MARJEN
EDUCATION SERVICES
ABN 87 170 789 310

Margaret Jennings (B.App.Sc.), 33 Stanley Avenue, Eltham, Victoria 3095
Tel/Fax: (03) 9439 2436 Mobile: 0404 088 754 Email: marjenes@optusnet.com.au

www.marjenes.com.au

2019 June TOPIC # 5 – Instrument reprocessing – can we do better?

The 5th ed (2014) RACGP standards for IPC is the current go to document for General Practice. However, with mechanised processes for cleaning being mandated for other health care facilities e.g. ultrasonic cleaner followed by a washer disinfector, how long will manual cleaning be acceptable in General Practice? Mechanised cleaning will be safer for staff and will be a process where temperature, time and soil removal can be validated – surely a preferred outcome for patients and staff regardless of whether surgery takes place in a general practice or a day procedure unit or hospital.

But back to earth. When providing onsite reviews in instrument processing at practices, I ask staff to address the following to improve not just the cleaning and sterilisation aspect but the following

- Safety i.e. correct PPE use, splash and penetrative injury risk
- Poor workflow leading to inadvertent use of nonsterile items
- Recontamination of sterile packs i.e incorrect storage, moist hands in contact with packs

So here are some responses to address issues commonly encountered on practice visits?

1. **Disposable option for low throughput?** Would you be better off timewise, financially and safer using these? Contact Sayco, Defries and Sage and ask for samples to trial before criticising quality. If you are concerned about wastefulness instruments, would we want to return to cleaning vaginal / ear speculae, gauze, dressings/dressing packs and spirometry attachments? Disposable metal instruments are already made from recycled steel.

2. I still encounter staff disposing of others' sharps – it is mandated that the user is responsible for his/her sharps **so please stop handling others' sharps. G**et an agreement that all staff must dispose of their own sharps. Ensure adequate sized adjacent sharps' bins are present. A sharps injury is serious and mostly avoidable!

3. **Transferring used items through the surgery**. After use, the gross visible soil is safely wiped and if cleaning is in a nonadjacent area, sharp pointed items are safely transferred in a dry, sealable and covered container.

4. **Soaking?** If cleaning occurs within an hour or two then why "soak?" Handling contaminated solutions has its own issues with splash so if cleaning is delayed further, use the least volume to place a wiped used item into.

5. **Sterilising bowls/dishes unnecessarily?** Cleaning of these is adequate if they are not required to be sterile. Reduce use by direct disposal of the sharp or clinical waste at point of use rather than transfer in a dish /bowl.

6. When draining/scrubbing/rinsing, wear an **apron, safety glasses (not prescription), utility gloves (not exam)**

7. **Is cleaning satisfactory?** Inspect every item scrubbed. Wall bracketed magnifiers are also available!

8. **Packs** (both processed and awaiting cleaning) **left on benches/sterilisers/racks** – this is inviting a mixup! The only time items are in the steriliser is when it is running - do not gradually fill it up over the day nor use it to cool items in (it takes much longer to cool a load in the steriliser and this increases the risk of a mix up). The load is removed as soon as the cycle is complete. In this time check the results, complete the log then put packs away.

9. **Storage allows recontamination?** Packs are just thin paper on one side! Open / gaping storage drawers and cupboards allow dust to settle on these. On opening, the dust with its bacteria can now settles on the item and then transferred to the patient. Further, moist hands rifling through stored packs may allow contaminants to move through the paper. For packs infrequently used, contamination risk increases.

10. **How long do sterilised packs remain sterile?** Processed packs are more brittle and prone to damage during storage. Increased handling of processed packs increases risk of contents becoming contaminated e.g. by moist hands. Perhaps place the infrequently used pack in a plastic snap lock bag and reprocess packs when too brittle.

Margaret Jennings, Microbiologist and Infection Control Consultant/Educator