Project Presentation

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Objective of Project

- Review HSE Code of Practice for the Decontamination of Reusable invasive Medical Devices
- Benchmark the Code against current CDU work practices
- Focus on three area’s
  1. Tracking
  2. PPE (Personnel Protective Equipment)
  3. Design specification
Part 1 – Background
Part 2 – Standards
Part 3 – Recommended Practices (Central Decontamination Unit)
Part 4 – Recommended Practices (Endoscopy)
Part 5 – Recommended Practices (Dental Services)
Part 6 – Audit Tool
Part 7 – Additional resources & Appendices
How ???

- Base questions from the project plan on the key area’s for review
- Review workplace practices using the correlated questions
- Benchmark answers against the Code of Practice
Tracking Recommendations from the Code of Practice

- “System should be in place to link patient information to the entire decontamination process”
- “Including individual items/supplementary”
- Supporting documentation for RIMD journey through the decontamination process
The Decontamination cycle

1. Acquiring Medical Devices
2. Transportation
3. Use
4. Storage
5. Transportation
6. Sterilization
7. Disinfection
8. Inspection
9. Packaging
10. Cleaning
As a minimum the Code of Practice states that “Records should be kept to the cleaning process and the sterilisation cycle”

“Including verification of individuals responsible for decontamination to release”

Manual based systems must only be used for small units (LDU) or in the event of an IT failure
“making the grade!”

PART 3: RECOMMENDED PRACTICES FOR CENTRAL DECONTAMINATION UNITS

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

PART 4: RECOMMENDED PRACTICES FOR ENDOSCOPY UNITS

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

PART 5a: RECOMMENDED PRACTICES FOR DENTAL SERVICES IN A CENTRAL DECONTAMINATION UNIT

Health Service Executive Code of Practice for Decontamination of Reusable Invasive Medical Devices
No.

- We do not have a complete closed loop for patient tracking.
- The system in place is manual tracking therefore closing the loop is impossible FOR US.
- Items are not tracked from the point of use to the point of dispatch for use.
Managing the risks!!

Sure it will be grand!

TOXIC WASTE
Managing the risks

- We manually track thermal disinfection requirements (EN ISO 15883) for washer cycles.
- We manually track every RIMD to the steriliser including parametric/non parametric release.
- Upon dispatch the user is advised to peel the label from RIMD and place to patient chart/record.
- Records are stored on site for a minimum of 21 years as per (Data Protection ACT).
Managing the risks
Risk level categories

3 Risk level categories

A response is categorised as non-conforming if it does not meet the criteria identified in the HSE Standards for decontamination of RIMD. An indication of the seriousness of the non-conformance is given by a risk category that is attached to each non-conformance statement. The categorisation of risk should provide some assistance in prioritising remedial actions.

On the right hand side of each statement is a risk level categorisation. These are organised as shown in Table 1.

Table 1: Definition of risk levels used in non-conformance statements

<table>
<thead>
<tr>
<th>Level</th>
<th>Category</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Observation</td>
<td>This category includes expected facts which, although not necessarily non-conformance, should be considered when any remediation is planned.</td>
</tr>
<tr>
<td>2</td>
<td>Low Risk</td>
<td>The reported fact(s) indicate a minor hazard with a low likelihood of the hazard occurring.</td>
</tr>
<tr>
<td>3</td>
<td>Medium Risk</td>
<td>The reported fact(s) indicate either a minor hazard with a significant likelihood of the hazard occurring or a significant hazard with a low likelihood of the hazard occurring.</td>
</tr>
<tr>
<td>4</td>
<td>High Risk</td>
<td>The reported fact(s) indicate a significant hazard with a significant likelihood of the hazard occurring.</td>
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</tbody>
</table>
Moving forward “Action Plan”

- Business Plan submitted to Senior Management/CEO - Outlining the effectiveness of this system including the benefits
- Computer track system will need to be designed specifically for Dental CDU
- External visits have taken place to trial systems
Personal Protective Equipment
Recommendations from the Code of Practice
Appropriate PPE

1. Lint free hat
2. Protective eye/face shield
3. Cuffed gown/apron
4. Washroom gloves
5. Protective non slip footwear designated for the washroom
PPE in my CDU
Personal Protective Equipment Recommendations from the Code of Practice

- “PPE must be worn by all personal when decontaminating Dental RIMD to reduce the risk of exposure to potential infectious materials”
- “Managers must ensure PPE is made available
- “All personnel are trained in the use/disposal of PPE”
“making the grade!”

**PART 3: RECOMMENDED PRACTICES FOR CENTRAL DECONTAMINATION UNITS**

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**PART 5a: RECOMMENDED PRACTICES FOR DENTAL SERVICES IN A CENTRAL DECONTAMINATION UNIT**

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

- The appropriate attire is readily available/easily accessible stored in the washroom
- The washroom is a dedicated zone in the CDU
- Access is restricted to CDU personnel only
- Staff are trained through a skills assessment including donning and disposal of PPE (records maintained)
- Disposal to the appropriate waste stream
- However we do not have a designated gowning room.
Managing the risk

- We have a designated shoe rack external to the washroom
- Gowns are donned before entering
- Hooks are available for use
- All PPE excluding footwear is disposable
- Policy/Procedure and work instructions are posted in the washroom for attention of Staff
Managing the risks
Moving forward

- No action plan at present
- Our building is listed therefore it is challenging to make modifications or alterations
Design specification
Design specification Recommendations from the Code of Practice

- “Dental Clinics should have designated non clinical space provided for RIMD decontamination minimising opportunity for cross infection of patients, Clinical staff and cross contamination of the working environment”
- “There should be adequate lighting including task lighting and magnification/electricity supply/computer terminal points and work stations
- All rooms should be mechanically ventilated and controlled to provide a comfortable working environment
## Suitability of decontamination facilities

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<th></th>
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<th>Yes</th>
<th>No</th>
<th>Partial</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>Total score</th>
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<td>Score 10</td>
<td>Score 0</td>
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**Supporting Evidence/Comments**

**Risk Category_____**

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**Supporting Evidence/Comments**

**Risk Category_____**
New e-audit tool

National Hospitals Office
Launch September 2009
“making the grade!”

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Health Service Executive Code of Practice for Decontamination of Reusable Invasive Medical Devices
Yes and No

- Sufficient electrical supply
- Temperature can be controlled
- Task lighting not needed per CDU Policy
- Natural lighting bulbs/skylight

- Not in great demand
- however is not compliant with Code
- No visual thermostat
Task lighting for inspection
Moving Forward

- System will require an upgrade
- Ventilation and temperature control require current attention
Conclusion

- After carrying out the Audit it is clear that there are some Area’s requiring urgent attention and improvement
- We are striving to improve patient service to meet the Code
- We have Policies and Procedures monitored and updated (in use)
- Our Training records reflect the practices we carry out
Future uncertain !!!!

- “plan to slash €1bn from the health services budget next year, the Taoiseach said today”

- “The Health Service Executive announced it wants to hack €400m on 2009 spending on top of €530m savings outlined yesterday”
Thank
You