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PATIENT CARE OBJECTIVES

This policy shall standardize the sterilization processes within the Johns Hopkins Hospital. Sterilization is defined as the use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial spores.

RESPONSIBILITIES

JHH/JHU/JHMI Staff -

Shall follow the processes detailed within this policy.

Manager, Central Sterile Processing (CSP) -

Ensure employee compliance with this policy.
 Notify Hospital Epidemiology Infection Control (HEIC), Risk Management and the operator when biological indicator test results are positive.
 Perform follow-up as outlined in this policy.

CSP Department Educator/QA Coordinator -

Verify compliance daily.
 Monitor compliance of all sterilizer testing.
 Report non-compliance.

Central Sterile Processing Staff -

Shall follow the processes detailed within this policy.

Department of Hospital Epidemiology and Infection Control-

Review and revise policy at least every 3 years.
 Present this policy to the HEIC Committee for review and approval as appropriate.
 Act on reports of sterilization malfunction, overuse of flash sterilization.
 Assist with decisions regarding sterilization and high-level disinfection.

Areas with sterilizers -

Forward copies of biological testing to the CSP Department Educator/QA Coordinator.

PROCEDURES

DECONTAMINATION AREA

Personnel Restrictions

- Only properly attired personnel may enter into the decontamination area.

Configuration

- Separate the decontamination area from the areas where all other processing activities are performed with a physical barrier.

Attire

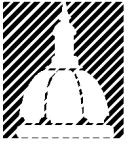
- Wear both a fluid resistant cover gown (tied in the back) and heavy-duty gloves during the decontamination process.
- Completely cover all head and facial hair with a surgical-type hair covering.
- Mask and goggles or a face shield should be worn to protect from expected splashes or sprays

Hand hygiene

- Thoroughly clean hands (wash and dry hands or use an alcohol-based gel for hand cleaning) upon leaving the decontamination area and before performing any assignment in any other area.

Cleaning Process

- Washer Decontaminator
 - Maintain standard Water Temperatures:

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- Wash cycle: 140-160 degrees F
 - First tap water rinse: 150 degrees F
 - Final rinse: 181-190 degrees F
- Check to assure the appropriate temperatures are attained after each repair
- Manual Cleaning
 - Use three stainless steel sinks for the manual cleaning process.
 - Sinks must be large and deep enough to immerse completely any article processed.
 - If three sinks are not available for this process, the following steps must be used:
 - Place item to be cleaned in sink and wash with detergent.
 - Rinse equipment in clean water.
 - When finished, empty sink and wipe sink surfaces with a combined detergent-disinfectant.
 - Rinse sink twice with hot tap water.
 - Wipe sink surfaces with a detergent-disinfectant a second time.
- Repair Logs
 - Maintain records of repairs on all sterilizers for 7 years.

PREPARATION AREA

Configuration

- Store clean supplies in closed cabinets. When this is not possible, store supplies stored on wire shelves.
- Use tables of sufficient size to facilitate the assembly of materials.
- Maintain a clean environment.
- Allow no exposed light fixtures, pipes, ducts, or cables, which could collect lint and dust.

Attire


- Wear clean surgical attire when working in the preparation, sterilization, and sterile storage areas.
- Completely cover all head and facial hair (except eyebrows and eyelashes) with a surgical type-hair covering.
- Remove all jewelry.
- Don a clean or recently hospital laundered, buttoned lab coat or warm-up jacket whenever leaving the department to travel to other areas of the hospital to maintain a professional image.

Packaging

- Wraps
 - Wrap all packages separately.
 - When double wrapping, all wrapped items must be double-wrapped by using one of the following:
 - Double-thickness woven or non-woven wrappers
 - Two non-woven wrappers - may be sealed
 - One non-woven wrap and one single-thickness woven wrap
 - Peel-Pouches
- Determination of Shelf Life of Packaged Items:
 - Inspect all packages before use.
 - Do not use if any packaged item if the package is torn, dropped, wet or damaged.
 - Hospital sterilized items will have an indefinite shelf life and are to be considered sterile as long as integrity of the package is not compromised.
- Protective Dust Covers (Optional)
 - Sealed, 2-3 ml. thick, plastic dust covers may be used on sterilized products for protection.
 - Clearly mark dust covers so the outside wrap will not be mistaken as a sterile wrap.

Personnel Restrictions

- If only one person is to handle the supplies before and after decontamination, that person must remove decontamination attire and wash hands or use alcohol-based hand gel before entering the preparation area.

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- Traffic between the decontamination, preparation and assembly areas must be minimized.

Transfer of Items into the Preparation Area

- Clean items must be dry before transfer into the preparations area.
- Equipment and supplies must not be shared among processing areas.

Preparation of Articles

- All jointed instruments must be open and/or unlocked.
- Disassemble instruments designed for disassembly.
- Instruments must not be held together with rubber bands.
- If lubrication is necessary, use a nontoxic, water-soluble lubricant.
- Place instrument sets in trays with wire mesh bottoms or in instrument container systems.
- The total weight of the trays must not exceed 16 pounds or the weight specified by the manufacturer of the sterilizer or container system.
- Hospital prepared linen packs must not be larger than 12" w x 12" h x 20" l and weigh no more than 12 lbs.
- Absorbent towels or other moisture-absorbing material must be used to separate utensils nested in one package.
- Align nested items so that air pockets are not created, condensate can drain out, and sterilant can circulate freely.
- Place bowls, beakers, etc. upside-down or on side so steam can enter.

Package Identification

- Label every sterilized item with the following:
 - Lot control: Sterilizer Number, Load Number, designating the sterilization number, and the cycle number, year and date of sterilization (Julian date)
 - Item identification
 - Optional: list of package contents

STEAM STERILIZATION


Follow manufacturers' operational manuals during steam sterilizer operation.

Steam Sterilizer Process Records

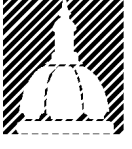
- Records must contain the following:
 - Sterilizer number
 - Sterilization date
 - List or lot number
 - List of contents of each load run
 - Initials of operator who ran the sterilizer
 - Daily Air Removal Test (Dart) results, where applicable
 - Record of all items recalled when evidence of sterilizer failure is noted.
- Storage of Records
 - All sterilizer records must be retained for at least 7 years.

Steam Sterilizer Process Monitors

- For Manufacturing Area (*Wilmer OR, Weinberg Processing Area, JHOC CSD, Central Sterile Processing, GOR Processing Area*), the following will take place:
 - Before any load is released, the operator will verify that the sterilizer parameters have been met.
 - Run a chemical integrator with each load and read it before releasing the load. Place this integrator on the bottom rack closest to the drain.
- All areas
 - Biological Indicators (BI)
 - Test each sterilizer using a biological spore test containing *Bacillus stearothermophilus* at least weekly (see frequencies below) and incubate according to manufacturers' instructions.
 - Read the results according to manufacturers instruction and record the results in the sterilizer process records.

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- Perform routine biological monitoring sterilizers with fully loaded chambers (except for gravity displacement or flash sterilization).
 - To verify the reliability of the biological test spores and proper incubation of the biological indicator, each week:
 - ❑ Leave one biological indicator from each of the lots used for testing unexposed to the sterilant; incubate, and treat as a control to verify the presterilization viability of the test spores.
 - ❑ If the control from a lot fails to grow, assume that the test biological indicators from that lot are non-viable or that improper incubation occurred and consider the test results invalid and repeat the test.
 - ❑ If the second test fails to grow, alert Central Sterile and repeat the test using a different lot.
- Biological Indicator Testing for Hospital Manufacturing Areas is as follows:
 - Central Sterile Processing and JHOPC Processing: daily, when in use
 - General Operating Rooms
 - High-vacuum sterilizers: daily, when in use
 - Gravity displacement sterilizers: daily, when in use
 - Wilmer OR
 - High-vacuum sterilizers: daily, when in use
 - Gravity displacement sterilizers: daily, when in use
 - JHOPC OR sterilizers: daily, Monday through Friday
 - Dental Clinic: weekly
 - Weinberg OR
 - High-vacuum sterilizers: daily, when in use
 - Sterrad: daily, when in use.
 - Other areas: weekly
- Prior to use, validate proper functioning of sterilizers after major repairs have been performed:
 - Gravity displacement sterilizers:
 - Following major repairs, include anything that affects the temperature control device or the printer circuit board, perform a biological indicator test and read results to assure proper functioning prior to the use of the machine.
 - High vacuum sterilizers
 - Following repairs on the printer circuit board or temperature control device of a high vacuum sterilizer, a biological indicator test and a DART must be performed and read to assure proper functioning prior to use of the sterilizer.
 - Following repairs listed below that can affect sterilizer performance, a DART must be performed and read to assure proper functioning prior to use of the sterilizer.
 - ❑ vacuum adjustments
 - ❑ door gaskets
 - ❑ door adjustment
 - ❑ steam to chamber valve
 - ❑ drain valve
 - Chemical Integrators
 - Use an internal chemical integrator within each package sterilized.
 - Place chemical integrators face up in the middle of every package.
 - Place sterilizer indicator tape on the outside of every package.
 - Mechanical Control Monitors
 - Maintain a time/temperature pressure chart on each sterilizer.
 - Indicate load numbers of each cycle recorded on the chart.
 - If the sterilizer has no permanent graphing device, record actual exposure time, temperature and pressure gauge readings and on the load sheet.
 - Perform a DART to determine adequacy of air removal during the pre-vacuum stage in each pre-vacuum sterilizer during the first cycle each day.

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- Steam Sterilization Times

Sterilizer Type	Penetration Time (PT)	+	Kill Time (KT)	+	Safety Time (ST)	=	Sterilization time	Biological Indicator Used
Gravity Sterilizers								1 hour rapid readout 48 hour final
Wrapped, 121 C (250 F)	12 min	+	12 min	+	6 min	=	30 min.	
Unwrapped, 133C (272F) (metal and glass only) b	...		2 min	+	1 min	=	3 min. (flash)	
Unwrapped, 133C (272F) (includes towels, rubber, bovie cord, etc.) b	7 min	+	2 min	+	1 min	=	10 min. (flash)	
High-speed vacuum sterilizer								3 hour rapid read out 72 hour final
Wrapped and unwrapped, 133C (272F)	1 min	+	2 min	+	1 min	=	4 min.	

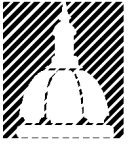
- Sterilization times do not include the time to reach the required temperature or the exhaust and drying time; therefore, **it is shorter than the total cycle time.**

Sterilization of Implantable items

- Flash sterilization must be:
 - Limited to emergent situations only (no routine between case preparation of trays)
 - Used only when there is insufficient time to sterilize an item by the preferred prepackaged method
 - Audited on a regular basis to trend reasons for use
 - If use is due to insufficient inventory of instruments and support is needed by the department to obtain more, this should be brought to the HEIC Committee.

Packaging of Items for Steam Sterilization

- All packaging for steam sterilization must provide the following:
 - Adequate air removal from and steam penetration into package contents
 - Adequate barrier to microorganisms or their vehicles
 - Resistance to tearing or puncture
 - Proven seal integrity (that is, will not de-laminate upon opening and will not reseal after opening)
 - Ease of aseptic presentation
 - Absence of toxic ingredients and non-fast dyes
 - Low lint quantities
 - Cost-effectiveness
- Arrangement on the Sterilizer Cart
 - Place items close to each other with a finger breath gap
 - Do not stack sterile containers on top of each other
 - Do not place rigid instrument containers on their side

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Handling of Sterilized Items

- Leave items removed from sterilizers on the sterilizer cart until they are completely cooled.
- Consider items that are wet unsterile.
- Minimize handling of all sterile items.
- Consider items that are dropped or touched by any wet object contaminated and reprocess.
- Do not place hot items on cool shelves.
- Do not place rigid containers on top of wrapped trays.

Cleaning of Sterilizers

- Follow manufacturers' recommendations for cleaning.
- Clean whenever soiled and per departmental cleaning schedule.

ETHYLENE OXIDE GAS STERILIZATION

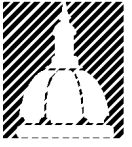
- Ethylene oxide gas sterilization procedures must meet or surpass the standards of practice, must follow manufacturers' instructions, and must be approved by the Office of Health, Safety and Environment.

Ethylene Oxide Gas Sterilizer Process Monitors

- Ethylene Oxide Gas Sterilizer Process Records must contain the following:
 - Sterilizer number
 - Sterilization date
 - Load or lot number
 - List of contents in each of load run
 - Initials of operator who ran the sterilizer
 - Record of biological indicator test results
 - Record of time-temperature readings
 - Aeration completion time
 - Record of repairs and preventive maintenance
 - Record of items recalled when evidence of sterilizer failure is noted
 - Store records for at least 7 years

Ethylene Oxide Gas Sterilizer Process Monitors

- Biological Indicators
 - Run a biological spore test containing *Bacillus subtilis* in each load.
 - Incubate the test according to manufacturers' instructions.
 - Read the test results 24 and 48 hours and record on the sterilizer record.
- Procedures for Positive Biological Indicator Test Results
 - When biological indicator test results are positive, HEIC must be notified.
 - The following steps must be taken:
 - Pull the load record sheet and inspect the sterilizer chart to ascertain if time and temperature parameters were met.
 - If the parameters were met, retest the sterilizer with another biological indicator during the next load.
 - Hold the load pending results of the biological indicator test.
 - If the second test is positive, tag the sterilizer as "out of service" until repairs are completed and the sterilizer is placed back into service, following satisfactory testing with a biological indicator.
 - Recall processed items in accordance with the written recall procedures of each hospital area.
 - Notify HEIC, Risk Management and the operator of the recall.
- Chemical Integrators
 - Use an internal chemical integrator with each package sterilized.
 - Chemical integrators must be placed face up and in the middle of every package.
 - Place sterilizer indicator on the outside of every package.

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- Mechanical Control Monitors
 - Maintain a mechanical recording chart indicating time and temperature for each sterilizer.
 - Attach this chart to each day's sterilizer records.
 - Pre-set Automatic Control Monitors.
 - Follow manufacturers' operational guidelines for machines with pre-set controls that do not have mechanical recording charts.

Packaging Items for Ethylene Oxide Gas Sterilizer Packaging

- Provide the following for all ethylene oxide gas sterilization packaging:
 - Adequate humidification and ethylene oxide gas penetration into the package contents
 - Adequate aeration of the package contents
 - Adequate barrier to microorganisms or their vehicles
 - Resistance to tearing or puncture
 - Proven seal integrity (that is, will not de-laminate upon opening and will not reseal after opening)
 - Ease of aseptic presentation
 - Absence of toxic ingredients and non-fast dyes
 - Low lint quantities
 - Cost effectiveness
- Examples of acceptable wraps:
 - Woven, double thickness
 - Non-woven
 - Paper/plastic peel type pouches
 - Polyethylene
- Examples of unacceptable wraps:
 - Aluminum foil
 - Nylon film
 - Cellophane
 - Polyester

Ethylene Oxide Gas Aeration

Adequate aeration following ethylene oxide gas sterilization is absolutely essential. Properly aerate materials prior to dispensing. Follow manufacturers' operational instructions and recommended aeration times for mechanical chamber aeration. Maintain aeration load records with the aeration chamber. **DO NOT** retrieve items from the aerator until the aeration time has been completed

PLASMA STERILIZER


The Plasma Sterilizer (Sterrad) sterilizes instruments and other medical equipment within the process chamber. This system uses 1.8 milliliters of hydrogen peroxide transferred from the cassette into the vaporizer cap and vaporized into the chamber. The operating temperature is controlled at 42° to 50° C.

Plasma Sterilizer Process Record

- Content of Records
 - Sterilizer cycle and date
 - Example (070197001)
 - List of contents in each load run (recorded in the computer)
 - Initials of operator who ran the sterilizer
 - Results of the biological indicator test (are recorded in the computer in CSP)

Plasma Sterilizer Process Monitors

- Biological Indicator

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- Run a biological spore test containing *Bacillus subtilis* daily when in use.
- Incubate according to manufacturers' instructions.
- Record the test results in the computer at 72 hours.
- Procedure for incubation of the biological test.
 - Call the Microbiology Lab at 5-6510, when you start the cycle. Give the technician the approximate time when the cycle will be complete, (usually 75 minutes).
 - Complete the Department of Pathology request form provide the date of processing, time, load number and sterilizer number.
 - Take the test pack to the lab within 10 minutes of the end of the cycle and removal from the sterilizer.
- Procedure for Positive Biological Indicator Test Results
 - Notify Hospital Epidemiology and Infection Control Department.
 - Pull the load record and inspect the sterilizer printout to ascertain if time and temperature parameters were met.
 - If the parameters were met, retest the sterilizer with another biological indicator during the next load.
 - Hold the load pending results of the biological indicator test.
 - If the second test is positive, tag the sterilizer "out of service" until repairs are completed.
 - Retest the sterilizer with a biological indicator before placing the sterilizer back into service.
 - Notify Hospital Epidemiology and Infection Control Department, Risk Management and the operator.
 - Recall processed items in accordance with the written recall procedures of each hospital area.
- Chemical Indicator
 - Use a chemical indicator with each package sterilized.
 - Place chemical indicator tape on the outside of the packaged items and an indicator inside the package.
- Mechanical Control Monitor
 - Keep the mechanical recording printout indicating time and temperature with the daily sterilization records.

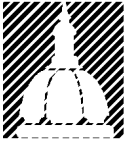
Packaging Items for Sterrad Sterilizer

- Provide the following for all packaging:
 - Adequate barrier to microorganisms
 - Resistance to tearing or puncture
 - Proven seal integrity (that is, will not delaminate upon opening and will not reseal after opening)
 - Ease of aseptic presentation
 - Low lint quantities
 - Cost-effectiveness
- Acceptable wraps:
 - Non-woven wrap
 - Tyvek pouches
- **Note:** Paper and paper products may not be used inside or outside of the package.

COLD CHEMICAL HIGH LEVEL DISINFECTION

DO NOT use Cidex OPA® for cold chemical sterilization, as OPA's reliability in killing spores has not been proven. Immerse items in Cidex OPA® for 12 minutes to accomplish high level disinfection. Use cold chemical high-level disinfection only for items that do not require sterilization and which cannot be sterilized by plasma, steam, or ethylene oxide gas sterilization. Consult Central Sterile Services for assistance in determining optimal sterilization methods.

Precautions: Gloves and eyewear must be worn when coming in contact with the high-level disinfectant. Direct contact may cause tearing and irritation to mucous membranes. The concentrate is corrosive and irritating to the skin and mucous membranes.

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PERACETIC ACID

The Steris System is used to high-level disinfect endoscopic and other heat sensitive instruments by immersion in a chemical sterilant at low temperatures (50°-55° C, 122°-131.91° F). Although the Steris System does render the item sterile, the processed instrument/equipment is wet and unprotected when it is removed from the machine. Therefore, the equipment is considered as not sterile, but high-level disinfected by HEIC. ONLY THOSE PERSONS PROPERLY INSERVICED CAN OPERATE THE PROCESSOR.

Microbial Destruction

The Steris system utilizes 35% peracetic acid as its active ingredient. It is sporicidal, bactericidal, fungicidal, tuberculocidal, and virucidal. Peracetic acid interferes with cells metabolism by caustically attacking the cell walls.

- Principles
 - Activation: The chemical sterilant is individually packaged in 1-cup containers. Each container is good for one use only. If any sterilant is remaining in the container after the cycle is complete, submerge it in 12 inches of water to completely dilute it before discarding the container in the trash receptacle.
 - Time: The processing cycle takes 20-25 minutes; the disinfection cycle takes 12 minutes, including 4 one-minute rinses, and an air purge. Complete the entire cycle to assure proper disinfection of the instrument.
 - Penetration: Free instruments of all organic material (blood, tissue, etc.) before placing in the Steris. The sterilant must contact all surfaces, therefore open all channels and box locks and remove valves and place into a mesh bag before placing loosely in the appropriate tray (flexible or rigid).
 - Precautions: Wear gloves and eyewear when coming into contact with the sterilant. Indirect contact may cause tearing and irritation to mucous membranes. The concentrate is corrosive and irritating to the skin and mucous membranes.

Unloading

- Don eyewear and sterile gowns.
- Cover a table with sterile sheets.
- Disconnect channel irrigator from flexible scope.
- Remove tray by the handles and place them on sterile table leaving lid intact.
- Transport table to OR, remove the lid. The scrub person will remove instruments from the container.

Quality Control Measures


- These measures are performed with every cycle.
 - The chemical monitor indicates that the proper amount of sterilant has entered the processor during each cycle. Run the appropriate indicator with each load. Negative results are indicated by a color change from purple to white or light gray. If results are positive, run a diagnostic cycle to identify the problem. Run a second diagnostic cycle after corrective action has been taken to ensure proper functioning of the processor.
 - Run a diagnostic cycle each evening and after each filter change. The diagnostic cycle checks the processor for proper functioning. The printout indicates all malfunctions. Run the diagnostic cycle without the chemical sterilant. Record and initial the cycle results.
 - Monitor computer printouts after each load to ensure that proper time, temperature, and optimum sterilant concentration has been achieved. The person running the load must initial the printout. Save the last 100 printouts for 7 years.
 - Refer to the Clinical Practice Manual for “print-out paper change” instructions.
 - Clean the processor each evening using 70% isopropyl alcohol. Refer to Clinical Practice Manual “cleaning instructions for the Steris Processor”.

Implantable Devices

- High-vacuum

Validate every load in the Manufacturing Areas by 1) obtaining the cycle parameters and 2) the reading of the integrator before the load is released.
- Flash Sterilization

Do not use flash sterilization for implantable items except in urgent situations in which patient care requirements preclude other sterilization methods (e.g. critical instrument is dropped and sterilized back-ups are not available). In

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such situations, use a sterilization time of 10 minutes and a rapid-readout biological indicator with the load. Special items being supplied by vendors must be made available to the hospital prior to the day of surgery or with sufficient lead-time to allow time for processing through standard methods. (Refer to the Flash Sterilization of Implantables Policy, IFC-033)

Non-Implantable Devices

- Flash Sterilization
 - Do not use flash sterilization for non-implantable items except in urgent situations in which patient care requirements preclude other sterilization methods (e.g. critical instrument is dropped and sterilized back-ups are not available).

STORAGE OF STERILIZED ARTICLES

- Storage of Sterile Items
 - Store items in a manner that prevents crushing or bounding together.
 - Place lighter items on heavier ones.
 - Store items in closed cabinets. If this is not possible, store items on wire shelves in a restricted storage area with the bottom shelf being solid.
 - Maintain storage areas in a manner that prevents splashing from personnel or housekeeping.
 - Arrange sterile storage to facilitate stock rotation.
 - Store liquids below dry sterile goods or in a separate section.
 - Store materials 8"-10" from the floor and 18" -20" below the ceiling and/or sprinkler head.
 - Do not store sterile items under plumbing valves and traps.
 - If traffic is not restricted to personnel who are involved only in the dispensing functions, require other personnel to adhere to the attire guidelines.
 - Store sterile items to prevent crushing or bounding together.
 - Store lighter items on top of heavier items.

Housekeeping

- Wet vacuum or wet mop floors at least once daily and repeat as often as necessary during the day to keep them clean and free of dirt and dust.
- Clean shelves weekly.
- Clean walls and ceilings as necessary.
- Clean vents and change filters quarterly or more frequently if necessary.
- Do not sweep, dry mop or dry dust within the area.

DISTRIBUTION OF STERILIZED ARTICLES


- Cover delivery carts during delivery.
- Clean transportation carts weekly with a disinfectant.

PERSONAL HYGIENE FOR PERSONNEL PERFORMING STERILIZATION PROCESSES

- Provide hand washing facilities and alcohol-based hand gel in areas accessible to all personnel.
- Clean hands frequently and thoroughly by either washing with a lotion soap or use of an alcohol-based gel.
- Clean hands by washing or using alcohol-based gel before moving between work areas.
- Hair, body, nails and uniforms of personnel must be clean at all times.
- Personnel report illness or infections to their supervisors prior to beginning the workday.

INSERVICE EDUCATION FOR PERSONNEL PERFORMING STERILIZATION PROCESSES

- Provide in-service training programs for personnel involved in decontamination, processing, sterilization, storage, and the delivery of sterile supplies annually and more frequently as deemed necessary by the area supervisor.

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PROCEDURE MANUAL FOR STERILIZATION PROCESSES

- Provide written policy and procedure manuals covering work tasks in all areas performing sterilization processes.
- Update written policies at least every three years and forward to HEIC for approval.

RECALL OF SUPPLIES

- When directors and administrators of an area are notified of a recall of items in their area, they must notify Risk Management, HEIC and the operator of possible patient exposures to recalled items.

SUPPORTIVE INFORMATION

KEY WORDS: Sterilization, implantable devices, flash sterilization, vacuum sterilizers, biological indicators

REFERENCES:

- Association for Advancement of Medical Instrumentation (September 2000). Standards and Recommended Practices: Part 1. *Sterilization in Health Care Facilities*.
- Association for Professionals in Infection Control. (2000). *Infection Control and Epidemiology* (55).
- Association of Operating Room Nurses, Inc. (2002). *Standards and Recommended Practices: Guidelines 2002*.
- Joint Commission on Accreditation of Healthcare Organizations. (2001). *Accreditation Standards for Acute Care Facilities*.
- IFC033-Flash Sterilization of Implantable Items. <http://www.insidehopkinsmedicine.org/icpm/ifc033flash.pdf>

SPONSOR

- Medical Care Evaluation Committee

DEVELOPER

- Hospital Epidemiology and Infection Control Committee

COMMUNICATION & EDUCATION

- Nurse educators and Central Sterile Management shall review with staff involved in the cleaning, decontamination, assembly, sterilization, and storage of sterilized items.
- Sterilization Standards Committee will review and update protocol when there are changes in practice.
- Placement of policy on-line at www.Hopkins-HEIC.org.
- This policy will be placed in the Interdisciplinary Clinical Practice Manual on the JHH Intranet site <http://www.insidehopkinsmedicine.org/icpm>. Paper distributions will be made to the Functional Unit Nursing offices in the event of web access difficulty.

REVIEW CYCLE	• Three (3) years	MEDICAL BOARD	Approval Date: 2/25/03 Effective Date: 3/25/03
VICE PRESIDENT FOR MEDICAL AFFAIRS <hr/>			
Date:			