



# RIVERSIDE MEDICAL CENTER, INC.



**METRO PACIFIC HEALTH**  
THE HEART OF FILIPINO HEALTHCARE

<b>DEPARTMENT:</b> Nursing Service Division		<b>POLICY NUMBER:</b> DPOTMH-MPP-SURGCOM-SRU-P008-(01)	
<b>TITLE/DESCRIPTION:</b> INFECTION CONTROL ON SURGICAL INSTRUMENTS AND MEDICAL EQUIPMENT CONTAMINATED WITH CREUTZFELDT-JAKOB DISEASE (CJD)			
<b>EFFECTIVE DATE:</b> May 15, 2025	<b>REVISION DUE:</b> May 14, 2028	<b>REPLACES NUMBER:</b> N/A	<b>NO. OF PAGES:</b> 1 of 7
<b>APPLIES TO:</b> Sterilization and Reprocessing Unit, Surgical Complex		<b>POLICY TYPE:</b> Multi Disciplinary	

## PURPOSE:

1. To establish guidelines for the handling, cleaning, disinfection, and sterilization of surgical instruments and medical equipment potentially contaminated with prions associated with Creutzfeldt-Jakob Disease (CJD).
2. To provide recommendations for infection prevention and control procedures to minimize the risk of transmission of Creutzfeldt - Jakob disease (CJD) through the use of contaminated surgical instruments.

## DEFINITIONS:

**Creutzfeldt-Jakob Disease (CJD)** - is an invariably fatal human prion disease belonging to the Transmissible Spongiform Encephalopathies (TSEs). It is a rapidly progressive, invariably fatal neurodegenerative disorder believed to be caused by an abnormal isoform of a cellular glycoprotein known as the prion protein. It is a neurodegenerative disorder with characteristic clinical and diagnostic features. Infection with this disease leads to death usually within 1 year of onset of illness.

### Three forms of CJD:

**Sporadic** - is the most common in which there is no recognizable pattern of transmission.

**Familial** - occurs because of inherited mutations of the prion protein gene.

**Iatrogenic** - is the least common form in which there is contact with prions in a healthcare setting or contact with biological products.

## RESPONSIBILITY:

Sterilization and Reprocessing Unit Personnel, Surgical Suites Personnel

## POLICY:

1. All patients who shall undergo surgery are assessed for their potential to be CJD transmitter.
2. SRU shall take appropriate measures to prevent the transmission of Creutzfeldt-Jakob Disease through contaminated instruments and medical devices.
3. For patient who are considered potential CJD Transmitter, the Surgical Complex Staff (Surgical Suites, Endoscopy Unit, Cardiovascular Operating Room) shall inform the SRU.
  - 3.1 A dedicated set of neurosurgical, neuroendoscopic, ortho-spine devices and intubation equipment shall be used when the diagnosis of CJD has been made or is suspected

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DR. PABLO O. TORRE  
MEMORIAL HOSPITAL

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pre-operatively.

4. Contaminated articles shall place immediately into the correct clinical waste container for disposal by incineration or alternate approved method of medical waste destruction. Needles, blades and other sharp articles should be placed in non-reusable sharps containers.
5. Limit as much as possible the number of instruments used for any procedure.
  - 5.1 Disposable instruments shall be used rather than reusable instruments whenever possible specially when in contact with high-infectivity tissue.
  - 5.2 When using reusable instruments, choose, whenever possible, those that can tolerate the rigors of CJD decontamination.
  - 5.3 Rinsing or pre-cleaning in clinical areas shall be avoided to prevent aerosol generation.
  - 5.4 Reusable items shall be kept moist after use to prevent drying of potentially infectious material.
  - 5.5 Use of reusable instruments shall be tracked regularly.
6. To reduce or eliminate such risk without waste, it is strongly recommended that all reusable instruments shall be tracked.
7. Contaminated instruments shall be placed in a sealed, leak-proof, clearly labeled container with a biohazard symbol and the warning "CJD Contaminated" during transport.
8. Proper documentation shall be maintained, including: patient identification, date of the procedure, instruments used, cleaning and sterilization methods used, personnel involved in the reprocessing.





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## PROCEDURE (SOP):

### GUIDELINES

#### **Autoclave/chemical methods for heat-resistant instruments**

1. Immerse in sodium hydroxide (NaOH)20 and heat in a gravity displacement autoclave at 121°C for 30 min; clean; rinse in water and subject to routine sterilization.
2. Immerse in NaOH or sodium hypochlorite21 for 1 hr; transfer instruments to water; heat in a gravity displacement autoclave at 121°C for 1 hr; clean and subject to routine sterilization.
3. Immerse in NaOH or sodium hypochlorite for 1 hr.; remove and rinse in water, then transfer to open pan and heat in a gravity displacement (121°C) or porous load (134°C) autoclave for 1 hr.; clean and subject to routine sterilization.
4. Immerse in NaOH and boil for 10 min at atmospheric pressure; clean, rinse in water and subject to routine sterilization.
5. Immerse in sodium hypochlorite (preferred) or NaOH (alternative) at ambient temperature for 1 hr; clean; rinse in water and subject to routine sterilization.
6. Autoclave at 134°C for 18 minutes.

#### **Chemical methods for surfaces and heat sensitive instruments**

1. Flood with 2N NaOH or undiluted sodium hypochlorite; let stand for 1 hr.; mop up and rinse with water.
2. Where surfaces cannot tolerate NaOH or hypochlorite, thorough cleaning will remove most infectivity by dilution and some additional benefit may be derived from the use of one or another of the partially effective methods listed below





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**Table 8 Ineffective or sub-optimal disinfectants**

Chemical disinfectants	Gaseous disinfectants	Physical processes
<u>Ineffective</u> <sup>17</sup> alcohol ammonia β-propiolactone formalin hydrochloric acid hydrogen peroxide peracetic acid phenolics sodium dodecyl sulfate (SDS) (5%)	<u>Ineffective</u> ethylene oxide formaldehyde	<u>Ineffective</u> boiling dry heat (<300°C) ionising, UV or microwave radiation
<u>Variably or partially effective</u> chlorine dioxide glutaraldehyde guanidinium thiocyanate (4 M) iodophores sodium dichloro-isocyanurate sodium metaperiodate urea (6 M)		<u>Variably or partially effective</u> autoclaving at 121°C for 15 minutes boiling in 3% sodium dodecyl sulfate (SDS)

## Autoclave/chemical methods for dry goods

1. Small dry goods that can withstand either NaOH or sodium hypochlorite should first be immersed in one or the other solution (as described above) and then heated in a porous load autoclave at  $\geq 121^{\circ}\text{C}$  for 1 hour.
2. Bulky dry goods or dry goods of any size that cannot withstand exposure to NaOH or sodium hypochlorite should be heated in a porous load autoclave at  $134^{\circ}\text{C}$  for 1 hr.

## Quarantine of reusable instruments and equipment used on higher-infectivity tissues

1. Quarantine of equipment is the process by which instruments are separated, reprocessed, labelled and held aside for either of two courses of action; destruction or return to circulation.
2. Quarantine of equipment used on higher-infectivity tissues should be used if the patient's CJD



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risk status is not known, including during an investigation by the Health Authority. Equipment used on higher-infectivity tissues should be quarantined until the risk status is clarified.

3. If risk clarification determines the patient as background risk for CJD, equipment should be returned to circulation after reprocessing.
4. If risk clarification determines the patient as low- or high-risk for CJD, equipment used on higher infectivity tissues should be kept for exclusive use on that patient or destroyed by incineration or alternate approved method of medical waste destruction when no longer required.





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**WORK INSTRUCTION:** N/A

**WORK FLOW:** N/A

**FORMS:** N/A

**EQUIPMENT:** N/A

**REFERENCES:**

1. [CJD Infection Control Guidelines \(health.gov.au\)](https://www.health.gov.au/health-topics/creutzfeldt-jakob-disease)
2. <sup>1</sup>About CJD | Creutzfeldt-Jakob Disease, Classic (CJD) | Prion Disease | CDC. (n.d.).  
<https://www.cdc.gov/prions/cjd/about.html>
3. Public Health Agency of Canada. (2007, November 1). *Classic Creutzfeldt-Jakob Disease in Canada: Quick Reference Guide 2007*. Canada.ca.  
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APPROVAL:				
	Name/Title	Signature	Date	TQM Stamp
<b>Prepared by:</b>	<b>PAUL WILSON T. JALLA</b> Surgical Suites Head Nurse		05/09/2025	
<b>Reviewed by:</b>	<b>WENDY MAE D. GOMEZ</b> Accreditation & Documentation Manager		05/09/2025	
<b>Approved by:</b>	<b>VANESSA V. VERDE</b> Surgical Complex Manager		5.22.25	
	<b>GERLYN J. DE LA CRUZ</b> Infection Prevention & Control Unit Supervisor		05/27/25	
	<b>DOLORES ROMMELA T. RUIZ, MD</b> Infection Prevention & Control Unit Head		05/27/25	
	<b>MARIA AGNES A. SARIOGO</b> Assistant Chief Nurse		5-28-25	
	<b>HANNAH KHAY S. TREYES</b> Chief Nursing Officer		05-29-2025	
	<b>JOSE PEPITO B. MALAPITAN, MD</b> Medical Director		06-02-25	
	<b>MA. ANTONIA S. GENSOLI, MD</b> VP-Chief Medical Officer		6-4-25	
<b>Final Approved by:</b>	<b>GENESIS GOLDI D. GOLINGAN</b> President and Chief Executive Officer		06/16/25	

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