

# Recommendations by the Quality Task Group (50): Requirements for Construction or Conversion of a Hospital Central Sterile Supply Department

In this issue of *Central Service* the Quality Task Group of the German Society of Sterile Supply (DGSV) introduces a new series of recommendations on the topic of "Construction or conversion of a Hospital CSSD".

The relevant literature does not feature any specific regulations on this topic. We therefore decided to formulate recommendations regarding the structural requirements for construction or conversion of a hospital CSSD, while bearing in mind the general prevailing circumstances.

The main focus of these recommendations is on the constructional requirements. Our decision to put together these recommendations also derives from frequent discussions of the issue of providing for spatial separation within a CSSD as well as from the fact that, in general, the involvement of users in the planning process is rarely sought.

The specific circumstances of a particular hospital or a CSSD could give rise to deviations from our recommendations; any such instances should be justified while ensuring compliance with hygiene and quality assurance requirements. The publications planned are as follows:

- Introduction and fundamentals
- Constructional and spatial layout
- Fittings and furnishings
- Technical equipment
- Conversion of a CSSD during ongoing operations

Today, a modern **→ HOSPITAL** is also an economic enterprise that aims to use its premises with maximum efficiency and flexibility. Health reforms and the Diagnosis Related Groups (DRGs) have given rise to new specialist departments and outpatient surgical centres, increasing the workload for the CSSD and calling for greater flexibility. This situation is further compounded by rising numbers of operations and provision of reprocessing services to third parties. Likewise, constructional changes are often needed to implement decontamination as stipulated in particular with regard to quality management and documentation. In our recommendations we confine ourselves to a hospital CSSD in which no flexible endoscopes are being decontaminated since we assume that endoscopes are reprocessed directly at the site of use. However, endoscope accessories that are used in a sterile condition are decontaminated in the CSSD. We also dispense with a packing station for laundry sets, which – if indeed they are at all used anymore – should, in our opinion, be assembled and packed in the laundry.

Detailed and efficient **→ PLANNING** is possible only after taking an inventory (user analysis). To that effect cooperation is needed with the following parties even before the planning stage:

- CSSD management
- The management of the department where devices are used
- Hospital infection control officer and, as applicable, infection control nurse, infection control physician
- Health and safety officer
- Head of engineering/medical technology
- Site manager
- Architect and planning engineer

## Principles to be borne in mind for construction or conversion of a CSSD

First of all, it must be decided where the CSSD is to be located within the hospital. The following points must be taken into account before making that decision:

- The **→ ROUTE** used for collection and delivery of supplies should be as short as possible (optimal time management)
- Horizontal or vertical link to main user to assure optimal logistics
- The CSSD must be a self-contained area to which only authorised personnel may have access

**Introduction of a new series of DGSV recommendations on the topic of constructional requirements in the CSSD**

**→ AMENDED REQUIREMENTS IN THE HOSPITAL AND CSSD** call for proof of medical device decontamination in line with the dictates of quality assurance, which must also be economically feasible.

**→ EARLY AT THE PLANNING STAGE** cooperation with all parties involved must already be initiated.

**→ A DIRECT LINK** to the main user is advisable.

- If services are to be provided to external parties, provision must be made for dry-access facilities.

### Floor space required

The → **FLOOR SPACE** required will depend on

- The number of operations, bearing in mind the respective medical disciplines (analysis of requirements), not just the number of beds
- Decontamination of medical devices and other supplies that are not to be sterilised (shoes, anaesthesia accessories, etc.)
- Packaging system selected
  - Automated container decontamination
  - Other packaging materials, bearing in mind the sterilisation processes used (e.g. Tyvek® packing station)
- Other special requirements relating to transportation route, users' customs and decontamination methods

**Note:** → **EXPERIENCE** has shown that in Germany a minimum area of 0.45 m<sup>2</sup>/bed (from 200 to 600 beds) to 0.65 m<sup>2</sup>/bed (as from 600 beds) is considered right when constructing a CSSD. This space also includes recreation rooms depending on the number of personnel per shift.

### Room layout required

The following → **TERMS** are defined here:

“**Area**” denotes a structurally separate area within a CSSD; access from one area to another is assured in principle, but may call for a sluice/changing rooms.

“**Zone**” means a certain division within an area; there may be a number of different zones within an area.

“**Changing room (gown sluice)**” means a room that unites two areas of a CSSD. Changing rooms or facilities for donning/storing protective gear are required.

In principle, → **SPATIAL SEPARATION** into 3 areas plus extra rooms is needed.

- **Unclean area:** Zone for incoming supplies, manual precleaning, zone for loading WD, trolley washing station, possibly trolley tunnel washer, parking bay for transport trolleys, loading trolleys, incl. transport racks for WDs
- **Clean area:** Zone for removing supplies from WD with supplies' release, intermediate storage, packing stations, storage place for loading/trolley racks, loading zone for sterilisers
- **Sterile supply area:** Zone for removing supplies from sterilisers, cooling-down zone with supplies' release, commissioning, possibly storage zone, possibly zone for handing out supplies
- **Staff rooms:** Recreation room, staff changing rooms for department clothing, toilet
- **Ancillary rooms:** Store (spare instruments, consumables, supplementary materials, materials for cleaning /caring for devices, etc.) possibly dosage room, room for cleaning materials
- **Office:** Archive for miscellaneous documentation, e.g. manufacturers' instructions, validation documentation, infection control policies, protocols, etc. Space for conducting meetings with CSSD staff, other hospital staff and external parties.

### Staff routes between areas

The unclean area must be spatially separated from the clean areas. Efforts must be made to provide separate access. The unclean area must be entered at least through a “changing room (gown sluice)”, and must be spatially separated from the other CSSD areas. Likewise, access from the clean area to the sterile supplies' area is only possible via a “changing room (gown sluice)”.

If there is a direct access linking the OR department with the sterile supplies' area, the hygiene requirements observed in the OR department must be assured in the latter.

In one of the forthcoming issues of *Central Service* we will describe the routes for transporting materials within the CSSD as well as personnel and material routes between the CSSD and other areas. We will also focus on furnishings.

→ **THE FLOOR SPACE REQUIRED** must always be determined on the basis of the calculation of requirements.

→ **PAST EXPERIENCES** serve as a guide to the CSSD space required.

### → DEFINITION OF IMPORTANT TERMS:

“Area”

“Zone”

“Changing room (gown sluice)”

→ **SPATIAL SEPARATION** into 3 areas plus extra rooms is needed.

→ **CSSD PERSONNEL** take a route designated in accordance with hygiene requirements.