HSE Code of Practice for Decontamination of Reusable Invasive Medical Devices

IASSM Conference, Friday 2\textsuperscript{nd} November, 2007
Overview

- History of the programme
- Review
- Code of Practice
- E-learning foundation training programme
- Next Steps
History of the programme
To ensure that the National Hospitals Office has the appropriate decontamination system in place, capable of supporting a high quality service
First Steps

- IASSM Report – meeting with Oonagh, Sheila and Niall!
- Research
- First meeting of the Steering Committee in April 2006
- Network managers and hospital managers informed
- Link people identified in each hospital
- Each hospital asked to identify/set up a decontamination advisory group with suggested membership
- Questionnaire sent to each hospital
Steering Committee

- Applied Microbiologist and Immunologist (co-chair)
- Medical Devices Director from IMB
- Chairperson of IASSM (2 SSD Managers)
- Chairperson of the IADNM
- Chairperson of Irish Association of Theatre Managers
- Infection Control Nurse
- Authorised Person
- Principal Engineering Advisor, DoHC
- Chairperson of the Irish Society of Endoscopy Nurses
- Consultant Microbiologist
- Risk Advisor
- NHO Quality, Risk and Customer Care
Link People

- Link person in each hospital
- NHO communication link
- Decontamination review link
- Organised workshops, information sessions, consultation, collated feedback, disseminated information…..the list goes on!
- Invaluable
- Thank you
Decontamination group

- **Suggested membership**
  - Chair – Hospital CEO/Manager/Deputy Hospital Manager
  - Sterile Services Personnel
  - Theatre Personnel
  - Endoscopy Personnel
  - Directors of Nursing
  - Infection Control Nurses
  - HSE Procurement Staff
  - Clinical/Biomedical Engineering Personnel
  - Ambulance Personnel

- General Services Managers
- Maintenance Personnel
- Training and Development Personnel
- Technical Services Personnel
- Consultant Microbiologists
- Surgical/Medical Consultants
- Medical Laboratory Scientists
- Occupational Health staff
- Health & Safety Officers
- Health & Social Care Professionals
- Union representatives
Aims of the programme

- Carry out a comprehensive review of decontamination services in acute hospitals in the HSE

- Prepare and submit a report on current decontamination services in acute hospitals in the HSE. Support hospitals in developing action plans to ensure that appropriate arrangements are in place to improve, where necessary, decontamination practices. Develop a national strategy for decontamination services.

- Develop a national Code of Practice for decontamination of RIMD

- Make recommendations on an audit and monitoring programme for decontamination

- Make recommendations on training programmes for staff
Review
Review

Tender posted on e-tenders website on 12th May

- The brief:
  to undertake a Review of Decontamination services for re-usable invasive medical devices - RIMD (as defined in EU Directive 93/42/EEC) in publicly funded acute hospitals

  review to focus on all related processes, facilities and equipment
Review

Areas to be included
1. Hospital Management
2. RMD procurement storage & use at all Clinical Units
3. Disposal of healthcare risk waste
4. All locations for decontamination activities
   - Management
   - Activity
   - Processes
   - Facilities
   - Environment
   - Equipment
     - Washer-Disinfectors
     - Sterilizers
Areas to be excluded

- Non-clinical units
e.g. laboratories, mortuaries

- Medical equipment decontamination
e.g. nebulisers, ventilators

- Laundries

- Environmental cleaning / hygiene
  Except in decontamination units
David Hurrell

- Expertise in sterilisation and sterile product controls
- Technical lead in England and Scotland decontamination reviews
- Director of Authorised Person (Sterilisers) courses
Dr Rosemary Simpson

- Clinical Microbiologist
- Lead auditor in England and Scotland decontamination reviews
- Expertise in infection control, sterilisation technology and medical device decontamination
Undertaking reviews

- FACT finding NOT fault finding
- The auditors were specifically instructed to ensure that auditees understood that asking a question did not imply a recommendation for a particular practice
- Not to give guidance or instruction on remedial action
- Not to criticise the practices they found
Phase One
   Trial audit in November 2006

Phase Two
   11 hospitals – completed end January

Phase Three
   40 hospitals – completed early September
Reports

- Reports
  Interim report March 2007 (11 hospitals)
  Full report November 2007 (all hospitals)
Interim report recommendations

- NHO should develop and publish guidance on management systems to provide overall co-ordination of decontamination within each hospital

- NHO should specify a mandatory minimum standard to be achieved by all central decontamination units; this could most easily be achieved by requiring registration under the Medical Device Directive and compliance with IS EN ISO 13485

- The use of satellite decontamination units should be minimised and wherever practicable decontamination should be centralised within specialist unit(s)
Interim report recommendations

- NHO should develop and publish guidance on model specifications for decontamination equipment

- NHO should develop replacement programmes for decontamination equipment and for RIMD that cannot be decontaminated effectively

- NHO should develop and publish guidance on model contracts for validation, testing and maintenance of decontamination equipment
Interim report recommendations

- NHO should develop and publish guidance on model procedures for requirements for the built environment of decontamination facilities

- NHO should develop and publish guidance on model procedures for decontamination processes

- NHO should implement a national IT tracking system to track RIMD through the decontamination process
Interim report recommendations

• NHO should establish a cadre of technical expertise to advise on technical aspects of decontamination equipment and to review standards achieved on site.

• NHO should establish training criteria for staff at all levels. Consideration should also be given to central provision of training courses to meet the established criteria. The training should be structured to provide a career development path for those wishing to make a career in decontamination services.
Part 1 – Background
Part 2 – Standards
Part 3 – Recommended Practices (CDU)
Part 4 – Recommended Practices (Endoscopy)
Part 5 – Recommended Practices (Dental Services)
Part 6 – Audit Tool
Part 7 – Additional Resources and Appendices
Standards

- Statement – **performance** to be achieved

- Rationale – **why** the standard is important

- Criteria – **how** to achieve the standard
Fifteen Standards

- Communication and Consultation *(Communication)*
- Organisational Structure and Accountability *(Accountability)*
- Suitability of Decontamination Facilities *(Process)*
- Decontamination Equipment *(Process)*
- Procurement of RIMD *(Process)*
- Decontamination Process *(Process)*
- Management and Key Personnel *(Capability)*
- Education and Training *(Capability)*
- Quality Management System *(Process)*
- Risk Management System *(Process)*
- Health and Safety *(Process)*
- Complaints Management *(Process)*
- Audit and Monitoring *(Monitoring/Review/Assurance)*
- Key Performance Indicators *(Outcomes)*
- Procedures relating to TSEs *(Process)*
Standards Definition

- **Standards** = Organisational structures and processes needed to identify, assess and manage specified risks in relation to decontamination services.

- The standards reflect the values and priorities of the NHO and will be used to direct and evaluate decontamination services in acute hospitals.
Benefits of national standards

- Improved quality and consistency of service provision
- Increased use of structured and measurable information
- Higher probability of positive patient outcomes
Recommended Practices

- Practical application
- Introduction
- Scope
- Content
PART 3: RECOMMENDED PRACTICES FOR CENTRAL DECONTAMINATION UNITS

Health Service Executive Code of Practice for Decontamination of Reusable Invasive Medical Devices

Note: The lifecycle diagrams used in this document are © Crown Copyright. Source—Department of Health, United Kingdom.
PART 4: RECOMMENDED PRACTICES FOR ENDOSCOPY UNITS

Health Service Executive Code of Practice for Decontamination of Reusable Invasive Medical Devices
PART 5a: RECOMMENDED PRACTICE FOR DENTAL SERVICES IN A CENTRAL DECONTAMINATION UNIT

Health Service Executive Code of Practice for Decontamination of Reusable Invasive Medical Devices
Development of standards and recommended practices

- An extensive literature search
- Consideration of the opinion of experts knowledgeable in the subject
- Consider the available current best practice, both in Ireland and internationally, that may impact on decontamination of RIMD
- Merge findings into a draft document for distribution and consultation with key stakeholders
Consultation

• Draft document sent to link people and key stakeholders for consultation on 22\textsuperscript{nd} January

• Workshops in each network

• Workshops with patient groups

• Feedback by Friday 6\textsuperscript{th} April – extended….

• Input from David Hurrell
Final document

- Feedback considered and incorporated where appropriate
- Sent to link people in the hospitals
- Photos included – thanks to Ita/Richard/Steve and the staff in St. Vincents Hospital
Dental services

- Representatives joined sub-group in April 2007

- 2 types – CDU and LDA

- CDU complete…thanks to Professor Coleman, Mary, Joy, Nick and Hugh

- LDA – final draft complete – national/regional workshops
Designing a high impact online programme that will provide all staff with an appreciation of:

- the importance of decontamination
- how decontamination impacts on staff and patient safety and patient care and
- an awareness of personal responsibilities in relation to decontamination.

Key themes
- Patient safety
- Staff Safety
- Communication
- Traceability
- Validation
- Monitoring and Control
HSE Learning Centre – a foundation training programme

- Delivered through the HSE Learning Centre
  - 4 interactive, scenario-based learning modules
  - An online discussion forum and communication tool for staff
  - Access to a resource bank of useful job aids
Welcome

This eLearning programme is designed for all staff who require an appreciation of the decontamination lifecycle.

There are four Modules, each comprising 30 minutes of learning.

- **Module 1. Overview** - In Progress
- **Module 2. Lifecycle for CDUs** - Not Started
- **Module 3. Lifecycle for Endoscopy** - Not Started
- **Module 4. Lifecycle for Dental Services** - Not Started
Hi. I am Mike and I am a microbe. I have lots of friends!

Most microbes are helpful to humans and the environment and they all get along quite well.

But some can be quite nasty to humans, especially if the humans are already ill.

I am a guy that leaves his mark – everywhere!!

But despite leaving a trail, I am very hard to get rid of.

Just when you think you have me, and you’ve cleaned me out of all my hiding places, I escape again, to turn up somewhere new – probably with one of my friends!
Next Steps

- Raise Awareness
- Understand Code and its relevance to staff and patient safety and patient care
- Understand personal responsibility in relation to the Code
- Assist/facilitate the application of the Code
- Roll-out e-learning programme
- Review audit reports/action plans
- Develop HSE Strategy for decontamination of RIMD
Thank you.