HIGH DESERT HEALTH SYSTEM
AMBULATORY SURGICAL CENTER

SUBJECT: XIII-132 IMMEDIATE USE OF STEAM STERILIZATION (IUSS)	**POLICY #**: 1109
	VERSION: 2
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DATE APPROVED: 09/06/2018	

PURPOSE: To provide guidelines for achieving immediate use steam sterilization (IUSS) of instruments and equipment.

POLICY: IUSS is to be used only in emergency situations. This includes items that have dropped on the floor and instances where there is no other sterilization alternative. IUSS will be conducted in a controlled manner following the procedure below. Approval must be received from Supervising Nurse, Nurse Manager or Charge Nurse prior to IUSS.

PROCEDURE:

I. Items for IUSS will be properly decontaminated prior to processing.

II. Reusable rigid closed container system specifically designed for use in ISSU and instrument transportation after procession will be used during IUSS (i.e. Sterile Container Flash Guard or Flashpak)

III. The manufacturer written instructions for use of reusable rigid container system (Sterile Container Flash Guard, Flashpak) will be kept in the Sub Sterile Room and will be followed.

IV. Items subjected to IUSS are used immediately and not stored for later use or held from one procedure to another.

V. Instruments are placed OPEN and UNLOCKED. Instruments with concave surfaces are positioned to facilitate drainage; hinged instruments are to be opened without engaging the ratchet, and items with movable parts are disassembled.

VI. Temperature and time parameters are as follows:

A. For pre-vacuum cycles: 5 min at 270 F (132 C-135 C)

VII. When instruments are IUSS, documentation must be on sterilizer paper print out, including:

A. Patient's Medical Record number

B. Name of physician (Surgeon)

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C. Instrument/Equipment processed

D. Initials of person performing IUSS and initials of person who retrieved the item form the sterilizer

E. This documentation will be kept in a designated log in the Sub-Sterile Area.

F. When the sterilizer is used for decontamination, the word "decon" will be written on the autoclave record strip.

VIII. After approval, instrument(s) are to be IUSS only if all of the following conditions are met:

A. Work practices ensure proper cleaning, decontamination, inspection and placement of instruments in an appropriate sterilizing tray or container, prior to sterilization.

B. Measures are taken to prevent contamination during transfer to the sterile field. Devices processed using IUSS will be transported to the point of use in a manner that minimized the risk of contamination of the item and injury to personnel handling the hot, wet and possibly heavy trays.

IX. Only unwrapped items will be flashed in the Steam Sterilizer.

X. Chemical indicators will be used with each load sterilized.

XI. Each sterilization cycle will be monitored to verify that parameters required for sterilization have been met.

XII. Safety Intelligence (SI) report must be submitted for every IUSS.

XIII. Sterilizer function will be monitored with physical, chemical and biological indicators.

A. Positive chemical indicators

1. If after processing, the chemical strip indicator fails to tum "dark" in color retest with a different chemical strip indicator from a different lot number and report the positive results to the (ASC) Nursing director or designee.

2. If the chemical strip indicator fails for a second time notify the following:

a. ASC Nursing Director or designee

b. High Desert Regional Health Center (HDRHC) Facilities Department

c. HDRHC Infection Preventionist

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3. After consulting with the ASC Nursing Director and Facilities, a decision will be made on removing the sterilizer from service.

B. Positive Biological indicator- See policy and procedure titled Daily Biological Testing of Sterilizers, # XIV- 103.

XIV. IUSS of implants will only take place in extreme situations, please see Immediate Use Steam Sterilization (IUSS) of Implants policy #XIII-134.

XV. After each use of the reusable rigid container system, the containers will be cleaned, inspected and maintained according to the manufactures written instructions.

XVI. IUSS will be included in the biological testing quarterly report in ASC Medical Advisory Committee meeting and trends will be tracked.

REFERENCES:

Standards and Recommended Practices AORN 2014

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