

MaxiCide[®] OPA 28

High-Level Disinfectant & Test Strips

Frequently Asked Questions

What is MaxiCide[®] OPA 28 and how can it be used?

MaxiCide[®] OPA 28 is a ready-to-use high-level disinfectant for use on semi-critical medical devices. It may be used in manual reprocessing or in compatible legally marketed automated endoscope reprocessors at the appropriate labeled used conditions. It manually disinfects in just 10 minutes at room temperature (20°C) and has guaranteed materials compatibility. High-Level Disinfection is the accepted standard for the reprocessing of semi-critical medical devices and instruments that are heat-sensitive or unsuitable for traditional sterilization methods.

NOTE: MaxiCide[®] OPA 28 should not be used for application other than specified on the label instructions. Do not use as an environmental surface disinfectant. Contact with MaxiCide[®] OPA 28 solution may discolor skin or stain clothing. It may also stain environmental surfaces such as countertops, walls, and floors.

How often should I be testing the MRC level of MaxiCide[®] OPA 28?

It is recommended that the MRC of any High-Level Disinfectant be tested prior to each use to ensure the efficacy of the HLD process. HLD chemistries should be tested with the appropriate test strip to ensure the minimum effective concentration of the product is above levels needed to achieve high-level disinfection. NOTE: Only MaxiCide[®] OPA 28 Test Strips should be used to test the MRC of MaxiCide[®] OPA 28 High-Level Disinfectant.

What is the proper way to change out my current chemistry to MaxiCide[®] OPA 28?

When using MaxiCide[®] OPA 28 for manual application, triple-rinse the disinfectant basin with clean water and wipe down the interior of the basin with a lint-free cloth to remove residual precipitate. Triple-rinse the basin a second time prior to filling with MaxiCide[®] OPA 28.

For use with an AER, always refer to the manufacturer's instructions for use when changing out HLD chemistries. The AER manufacturer will have specific instructions relating to any needed programming changes and proper chemistry change procedure. Thorough rinsing of reservoirs, basins, and AER disinfectant lines is encouraged to prevent any incompatibility between chemistries.

Should the instruments be cleaned prior to using MaxiCide[®] OPA 28?

Blood, body fluids, and lubricants must be thoroughly cleaned from surfaces and lumens of semi-critical medical devices before reprocessing in MaxiCide[®] OPA 28. After cleaning, rinse instrument surfaces and lumens with a large amount of fresh water to remove residual detergent. Also remove excess moisture from instruments prior to disinfection to avoid diluting the chemistry.

What is the proper manual rinsing procedure to use with MaxiCide[®] OPA 28?

Best practice for manual rinsing would entail filling a basin with a large volume of fresh rinse water, and immersing the endoscope into the solution ensuring the inner channels and lumens of the endoscope are thoroughly flushed with rinse water. The endoscope should then be removed, and the basin emptied and refilled with fresh water. This process is repeated three times to ensure the OPA component is thoroughly removed from the endoscope.

It is not recommended to fill the basin with water while the instrument is present, as the splashing of the water as it hits the instrument could cause potentially harmful worker exposure.

Is MaxiCide[®] OPA 28 compatible with my Automated Endoscope Reprocessor (AER)?

MaxiCide[®] OPA 28 has been validated for compatibility with the full line of MEDIVATORS[®] AERs supporting reusable chemistry. This includes the MEDIVATORS[®] CER-1, CER-2, CER-OPTIMA, DSD-201, and SSD-102 models. MaxiCide[®] OPA 28 is also available for manual High-Level Disinfection. For inquiries relating to the use of MaxiCide[®] OPA 28 in other AER systems, please contact your AER manufacturer.



Why am I seeing foaming with MaxiCide[®] OPA 28?

MaxiCide[®] OPA 28 is a new breakthrough OPA-based chemistry that has increased stability, longer reuse life, and faster disinfection & rinsing times over competitive products. Customers will notice cosmetic changes in



this new formulation over competing 14-day OPAs. Noticeable factors will include a change in color, a slight change in smell, and the appearance of surface foam during the HLD and preliminary rinsing cycles in an AER. These properties are normal aspects of MaxiCide[®] OPA 28 and are to be expected when using this product. The foaming present with this chemistry is a natural property of the proprietary blend of surfactants used to provide the extended 28-day reuse life and decreased contact time for the chemistry. The foam will generate during the disinfection cycle and will dissipate during the subsequent rinses to be completely removed at the end of the completed cycle.

I have noticed a blue-grey staining on some of our instruments, what is causing this?

Crosslinking chemistries, such as OPAs, may leave behind a blue-grey staining on basins and instruments should they come into contact with residual proteins left behind during the pre-cleaning process. Should this reaction be experienced, review the efficacy of your pre-cleaning procedures and adjust as needed.

Do I need to perform a Quality Test on the MaxiCide[®] OPA 28 Test Strips?

All lots of MaxiCide[®] OPA 28 Test Strips are tested and certified for efficacy prior to shipment. Users can download the Certificates of Analysis for each lot of test strips used by visiting the following website: <http://www.medivators.com/customer-support/certificates-analysis>.

Facilities may also perform additional quality testing according to their facilities' policy and procedure. Periodic testing ensures the test strips are being properly stored and consistently providing accurate MRC readings. A quality assurance protocol is outlined on the instructions for use provided with every box of MaxiCide[®] OPA 28 Test Strips.

Are there any contraindications for urological cystoscopes?

OPA-based disinfectants have been associated with anaphylactic reactions in bladder cancer patients undergoing repeated cystoscopies, and consequently, OPA is contraindicated for use with all urological instrumentation utilized for cystoscopy or any other urological procedures for patients with a history of bladder cancer.



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