

VALIDATION OF A LOW TEMPERATURE, LOW PRESSURE, HYDROGEN PEROXIDE GAS PLASMA (HPGP) STERILIZATION SYSTEM

A.A. van Sorge,
Department of Pharmacy and
Central Sterile Supply Department,
Rijnstate Hospital Arnhem, The Netherlands



1998

Sterrad 100S

in

Dutch hospitals

Rijnstate hospital Arnhem

- Teaching Hospital (affiliated with University Hospital, Nijmegen)
- 770 Beds,
- All specialties
- Central Sterile Supply Department
 - 26.26 FTE
 - GMP procedures
- 26000 u/month for surgical procedures



2005

University Hospitals
Amsterdam and Maastricht
STERRAD 200

Other hospitals
14 STERRAD 100 S
1 STERRAD 200

DUTCH STERRAD
Density Factor:
1 in approx. 10^6 inhabitants



Some Reasons for purchase STERRAD

- Longer life cycle optical instruments
- Longer life cycle batteries (Orthopedic instruments)
- Short turnaround time





Problem

```
STERRAD® 1006 STERILIZER # 38119
04-05324-4-001A 04-06-02
DAILY CYCLE # 1
TOTAL MACHINE CYCLES 7
SHORT CYCLE
FRI 08/15/03 11:33:43
Vacuum Stage Press = 397 mtorr
19 min 47 sec
Injection Stage Press = 8.57 torr
6 min 1 sec
Diffusion Stage Press = 15 torr
2 min 0 sec
Plasma Stage Press = 500 mtorr
6 min 54 sec
Injection Stage Press = 9.36 torr
6 min 1 sec
Diffusion Stage Press = 15 torr
2 min 1 sec
Plasma Stage Press = 500 mtorr
6 min 47 sec
Vent Stage
PROCESS COMPLETE 12:23:15
49 min 32 sec

Validated by: _____

Biological Indicators: _____
NUMBER OF CYCLES AVAILABLE = 4
CASSETTE EXPIRATION DATE: 01/04
* Trademark.
```


PRINCIPLES OF INFORMATION

- Incomplete information will get you precisely nowhere
- Check the validity of your information at regular intervals



14937

“Umbrella” standard

EN ISO 14937: 2000

Sterilization of Health Care Products

Most interesting is **paragraph 9**

VALIDATION

and

ANNEX E

Guidance on application of this international standard

and

allocation of responsibility

General Requirements for

- Characterization of a

STERILIZING AGENT

- Development, Validation and Routine Control
of a

STERILIZATION PROCESS

Characterization of a STERILIZING AGENT

Hydrogen peroxide is

- known since end of 19th century as a disinfectant
- relatively inexpensive
- leaves no residue, and is
- effective in disinfecting open wounds.

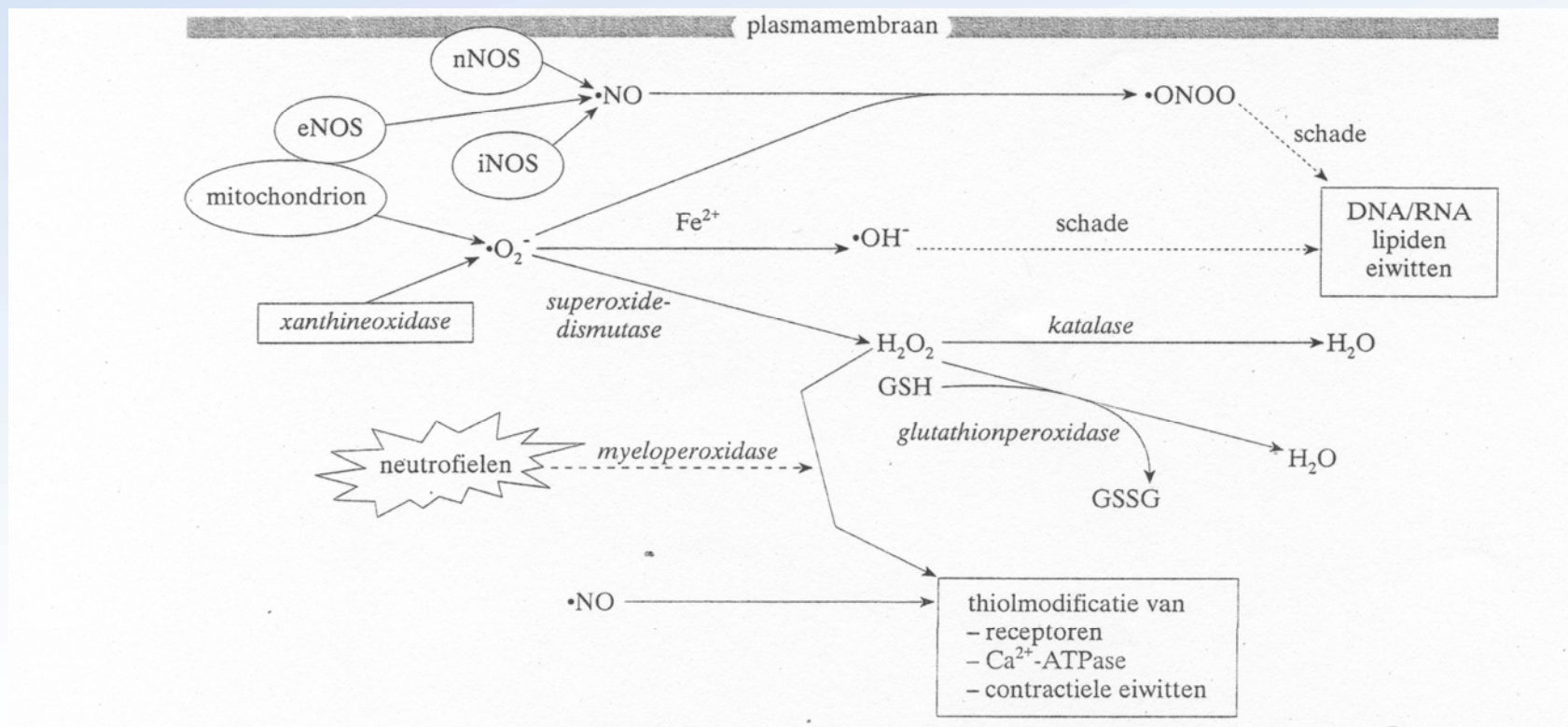
The reactivity of hydrogen peroxide is easily seen in the foaming that occurs when it is applied to an open wound. The foaming occurs because the hydrogen peroxide **dissociates into water and oxygen** in the presence of enzymes found in open wounds.

However, hydrogen peroxide is known to be relatively slow in disinfecting. At ambient temperatures and pressure, 20 minutes of contact is recommended to disinfect a wound.

Hydrogen peroxide is

- naturally present in the human body and used as a defence mechanism against e.g. bacterial invaders
- eliminated by enzymes like:

katalase, glutathionperoxidase and myeloperoxidase



	<u>STERRAD 100S</u>				
parameter	Packaging	Load	Sterilisation process	Chamber	Venting stage
Pressure	X	(X)	XX	XX	
Temperature	< 60°C	< 60°C	< 60 °C	> 6°C	non critical
H₂O₂ Conc.	Compatible	Compatible	XX	XX	XX
RF energy			X	X	XX
Residual H₂O₂			XX		critical

VALIDATION

- IQ → 9.2 Technical Manual Company
- OQ → 9.3 Procedures Company
- **PQ → 9.4 Procedures Hospital**

Validation = Qualification
= Veiligheid=Sûreté

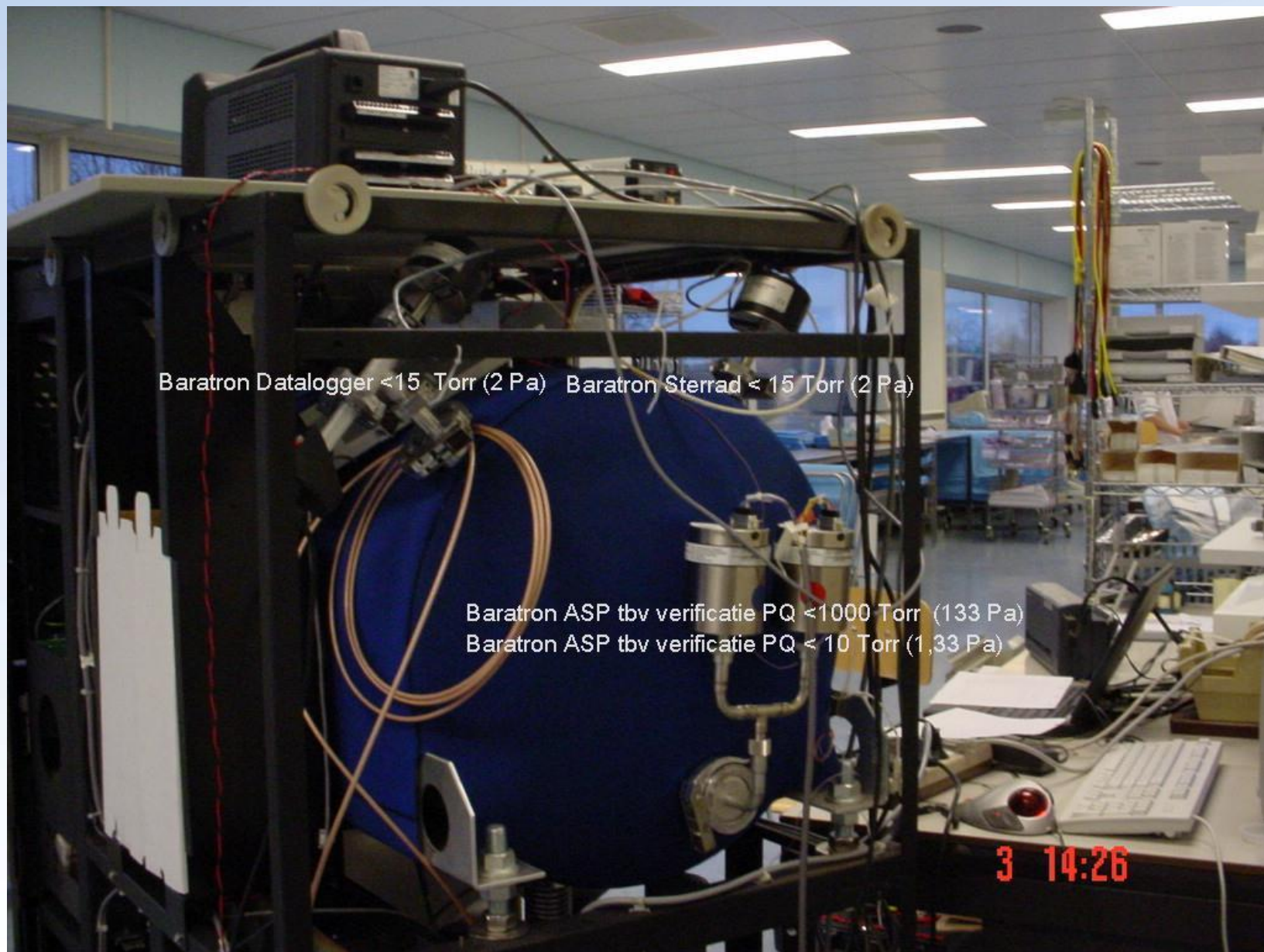
PARAGRAPH 9.4

9.4.3

Data shall be generated to demonstrate the attainment of the defined physical and/or chemical conditions, within specified tolerances, throughout the sterilization load.

9.4.8

Performance qualification shall include a series of at least **three consecutive exposures** of product to the sterilization process, **within defined tolerances**, in order to demonstrate the reproducibility of the process.



Baratron Datalogger <15 Torr (2 Pa) Baratron Sterrad <15 Torr (2 Pa)

Baratron ASP tbv verificatie PQ <1000 Torr (133 Pa)

Baratron ASP tbv verificatie PQ <10 Torr (1,33 Pa)

3 14:26



Two baratrons mounted on T tubing

- Original placed baratron
STERRAD® 100S
- Second baratron for independent
monitoring system



Instruments in parallel for independent monitoring of low pressures and delivered RF energy, (and temperature) during Validation procedures

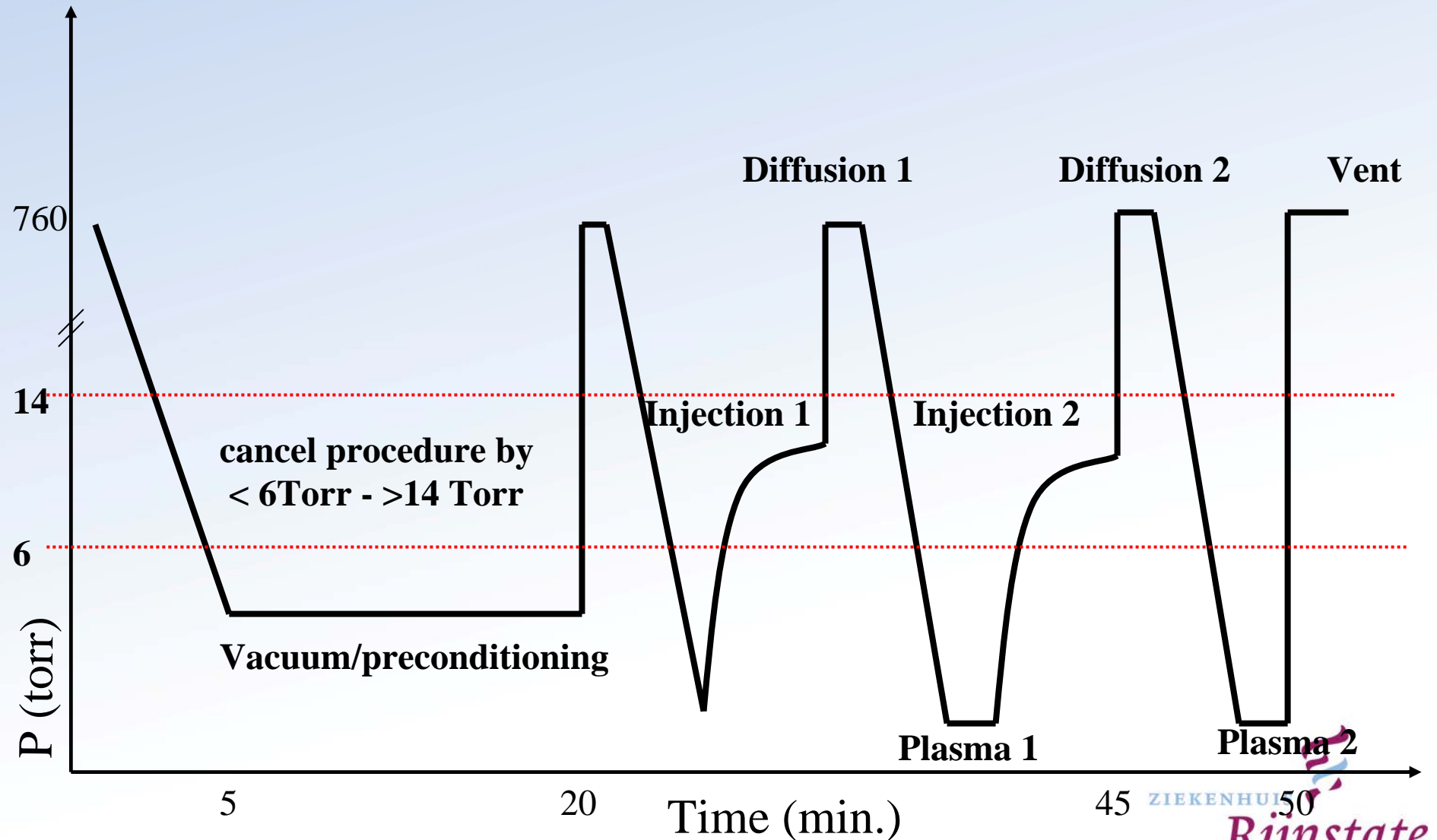


Display of
temperature verification
of the used incubator

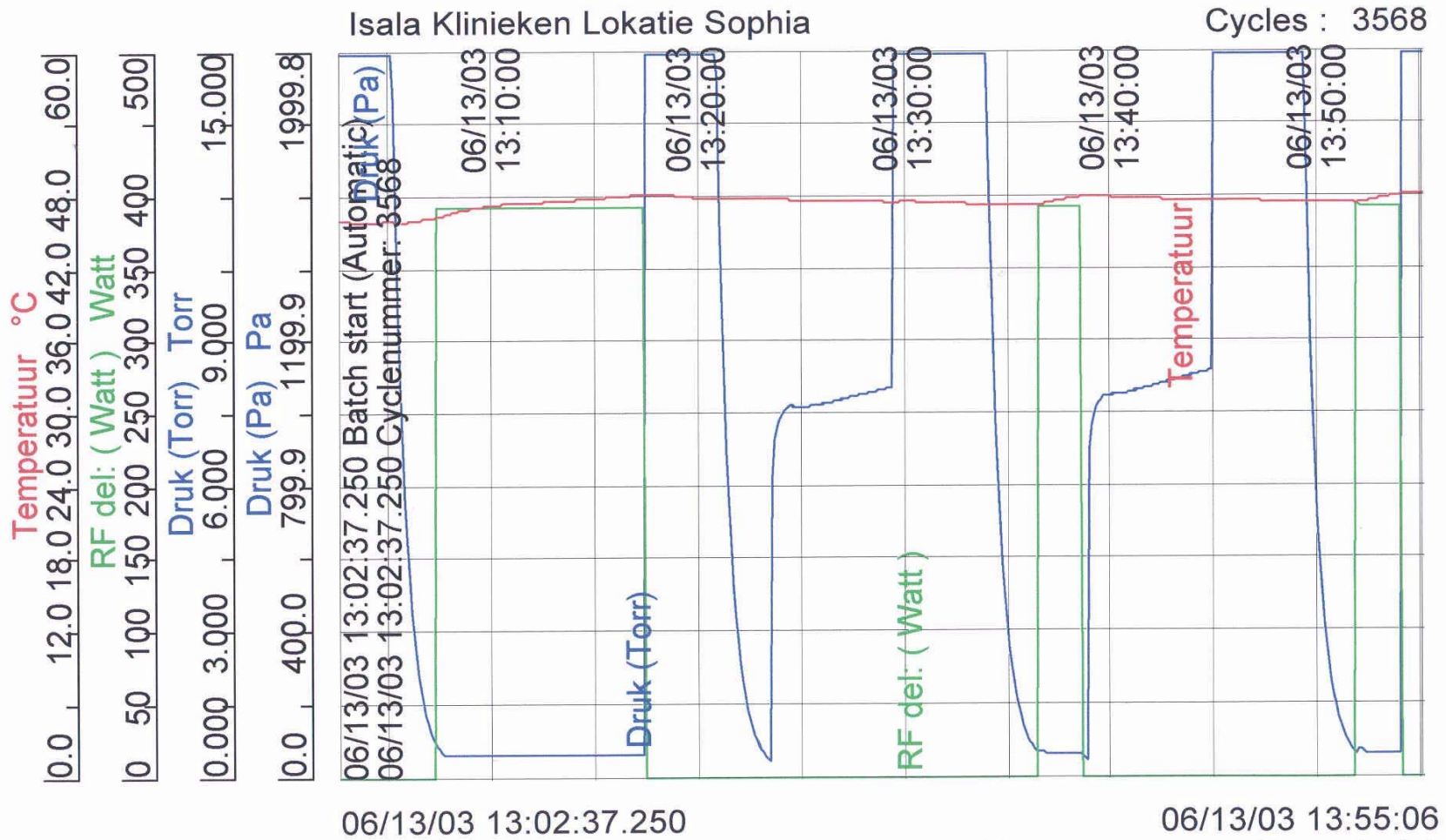
Validation load Hospital

- **Determined by Expert of hospital**
- **Only products from compatibility list**
 - Own instruments of hospital
- **Heavy load (7.0 kg)**
 - (ASP validation load is 7.4 kg)
- **At least 10 biological indicators CycleSure**
- **Half time cycle**
 - PQ: three times [E 9.2.2]
 - RQ: once [E9.2.3]

Proces: The Phases



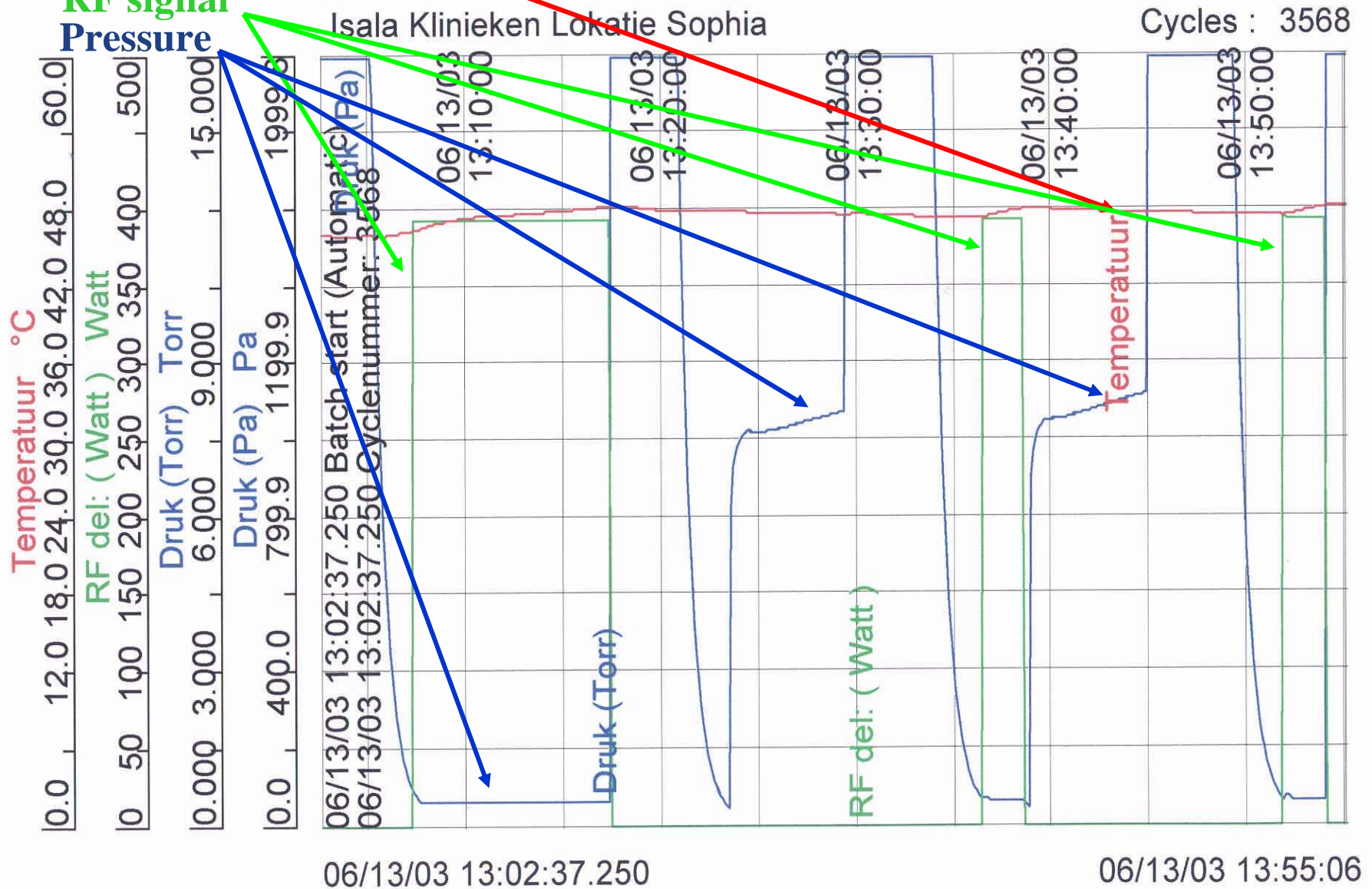
Full cycle process



Temperature curve

RF signal

Pressure



PARAGRAPH 9

9.4.4:

Microbiological performance qualification studies shall comprise delivery of the sterilizing agent under conditions designed so that the extent of treatment is reduced relative to that in the sterilization process.

•Half cycle validation

to be arbitrarily doubled. Half-cycle validation is generally restricted to ethylene oxide and other gas sterilization processes where microbial death kinetics is poorly understood relative to the physical parameters observed. In the context of steam

•Proof of SAL 10^{-6}

Akers & Agalloco PDA J Pharm Sci Tech 2002;56: 179-182

Sterility Assurance Level: the expected maximum probability of an item being non-sterile after exposure to a valid sterilization process

PARAGRAPH 8

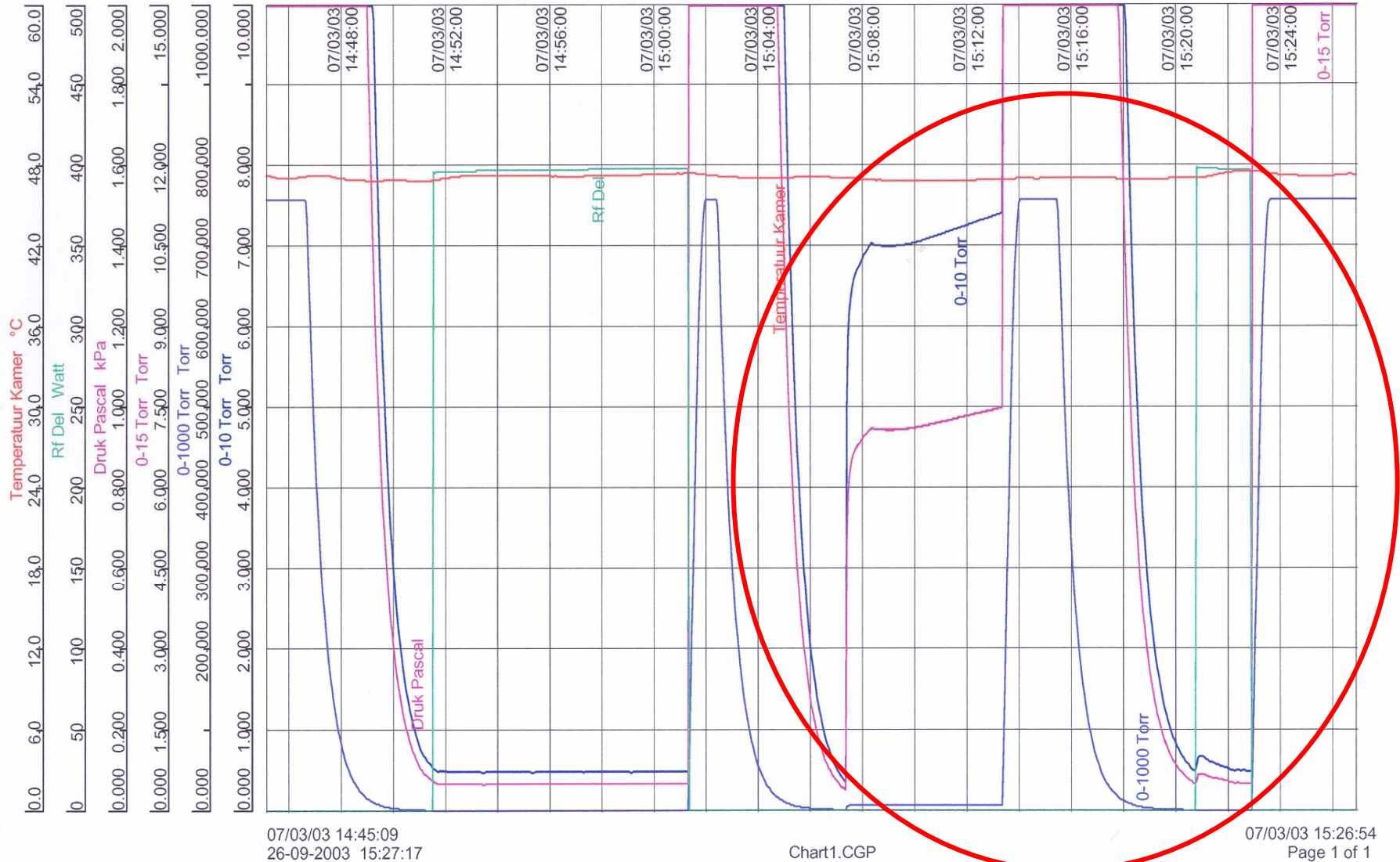
8.3:

Biological indicators

- Minimal 10 per 100 Liter chamber
- At designated places (pictures!)

PQ half cycle process

One injection, diffusion
and plasma stage



3.1 Beladingsrapport en resultaten BI.

Instelling Ziekenhuis Rijnstate
Type Sterrad: 100 S
Datum PQ/RQ 07-mrt-03
Lading samengesteld door: R.E. van der Werf iom:
R. Bulten, hoofd CSA, Ziekenhuis Rijnstate

Afdeling: Centrale Sterilisatie Afdeling
Serienummer: J 30 57113 952157
Functie: Sterilization Technologist

Lading/ nr. BI	verpakking gewicht plaats in in gram Sterrad			resultaat dagen incubatie: n= negatief p= positief																											
				cycle 1, half cycle							cycle 2, half cycle							cycle 3, half cycle							cycle 4, full cycle						
				nr. 3799							nr 3800							nr							nr						
				1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Neuro bipolair instrument; 2 BI's	dub. Lam	280	A-Y-2	n	n	n	n	n	n	n																					
accu; 2 BI's	dub. Lam	470	B-Z-2	n	n	n	n	n	n	n																					
optiek 0o/10mm 3537163; 2 BI's	dub. lam	910	B-X-1	n	n	n	n	n	n	n																					
optiek 0o/10mm 3545266; 2 BI's	dub. KC	824	B-Z-1	n	n	n	n	n	n	n																					
test naaldendoos2x (Faradaytest) 2 BI's	dub. KC	2010	C-Y-2	n	n	n	n	n	n	n																					
siliconeslang; 2 BI's (geen foto)	dub. lam	130	A-Y-1	n	n	n	n	n	n	n																					
losse BI's onderste tray achter: 2 BI's	dub. Lam		C-Y-2	n	n	n	n	n	n	n																					
totaal PQ lading: 14 BI's, gewicht:		4524																													
validatie/challenge pack; 4 BI's totaal	dub. KC		B-Y-1 en 2								n	n	n	n	n	n	n														
validatie/challenge proces 2 BI's los	dub. Lam		C-Y-2								n	n	n	n	n	n	n														
Controle: 2 BI's niet steriel				p							p																				

Print and diagram of a steam sterilization process used for parametric release

-STERI COMP-

Nedster
Eindhoven
Datum : Ma 21-sep-1998
Charge: 98.264.09
Steril : 2 Ketel: 2065
Type : 6x6x16 ISO
Prog. : 134C Standaard
Gevalideerd: 27-jun-1998
Onderhoud : 03-jul-1998
vac.lektest: 21-sep-1998
met inlek: 0.51 kPa
Begin proces 15.47
Voorvacuüm 15.48
Ontluchten 15.52
Ster. fase 16.11

134.5 312.2 (134.9)

134.5 312.3 (134.9)

134.6 312.5 (134.9)

134.6 312.9 (135.0)

Letaliteit 1.53 16.15

$z = 18.6, D_{121} = 2.5$

Drogen (15 min.) 16.21

Goed procesverloop

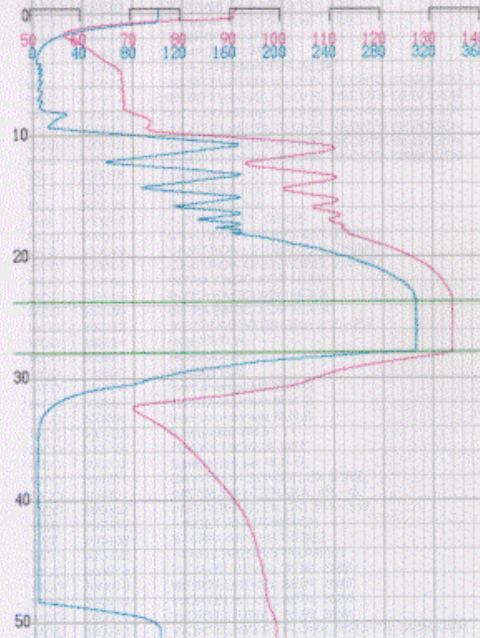
Einde proces 16.39

Charge: 98.264.09

Uitgeven: JA/NEE

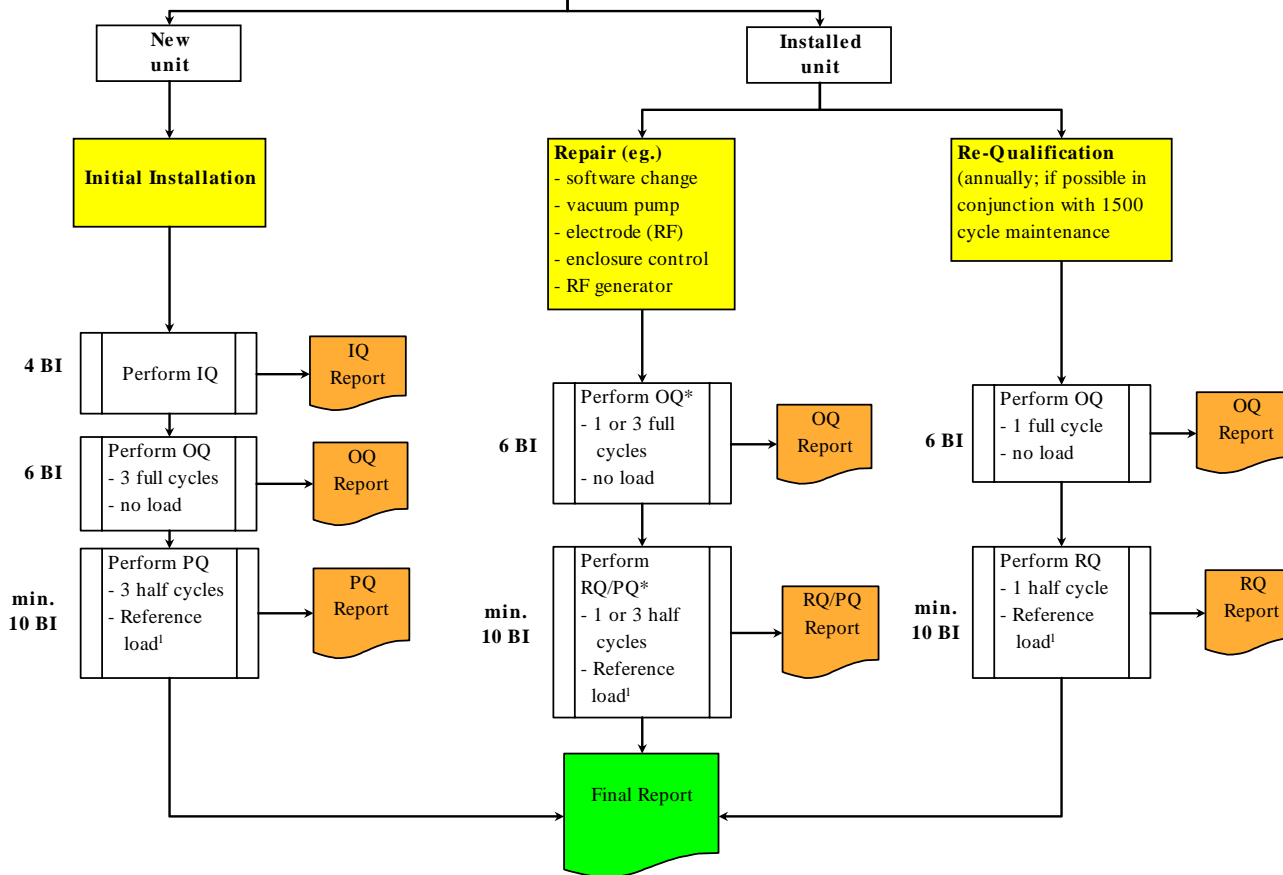
Datum : 21-9-98

Paraaf: *CE*



STERIEL TOT:
2 09 98 19
GEDEINDELIJKE

HPGP STERILIZER EN ISO 14937 COMPLIANCE



*1 or 3 cycles; at discretion of Director of CSSD

¹ The reference load can be replaced by a customer's load ("worst case"). A customer's load will be determined in careful consideration with the supplier of the HPGP-sterilizer.

van Sorge/ Ackerman
Februari 2005

Samenvattend verslag:

Sterrad type: 100 S
Sterrad serienummer: J 30 57113 / 952157
Datum van installatie: 3 maart 1999
Naam instelling: Ziekenhuis Rijnstate
Adres, postcode en plaats: Wagnerlaan 55
6815 AD Arnhem

Validatiedatum: 14 oktober 2004

Validatie werd uitgevoerd door: R.E. van der Werf, Sterilization Technologist

Reden van validatie:

Jaarlijkse OQ en RQ

Verslag van validatie:

De validatie werd uitgevoerd conform de validatieprocedure beschreven in ISO-EN 14937, inclusief de ASP procedure:

- Technische manual, behorend bij het type van het apparaat
- Biologische validatie, beschreven in document werkinstructie ASP.QA.W1002

De validatie bestond uit:

Proces 5243: OQ procedure, inclusief technische metingen, volgens procedure en beschreven in bovengenoemde documenten
B's los verpakt: 4

RQ procedure half time validatie, uitgevoerd met eigen lading ziekenhuis en een validatielading ASP bestaande uit validation kit/challenge pack nr. 20232/20233

Proces: 5244: BI's validation kit/challenge pack: 4, los verpakt: 6. Totaal BI's: 10
Proces: 5245: BI's eigen lading ziekenhuis: 12, los verpakt: 4. Totaal BI's: 16

Bevindingen:

Alle biologische indicatoren van de processen 5243, 5244 en 5245 bleken steriel.
Het Sterrad Sterilisatiesysteem voldoet aan de validatie-normen voor sterilisatie. (Sterility Assurance Level SAL 10⁻⁶)

Aanbevolen datum voor hervalidatie:

Na 1500 cycli of ten laatste ; oktober 2005

Getekend:

Advanced Sterilization Products
Johnson & Johnson Medical NV/SA

Datum:

18 oktober 2004


R.E. van der Werf



Recent Inspectional Trends: Are Regulatory Requirements for Sterile Products Becoming Scientifically Undoable or Unpractical?

James E. Akers¹ and James P. Agalloco²

¹Akers Kennedy and Associates, Kansas City, MO, and ²Agalloco and Associates, Belle Meade, NJ, USA

We have commented in the past about escalating process control and validation expectations being imposed in ways that are contrary to reasonable scientific principles or are simply operationally impractical. We, like all right minded industry professionals, believe that every appropriate effort must be made to ensure the quality and safety of sterile products. However, we see no virtue in the ratcheting up of standards without evidence that a real consumer safety concern exists and, even worse, with no objective evidence that a new standard will make things any better. In fact, in our opinion, more testing in combination with greater expectation for data review is not required unless clearly warranted by objective weaknesses in process integrity.

The following is a list of some recent issues in regulatory inspection or process review that we believe would benefit from open discussion between regulatory authorities and industry. We fear that, in the current environment, the majority of firms are reticent to oppose escalating validation and in-process control requirements that will result from these regulatory initiatives for fear of delayed product approval or increased compliance scrutiny being placed on them. We are also concerned that the implementation of these requirements by a few firms will make it appear that these new standards are "CGMP" and therefore would hasten their broad-scale, and unfortunately largely inappropriate, application across the industry. We hope that this brief communication will lead to frank discussions among industry scientists and relevant international regulatory authorities regarding the current performance levels achieved in aseptic processing and what validation and control testing is required to ensure product safety.

1. *Employees must not participate in aseptic filling of commercial lots unless they have successfully participated in a media fill test.* This requirement is both burdensome and unnecessary. Firms are rightly expected to fully qualify their employees prior to allowing them to work in aseptic processing. Certainly, this qualification should include verification of gowning effectiveness, training

regarding aseptic technique, specific process related training on equipment, and evaluation of cleanroom aptitude. We believe the employee qualification described above is enough to enable an operator to be given a work assignment in an aseptic processing area. We also believe that an employee should be given only a provisional or restricted clearance to work in aseptic processing until they do participate in a media fill. However, given the 5-10% staff turnover in the industry, requiring a firm to schedule a special media fill to introduce a new employee could result in an unreasonable amount of production downtime. Even more importantly, we are not convinced that immediate participation in a media fill, as an aseptic processing work prerequisite, would provide product safety benefits. The effectiveness and concentration required to work in a cleanroom can only be evaluated over a long period of time through supervision. The achievement of one satisfactory result in a media fill test does not validate an operator. We do agree that the individuals charged with the initial assembly of an aseptic fill system be evaluated via a media fill before being allowed to perform that task for a production fill.

2. *Media fill tests must cover the full duration and output of a filling operation.* Media fill tests that cover the full duration or lot size of an operation are impractical and unreasonable. Tests of this kind require the manufacture of huge quantities of bacterial media in equipment and locales that were not designed for this purpose. Regulators have even opposed the terminal sterilization of these large lots of media, arguing that media should be filter-sterilized in the same manner as the product. This means that large quantities of growth-promoting media must be held in formulation vessels that are often not capable of being sterilized. This can result in gross microbial contamination

Akers & Agalloco

PDA J Pharm Sci Tech 2002;56: 179-182

Uitsluitend
2511 VX Den Haag
Postbus 16119
2600 BC Den Haag
Telefoon
0701 340 78 11
Telefax
0701 340 71 59
Internet
www.igz.nl

STAATSOEZICHT OP DE VOLKSGEZONDHEID
INSPECTIE VOOR DE GEZONDHEIDSZORG



LAATSTESTATUS 4042
GEP. 24.2
20 OKT. 2004
CL: g. de Bey
w. griffioen (afwaken)
A.v. Slege
ntic

Alysis Zorggroep
T.a.v. de Directie
Postbus 9556
6800 TA Arnhem

Ons kenmerk
FMT/MT-U 04-39243
Ondersnr
Enquête sterilisatie

Inlichtingen bij
J. Kraus
Bijlage bij
1

Dochternummer
0701 340
Uw brief

Den Haag,
19 oktober 2004
Uw kenmerk

In 2000 heeft de Inspectie voor de Gezondheidszorg (IGZ) een onderzoek uitgevoerd naar de validatiestatus van sterilisatoren in de Nederlandse ziekenhuizen. In december 2000 zijn de bevindingen en aanbevelingen gepubliceerd in het rapport 'Validatiestatus sterilisatoren voor medische hulpmiddelen in de Nederlandse ziekenhuizen'. Dit rapport is destijds naar u verzonden.

De IGZ wil weten in hoeverre haar aanbevelingen op dit moment zijn geïmplementeerd en de geconstateerde tekortkomingen zijn opgelost. Ik heb het Rijksinstituut voor Volksgezondheid en Milieu (RIVM) opdracht gegeven om een enquête op te stellen en de ontvangen gegevens te verwerken tot een rapport. Voor dit onderzoek krijgen alle algemene en academische ziekenhuizen in Nederland deze enquête toegestuurd.

U wordt verzocht de enquête te laten invullen door de deskundige steriele medische hulpmiddelen (ex. artikel 4 van het Besluit gesteriliseerde medische hulpmiddelen in ziekenhuizen) en deze met de gevraagde kopieën van de kwaliteitsdocumenten voor 10 november 2004 te sturen naar onderstaand adres. Indien in uw instelling geen medische hulpmiddelen worden gesteriliseerd, verzook ik u de enquête onder vermelding 'geen sterilisatie-activiteiten', te sturen naar onderstaand adres.

Bij voorbaat hartelijk dank voor uw medewerking.

Hoogachtend,

de Inspecteur voor de medische technologie

J. Kraus

Enquête en documenten graag sturen naar:

RIVM
Afd. BMT-50
T.a.v. de heer drs. A.C.P. de Bruijn
Antwoordnummer 3206
3720 VB BILTHOVEN

CONCLUSION

Parametric release

Declaring a product as sterile is feasible

based on the records demonstrating that
the process parameters were delivered within
specified tolerances

rather than on the basis of sample testing or
biological indicator results.

Acknowledgements

- ER van der Werf, ASP, J&J, Netherlands
- J van Oirschot, Eurotherm, Netherlands
(Chessell recorder)
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- D Smith and Staff, ASP, Irvine, California, USA
- All Dutch colleagues with a STERRAD
- Dutch Inspectorate; J Kraus et al.

