SEAVEY HEALTHCARE CONSULTING®
STERILE PROCESSING SURGICAL SERVICES
303-467-0868 office/fax
www.seaveyhealtcareconsulting.com
Established in 2003

Flash Sterilization Audit Tool

Date:	**Audit conducted by:**
CONSIDERATIONS	**COMMENTS**
□ **Follows all instrument manufacturer's (MFR) written instructions on:** ○ Cycle type, ○ Exposure times, ○ Temperature setting, and ○ Drying times (if recommended)	
□ **Items are disassembled and thoroughly cleaned with detergent and water in an appropriate decontam area** ○ Lumens are brushed and flushed under water with a cleaning solution and rinsed thoroughly, ○ Personnel wearing appropriate PPE while performing decontamination	
□ **Items are placed in rigid sterilization containers designed and intended for flash-sterilization cycles are used** ○ Sterilizer MFR written directions are followed and reconciled with the container MFR instructions for sterilization, and ○ Class 5 chemical integrating indicators (CI) are used within each container or tray in two opposite corners	
□ **Flash-sterilization containers are:** ○ Used, cleaned, and maintained according to MFR written instructions, ○ Opened, used immediately and are not stored for later use, ○ Differentiated from other types of containers, and ○ Cleaned after each usage.	

□ **Flash sterilization is not used for implants except in cases of emergency when no other option is available.** ○ If flashing implants is unavoidable due to a documented medical exception; a rapid-action biological indicator (BI), **and** a class 5 CI is run with the load, and ○ Implants are quarantined until the BI results available ○ If implants released before BI result: ▪ The class 5 CI is used to release implants, ▪ Physician is notified that BI result not available ▪ BI incubated for the full length of time – BI results are recorded, – If positive for growth physician and Infection Prevention and Control notified ▪ Actions recorded in an implant log, and exception form for premature release of implants containing: • Description of implant, • Name of patient, • Name of surgeon, • Reason for premature release, and • What could have prevented release before BI	
□ **Physical, chemical and biological monitors are checked for adequate results before use.** ○ BIs are run weekly, preferable daily on all sterilizers and all types of loads (gravity/pre-vacuum) ○ Physical monitor printout is checked and signed by each operator ○ Class 5 CIs are checked prior to use	
□ **Documentation of cycle information and monitoring results are maintained in a log** ○ All flashed items are traceable to the patient, and ○ Logs are kept according to the facilities document retention policy	
□ **Policy and procedures are written and reviewed annually**	
□ **Sterilization and decontamination duties are only performed by competent personnel** ○ Individuals have demonstrated knowledge of and demonstrated competence in: ▪ The operation of the specific sterilizers, and ▪ All aspects of instrument reprocessing, – Disassembly/reassembly, – Cleaning, – Containerizing, – Monitoring, and – Documentation	