IASSM Study day

Management of non-conformances during the decontamination life cycle

Dublin Dental School & Hospital Saturday 21st February 2009

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Aims of this presentation:

• To understand some of the requirements of the ‘Health Service Executive Code of Practice for Decontamination of a Reusable Invasive Medical Device’
• To discuss non-conformance issues
• To indentify key requirements of a complaints system
• To understand the reporting procedure of a non-conformance
• To identify a possible non-conformance before it happens
HSE Code of practice for Decontamination of Reusable Invasive Medical Devices

Part 1: Background

*Provides the foundation for all Standards and recommended practices*

Part 2: Standards

*The Standards for decontamination are described in this section*

Part 3: Recommended Practices for CDU’s

*Identifies and defines the correct decontamination practices for staff who work in a Central Decontamination Unit (CDU)*
HSE Code of practice for Decontamination of Reusable Invasive Medical Devices

Part 4: Recommended Practices for Endoscopy Units
   Identifies and defines the correct decontamination practices for staff who work in an Endoscopy unit

Part 5a & 5b: Recommended practices for Dental services
   Identifies and defines the correct decontamination practices for staff who work in Dental services (CDU & LDU)

Part 6: Audit Tool
   To provide a method of assessment of decontamination practices in the Irish public health service
HSE Code of practice for Decontamination of Reusable Invasive Medical Devices

Part 7: Additional Resources and Appendices

Includes a glossary and list of abbreviations, also suggests and includes membership of the decontamination steering committee and advisory group.
The decontamination life cycle of a reusable medical device

1. Purchase
2. Loan

1. Scrap
2. Return to lender
Failure at any stage may result in inadequate decontamination.
HSE Code of practice for Decontamination of Reusable Invasive Medical Devices

Part 2: Standards

Communication and consultation

“Staff and key stakeholders shall be encouraged to use feedback procedures to the organisation for any concerns they have in relation to decontamination of a reusable invasive medical device”

“The decontamination unit shall have in place a formal system for recording and analysing customer complaints”

“The decontamination unit shall have in place a program to reduce customer complaints”
Each organisation shall identify a Decontamination Co-ordinator. The duties of the co-ordinator shall not be confined to any one aspect of decontamination.

Throughout the organisation there shall be clear lines of accountability leading up to the most senior manager or director.

The Decontamination Co-ordinator shall be responsible for ensuring that each unit manager has completed audit activity.
HSE Code of practice for Decontamination of Reusable Invasive Medical Devices

Part 2: Standards

“All decontamination equipment that does not meet the requirements of current standards shall be identified and upgraded or replaced in accordance with a planned replacement programme”

“All decontamination equipment shall be validated, maintained, periodically tested and monitored to current standards”

“Organisations must have a specialist group in place to consider the procurement of decontamination equipment” i.e. Decontamination
HSE Code of practice for Decontamination of Reusable Invasive Medical Devices

Part 2: Standards

“All processes shall be carried out in accordance with documented procedures”

“All reusable invasive medical device sets shall be traced through the decontamination process to the patient”

“Processing data shall be retained for the lifetime of the equipment plus eleven years”
Central decontamination units shall operate a quality management system in accordance with EN ISO 13485.”

“The quality and risk management committee shall approve policies, procedures and guidelines for decontamination in the organisation.”

“All policy and procedure documents associated with decontamination of medical devices shall be controlled showing the date of issue and revision number.”

“Master copies shall be kept in a secure location.”
“The organisation shall identify and assess all risks associated with all stages in the decontamination process”

“All identified hazards shall be documented as part of a risk register and systematically assessed and prioritised”

“The organisation shall identify, record and analyse ‘adverse events’ and ‘near misses’”
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Part 2: Standards — Risk management system - Reporting

“The organisation shall have a reporting procedure for reporting accidents and incidents to the relevant authorities”

- Senior Management Team
- The Health and Safety Authority – Dangerous occurrences
- Irish Medicines Board – incidents involving medical device defects
“The organisation shall have taken measures to ensure that all relevant employees receive adequate information concerning matters relating to the Safety, Health and Welfare at Work Act, 2005”

- Material Safety data sheets for potentially hazardous chemicals
- Risk assessments shall be brought to the attention of staff
### Departmental escalation or action plan

<table>
<thead>
<tr>
<th>STOCK LEVELS LOW</th>
<th>STAFFING LEVELS LOW</th>
<th>STERILISER / EQUIPMENT FAULT</th>
<th>WORKLOAD TOO HIGH/LOW</th>
</tr>
</thead>
</table>
| Alert your Team Leader  
Check with Admin Team what stock orders are outstanding – is a delivery pending?  
Alert your Team Leader  
Check whether staff can be moved from other areas  
Alert your Supervisor  
Can stock be borrowed from elsewhere?  
Can workloads be adjusted until new stock arrives?  
Alert Management Team  
Authorise emergency purchase order | Alert your Team Leader  
Check if the fault can be fixed by in-house engineers | Alert your Team Leader  
Can priorities be changed around? | Alert your Team Leader  
Can stock be borrowed from elsewhere?  
Can workloads be adjusted until new stock arrives?  
Alert Management Team  
Authorise emergency purchase order | Alert your Supervisor  
Is there bank staff available?  
Can shifts be adjusted to fill gaps?  
Alert Management Team  
Authorise change to working practice/deadlines to accommodate shortfall | Alert your Supervisor  
Do ‘external’ engineers need to be called?  
Alert Management Team  
Authorise booking of external engineer | Alert your Supervisor  
Call customers if achieving their stated deadlines looks unlikely  
Alert Management Team  
Authorise change in working practice to meet workload demands |
What sort of information would we require on a Non-conformance report (NCR)?

- Date of incident
- Time of incident
- Reported by
- Reported to
- Type of Incident
- Brief details of the incident
- Is the incident Reportable to HSA or IMB
- Details of action taken
- Action taken by whom
- Evaluation and outcome
- Is further action required
Hospital Sterilization and Disinfection Unit

Non-Conformance Report

Which of the following best describes the incident
Please circle the most relevant

<table>
<thead>
<tr>
<th>Autoclave 1</th>
<th>Autoclave 2</th>
<th>Autoclave 3</th>
<th>R O Plant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washer Disinfector 1</td>
<td>Washer Disinfector 2</td>
<td>Washer Disinfector 3</td>
<td></td>
</tr>
<tr>
<td>Washer Disinfector 4</td>
<td>Washer Disinfector 5</td>
<td>Steam Generator</td>
<td></td>
</tr>
<tr>
<td>Missing instrument</td>
<td>Damaged instrument</td>
<td>Extra instrument</td>
<td></td>
</tr>
</tbody>
</table>

Other equipment: Please Specify ________________________________

Incident Reported by:

Name: ___________________  Date: ___________  Time: ___________

Signature:__________________

Has the above been reported to a Line Manager (i.e. Team Leader or Supervisor)  Yes / No

Team Leader or Supervisors name______________________________
To be completed by Team Leader or Supervisor

<table>
<thead>
<tr>
<th>Give brief details of incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________    Date: ____________    Time: ____________</td>
</tr>
<tr>
<td>Signature: ________________</td>
</tr>
</tbody>
</table>

Do you suspect that the HSA or IMB will need to be informed Vigilance Reported Yes / No*

*if yes report incident to Senior Management immediately

<table>
<thead>
<tr>
<th>Details of Action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________    Date: ____________    Time: ____________</td>
</tr>
<tr>
<td>Signature: ________________</td>
</tr>
</tbody>
</table>

Has the above signatory reported this NCR to Senior Management   Yes / No
To be completed by Senior Management

Evaluation of incident and outcome

Name: ____________________ Date: ____________ Time:____________

Signature: _____________________

Has this incident been signed off Yes / No*

If no, what further action is required?
What sort of information would we require on a Non-conformance report database?

- Reference number
- Date of input
- Date reported
- Reported by
- Area
- Type of Incident
- Instrument / set identity
- Clinical impact
- Full description of non-conformance
- Proposed corrective action
- R.C.A. completed
- R.C.A. category
- Corrective action taken
- Action taken by whom
- Evaluation and or recommendations
- Reportable to HSA or IMB
- Date non-conformance closed
<table>
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<th>Non-conformance types or incidents</th>
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<tr>
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<td>71</td>
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<td>Washer disinfector – 1</td>
<td>9</td>
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<td>9</td>
</tr>
<tr>
<td>Autoclave – 1</td>
<td>7</td>
</tr>
<tr>
<td>Washer disinfector – 3</td>
<td>7</td>
</tr>
<tr>
<td>Autoclave – 2</td>
<td>5</td>
</tr>
<tr>
<td>Instrument damaged</td>
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</tr>
<tr>
<td>Holes in wrap</td>
<td>4</td>
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<td>4</td>
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<tr>
<td>R O Plant failure</td>
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<tr>
<td>Clean room pressure</td>
<td>1</td>
</tr>
<tr>
<td>Stock shortage</td>
<td>1</td>
</tr>
<tr>
<td>Washer carriage</td>
<td>1</td>
</tr>
<tr>
<td>Autoclave – 3</td>
<td>0</td>
</tr>
<tr>
<td>Autoclave carriage</td>
<td>0</td>
</tr>
<tr>
<td>Autoclaves wheels</td>
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</tr>
<tr>
<td>Checklist issue</td>
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</tr>
<tr>
<td>Diathermy tester</td>
<td>0</td>
</tr>
</tbody>
</table>
Non-conformance reporting – Your turn!!

• Type of non-conformance / incident:

• Brief details of the non-conformance / incident:

• Details of any action taken:

• Any further action required:

• Probable root cause:
Non-conformance reporting – Your turn!!

• **Type of non-conformance / incident:** Damaged Instrument

• **Brief details of the non-conformance / incident:** Scissors found to be damaged on the cutting edge when being inspected in the Inspection and Packing (IAP) room.

• **Details of any action taken:**

• **Any further action required:**

• **Probable root cause:**
• **Type of non-conformance / incident:** Damaged Instrument

• **Brief details of the non-conformance / incident:** Scissors found to be damaged on the cutting edge when being inspected in the Inspection and Packing (IAP) room.

• **Details of any action taken:** Instrument removed from set and quarantined for inspection by a third party if required. New pair of scissors taken from stock and placed into set, whole set then rewashed and processed as per HSE protocol. Comment made on set checklist of instrument replacement.

• **Any further action required:** Customer to be informed of non conformance.

• **Probable root cause:** Careless handling / use by clinician.
• **Type of non-conformance / incident:** Blade left on instrument

• **Brief details of the non-conformance / incident:** On unpacking a podiatry set a blade was found on a knife handle.

• **Details of any action taken:**

• **Any further action required:**

• **Probable root cause:**
Non-conformance reporting – My turn!!

• Type of non-conformance / incident: Blade left on instrument

• Brief details of the non-conformance / incident: On unpacking a podiatry set a blade was found on a knife handle.

• Details of any action taken: Blade removed with needle holder and blade placed in a sharps bin. An IR1 was completed by the person who found the blade. Checklist was retained for inspection. Set reprocessed.

• Any further action required: Customer and clinician to be informed of non conformance.

• Probable root cause: Neglect by clinician
Type of non-conformance / incident: Contamination

Brief details of the non-conformance / incident: On unloading washer disinfector number 2, particles of ‘bone?’ were found to be lying within the tray lid of a hip set.

Details of any action taken:

Any further action required:

Probable root cause:
Type of non-conformance / incident: Contamination

Brief details of the non-conformance / incident: On unloading washer disinfector number 2, particles of ‘bone?’ were found to be lying within the tray lid of a hip set.

Details of any action taken: The particles were removed from the tray lid and kept for further inspection. The set was returned to the wash room and reprocessed as per protocol.

Any further action required: Staff to be reminded how to load a washer disinfector properly. Maintenance engineer to check washer for possible failure of cycle.

Probable root cause: Poor loading of washer carriage by staff
Non-conformance reporting – Your turn!!

• Type of non-conformance / incident: Wet load from Sterilizer

• Brief details of the non-conformance / incident: On unloading porous load sterilizer number 3, pools of water were observed on top of some of the larger instrument packs.

• Details of any action taken:

• Any further action required:

• Probable root cause:
Non-conformance reporting – My turn!!

• Type of non-conformance / incident: Wet load from Sterilizer

• Brief details of the non-conformance / incident: On unloading porous load sterilizer number 3, pools of water were observed on top of some of the larger instrument packs.

• Details of any action taken: The packs were returned to the washroom and reprocessed as if contaminated. The maintenance engineer ran the sterilizer through a cycle to try to identify any equipment problems.

• Any further action required: The staff loading the sterilizers will be spoken to about loading techniques for the sterilizers and the sterilizers will be monitored for a repeat of this non-conformance.

• Probable root cause: Poor loading / overloading of the sterilizer carriage or sterilizer vacuum pump is failing.
Type of non-conformance / incident: Broken instrument

Brief details of the non-conformance / incident: Instrument found to be broken on checking process in cleanroom.

Details of any action taken:

Any further action required:

Probable root cause:
• **Type of non-conformance / incident:** Broken instrument

• **Brief details of the non-conformance / incident:** Instrument found to be broken on checking process in cleanroom.

• **Details of any action taken:** Theatres informed straight away of possible missing fragments. Instrument tagged, washed and quarantined. New replacement instrument taken from stock and complete set was reprocessed according to protocol. Comment made on Quality Document (QD) informing of replacement instrument.

• **Any further action required:** Theatre staff are to be reminded / retrained on the instrument checking procedure. Instrument supplier to be informed - if relevant. Repair if possible.

• **Probable root cause:** General wear and tear leading to fracture

• **On investigation the instrument was broken in theatres !!**
• Type of non-conformance / incident: Contaminated instrument

• Brief details of the non-conformance / incident: Contamination found whilst inspecting instrument in the cleanroom.

• Details of any action taken:

• Any further action required:

• Probable root cause:
Non-conformance reporting – My turn !!

• Type of non-conformance / incident: Contaminated instrument

• Brief details of the non-conformance / incident: Contamination found whilst inspecting instrument in the cleanroom.

• Details of any action taken: Instruments returned to the washroom and the lumens were flushed and cleaned by jet gun and brush. Instruments then processed through a washer disinfector.

• Any further action required: Staff to be reminded of the need to take more time when cleaning lumens. Possible training also required if there is a new instrument in the system.

• Probable root cause: Failure to follow procedure
• Type of non-conformance / incident: Contaminated instrument

• Brief details of the non-conformance / incident: Unidentifiable contamination found whilst inspecting device prior to being used by clinician. Device washed using washer disinfector number 1.

• Details of any action taken:

• Any further action required:

• Probable root cause:
• Type of non-conformance / incident: Contaminated instrument

• Brief details of the non-conformance / incident: Unidentifiable contamination found whilst inspecting device prior to being used by clinician. Device washed using washer disinfector number 1.

• Details of any action taken: Device removed from service and sent to the laboratory for residue analysis. Maintenance engineer informed and washer disinfector ran through a test cycle to ensure washer working satisfactory.

• Any further action required: Possible IR1 to be raised dependant on the results received back from the lab. Check of water quality to be made.

• Probable root cause: Failure of washer or water treatment system
• Type of non-conformance / incident: Contaminated instrument

• Brief details of the non-conformance / incident: ‘Rust’ contamination found whilst inspecting set in the cleanroom. Instrument washed using washer disinfector number 3.

• Details of any action taken:

• Any further action required:

• Probable root cause:
• **Type of non-conformance / incident:** Contaminated instrument

• **Brief details of the non-conformance / incident:** ‘Rust’ contamination found whilst inspecting set in the cleanroom. Instrument washed using washer disinfector number 3.

• **Details of any action taken:** Maintenance engineer informed and washer disinfector was ran through a test cycle. Water samples also taken from the reverse osmosis (RO) plant.

• **Any further action required:** Monitor the situation and track any other occurrences by times, dates and equipment used.

• **Probable root cause:** Failure of washer or water treatment system
• Type of non-conformance / incident: Wet washer load

• Brief details of the non-conformance / incident: On unloading the washer disinfector number 2, devices were found to be wet.

• Details of any action taken:

• Any further action required:

• *Probable root cause:*
• Type of non-conformance / incident: Wet washer load

• Brief details of the non-conformance / incident: On unloading the washer disinfector number 2, devices were found to be wet.

• Details of any action taken: The devices were returned to the washroom for reprocessing. Staff were reminded of the need to load the washer carriage appropriately. Maintenance engineer informed and washer disinfector was ran through a test cycle.

• Any further action required: Monitor the situation and track any other occurrences by times, dates and equipment used.

• Probable root cause: Failure of staff to follow correct carriage loading procedure washer drying failure.
• Type of non-conformance / incident: Missing instrument

• Brief details of the non-conformance / incident: On unloading the washer disinfecter - number 2, the set tag was found to be missing along with a Westcott scissor.

• Details of any action taken:

• Any further action required:

• Probable root cause:
Type of non-conformance / incident: Missing instrument

Brief details of the non-conformance / incident: On unloading the washer disinfector - number 2, the set tag was found to be missing along with a Westcott scissor.

Details of any action taken: Staff in the washroom and theatres were immediately informed. A search of the washroom, the theatre and of the other instrument sets on the washer carriage was undertaken. No instrument or tag was found.

Any further action required: Look at the possibilities of the instrument, tag being placed in to clinical waste. Quarantine set for 48 hours (could not wash anyway) to see if the missing instrument tag and instrument reappear. Check all similar sets to find ‘missing set’.

Probable root cause: Failure of theatre staff to follow procedure.
Type of non-conformance / incident: Damaged device

Brief details of the non-conformance / incident: Damage to LMA on inspection in the cleanroom.

Details of any action taken:

Any further action required:

Probable root cause:
Non-conformance reporting – My turn !!

• Type of non-conformance / incident: Damaged device

• Brief details of the non-conformance / incident: Damage to LMA on inspection in the cleanroom.

• Details of any action taken: Device removed from system and theatres informed of damage. Replacement device entered in to system and processed.

• Any further action required: Evaluation of damage to be made. Supplier to be informed - if felt relevant. Re-order to ensure correct stock levels are maintained.

• Probable root cause: General wear and tear leading to damage.
Non-conformance reporting – Your turn !!

• **Type of non-conformance / incident:** Missing instrument

• **Brief details of the non-conformance / incident:** On inspection of the set following washing in washer disinfector - number 4, the diathermy forceps were found to be missing.

• **Details of any action taken:**

• **Any further action required:**

• **Probable root cause:**
Type of non-conformance / incident: Missing instrument

Brief details of the non-conformance / incident: On inspection of the set following washing in washer disinfector - number 4, the diathermy forceps were found to be missing.

Details of any action taken: Staff in the washroom and theatres were immediately informed. A search of the washroom, the theatre and of the other instrument sets on the washer carriage was undertaken. No instrument was found.

Any further action required: Look at the possibilities of the instrument being placed in to the clinical waste. Quarantine set for 48 hours to see if the missing instrument reappears. Retrain the theatre staff on the procedure for checking instruments against the checklist.

Probable root cause: Failure of theatre staff to follow procedure.
Non-conformance reporting – Your turn!!

• Type of non-conformance / incident: Holed set

• Brief details of the non-conformance / incident: Set returned to the decontamination area by theatre staff. Hole found in outer wrap of set.

• Details of any action taken:

• Any further action required:

• Probable root cause:
• Type of non-conformance / incident: Holed set

• Brief details of the non-conformance / incident: Set returned to the decontamination area by theatre staff. Hole found in outer wrap of set.

• Details of any action taken: Set reprocessed as if contaminated.

• Any further action required: Theatre and SSD staff to be reminded of the importance of appropriate handling of instrument sets.

• Probable root cause: Poor handling of set by personnel – inappropriate trays / baskets being used.
More Non-conformances !!
These recommendations have been developed thoroughly with a balance of the performance of the product and ReSolve® Ceramic." "It is crucial that the sterilization environment and equipment, it must be demonstrated to your environment. If processing conditions or equipment sterilization process must be demonstrated.

These products are for Single Patient Use Only.
### Internal Inspection Report

The following equipment was present at the incident:

- **Autoclave**
- **Autoclave 3**
- **RO Plant**
- **Washer Disinfector 2**
- **Washer Disinfector 5**
- **Steam Generator**

**Instrument/Item:**
- Mosquito Forceps Curved

**Found on incision pack set 20**

**Internal Customer Theatre Number/area**

**Please attach checklist to this form for traceability**

**Date:** 9.2.09  **Time:** 16:41
Housekeeping !!
The least hazardous chemical that will fulfil a process requirement should be chosen.

Handling and storage of chemicals should be defined in a written procedure.

All personnel who handle chemicals e.g. Detergents, rinse aid and disinfectants etc should be trained in the event of exposure, correct disposal and the method of cleaning a spillage.
Transportation - return of used instruments for reprocessing

• Transportation of a soiled device to the decontamination area should be accomplished as soon as possible after use. If delay is unavoidable, the user must make sure that the item is safely contained and secure to await collection.
HSE Code of practice for Decontamination of Reusable Invasive Medical Devices

Part 3: Recommended Practices for Central decontamination Units

Action on non-conforming product

• To ensure patient safety and compliance with the Safety, Health and Welfare at Work Act, 2005 and S.I. 252/1994 (European Communities (Medical Devices) Regulations). The organisation must establish procedures to expedite the retrieval of reprocessed items that are suspected to be non-sterile, contaminated or otherwise defective.
HSE Code of practice for Decontamination of Reusable Invasive Medical Devices

Part 3: Recommended Practices for Central Decontamination Units

**Action on non-conforming product - Procedure**

- Written polices and procedures for the recall of non-conforming product should be developed.

- Where any occurrence gives cause for concern the infection control nurse and risk manager should be notified so that follow-up surveillance of patients can be considered.

- The seriousness and risk category of the product will determine whether it will be necessary to issue an advisor notice or product recall. The seriousness and risk will also determine the speed and
Action on non-conforming product — Recall procedure

Should:

• Be written.

• Outline the circumstances for issuing a recall order.

• Designate the person authorised to issue a recall order.

• Designate the person responsible for reporting on the execution of a recall order.
HSE Code of practice for Decontamination of Reusable Invasive Medical Devices

**Part 3: Recommended Practices for Central Decontamination Units**

**Action on non-conforming product - Recall order**

Should:

- Be written.
- Identify by sterilization lot number the products to be recalled.
- Identify the persons or departments to whom the order is addressed.
- Record the kind and quantity of products to be recalled.
- Specify the action to be taken by the person receiving the order. i.e. do they destroy the product or return it.
HSE Code of practice for Decontamination of Reusable Invasive Medical Devices

Part 3: Recommended Practices for Central Decontamination Units

**Action on non-conforming product – Recall report**

**Should:**

- *Identify the circumstances that prompted the recall.*

- *Specify corrective actions to prevent a reoccurrence.*

- *State the number of products intended to be recalled and the number actually recalled.*
“All complaints and comments shall be properly managed and shall be systematically recorded and analysed to identify trends and other performance information”
So what sort of information would we require on a Customer Complaints Database?

- Date of input
- Date reported
- Reported by
- Customer name
- Customer location
- Type of Incident i.e. Hole in pack
- Instrument / set identity
- Clinical impact

- Full description of complaint
- Proposed corrective action
- R.C.A. completed
- Customer informed of R.C.A.
- Corrective action taken
- Action taken by whom
- Reportable to HSA or IMB
- Date complaint closed
<table>
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<tr>
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<th>Date of Input</th>
<th>Date Reported</th>
<th>Reported by</th>
<th>Customer Area</th>
<th>Specific Customer</th>
<th>Type of Incident</th>
<th>Instrument/Set No. (If applicable)</th>
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<td>General</td>
<td>Hole/Tear in pack</td>
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<td>Orthopaedic</td>
<td>Hole/Tear in pack</td>
<td>Nexgen D</td>
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HSE Code of practice for Decontamination of Reusable Invasive Medical Devices

Part 2: Standards  **Auditing and Monitoring**

“Each decontamination unit manager will be responsible for preparing a written agreed programme which will cover all aspects of the decontamination process and it’s management”

“Each decontamination unit manager shall be responsible for ensuring that an audit is carried out at least once a year”

“Audit results shall be included in the quality and risk management annual report (or appropriate annual report)”
‘General’ corrective actions required following audit

• Items need to be amended on the manual cleaning list

• **Temperature water probe in wash room broken, needs to be replaced and calibrated**

• Provide a detailed report regarding the PPM of the air handling units

• **Ensure we have copies of all test persons certificates**

• Cleaners training records need to be documented

• **Different products need to be used between a ‘deep’ and ‘regular’ clean**

• Ensure all steriliser annual reports have the 121 cycle signed off

• **Bio burden testing to be more robust**

• Update all relevant documents held within the department.

• **Revision document to be inserted in front of all documents and flow charts**

• Over garments to be stored appropriately within the department

• **Hand cleaning audit to be carried out within the next 12 months**