





	Is this familiar? Where?	s
How can anything be cleaned in here?	How can anything be cleaned in here?	

When?



All single use items must be disposed of after use



• Where does IPC stand on the reprocessing of single use items?

Non invasive equipment - When?



- · Single patient use
 - Masks, nebulisers, hoist slings
- Multiple patient use
 - Commodes , dynamaps, hoist, wheelchairs, Trolleys/ beds
- Clean and disinfect (MDROs) following each use

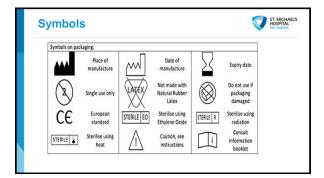






Decontamination process - HOW? Cleaning: Detergent and water Physical removal of dirt and some micro-organisms Disinfection: Chemical / thermal Reduces the number of viable organisms, may not inactivate certain viruses and bacterial spores Sterilisation: Chemical / heat Renders an object free from viable infectious agents

including viruses and bacterial spores



How? Detergent & water (tepid) Hypochlorite Disinfectant wipes ATP testing Steam HPV Record keeping No records = no proof Audit



What to do with ...



Damaged or broken equipment

- Always clean prior to sending for repair
- · Record when sending
- Don't assume something is clean proof
- Replace as soon as possible

HSE Guidelines



- UV light system
- Hydrogen peroxide decontam
- Endoscope washer disinfector (EWD)
- Manual wipe (chlorine dioxide)

What? Ward instruments Disposable where possible, if not reprocess Endoscopes (+/- lumen) High level decontamination Procedure/ operation instruments Sterilisation

Where? • Theatre • Endoscopy • Interventional radiology • Wards • Spaulding classification



When? After each use • Endoscopes / invasive US probes • Use within 3 hours of processing • Drying cabinets extend the time limit >72hrs • EN Standards • Each endoscope is cleaned 3 times • Immediately post procedure • Manual clean in sink of enzymatic • Automated clean in EWD

How? Local decontamination Chlorine dioxide Tristel Duo foam External US probes Tristel Trio wipe Non-channelled endoscopes (Nasendoscopes) and non critical US probes Least preferred method but still in guidelines Medical grade wipe Audit: track and trace records, decontam process

Endoscope decontamination EWD Chemical decontamination Channelled scopes e.g. Bronch, OGD, Colo Time limit Drying cabinets Audit EWD and environment Scope traceability Validation of machine Rinse waters/ soil testing Environmental monitoring





HIQA PCHCAl/ RIMD assessment Departmental monitoring: Rinse and RO water / environmental testing/ AC in HSSD Validation/ contingency plans Leadership and governance: JAG accreditation? Reporting structure/ committees/ Pt safety Staffing: Decontam lead? Decontam only? Qualifications? Education: % staff with FETAC/ degree in decontam/ HH Documentation is proof Always do a risk assessment if you are not meeting the HSE standards

