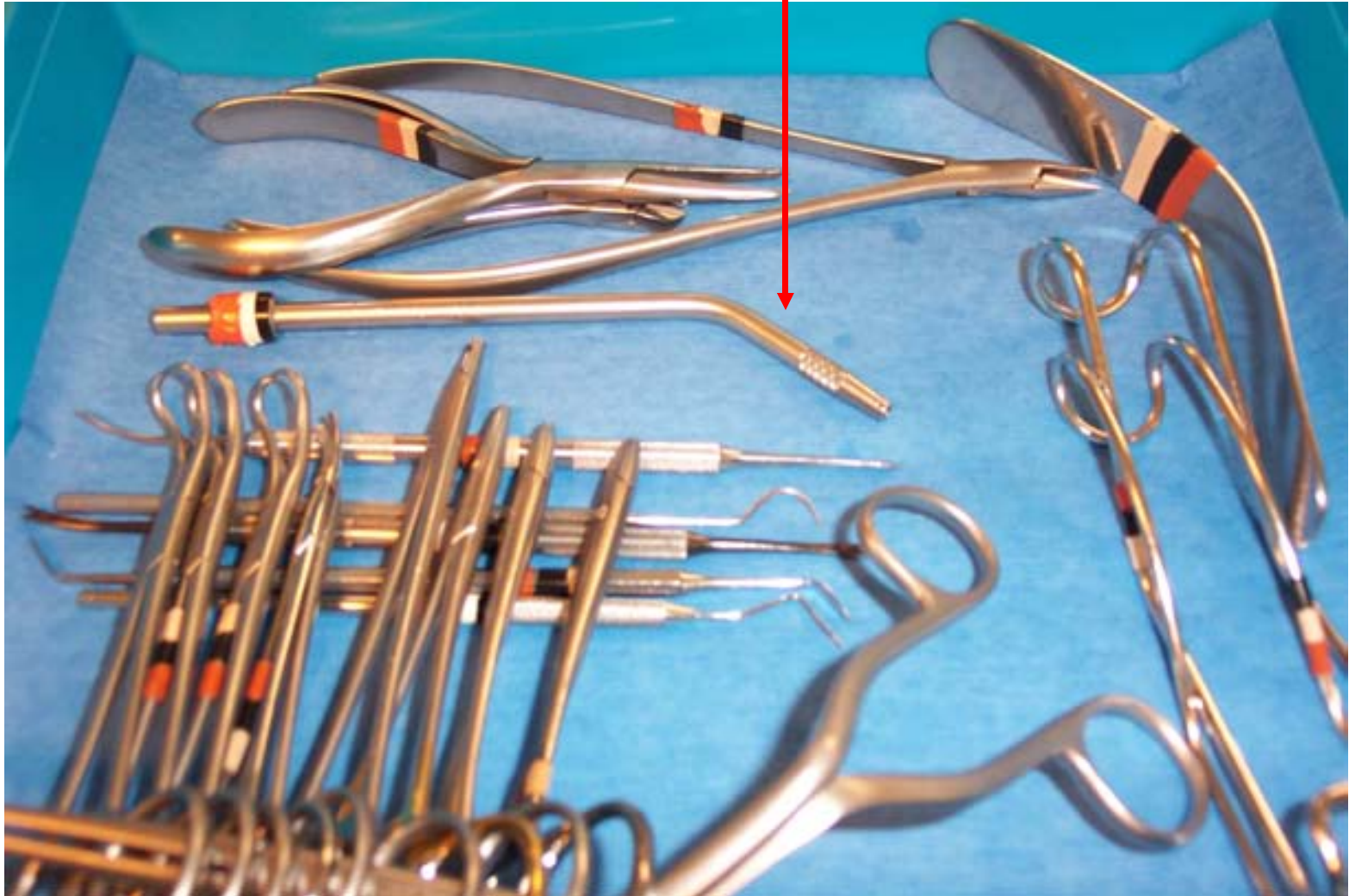


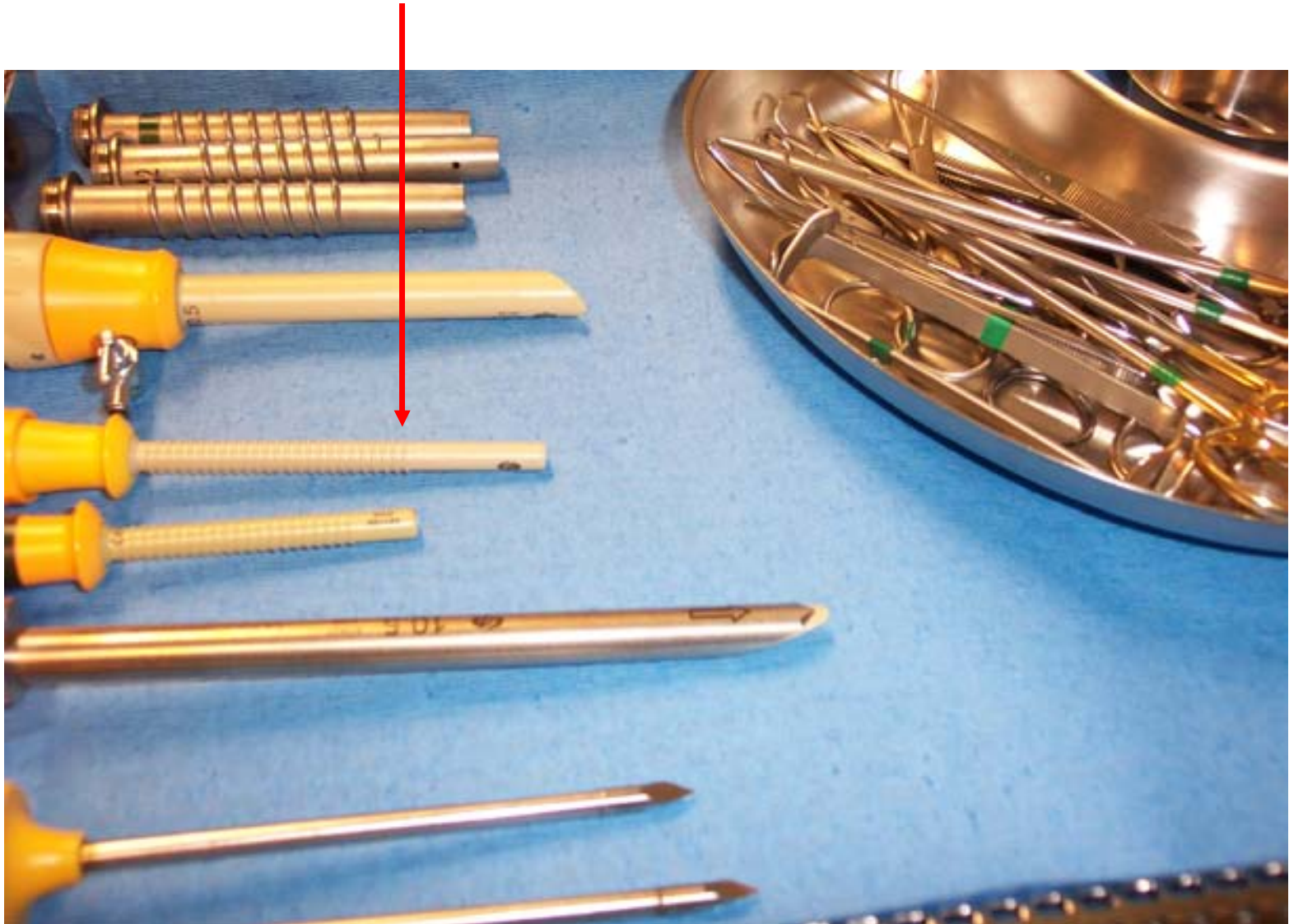




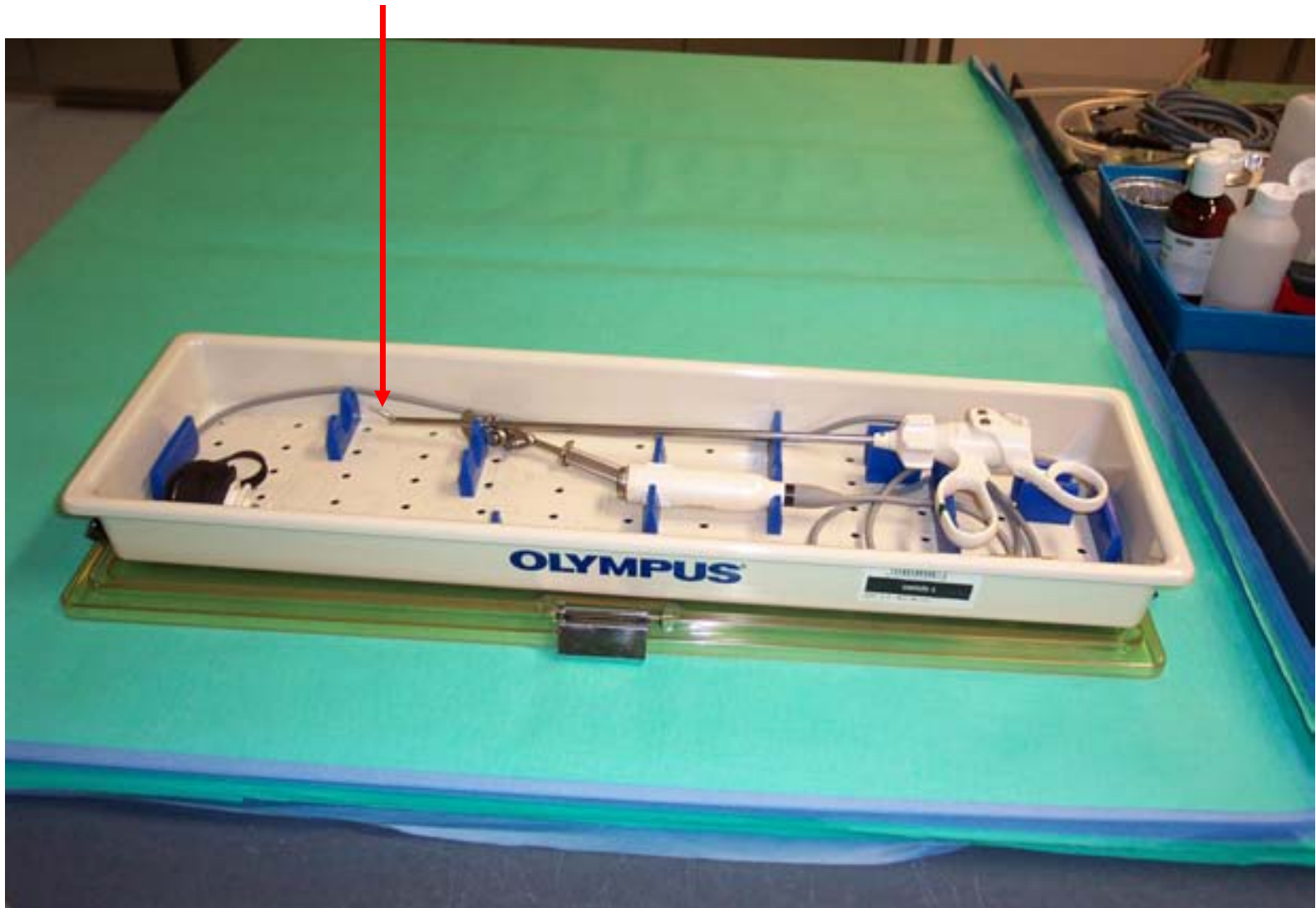












Suction tubes are:

- first rinsed with cold water and
- then treated with hydrogen peroxide 3%,
- next: normal procedure.

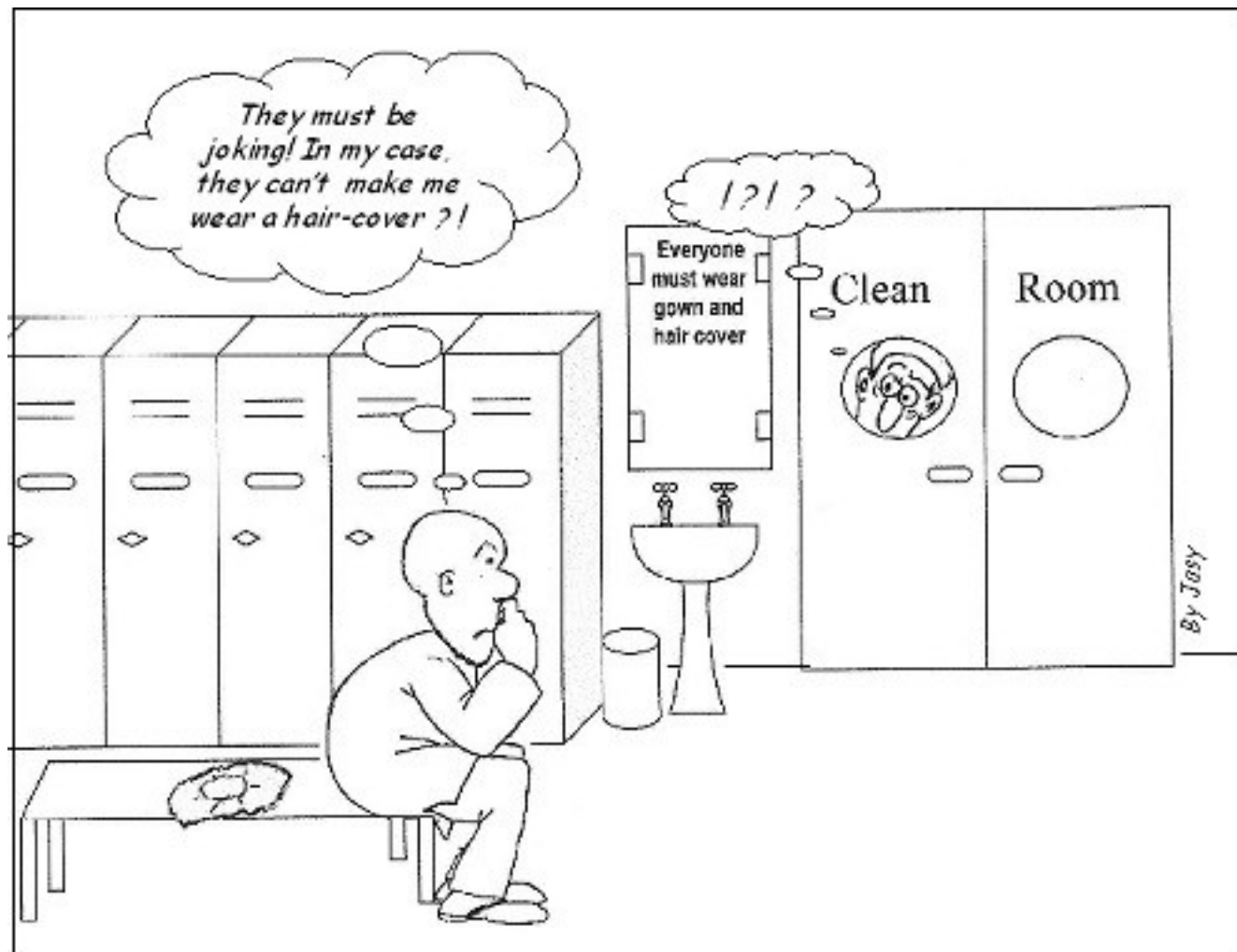








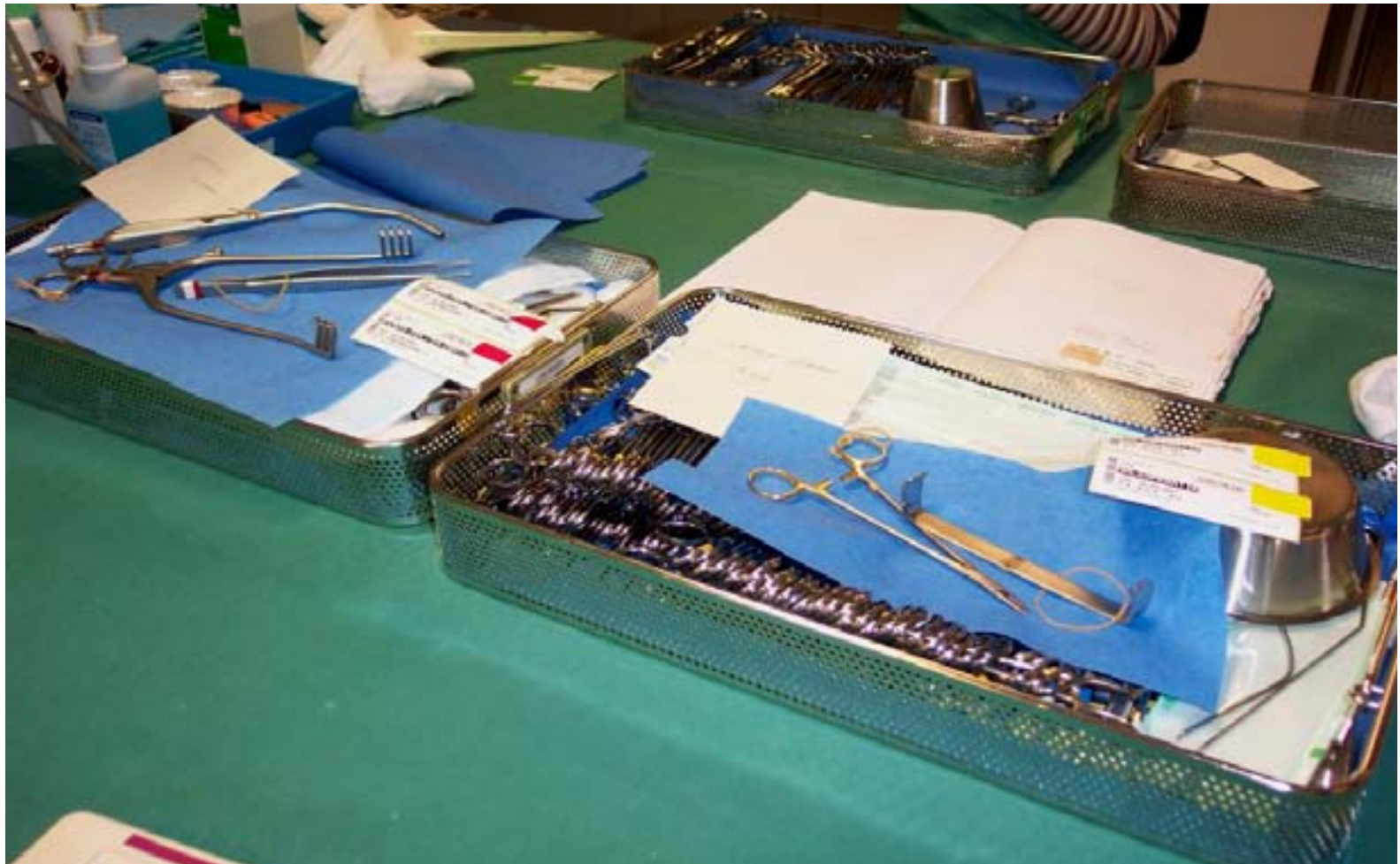


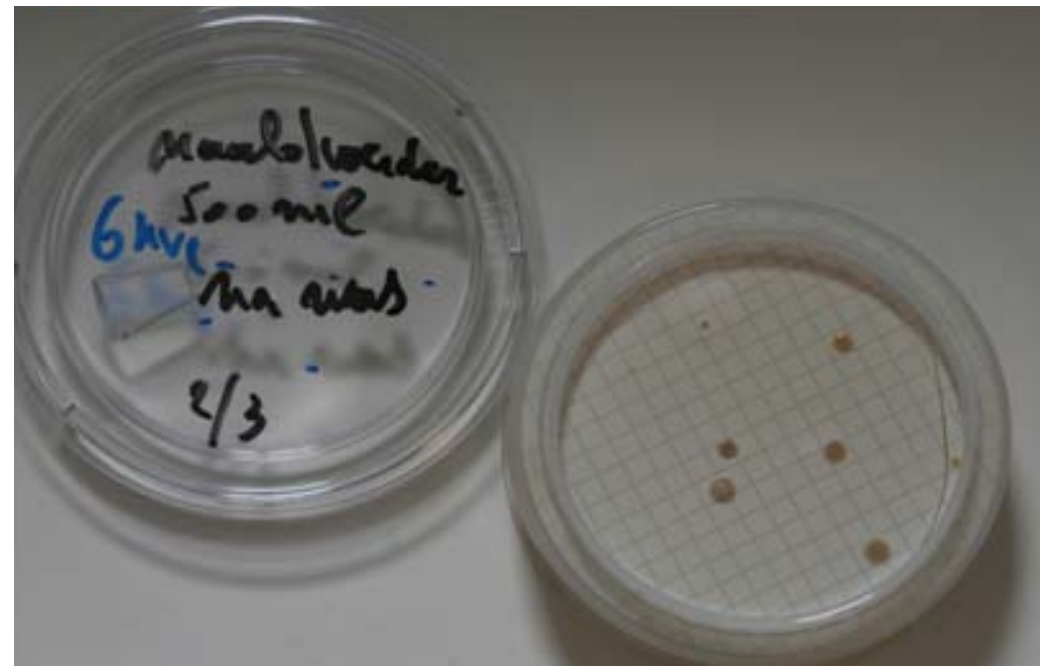
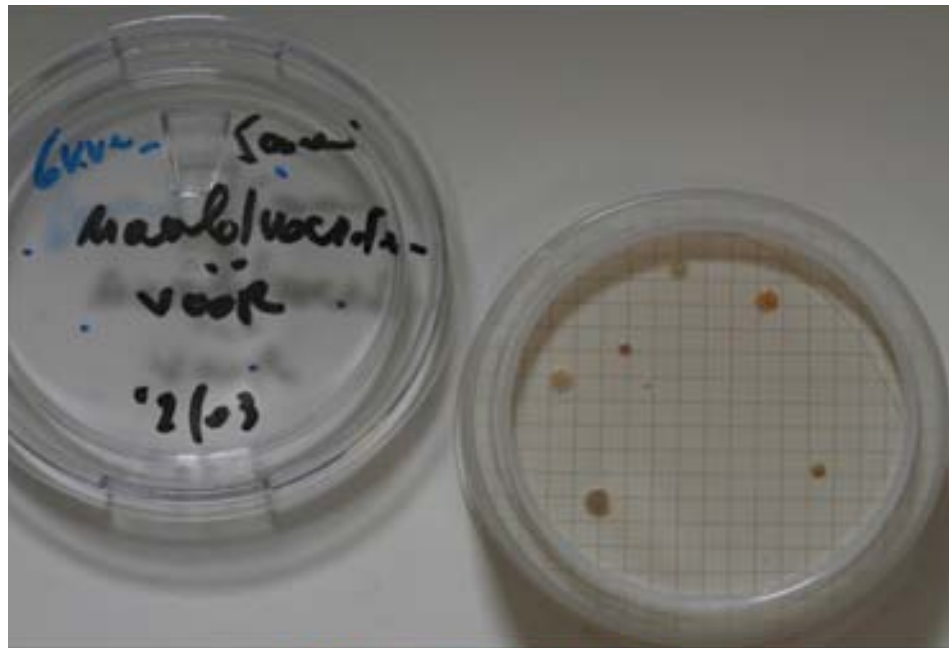




*Avoiding the hand to face reflex the hard way.*







Thyroideectomy:

	Before	After
• Farabeuf:	2 cfu	10 cfu
• Needle holder:	6 cfu	6 cfu

Thrombectomy:

• Suction tube:	14 cfu	6 cfu
• Wound spreader:	3 cfu	6 cfu
• Pincet:	40 cfu	7 cfu







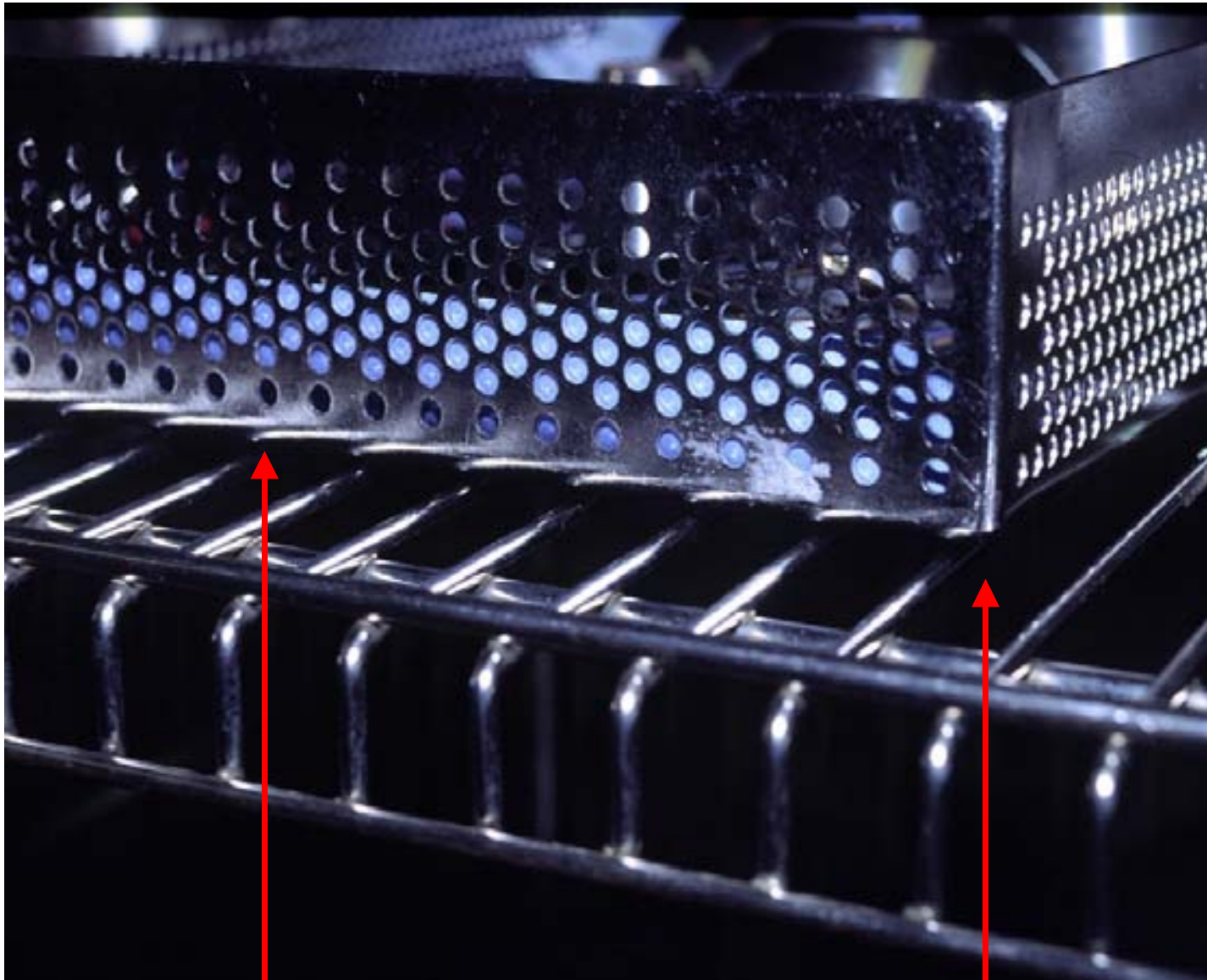




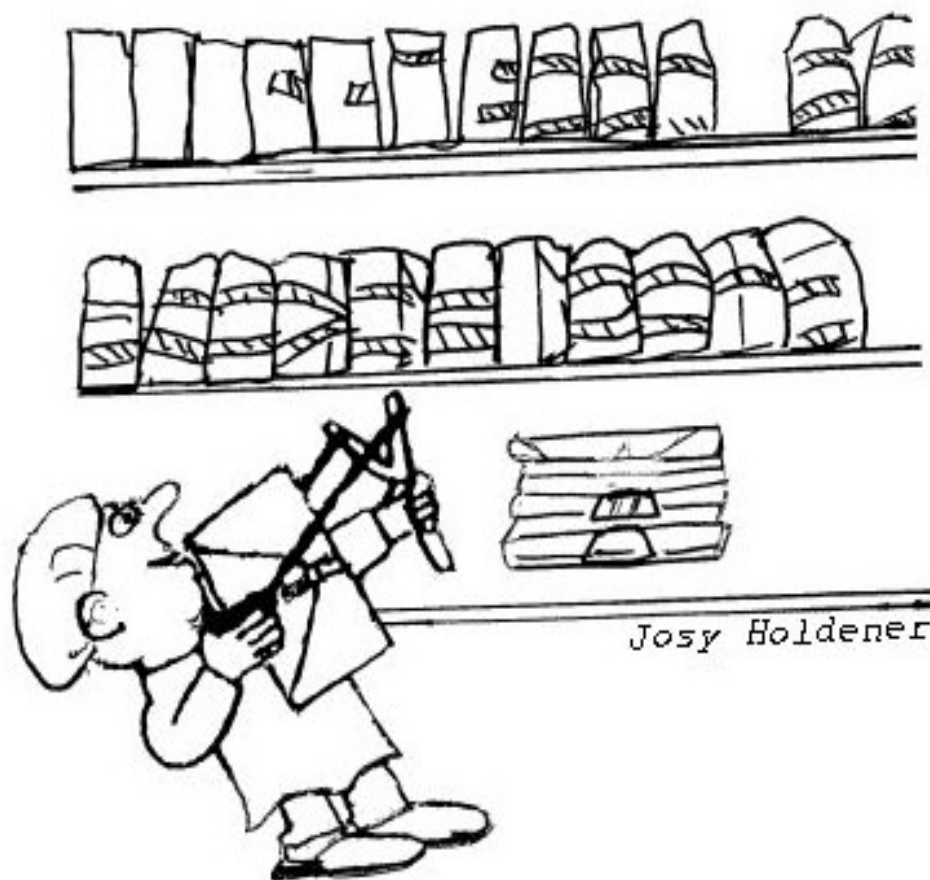








## Cartoon 15 - Logistics in Sterile Storage



Logistics in Sterile Storage











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### European Expert Condemns the Re-use of Sterilization Packaging

SterView interview on sterilization packaging with Tim Galekop

Tim Galekop, who is employed by **Ahlstrom FiberComposites** as a Director of Global Business Development, Medical Fabrics responsible for Europe, Global Technical Support and Regulatory affairs recently visited South Africa to present a paper at the SATS Congress in Cape Town. He also did a series of joint presentations with René Vis on sterilization matters at the major centres in South Africa. René is the Sterilization Quality manager for Sterile Medical Devices at the VU University Medical Centre in Amsterdam, the Netherlands and his visit was sponsored by Ahlstrom FiberComposites and Safmed. SterView interviewed Tim while he was in South Africa and asked him the following questions:

**SV**  
You have been a member of the Dutch Norm Standards Group from the day of its foundation and serve as an expert to the EN Standards Committees for Packaging Materials, Drapes and Gowns. Why are you so involved with standards and why are they important to hospitals?

**TIM**  
Individual technical experts are appointed by the CEN parent body or by National members, to serve in a personal capacity. The Working groups may also include experts from organizations, which have only observer status in the parent body. To answer the second part of your question, it really started years ago. The Netherlands was the first country to publish a law regulating medical devices in 1983. This occurred, of course, after something terrible happened, and was certainly a case of 'locking the stable door after the horse had bolted'. The Dutch National Institute of Public Health and Environment (RIVM) started work on the Dutch norms for sterilization in 1980's. The Dutch Guidelines 'Richtlijnen Steriliseren Sterieleit' were established as a result of the devotion of Jack van Asten, who worked for the RIVM for 17 years. Jack sadly passed away suddenly on February 24, 2002. At the same time, a group of experts wanted to improve the quality and image of the sterilization departments in the Netherlands and the British and the Germans had published some standards dealing with packaging materials.

The reason why I got involved was mainly due to the fact that the management of the company I was working for in the Netherlands at that time; saw the importance of having standards. The first department they will investigate, if there is an infection problem in the operating room is the CSSD 'the heart of the hospital' if there is an infection problem in the operating room. A regular question that I am asked during my travels is: 'Where is the published information and how can I convince to my management that we have to follow correct procedures?' The hospital has something to work with, if they can refer to standards. Let us not forget that standards are written for patient and staff safety. Today, I am the last and only person left from the day of foundation of the Dutch Norm group, in other words 'the last of the Mohicans'

**SV**  
Why do you think that linen should not be used as a sterile barrier material in hospitals?

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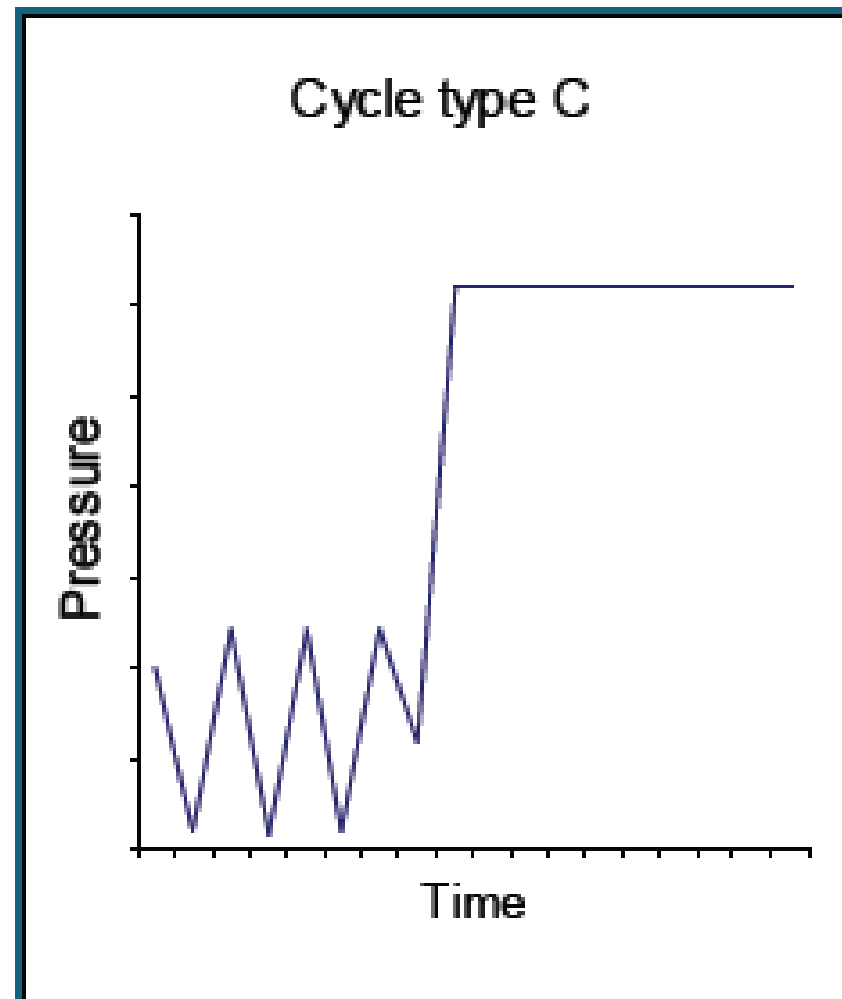












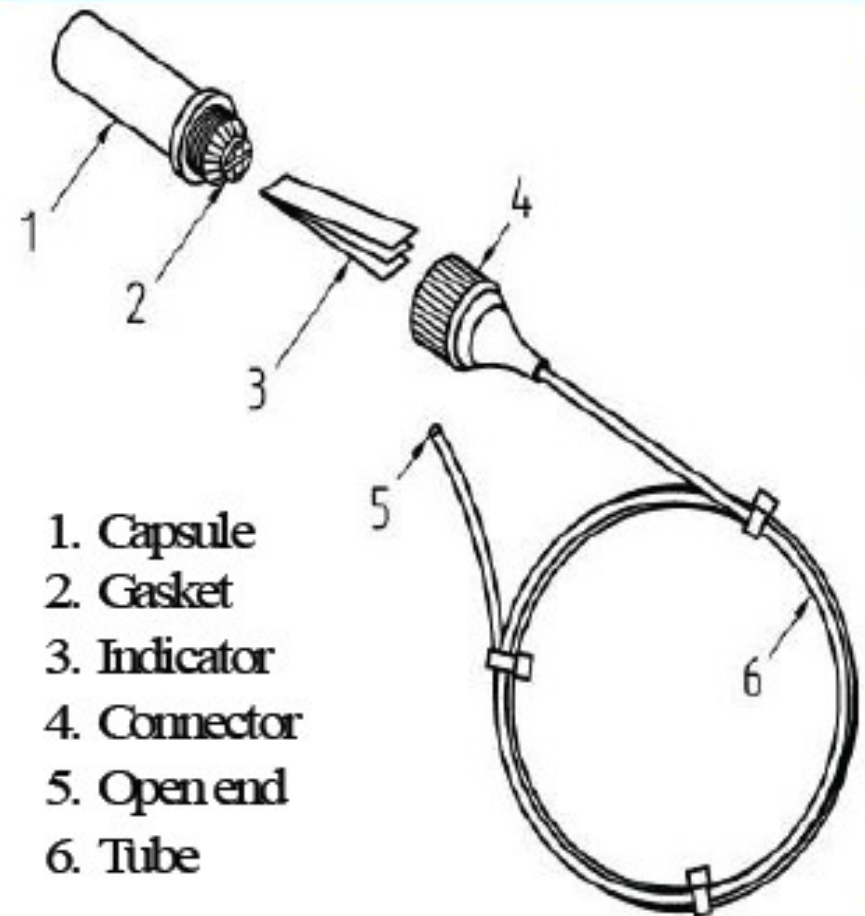
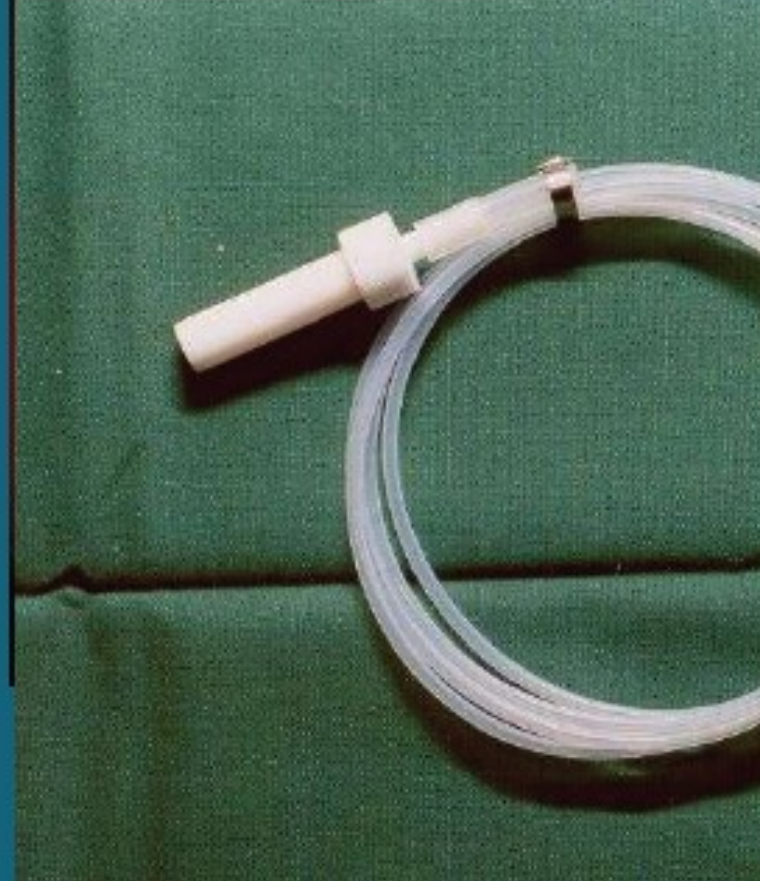
# Bowie Dick test





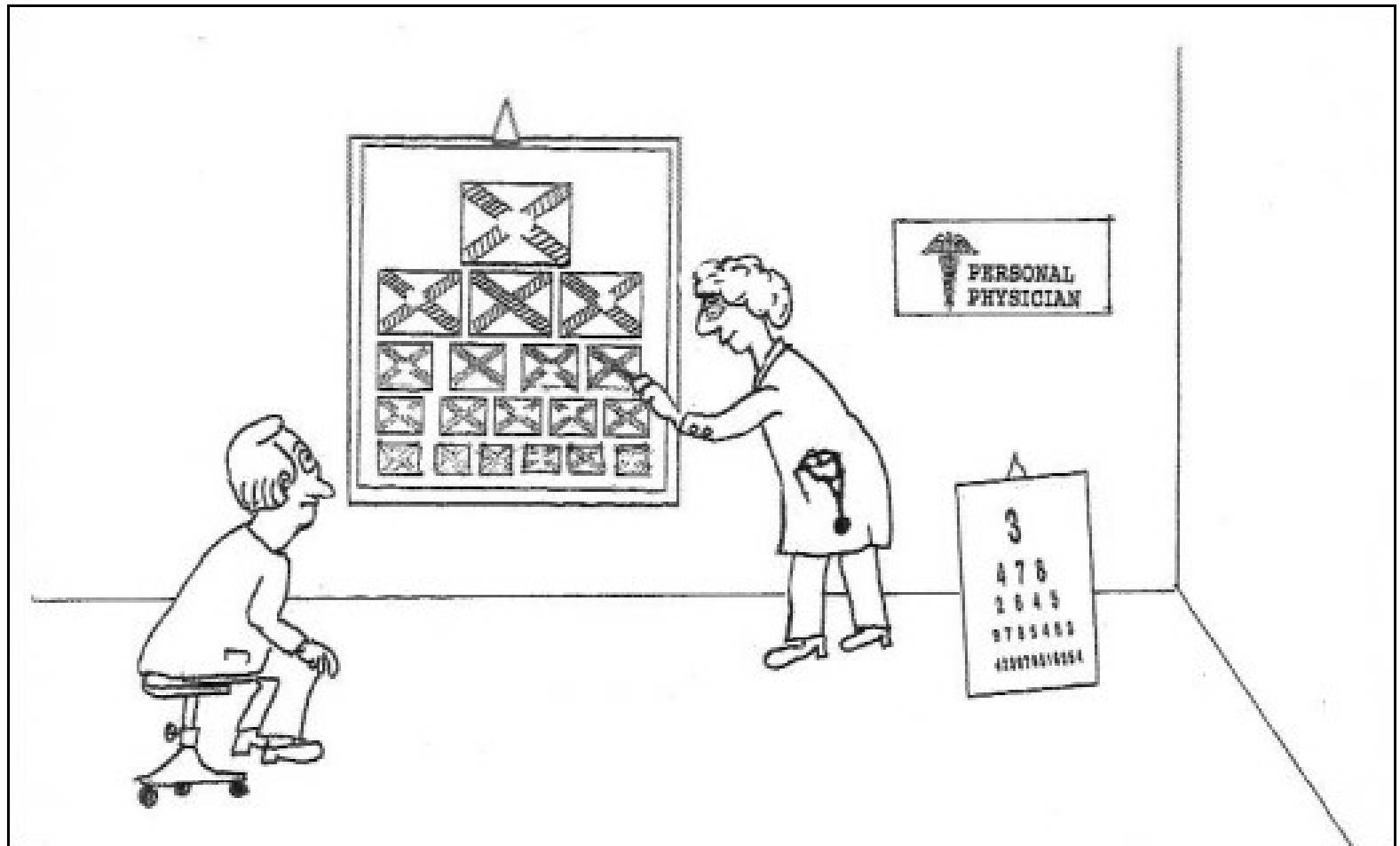
## How to test for steam penetration?

### Endoscopy Instruments



# DPCD













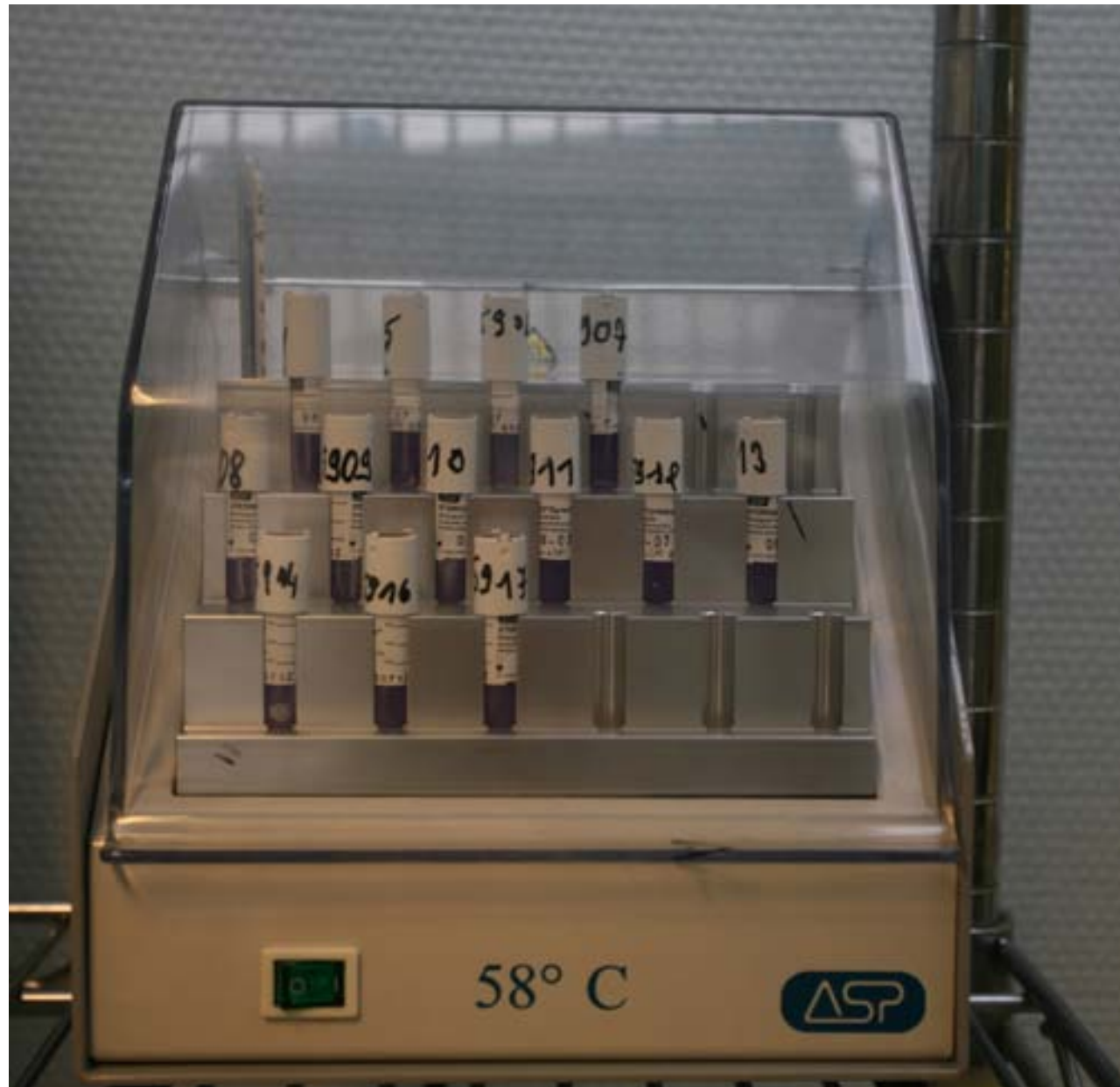










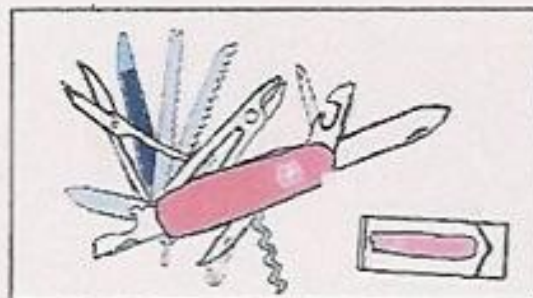








## CSSD response to cost pressure



Josy Holdener

„We decided to replace your Basic Instrument Set with a Swiss-Army- Knife, packed in a peel-pouch. Any Questions?“

THANK YOU

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