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# INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY®

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# The Real Facts About Glutaraldehyde

**Olutaraldehyde solutions have been proven effective for over 30 years.** The praise in medical circles for glutaraldehyde's efficacy and safety led to quick acceptance. Glutaraldehyde's ability to reliably disinfect and sterilize medical instruments generated high confidence. And lasting confidence. Recently, however, that confidence is being questioned in certain corners. To make an informed judgement, consider the facts presented below.

## High Level Disinfection or Sterilization?

Currently there is universal acceptance of high level disinfection for semi-critical devices such as flexible endoscopes.' This acceptance comes from both government and professional organizations, including the FDA, CDC, AORN, APIC, SGNA, and ASGE. As one group stated, "The apparent consensus is that high-level disinfection, if meticulously and consistently done, gives a high degree of patient safety; this appears to be the current standard worldwide."

"Although the value of sterilization of semicritical items may seem obvious, evidence that sterilization reduces the risk of infection is lacking."<sup>2</sup> The incidence of post-endoscopic infections has been estimated to be 1 in approximately 1.8 million gastrointestinal procedures.<sup>3</sup>

#### Fast Acting, Compatible, Reusable and Cost Effective

Glutaraldehyde is the most commonly used liquid chemical germicide for heat-sensitive medical devices such as endoscopes. It provides quick high level disinfection for fast instrument turnaround time. However, manufacturers' recommendations for specific high level disinfection times vary with formulation and usage. Their complete product directions should be referred to before use.

Data from a variety of sources clearly indicate that reducing the bioburden challenge by thorough cleaning prior to high level disinfection or sterilization results in greater efficacy in less time. For example, the APIC Guideline for Selection and Use of Disinfectants recommends 20 minutes at room temperature as the minimum exposure time for a 2% glutaraldehyde to achieve high level disinfection following cleaning.

However, because manufacturers have no control over user's cleaning technique, and regulatory agencies currently do not recognize a protocol that considers the effects of cleaning on label claims<sup>4</sup>, specific label statements *cannot* be made with regard to the potential decrease in soak time and temperature following cleaning.

Glutaraldehyde can also be used to sterilize heat-sensitive instruments when ETO or steam sterilization is not appropriate.

Compared to other liquid chemical germicides used for high level disinfection and sterilization, alkaline glutaraldehyde has the best *compatibility* with a wide range of materials.<sup>8</sup> It is non-corrosive to instruments, including delicate endoscopic instrumentation. Furthermore, glutaraldehyde is reusable up to 14 or 28 days." This makes it the most cost effective product available for high level disinfection.

In addition, glutaraldehyde may be used in automated endoscope reprocessors to reduce health care worker exposure, and reduce the variability of processing instrumentation in manual tray systems.

### Effectiveness Can Be Tested Before Each Use

Glutaraldehyde solutions can be tested and documented prior to each use to verify that the effective concentration is still present. This provides the end user with a margin of safety by offering a reliable way to detect unintentional dilution or contamination of the glutaraldehyde solution.

#### Hard Evidence Favors Glutaraldehyde's Safely For Health Care Workers

Although glutaraidehyde can be irritating to the eyes, respiratory tract and skin, precautions can easily be undertaken to prevent these short term effects by donning appropriate protective clothing (such as high quality rubber latex gloves, protective eye wear and fluid resistant gowns) and the implementation of environmental controls that allow for adequate ventilation.<sup>111</sup> However, even upon exposure at ambient temperatures to vapor concentrations in excess of the 0.2 ppm threshold limit value, no evidence of acute or subchronic toxicity has been found in studies on animal models.<sup>57</sup>

"Glutaraldehyde does not meet the criteria for classification as a mutagen . . . [or] . . . carcinogen . . . A number of studies have no evidence of teratogenicity."8 Studies conducted to date have shown glutaraldehyde not to be a suspected carcinagen. Although glutaraldehyde is frequently confused with formaldehyde, its chemical and toxicological properties are significantly different. OSHA, the International Agency for Research on Cancer (IARC), and the National Texicology Program (NTP) do not list glutaraldehyde as a carcinogen.

In addition, studies conducted to date have shown glutaraldehyde not to cause birth defects.\*\* However, as a normal precaution, pregnant women working around glutaraldehvde or other chemicals should inform their obstetricians.

#### Prominent Endoscope Companies Recommend Glutaraldehvde\*\*\*\*

For over 30 years, prominent endoscope companies such as Olympus, Karl Storz, Stryker Endoscopy, CIRCON ACMI, Pentax and Fujinon have recommended alkaline glutaraldehyde solutions as safe to, use with their delicate endoscopic instrumentation.

Third party studies confirm this recommendation. "In particular, they (glutaraldehyde solutions) are preferred for the disinfection of gastrointestinal endoscopes."10

#### Glutaraldehyde Meets U.S. EPA **Regulations For Non-Hazardous Waste**

In compliance with U.S. EPA regulations, glutaraldehyde may be disposed down the drain as an ordinary domestic waste."" Further, by the time the drain-disposed solutions reach the wastewater treatment system, they are diluted to well below 10 ppm glutaraldehvde. At this low concentration. glutaraldehyde will not have detrimental effects on functioning wastewater treatment systems.

The fact is, sewage microorganisms readily biodegrade glutaraldehyde, initially to glutaric acid, a naturally occurring compound, and then ultimately to carbon dioxide and water.

#### The FDA Now **Regulates Glutaraldehvde's Claims**

The FDA now regulates the efficacy claims of high level disinfectants/sterilants. All manufacturers of high level disinfectants/sterilants used with medical devices are currently required to submit for 510(k) clearance with the FDA.

"Chemical germicides should be registered with the U.S. Environmental Protection Agency and cleared for marketing by the U.S. Food and Drug Administration."" The FDA 510(k) clearance process assures that similar glutaraldehyde products will have comparable high level disinfection claims.

#### Glutaraldehvde Is A Long-**Run**ning Success Story

Today, glutaraldehyde continues to pass one of the most important safety tests health care workers rely upon - the test of time.

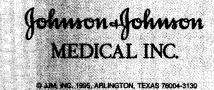
#### How To Get Mare Information

If you would like to learn more about glutaraldehyde, ask your Johnson & Johnson Medical, Inc. Account Manager about our educational programs, including The Use of Glutaraldehyde in the Health Care Environment, a videotape that allows for 2 contact hours, and Just The Facts, a publication that discusses important issues about high level disinfection and sterilization. If you would like *technical* assistance, please call 1-800-423-5850.

centration (MEC). 111During the 1970s, this Amarican Conference of Governmentel Industrial Hygenists (ACOIH) adopted a threshold limit value (TLV) ceiling limit of 0.2 ppm of glutaraticityide for the atmosphere in work environmens. The adding test may be achieved by "any reasonable combination of engi-neering controls, work process and personal protective equipment." Code of Federal Regulations 29 C.F.R. 1910 1000 CH XVII. Strive to achieve e minimum of 10 air exchanges per hour. 1111While surfactant contraining glutaraticityide solutions are NOT generally recommended for use with rigid endoscopies used in electrosurgical procedures, major scope manufacturars have found surfactant containing glutaraticityide solutions to be compatible with theri flexible endoscopies. 11111Philes note that some state and local authorities may have additional restrictions on drain disposal of specific wastes.

disposal of specific wastes
Bond WW. Center for Disease Control, Biological Indicators for a Liquid Chemical Sterilizer: A Solution to the Instrument Respressing Problem? Inter Contr Hosp Epidemiol 1993; 14:311.
Rutula W. APIC Guidenie for Stelectors and Lee of Disinfections. Am J Int Contr. p 104.
Transmission of Infaction by Eastrointestinal Endoscopy. ASGE: 1983;33:9285-986.
Rutula W. et al. FDA Labeling Requirements for Disinfection of Endoscopes: A Courterpoint. Inter Contr Hosp Epidemiol. 1983;33:1255.
Ballantyne B. Ronkew of Tontoclogical Studies and Human Health Effects - Glutaratelenyde. Umon Cadded Corp. 1982;4-52.
Generapen B. Ballangme B. Powler E. Snellings W. Subchronic Inhalation Study of Glutaratelenyde. Touchode, Toucclogies 1883;52:52.
Karl F. National Toxicology Enginem Technical Report on Toxicity Studies of Glutaratelenyde. Judy et al. TOX Least 1993;52:52.
Karl F. National Toxicology Enginem Technical Report on Toxicity Studies of Glutaratelenyde. Judy et al. Studies 18:35:31:225.
Workaris Australia. Pranty Existing Chemical Number 3. Glutaratelenyde. Judy 1994.
Ema M. Itami T. Kawnael M. Teastological Assessment of Glutaratelenyde Judy 1994.
Ema M. Itami T. Kawnael M. Teastological Assessment of Glutaratelenyde Judy 1994.
Bally JL. Activity of Glutarialdenyde at Low Concentrations († 2%) against Potiovirus and its Relevance Distribution Environment Microbiology. April 1991.

Microbiology, April, 1991. 11. Proposed Recommended Predices for Chemical Disinfection, AORIN J. 1994;464



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