

- AUTOCLAVE
  - COLD CHEMICAL  
STERILIZATION
  - HIGH LEVEL DISENFECTION
- ## OVERVIEW



# ***AUTOCLAVE***

## **WORKING AND PRINCIPLE**



# PURPOSE

## AUTOCLAVE

A machine that uses steam under pressure to kill harmful bacteria, viruses, fungi, and spores on items that are placed inside a pressure vessel.

The process involves heating water to create steam, which is then pumped into a chamber (the autoclave) where the items to be sterilized are placed.

The combination of high temperature and pressure ensures thorough sterilization.



# STEAM STERILIZATION PARAMETERS



**TIME**



**TEMPERATURE**



**STEAM UNDER  
PRESSURE**

# TYPES OF AUTOCLAVES



## TABLETOP

Tabletop autoclaves are compact and portable, making them ideal for small to medium-sized facilities.

They are designed to fit on countertops and are often used in dental offices, clinics, and other settings with limited space.

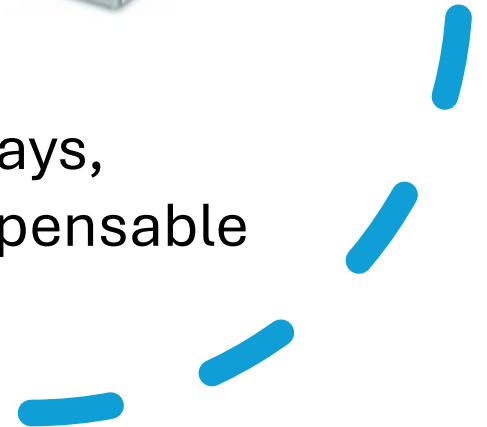
# TYPES OF AUTOCLAVES

## HOSPITAL LARGE CAPACITY AUTOCLAVE

Industrial autoclaves, have capacities exceeding 200 liters and are built for high-volume, large-scale sterilization.

These units are essential for hospitals, pharmaceutical manufacturers, and industrial facilities where large quantities of materials or oversized equipment need to be processed regularly.

Large capacity autoclaves can accommodate large trays, bedpans, or bio waste containers, making them indispensable in high-demand environments.



# AUTOCLAVE CATEGORIES

## **CLASS S** - Vacuum-assisted autoclave

- A vacuum pump removes air from the chamber before steam is introduced
- Sterilizes wrapped packages and some hollow instruments
- *Commonly used in a doctor's office*

## **CLASS N** - Gravity displacement autoclave

- Use gravity to displace air with steam
- Used for sterilizing solid, unwrapped instruments such as scissors and forceps

## **CLASS B** - Vacuum pump removes air from the chamber before the sterilization process begins

- Pre-vacuum stage ensures that steam penetrates porous and hollow items effectively, making Class B autoclaves suitable for a wide range of materials, including textiles, wrapped instruments, and hollow instruments
- The versatility makes it ideal for demanding applications, such as in dental practices and [hospitals](#) where instruments with complex structures require thorough sterilization



**STANDARD  
OPERATING  
PROCEDURES  
(SOP)**



# KEY POINTS

The following key points should be included in any SOP

- **ALWAYS READ AND FOLLOW MANUFACTURER INSTRUCTIONS PRIOR TO OPERATION**
- **PERSONAL PROTECTIVE EQUIPMENT**  
Always wear appropriate PPE
- **TRAINING** - personnel must complete training on autoclave safety and operating procedures before using the autoclave
- **INSPECTION** - autoclaves must be inspected at least annually by a certified technician or per manufacturer's maintenance. A basic visual inspection should be done monthly.
- **LOADING AND UNLOADING** - load items carefully per manufacturer's instructions
- **CYCLE PARAMETERS** - set appropriate time and temperature according to instructions
- **CYCLE COMPLETION** - abort cycle if there are any issues detected such as open door or high-pressure failure
- **DISPOSAL** - dispose of autoclave waste correctly

## Video Topics

- 1. Recommended autoclave training**
2. Preparing to run a cycle
3. Preparing your load for sterilization
4. Starting and ending a sterilization cycle

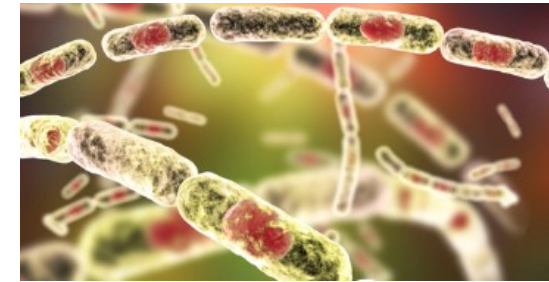
# VALIDATING THE STERILITY OF A PACKAGE



Autoclave tape is a chemical indicator that changes color when exposed to certain temperatures

- They only confirm that the item has been through a heat cycle
- They **do not prove** that the conditions necessary for sterilization (the correct temperature, the required duration, proper steam penetration) were met.

The only way to confirm true sterilization is with a **biological indicator**



- This strip or self-contained vial contain spores of a highly resistant bacterium such as *Geobacillus stearothermophilus*

*This spore is far more difficult to kill than common pathogens*

- When an autoclave cycle can kill resilient spores, it provides a high degree of confidence that all other potential contaminants have been eliminated.
- As a best practice, this validation should be performed regularly (at least monthly) and for each type of load.





WHICH INSTRUMENTS  
TO *STEAM* PROCESS  
VS  
WHICH INSTRUMENTS  
TO *COLD* PROCESS



## STEAM AND PRESSURE STERILIZATION

Instruments must be heat and pressure tolerant without degrading, deforming or breaking

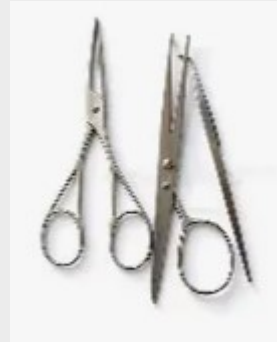
- Reusable metal instruments
- Borosilicate types of glass
- Types of plastics
- Natural fibers

## COLD CHEMICAL STERILIZATION

Instruments are smooth, moisture-sensitive, exposed on all sides and cannot withstand high temperatures

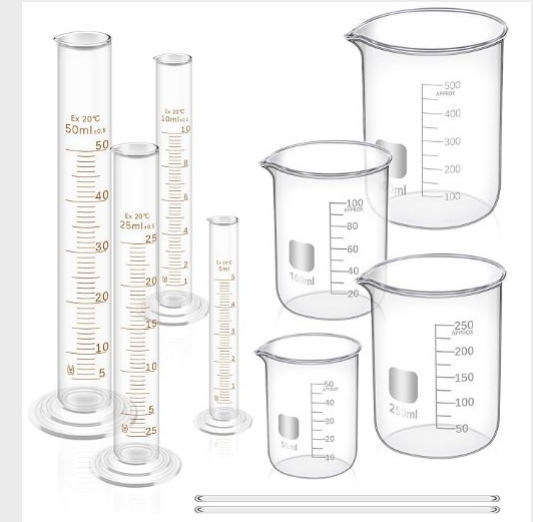
- Surgical instruments
- Medical devices
- Anesthetic equipment

# TYPES OF INSTRUMENTS THAT CAN BE AUTOCLAVED



## AUTOCLAVABLE INSTRUMENTS

- Surgical Instruments
- Glassware
- Stainless Steel & Aluminum Trays
- Autoclavable Plastic Ware
- Centrifuge Tubes
- Pipette Tips
- Chemical Solutions

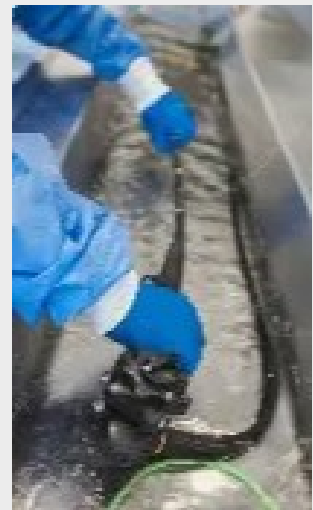


# TYPES OF INSTRUMENTS THAT CAN BE COLD CHEMICAL DISENFECTED



## COLD STERILIZATION/HLD

- Instruments with lenses (endoscopes and arthroscopes)
- Dental instruments such as plastic impression trays, cheek extractors, Rinn kits, intraoral scanner tips
- Anesthetic equipment such as laryngoscopes, face mask, oral and nasal airways, endotracheal tubes



# Critical vs. Non-Critical Instruments



“**Critical**” items such as surgical instruments and periodontal scalers, are used to penetrate soft tissue or bone.

These instruments have the greatest risk of transmitting infection and should always be sterilized using heat.

“**Non-Critical**” instruments are ones that do not penetrate soft tissue, or bone can be cold chemical sterilized.

- Endoscope and arthroscope lenses
- Plastic impression trays
- Cheek extractors
- Anesthetic equipment: endotracheal tubes, oral and nasal airways

# PPE

## Personal Protective Equipment

Always put on protective  
equipment prior to  
cleaning instruments

PPE acts as the first line of defense, protecting staff from potential hazards and ensuring the sterility of medical instruments remains uncompromised

- Household-cleaning-type rubber or plastic gloves
- Face mask
- Eye protection
- Gown



# CLEANING

Immediately after use, items must be cleaned to remove blood or debris that might interfere with the sterilization process

- Ultrasonic machines can be more effective than cleaning by hand
- After cleaning, rinse instruments to remove loose debris and detergents
- Inspect the instrument for any remaining debris
- Open hinged instruments and place all items on a pad and allow to sit until completely dry

## Cleaning Your Instruments

**Manual Method**

**RINSE**  
Rinse off all blood, bodily fluids, and tissue immediately after use using plain water.

**MIX**  
Mix a product such as Alconox (WPI 13740) according to the manufacturer's directions.

**CLEAN**  
Use appropriate brushes and mixed product to clean each surgical instrument.

**INSPECT**  
Inspect all instrument surfaces to ensure they are visibly clean and free of stains and tissue. Inspect for proper function and condition.

**RINSE**  
Rinse instruments thoroughly under running water. While rinsing, open and close scissors, hemostats, needle holders and other hinged instruments.

**DRY**  
Dry instruments thoroughly with a clean towel. This minimizes the risk of corrosion and formation of water spots.



# CLEANING AND PACKAGING MEDICAL INSTRUMENTS





## CLEANING PROCESS



USE OF PPE – Always use appropriate PPE including eye protection, gloves and gown when sterilizing instruments

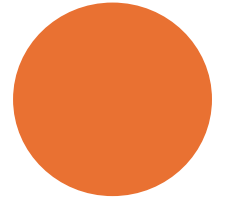
ENZYMATIC CLEANER - used for surgical instruments to effectively remove organic soils like blood, tissue, and other bioburden that can hinder the cleaning and sterilization process.

- Enzymes break down proteins, fats, and carbohydrates, making it easier to remove these substances from hard-to-reach areas like hinges and lumens.
- Enzyme cleaners helps prevent the formation of [biofilms](#), which can harbor microorganisms and reduce the effectiveness of sterilization.
- Are PH neutral making them a compatible cleaner for surgical instruments

# CLEANING AND PACKAGING MEDICAL INSTRUMENTS

## PACKAGING

- Instrument packaging should be done in an area where there is low risk for contamination, using FDA approved materials.
- Sterilization Pouches - Used for packaging small, lightweight, single-use items
- Sterilization Wraps - Used for packaging instrument trays or cassettes
- Sterilization Containers - Used for packaging large items or sets of instruments



## LABELING PACKAGES

Prior to sterilization, all packages must be labeled with the appropriate identifying information, such as:

- Date of sterilization
- Load run identification information
- Initials of staff processing packages
- General contents of package

This helps with identifying any packages related to a positive spore test or malfunction of equipment, that need to be removed from stock.

## LABELING AND PROCESSING PACKAGES



## LOADING PACKAGES

- Chemical indicators must be placed on the inside and outside of each package
- They visually indicate the parameters for proper sterilization have been met
- Biological indicators should be run at least monthly to verify proper function and sterility
- Package placement must allow for free circulation of sterilant (steam/chemical) to all surfaces;
  - ideally placed on their edge, in perforated or mesh racks.

## LABELING AND PROCESSING PACKAGES



# STORAGE AND MANAGEMENT OF STERILE INSTRUMENTS



## STORAGE


Store sterile instruments in an area that reduces potential for contamination

The area should be:

- Clean and dry
- Protected from sunlight
- Separated from non-sterile items by a functional barrier

Although different sites utilize time-related expiration dates, data has shown sterile packages can be managed using “event related” factors.

Sterility is only considered to be “broken” under qualifying circumstances...



# “Event Related” factors that compromise sterility

**Package integrity** - any tear, hole, puncture or broken seal renders the item non-sterile

**Environmental Moisture** - if a package becomes wet the protective barrier is broken and is considered contaminated

- Packages should be stored in a clean dry environment with controlled humidity

**Handling and Storage** - improper handling increases the risk of damage

- Items should be handled as little as possible
- Do not packed tightly packages may be crushed or damaged

# STORAGE AND MANAGEMENT OF STERILE INSTRUMENTS



## MANAGEMENT

- Handle sterile packages with extreme care and remove from stock if there is any doubt as to the item's sterility
- “Event related” factors (such as dropping, crushing, bending or puncturing packages) will compromise the sterility of its contents and require removal of the item from stock to be reprocessed
- Sites shall have a written process for routine evaluation of sterilized packages to ensure quality and safety
  - Double check integrity of packages prior to use
  - Evaluate packages at least monthly

# MONITORING LOG AND MAINTENANCE



# PURPOSE

## of the Autoclave Log

- REGULATORY COMPLIANCE  
Ensures required safety and regulatory standards are met
- DOCUMENTATION FOR REVIEW  
Provides reliable records for audits, equipment issues, or investigation of concerns.
- CYCLE ACCOUNTABILITY  
Tracks each sterilization run to maintain clear, traceable documentation.
- VERIFICATION OF STERILIZATION PARAMETERS  
Confirms time, temperature, and pressure levels are reached for proper sterilization
- QUALITY CONTROL TRACKING  
Logs results of chemical and biological indicators to verify autoclave performance
- PERFORMANCE MONITORING  
Allows for easy identification of trends or recurring issues that may require maintenance or troubleshooting



**FOR EVERY AUTOCLAVE RUN complete one row**

**DATE** - Record the date of the cycle

- ❖ Document date on sterilization pouch

**TIME** - Note the start time (or end time if that is your standard)

**LOAD Number** - Assign a sequential load number for tracking

- ❖ Document load number on sterilization pouch

**LOAD DESCRIPTION** - Briefly describe what is being sterilized (e.g., glassware, instruments, biohazard waste)

- ❖ Document load description on sterilization pouch

**DURATION OF RUN CYCLE** - Record the full cycle time

**TEMPERATURE** - Note the peak temperature reached during the run. Chemical indicators must be included in the packaging to ensure temperature thresholds are met. (Per type of pouch used)

**STEAM PRESSURE** - Record the pressure reading for the cycle

**OPERATOR** - Initials or name of the person who performed the run

- ❖ Document on the sterilization pouch

**MAINTENANCE  
AND  
DOCUMENTATION  
REQUIREMENTS**

**Cycle-by-Cycle Documentation**

Date	Time	Load #	Load Description	Duration of Run Cycle	Temperature	Steam Pressure	Operator of Each Run



# TYPES OF INDICATORS

- MECHANICAL

Monitors the autoclave's physical parameters

- CHEMICAL

Uses physical indicators to show that items were exposed to the sterilization process

- BIOLOGICAL

Uses bacterial spores to prove the autoclave can kill microorganisms, providing the highest level of verification

# MECHANICAL INDICATOR

## Types of Mechanical Indicators

- Built-in gauges, displays, or printouts in the autoclave

## Measure

- Temperature – indicates a specific heat was met to kill the heat-resistant spores
- Pressure (PSI) - indicates the autoclave chamber has built enough pressure to allow steam to reach the temperatures needed for sterilization
- Time – indicates a specific duration was met for steam to penetrate the load

## Purpose

- Verifies that required sterilization conditions were reached

## Importance

- Provides the first visual assurance of proper sterilization

STERILIZER	TEMPERATURE	PRESSURE	TIME
Steam Autoclave	121° C (250 ° F)	15 psi	15 min
<ul style="list-style-type: none"><li>• Unwrapped Items</li><li>• Lightly Wrapped Items</li><li>• Totally Wrapped Items</li></ul>	121° C (270 ° F) 132° C (270 ° F)	30 psi 30 psi	3 min 8 min
	132° C (270 ° F)	30 psi	10 min
Dry Heat Wrapped	170° C (340 ° F)		60 min
Chemical Vapor	132° C (270 ° F)	20-40 psi	20 min
Ethylene Oxide	Ambient		8-10 hr

# CHEMICAL INDICATOR

## Types of Chemical Indicators

- Strips, tape, cards, or labels that change color when exposed to proper heat and steam

## Measure

- Exposure of items to heat
- Exposure to steam
- Completion of the sterilization process



## Purpose

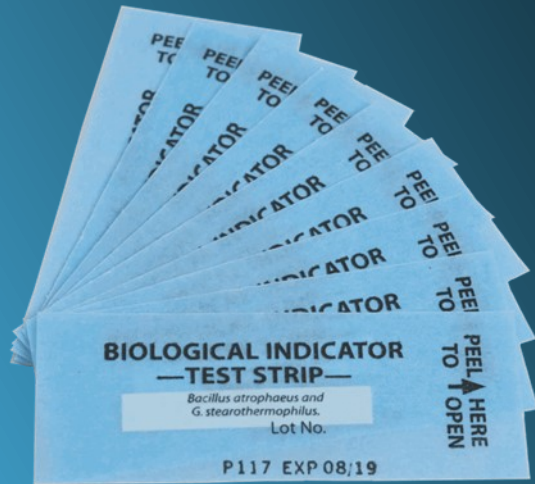
- Show that packs were subjected to sterilization conditions

## Importance

- Provides quick visual confirmation that items were processed, though it does not guarantee sterility



# BIOLOGICAL INDICATOR



## Types of Biological Indicators (Gold Standard)

- Vials or strips containing resistant bacterial spores to test sterilization effectiveness

## Measure

- Ability of the autoclave to kill highly resistant microorganisms

## Purpose

- Prove that the autoclave can achieve true sterilization

## Importance

- Provides the highest level of verification, minimum monthly testing is required.
- Must be documented on the autoclave log

## Common Types

- **Vial/Bottle Indicators** - Contains spores in a liquid medium; color changes after incubation shows growth or no growth.
- **Strip/Filter Paper Indicators** - Contains spores on a paper strip; incubated after the cycle to verify sterility.

## Processing Options

- **In-Clinic Processing** - Some facilities incubate the indicators on-site to verify autoclave performance immediately.
- **External Laboratory Processing** - Indicators can be sent to a certified lab for incubation and confirmation, providing documented results for quality assurance.

\*\*All lab supplies must have a process for checking expiration dates

# POSITIVE SPORE MANAGEMENT

## Purpose

Ensures patient safety and maintains sterilization quality by responding appropriately to a failed spore test

### Utilize the “5 Rs”

1. **Report** - the result and notify a supervisor
2. **Remove** - and repair the sterilizer before further use
3. **Retrieve** - and recall all items processed since the last negative test, they're considered non-sterile
4. **Retest** - the sterilizer after repairs, run three consecutive cycles with negative results
5. **Re-sterilize** - all recalled instruments using a properly functioning sterilizer

# MAINTENANCE AND DOCUMENTATION REQUIREMENTS

## Autoclave Maintenance

### Purpose

Ensures safe, reliable operation, prolong autoclave lifespan, and supports accurate log documentation.

### Maintenance Tasks & Responsibilities

#### Daily / Before Use

- Check door seals and chamber
- Clean trays and chamber surfaces
  - **Who** - Clinical staff

#### Weekly

- Inspect gaskets and water levels
- Thorough chamber cleaning
  - **Who** - Clinical staff

#### Monthly / Quarterly

- Lubricate door and inspect valves
- Run test cycles
  - **Who** - Biomedical engineering / maintenance staff

#### Annual / Preventive Maintenance

- Full inspection, calibration, and parts replacement
  - **Who** - Manufacturer service technician / certified repair service

PREVENTIVE MAINTENANCE	
P.M.	_____
DATE	_____
BY	_____
NEXT DUE	_____

\*\*Document weekly/monthly cleaning & maintenance on autoclave log to include date and initials of staff completing maintenance.

# What is the Difference?



## Cold Chemical Sterilization (CCS)

Uses liquid chemicals to eliminate all microorganisms from inanimate objects, including bacteria, viruses, and spores.

***How it works*** - Instruments are submerged in a chemical solution (sterilant) for a specified duration, allowing the chemical to penetrate and destroy microorganisms.

## High Level Disinfection (HLD)

A process that eliminates most microorganisms, including bacteria, viruses, and fungi, from medical instruments, but may not eliminate spores.

***How it works*** - Instruments are submerged in a chemical solution (sterilant) for a specified duration, allowing the chemical to penetrate and destroy microorganisms.

## GLUTARALDEHYDE

- A widely used, but older, high-level disinfectant and chemical sterilant
- Requires activation to become sporicidal (capable of killing spores)
- Solutions are typically acidic and need to be mixed or activated

## HYDROGEN PEROXIDE BASED SOLUTIONS

- Can be used in various concentrations and formulations
- Some hydrogen peroxide solutions are ready-to-use and fast-acting
- May require a specific contact time and temperature for optimal efficacy.
- Some hydrogen peroxide solutions are compatible with automated endoscope reprocessors (AERs)



# COMMONLY USED SOLUTIONS for CCS and HLD



## ORTHO-PHTHALALDEHYDE (OPA)

- A more modern high-level disinfectant that has gained popularity
- Offers superior mycobactericidal activity compared to glutaraldehyde
- Requires no mixing or activation
- Can be effective in a shorter time than glutaraldehyde
- May have better material compatibility than some other options

## PERACETIC ACID

- Can be used in combination with hydrogen peroxide
- May be effective against a wide range of microorganisms
- May require specific temperature and contact time for optimal performance

## SODIUM HYPOCHLORITE (BLEACH)

- Can be used for high-level disinfection at specific concentrations and contact times
- Not common



# COMMONLY USED SOLUTIONS

for CCS and HLD



# CCS/HDL SAFETY AND PREPARATION

Cold Sterile



- Ensure the CCS/HLD process is conducted in a well-ventilated area
- Ensure proper PPE to protect staff mucus membrane and skin (mask, gloves, eye protection, gown) are readily available for use
- Ensure solutions are mixed according to manufacturer guidelines
- Only trained personnel are tasked with CCS/ HLD instrument processing
- Use a chemical indicator to monitor solution effectiveness
- Follow manufacturers instructions when operating a reprocessing machine
- Confirm reprocessing outcome – sterile or high-level disinfection
- [Chemical Disinfectants | Infection Control | CDC](#)

# VENTILATION REQUIREMENTS FOR COLD STERILIZATION

Chemical sterilants should be used in an area that is properly ventilated \*

Rooms in which chemical disinfection and sterilization are performed should have a minimum of 10 air exchanges per hour (local regulations may require a higher minimum exchange rate)

When general room ventilation is not adequate, a self-contained, freestanding system or a local exhaust hood should be installed to capture chemical vapor during processing

When an outside exhaust system is not available, a ductless fume hood\* can be used to deliver vapor to a filter system that chemically inactivates the vapor; then clean, filtered air is returned to the room.

Filters for these systems should be replaced at regular intervals

The engineering controls are virtually the same for OPA and glutaraldehyde: 10 air exchanges per hour

\*[Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008](#)

**STERILE**  
versus  
**ASEPTIC**  
versus  
**CLEAN**

## STERILE ENVIRONMENT

- Space completely free from pathogens
- Sterile drapes, gowns, gloves
- Sterile instruments/equipment
- Controls of physical space



## ASEPTIC TECHNIQUE

- Set of procedural guidelines to eliminate pathogens and reduce risk of infection
- Used to maintain a sterile environment
- Placing barriers

## CLEAN ENVIRONMENT/TECHNIQUE

- Focus on reducing the overall number of germs, but don't eliminate them
- Clean items that are not sterile
- High-level disinfected items
- Box of gloves, disinfect surfaces and non-critical medical equipment



# COLD CHEMICAL STERILIZATION (CCS) & HIGH LEVEL DISINFECTION (HLD) Immersion or “soak”

- Process/clean instruments and equipment as instructed in the previous slides
- Wear proper PPE according to sterilant manufacturer guidelines
- Submerge the cleaned and dried instruments/equipment in the cold sterilant solution, ensuring complete immersion - “soak”
- Allow the instruments to remain in the solution for the manufacturer's recommended contact time, which will vary depending on the solutions used
- Document time, date of each instrument submerged into sterilant solution



# COLD CHEMICAL STERILIZATION

## HANDLING & STORAGE

- Wear proper PPE
- Sterile technique is used following strict protocols to prevent contamination
- Thoroughly rinse the instruments using sterile water while wearing sterile gloves and/or using sterile tongs
- Ensure all sterilant is removed (toxic)
- Dry using a sterile cloth or place on a sterile drape and allow to air dry



- Proper drying after rinsing is crucial to prevent microbial growth.
  - Position instrument to avoid pooling
- Store the instruments in a sterile dry environment with a functional barrier separating from other supplies/equipment
- All instruments/equipment removed from the solution for immediate use must be rinsed and placed on a sterile field
- Sterile “Peel Packs” may be used

- Wear proper PPE
- Thoroughly rinse the instruments using clean water while ensuring all sterilant is removed (toxic)
- Dry by placing on a clean surface and allow to air dry
- Proper drying after rinsing is crucial to prevent microbial growth
  - Position instrument to avoid pooling
- Store the instruments in a dry environment with a functional barrier to preserve the HLD status

# HIGH-LEVEL DISENFECTION HANDLING & STORAGE



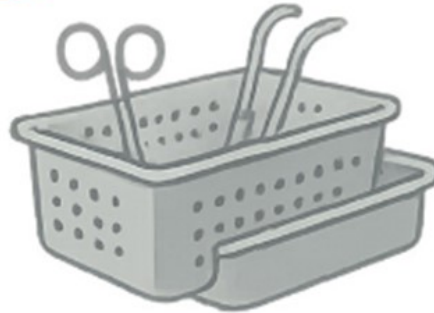
# COLD STERILIZATION LIFECYCLE 2025

## 1 PRE-CLEANING



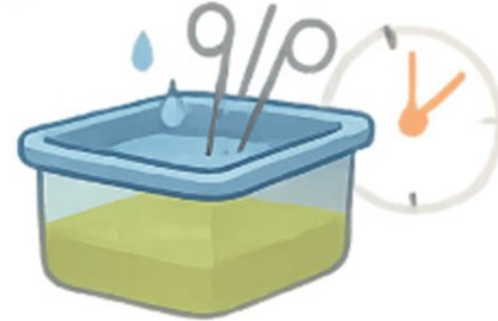
Pre-cleaning instruments with enzymatic solution

## 2 LOADING



Loading instruments into perforated basket inside container

## 3 IMMERSING



Immersing completely in chemical sterilant for timed contact

## 4 TRIPLE RINSING



Triple rinsing with sterile water using drain basket

## 5 AIR DRYING & STORAGE



Air drying and sterile until use



# CCS/HDL DOCUMENTATION REQUIREMENTS

# CCS/HLD DOCUMENTATION AND MONITORING

## **STRICT ADHERENCE**

The cold chemical solution manufacturer's instructions are available to staff and must be meticulously followed

## **MATERIAL DATA SAFETY SHEETS**

MSDS are readily available to staff in the event of a spill

## **SOLUTION MANAGEMENT**

- The solution is changed according to manufacturer's instructions, not to exceed the expiration per activation date (usually not to exceed 30 days)
- A monitoring indicator is used daily and/or during each cycle to test the solution efficacy, and results are documented in the CCS/HLD log
- Solution must be changed if appearance is dirty/cloudy regardless of length of use
- Records are maintained for a minimum of 3 years

## **STAFF TRAINING**

Staff training is completed to equip staff to follow established procedures related to the management of cold chemical solutions and documentation of instrument processing.

## **DOCUMENTATION**

The following information will be documented in the CCS/HLD log:

- Date of soak
- Instruments
- Operator
- Patient information (if applicable)
- Solution Name
- Date solution put in use/expires
- Result of monitoring indicator









## DIRECTIONS

Prior to routine use, practice with control solutions (described in the QUALITY CONTROL section of this insert) to become familiar with proper testing technique and interpretation of results.

### Test Procedure:

1. Immerse entire indicator pad of test strip into CIDEXPLUS solution for one (1) full second and remove.
2. Blot **firmly** for two (2) seconds by pressing the long edge of the strip on an absorbent paper towel to remove excess CIDEXPLUS solution. Lay strip, pad side up, on a paper towel.
3. **Sixty (60) seconds** after immersing the strip, compare indicator pad to the color blocks on the bottle label. Interpret and record results.
4. Discard the test strip according to OSHA, state and local regulations.

## RESULTS

The color developed on the Serim DISINTEK GTA 2.1% Test Strip indicator pad indicates whether the concentration of glutaraldehyde in the CIDEXPLUS solution is above or below the MEC of 2.1%.

**PASS** - the color of the indicator pad is mostly purple; indicating the concentration of glutaraldehyde is **above** the 2.1% MEC.

**FAIL** - the color of the indicator pad is distinctly blotched yellow/purple, similar to or having more yellow areas than the FAIL color blocks, indicating the concentration of glutaraldehyde is **at or below** the 2.1% MEC.

### GLUTARALDEHYDE SOLUTION TEST STRIPS

monitor the minimum effective concentration (MEC) of glutaraldehyde solution




#### DIRECTIONS FOR USE

1. **Completely submerge** indicator pad of the test strip into the solution to be tested. Hold for one second and remove
2. Briefly rest the side of the strip on tissue paper to **remove** excess liquid
3. Wait **10 seconds** for the colour reaction to occur
4. Read the results at exactly 10 seconds after removal from solution by comparing to the colour chart provided.

**DO NOT** read results after 10 seconds

**DISCONTINUE** use of solution should a FAIL result occur

#### COLOUR CHART

		
<b>FAIL</b>	<b>FAIL</b>	<b>PASS</b>
20-40%	50-70%	80-100%



# Medical Equipment Reprocessing – General Information & Resources

**Equipment/Instrument Cleaning & Storage**

**Autoclave Usage, Management & Maintenance**

**Cold Chemical Usage & Management**

**- Sterilization and High-Level Disinfection**



A presentation designed for:

- *PCP & Specialty Clinics*
- *Healthcare Personnel*
- *Quality Administrators*

Remember:  
Safe Equipment Protects Patients

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Thank You!

This presentation has been developed in collaboration with the health plans listed

