

 **ST MICHAEL'S HOSPITAL**
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Equipment - What, where, when and how?

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Advancing Healthcare Care Well



Reusable healthcare equipment 

What, where, when and how ?

- Non invasive equipment
- Invasive equipment

Spaulding classification – what? 

Body contact	Disinfection requirements	Device Class
Intact skin	Low level	Non-critical
Mucous membranes	High level	Semi-critical
Sterile body cavity	Sterilisation	Critical

Is this familiar? Where?



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

IPC's worst nightmare ?



Worse again!



From one extreme to another



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

Symbols



Symbols on packaging:

	Place of manufacture		Date of manufacture		Expiry date
	Single use only		Not made with Natural Rubber Latex		Do not use if packaging damaged
	European standard		Sterilise using Ethylene Oxide		Sterilise using radiation
	Sterilise using heat		Caution, see instructions		Consult information booklet

How?



- Detergent & water (tepid)
- Hypochlorite
- Disinfectant wipes
- ATP testing
- Steam
- HPV

Record keeping

- **No records = no proof**
- **Audit**

What?



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

RIMD - Reusable invasive medical device



Where?

- Theatre
- Endoscopy
- Interventional radiology
- Wards

- Spaulding classification

Where?



- Local decontamination room
 - Not in OPD clinic
 - Away from patient area
 - Dirty/ clean segregation
- Endoscopy decontamination room
- HSSD/ CSSD

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

Remove GUS systems

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 PCHCAI/ 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
