ANSI/ADA/AAMI ST40:2004/R2010
Approved by ADA Council on Scientific Affairs: November 2013

American National Standard/
American Dental Association/
Association for the Advancement of Medical Instrumentation

ST40:2004/R2010

Table-top Dry Heat (heated air) Sterilization and Sterility Assurance in Health Care Facilities

Identical adoption of *ANSI/AAMI ST40:2004/R2010, Table-top dry heat (heated air) sterilization and sterility assurance in health care facilities*

ADA American Dental Association®
Council on Scientific Affairs

2014

AMERICAN NATIONAL STANDARD/AMERICAN DENTAL ASSOCIATION/ ASSOCIATION FOR THE ADVANCEMENT OF MEDICAL INSTRUMENTATION ST40:2004/R2010 FOR TABLE-TOP DRY HEAT (HEATED AIR) STERILIZATION AND STERILITY ASSURANCE IN HEALTH CARE FACILITIES

The Council on Scientific Affairs of the American Dental Association has approved American National Standard/American Dental Association/Association for the Advancement of Medical Instrumentation ST40:2004/R2010 for Table-Top Dry Heat (Heated Air) Sterilization and Sterility Assurance in Health Care Facilities. This and other standards for dental materials, instruments and equipment are being formulated by working groups of the ADA Standards Committee on Dental Products. The Committee has representation from all interests in the United States in the standardization of materials, instruments and equipment in dentistry. The Council has adopted the standards, showing professional recognition of their usefulness in dentistry, and has forwarded them to the American National Standards Institute with a recommendation that the standards be approved as American National Standards.

The American National Standards Institute granted approval of AAMI ST40 in 2004 and reaffirmed it in 2010. The ADA Council on Scientific Affairs approved its adoption as ANSI/ADA/AAMI ST40:2004/R2010 in November 2013.

The ADA Standards Committee on Dental Products thanks the members of Working Group 5.54 and the organizations with which they were affiliated at the time the standard was adopted:

Shannon Mills (chairman), Northeast Delta Dental, Concord, NH;
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AMERICAN NATIONAL STANDARD/AMERICAN DENTAL ASSOCIATION/ASSOCIATION FOR THE ADVANCEMENT OF MEDICAL INSTRUMENTATION ST40:2004/R2010 FOR TABLE-TOP DRY HEAT (HEATED AIR) STERILIZATION AND STERILITY ASSURANCE IN HEALTH CARE FACILITIES

FOREWORD

(This Foreword does not form a part of the American National Standard/American Dental Association/Association for the Advancement of Medical Instrumentation ST40:2004/R2010 for Table-Top Dry Heat (Heated Air) Sterilization and Sterility Assurance in Health Care Facilities).

This standard is an identical adoption of ANSI/AAMI ST40:2004/R2010 for Table-Top Dry Heat (Heated Air) Sterilization and Sterility Assurance in Health Care Facilities. SCDP Working Group 5.54 on Sterilizers examined the ANSI/AAMI standard and found it acceptable as an identical adoption for ANSI/ADA/AAMI ST40:2004/R2010.

The Objectives and Uses of AAMI Standards and Recommended Practices

It is most important that the objectives and potential uses of an AAMI product standard or recommended practice are clearly understood. The objectives of AAMI's technical development program derive from AAMI's overall mission: the advancement of medical instrumentation. Essential to such advancement are (1) a continued increase in the safe and effective application of current technologies to patient care, and (2) the encouragement of new technologies. It is AAMI's view that standards and recommended practices can contribute significantly to the advancement of medical instrumentation, provided that they are drafted with attention to these objectives and provided that arbitrary and restrictive uses are avoided.

A voluntary *standard* for a *medical device* recommends to the manufacturer the information that should be provided with or on the product, basic safety and performance criteria that should be considered in qualifying the device for clinical use, and the measurement techniques that can be used to determine whether the device conforms with the safety and performance criteria and/or to compare the performance characteristics of different products. Some standards emphasize the information that should be provided with the device, including performance characteristics, instructions for use, warnings and precautions, and other data considered important in ensuring the safe and effective use of the device in the clinical environment. Recommending the disclosure of performance characteristics often necessitates the development of specialized test methods to facilitate uniformity in reporting; reaching consensus on these tests can represent a considerable part of committee work. When a drafting committee determines that clinical concerns warrant the establishment of *minimum* safety and performance criteria, referee tests must be provided and the reasons for establishing the criteria must be documented in the rationale.

A *recommended practice* provides guidelines for the use, care, and/or processing of a medical device or system. A recommended practice does not address device performance *per se*, but rather procedures and practices that will help ensure that a device is used safely and effectively and that its performance will be maintained.

Although a device standard is primarily directed to the manufacturer, it may also be of value to the potential purchaser or user of the device as a fume of reference for device evaluation. Similarly, even though a recommended practice is usually oriented towards health care professionals, it may be useful to the manufacturer in better understanding the environment in which a medical device will be used. Also, some recommended practices, while not addressing device performance criteria, provide guidelines to industrial personnel on such subjects as sterilization processing, methods of collecting data to establish safety and efficacy, human engineering, and other processing or evaluation techniques; such guidelines may be useful to health care professionals in understanding industrial practices.

In determining whether an AAMI standard or recommended practice is relevant to the specific needs of a potential user of the document, several important concepts must be recognized:

All AAMI standards and recommended practices are *voluntary* (unless, of course, they are adopted by government regulatory or procurement authorities). The application of a standard or recommended practice is solely within the discretion and professional judgment of the user of the document.

Each AAMI standard or recommended practice reflects the collective expertise of a committee of health care professionals and industrial representatives, whose work has been reviewed nationally (and sometimes internationally). As such, the consensus recommendations embodied in a standard or recommended practice are intended to respond to clinical needs and, ultimately, to help ensure patient safety. A standard or recommended practice is limited, however, in the sense that it responds generally to perceived risks and conditions that may not always be relevant to specific situations. A standard or recommended practice is an important *reference* in responsible decision-making, but it should never *replace* responsible decisionmaking.

Despite periodic review and revision (at least once every five years), a standard or recommended practice is necessarily a static document applied to a dynamic technology. Therefore, a standards user must carefully review the reasons why the document was initially developed and the specific rationale for each of its provisions. This review will reveal whether the document remains relevant to the specific needs of the user.

Particular care should be taken in applying a product standard to existing devices and equipment, and in applying a recommended practice to current procedures and practices. While observed or potential risks with existing equipment typically form the basis for the safety and performance criteria defined in a standard, professional judgment must be used in applying these criteria to existing equipment. No single source of information will serve to identify a particular product as "unsafe". A voluntary standard can be used as one resource, but the ultimate decision as to product safety and efficacy must take into account the specifics of its utilization and, of course, cost-benefit considerations. Similarly, a recommended practice should be analyzed in the context of the specific needs and resources of the individual institution or firm. Again, the rationale accompanying each AAMI standard and recommended practice is an excellent guide to the reasoning and data underlying its provision.

In summary, a standard or recommended practice is truly useful only when it is used in conjunction with other sources of information and policy guidance and in the context of professional experience and judgment.

INTERPRETATIONS OF AAMI STANDARDS AND RECOMMENDED PRACTICES

Requests for interpretations of AAMI standards and recommended practices must be made in writing, to the Manager for Technical Development. An official interpretation must be approved by letter ballot of the originating committee and subsequently reviewed and approved by the AAMI Standards Board. The interpretation will become official and representation of the Association only upon exhaustion of any appeals and upon publication of notice of interpretation in the "Standards Monitor" section of the *AAMI News.* The Association for the Advancement of Medical Instrumentation disclaims responsibility for any characterization or explanation of a standard or recommended practice which has not been developed and communicated in accordance with this procedure and which is not published, by appropriate notice, as an *official interpretation* in the *AAMI News.*

AAMI Recommended Practice

This Association for the Advancement of Medical Instrumentation (AAMI) recommended practice implies a consensus of those substantially concerned with its scope and provisions. The existence of an AAMI recommended practice does not in any respect preclude anyone, whether they have approved the recommended practice or not, from manufacturing, marketing, purchasing, or using products, processes, or procedures not conforming to the recommended practice. AAMI recommended practices are subject to periodic review, and users are cautioned to obtain the latest editions.

CAUTION NOTICE: This AAMI recommended practice may be revised or withdrawn at any time. AAMI procedures require that action be taken to reaffirm, revise, or withdraw this recommended practice no later than 5 years from the date of publication. Interested parties may obtain current information on all AAMI standards and recommended practices by calling or writing AAMI.

All AAMI standards, recommended practices, technical information reports, and other types of technical documents developed by AAMI are *voluntary*, and their application is solely within the discretion and professional judgment of the user of the document. Occasionally, voluntary technical documents are adopted by government regulatory agencies or procurement authorities, in which case the adopting agency is responsible for enforcement of its rules and regulations.

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