

## Purification processes to meet **AS/NZS 4187:2014 Amdt:2**



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Reprocessing of Reusable Medical Devices (RMDs) is a multiple-step process of cleaning, disinfecting, and sterilising. All these processes are critical in validating the re-use of medical devices on patients; not only to reduce the risk of acquiring Healthcare Associated Infections (HAIs) but also to reduce the potential outbreaks of infection associated with their re-use.

AS/NZS 4187:2014 Amdt:2 stipulates the feed water quality parameters for each level of decontamination in the reprocessing of RMDs and references external guidance documents that may be useful in selecting the appropriate processes to achieve the set limits.

Internationally recognised standards, such as EN285:2015, ISO17665-2:2009, CFPP 01-01. Part C etc., all emphasise the importance of water quality to feed steam generators, as well as condensate quality. ISO17665-2:2009 sets limits on pyrogen or bacterial endotoxin which is critical for the protection of patients and staff, the focus of other standards is primarily for the protection of RMDs.

The final steam sterilisation process used in hospitals that employs a maximum temperature of 134°C, is not a depyrogenation process. It is a "validated process used to render a product free from viable microorganisms" [1]. Temperatures greater than 180°C are required to effectively destroy endotoxin [2]. With temperatures below 180°C, depyrogenation may be incomplete - even after extended periods of sterilisation. Therefore, the feed water quality for the generation of steam for the sterilisation process must have a low level of pyrogens/endotoxins and the success of each level of decontamination is critical in achieving the desired quality of sterile products.

When sterilising solid goods such as RMDs in a steam steriliser, the steam in the steriliser chamber condenses on the surfaces of the RMDs/load. This condensation process is necessary to heat the load to the temperature required to provide a moist condition necessary for rapid sterilisation. At the end of the sterilisation process, the condensate is evaporated from the load by reducing the pressure in the steriliser chamber to produce a cooler, dry load [3]. Any bacterial endotoxin present in the steam will be deposited with the condensate and will be concentrated on the surfaces of the load during the process of condensate evaporation/cooling/drying of the chamber.



The monitoring of the sterilisation procedure using biological indicators will not detect bacterial endotoxins on the load and hence can pose a health risk to patients. For this reason, it is critical the bacterial endotoxin level in the feed water, as well as in the steam condensate, be monitored and controlled.

Once endotoxins are introduced to the processes of disinfecting and sterilising, they will not be destroyed by the disinfection or steam sterilisation process and will remain on the surfaces of RMDs. In the presence of a non-compliant level of bacterial endotoxin in the feed water to the steriliser, even a compliant level of endotoxin measured in the steam condensate is an indication that endotoxin contamination of the steam generator or the steriliser has occurred.

With feed water in compliance with bacterial endotoxin levels, a non-compliant level of bacterial endotoxin in the steam condensate is an indication that another form of contamination has occurred. Therefore, both the feed water and the condensate from the steriliser should be monitored for assurance that the steam steriliser and the sterilised goods are safe from bacterial endotoxins. Once bacterial endotoxins are identified, it is difficult to remove them from the steriliser and, is also difficult and impractical to remove them from RMDs after reprocessing.

It is well understood and generally not debated, that the feed water quality and the steam purity within the sterilisers must meet the chemical purity limits as stipulated in AS/NZS 4187:2014 Amdt.2, to achieve the desired quality of sterile products, for the longevity of RMDs, and for the serviceability of the sterilisers. However, if the feed water conductivity to the dedicated steam generators is much less than the stipulated limit of 5µS/cm, the water can be chemically aggressive and can cause irreversible damage to the steam generators, sterilisers, and the sterilised goods.

In essence, the chosen purification process for sterilisation must be designed to not only protect the equipment (i.e. Washer-Disinfectors, Sterilisers, dedicated steam generator, RMDs, etc.) but also protect patients and staff. It must not contribute to the increase/growth of bacteria and endotoxins.

In Australia, the quality of town water is relatively high in chemical impurities. With the sporadic weather patterns experienced at present, the microbiological purity of our water supply can also be a challenge. Therefore, the water used for the final rinse of the disinfection process and the water used for the generation of steam for the sterilisation process must be treated using a water purification method such as Reverse Osmosis (RO) or De-ionisation (DI).

For the final rinse and sterilisation process, RO is the preferred primary process technology due to its adaptation of membrane as a barrier against microorganism and chemical contaminants (both organic and inorganic) in the town water supply. DI is a process that is commonly known to increase the bio-burden on the purification process [4].



For thermolabile endoscopes, AS/NZS 4187:2014 Amdt. 2 does not stipulate a limit on chemical purity for the final rinse. Hence, typical water purification for endoscope reprocessing involves filter cartridges. In areas where water is high in hardness, water softeners which use ion exchange resin are employed. If a water softening process is used as the purification process, it must be emphasised that with water softeners, meeting microbial compliance can be challenging as this process is an ion exchange process which uses resin similar to DI. As per the paper by H. C. Flemming [4], bacteria in resin beds find enough organic material to live on adsorbed matter from the water passing through it as well as substances which may be released from the resin material. They settle on the outer surface of the resin material but are not securely attached. Nevertheless, contaminated ion exchange resin cannot be sanitised by flushing, back flushing, or other rinsing processes. Regeneration removes a part of the microbial population but is not sufficient for sanitation. If DI units can be left standing in the regenerant (i.e. acid or caustic solution) during off-periods, the bactericidal effect can be utilised. Also, a continuous mode of operation prevents bacterial growth to a certain extent. However, recirculation during off-periods acts as a fermentation process and cannot prevent bacterial growth.

The research paper by V. Penna et al. [5] based on a study of a typical water purification system consisting of multimedia filters, water softeners, carbon filters, 5 micron filter, RO, Continuous DI (CDI), storage tank and ringmain with UV lamp and 0.05 micron filter, at a Lifesciences facility, supported the above findings.

Results presented in this paper showed that water samples analysed for the identification of isolated bacteria in each stage of the purification system indicated higher plate count post water softeners, carbon filters and CDI, in comparison to the plate count at the feed to each process. A water sample taken post water softener was 173 cfu/100ml in comparison to 33 cfu/100ml post multimedia filters. Although the water sample taken post carbon filters indicated the highest plate count (i.e. 897 cfu/100ml post carbon filters compared to 507 cfu/100ml in the feed water supply), a significant decrease in plate count was achieved post RO (8 cfu/100ml). Despite this significant reduction in plate count by the RO unit, the CDI installed post RO was found to re-contaminate the purified water. A significant increase in plate count from 8 cfu/100ml post RO to 653 cfu/100ml post CDI was evident.

Depending on the quality of the incoming town water supply at the hospital, at times single pass RO will not meet the chemical contaminant limits stipulated in AS/NZS 4187:2014 Amdt:2. In this instance a secondary purification process such as a second RO unit (where essentially the water is filtered via two sets of RO membranes), Electro De-ionisation (EDI) or DI is required.

When selecting a secondary purification process to meet AS/NZS4187, scientific facts and evidence based practices should be the cornerstone. **It is imperative that the selected processes do not adversely affect the primary goal, which is the control of bacterial endotoxins.**



Moreover, to prevent irreversible damage to the steam generators, the sterilisers, and the sterilised goods, the selected purification process must not produce water that is much purer than 5 µS/cm in conductivity. Subsequent damages caused by corrosion will increase bacterial endotoxin levels on the RMDs and the reprocessing equipment.

The purification process selected for each hospital must be fit for purpose to gain a higher Return on Investment (ROI). To achieve a high ROI, a "one size fits all" design of purification plant cannot be implemented.

A well designed purification plant that consistently and continuously meets the requirements of AS/NZS 4187:2014 must operate as a continuous flow through system with sanitary designed storage tank and ringmain. The storage tank and the ringmain must incorporate routine automatic disinfection for the proactive control of biofilm and to minimise the generation of endotoxins.

If using thermal disinfection for microbial compliance, the heating unit used to increase the water temperature to greater than 80oC must be of a sanitary design, to prevent dead legs that can contribute towards an increase in biofilm growth, and must incorporate process mechanisms, to avoid external contamination of the purified water by the hospital boiler or the hot water unit.

The best practice would be to use an immersion heating element to reduce external contamination risks and to reduce cost. If in-line heating is implemented, it is imperative that the design avoids the generation of superheat. Superheating not only impedes the disinfection process but can damage water treatment equipment and associated pipework.

A typical water purification plant based on single pass RO to meet the requirements of AS/NZS 4187:2014 is depicted below:





A well-designed system can have 20+ year life cycle and will consume less water and power, making it environmentally sustainable.

Without the implementation of this design as a minimum, the purification plant will fail to meet microbial compliance in less than 3 years, resulting in a poor ROI.

A summary of the major differences between commonly used water purification processes and technologies in meeting AS/NZS 4187:2014 compliance is detailed in the table below. The information in the table is designed to provide questions and answers that are helpful in making unbiased and informative decisions by healthcare professionals in order to achieve better ROI on the purchase of a water purification system.

Choosing a suitable solution based on scientific facts and evidence would allow for future proofing our healthcare system without compromising quality, cost and our environmental footprint.





















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## **References**

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