

Sustainable Competence in Advancing Healthcare







WG 3 - ESR WORKING GROUP ON ULTRASOUND

Minimizing the risk of cross infection: How to keep patients safe in ultrasound

ECR 2017

Thursday 2 March 2017 Vienna @ 8:30

INDUSTRY PERSPECTIVE

Nicole Denjoy

COCIR Secretary General



INDUSTRY SECTORS COVERED BY COCIR

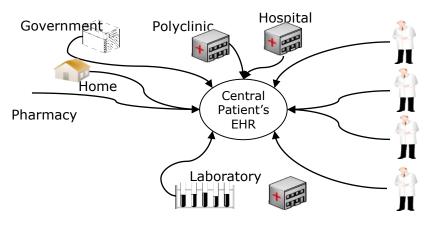
COCIR is a non-profit trade association, founded in 1959 and having offices in Brussels and China, representing the medical technology industry in Europe



COCIR covers 4 key industry sectors:

- Medical Imaging
- Radiotherapy
- Health ICT
- Electromedical

Our Industry leads in state-of-art advanced technology and provides integrated solutions covering the complete care







30 COCIR COMPANY MEMBERS































































14 COCIR NATIONAL TRADE ASSOCIATIONS MEMBERS



BELGIUM



FINLAND















GERMANY



ITALY

PORTUGAL THE NETHERLANDS











SPAIN

SWEDEN



COCIR AT INTERNATIONAL LEVEL





2016: DITTA MoU with the World Bank

2015: DITTA was granted a NGO status with WHO

2014: DITTA has official liaison with AHWP







Sustainable Competence in Advancing Healthcare

SUMMARY

- 1. Standards on disinfection
- 2. Regional and national regulations and guidance
- 3. Ultrasound probes classification
- 4. Approval of disinfectants and processes
- 5. Manufacturers' instructions for users
- 6. COCIR recommendations to users



STANDARDS ON DISINFECTION

IEC 60601-1* Ed 3.1 and IEC 60601-2-37** Ed 2.1

• 7.9.2.12 For ME EQUIPMENT parts or ACCESSORIES that can become contaminated through contact with the PATIENT or with body fluids or expired gases during NORMAL USE, the **instructions for use shall contain**:



- details about cleaning and disinfection or sterilization methods that may be used; and
- list the applicable parameters such as temperature, pressure, humidity, time limits and number of cycles that such ME EQUIPMENT parts or ACCESSORIES can tolerate.
- a list of the pertinent parts, components and/or functions that should be checked after each cleaning, disinfection or sterilization cycle, and method(s) of inspection.
- This requirement does not apply to any material, component, ACCESSORY or ME EQUIPMENT **that is marked as intended for a single use** unless the MANUFACTURER specifies that the material, component, ACCESSORY or ME EQUIPMENT is to be cleaned, disinfected or sterilized before use (see 7.2.1).

*IEC 60601-1: Medical electrical equipment - Part 1: General requirements for basic safety and essential performance
**IEC 60601-2-37: Medical electrical equipment - Part 2-37: Particular requirements for the basic safety and essential performance of ultrasonic medical diagnostic and monitoring equipment



STANDARDS ON DISINFECTION

IEC 60601-1 Ed 3.1 and IEC 60601-2-37 Ed 2.1



11.6.7 Sterilization of ME EQUIPMENT and ME SYSTEMS

- ME EQUIPMENT, ME SYSTEMS and their parts or ACCESSORIES intended to be sterilized shall be assessed and documented according to ISO 11135-1, ISO 11137-1 or ISO 17665-1 as appropriate. See also 7.9.2.12.
- After these PROCEDURES, the ME EQUIPMENT, ME SYSTEM and their parts or ACCESSORIES are to show no signs of deterioration that could result in an unacceptable RISK (visual inspection) followed by the appropriate dielectric strength and LEAKAGE CURRENT tests and by inspection of the RISK MANAGEMENT FILE.



STANDARDS ON DISINFECTION Other standards

• **ISO 17664:2004:** sterilization of medical devices - Information to be provided by the manufacturer for the processing of resterilizable medical devices. The principles of ISO 17664:2004 may be applied when considering the information to be supplied with medical devices which only require disinfection prior to re-use.



 AAMI TIR No. 12—2010: Designing, Testing, and Labeling Reusable Medical Devices for Reprocessing in Health Care Facilities: A Guide for Device Manufacturers.





DISINFECTION

Examples of Regional and national regulations/guidance



- 93/42/EEC and 2007/47/CE: CE marking is the manufacturer's declaration that the product meets the requirements of the applicable EC directives.
- **FDA Guidance:** Reprocessing Medical Devices in Health Care Settings: Validation Methods and Labeling. Guidance for Industry and Food and Drug Administration Staff
- EPA and FDA lists of disinfectants



Industry Guidance examples:

- ZVEI: Medical Device Reprocessing Requirements: Manufacturer responsibilities and operator responsibilities
- **ZVEI**: Specific guidance on reprocessing of special probes: Hygiene-Anforderungen bei der Aufbereitung von transvaginalen und transrektalen Ultraschallsonden

FDA-Cleared Sterilants and High Level Disinfectants with General Claims for Processing Reusable Medical and Dental Devices - March 2015

Section VI. of FDA's <u>Final Guidance for Industry and FDA Staff: Reprocessing Medical Devices in Health</u>
Care Settings, Validation Methods and Labeling
(idownloads/MedicalDevices/DeviceReguilationandGuidance/GuidanceDocuments/UCM253010.pdf) outlines

six criterion that should be addressed in reprocessing instructions. Criterion 4 recommends that reprocessing instructions should include devices and accessories that are legally marketed. On this page is a table of FDA-cleared liquid chemical sterilants and high level disinfectants, last updated September 2015.

Manufacturer Active Ingredient Sterilant Contact Conditions

Disinfectant Contact Conditions



US Environmental Protection Agency Office of Pesticide Programs

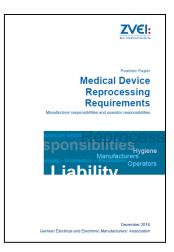
List K: EPA's Registered Antimicrobial Products
Effective Against Clostridium difficile Spores

August 17, 2012



Antimicrobial Products Registered for Use Against Influenza A Virus on Hard Surfaces

Office of Pesticide Programs
U.S. Environmental Protection Agency
Antimicrobials Division





ULTRASOUND PROBES

CLASSIFICATION based on Spaulding Scheme

Critical devices

- Enter body tissue, surgical openings (e.g., surgical instruments)
- Must be Sterilized; if not feasible, High Level Disinfection (HLD) with sterile cover
- Laparoscopic, intra-operative transducers

Semi-critical devices

- Contact mucous membranes (e.g., flexible endoscopes)
- Should be **Sterilized**; if not feasible, **High Level Disinfection**
- Trans esophagus, Transvaginal/Transrectal transducers

Non- critical devices

- Contact intact skin (e.g., stethoscopes, electrocardiogram electrodes)
- Intermediate Level Disinfection (ILD) or Low Level Disinfection (LLD)
- Surface contact transducers

All devices must be cleaned first!



APPROVAL OF DISINFECTANTS AND PROCESSES

- There are several hundreds validated commercially available disinfectants from many manufacturers.
- Many regulations at global level makes hard to find the same disinfectant all over the globe.
- Global approval process for a disinfectant is very long for manufacturers, due to the high number of ultrasound probes (hundreds) and of disinfectants.
- Only a few disinfectants per year can be approved by manufacturers due to the extensive testing required.
- Specific formulations are approved as different additives in different formulations may not be compatible.





Examples of lists of validated chemicals for disinfection



APPROVAL OF DISINFECTANTS AND PROCESSES

IEC 60601-1 Ed 3.1 and IEC 60601-2-37 Ed 2.1

11.6.6 Cleaning and disinfection of ME EQUIPMENT and ME SYSTEMS

- ME EQUIPMENT, ME SYSTEMS and their parts, including APPLIED PARTS and ACCESSORIES, shall be capable of withstanding, without damage or deterioration of safety provisions, the cleaning or disinfection PROCESSES specified in the instructions for use. see also 7.9.2.12.
- the MANUFACTURER shall evaluate the effects of multiple cleanings/disinfections as indicated
 in The instructions for use during the EXPECTED SERVICE LIFE of the ME EQUIPMENT, ME SYSTEM, their
 parts and ACCESSORIES and assure that these PROCESSES do not result in the loss of BASIC SAFETY
 or ESSENTIAL PERFORMANCE.
- Where compliance with this standard could be effected by cleaning or disinfecting the ME EQUIPMENT, ME SYSTEM and their parts and ACCESSORIES, they are cleaned or disinfected once in accordance with the methods specified including any cooling or drying period. After these PROCEDURES, the ME EQUIPMENT, ME EQUIPMENT parts or ACCESSORIES are to show no signs of deterioration that could result in an unacceptable RISK (visual inspection) followed by the appropriate dielectric strength and LEAKAGE CURRENT tests.
- The RISK MANAGEMENT FILE is inspected to verify that the MANUFACTURER has evaluated the effects of multiple cleanings.



MANUFACTURERS' INSTRUCTIONS

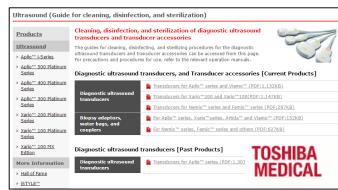
In addition to Instructions for Use, manufacturers have specific websites and guidance available for users. For example:



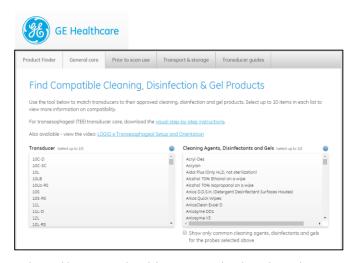
http://www.usa.philips.com/healthcare/resources/fea ture-detail/ultrasound-care-and-cleaning



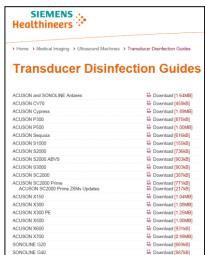
HITACHI manual: "Reprocessing Instruction according to DIN EN ISO 17664:2004"



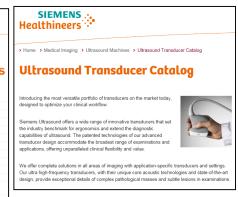
http://www.toshibamedicalsystems.com/products/ us/cleaning/



http://www3.gehealthcare.com/en/products/categories/ultrasound/ultrasound_probes



SONOLINE G50 and SONOLINE G60



https://www.healthcare.siemen s.com/ultrasound/transducerdisinfection-quides

Pr Download (0.98MB)



COCIR RECOMMENDATIONS TO USERS

- Only probes that have been effectively cleaned can be disinfected
- 2. Use only disinfectants approved by the manufacturer and indicated by the manufacturer himself. Failing to do so may result in damaging the probes.
- 3. Follow the disinfection process indicated by the manufacturer as it is validated to ensure proper disinfection even if a protective cover is used
- 4. Follow the manuals provided by the manufacturer
- 5. In case of doubt **always contact the manufacturer** and discuss about alternative chemicals or processes
- 6. In case alternative disinfectants or processes are used, the user shall conduct a risk assessment
- 7. For 3rd party probes the relative disinfectants and processes shall be used







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Thank You!

www.cocir.org