

## Recommendations by the Quality Task Group (75)

# Cooperation with the operating room and other departments

(Revision of Recommendation No. 5 from issue 3/1999)

The topic of «Cooperation with the operating room (OR) and other departments» has become increasingly more important since the first Recommendation was issued by the Quality Task Group on this subject in 1999. Constructive cooperation, which in many respects still needs to be improved, is needed between the Central Sterile Supply Department (CSSD) and other departments not only for management of the medical devices (MDs) after use but also at other interaction points within the MD decontamination chain. For that reason the Quality Task Group has decided to publish a small series of Recommendations on the topic of «Cooperation with other departments» in the forthcoming issues of *Central Service*. We hope that these Recommendations will serve as a practical guide to improving cooperation between the CSSD and other departments. We intend focusing on interfaces to users and to the following departments: Engineering, Infection Control Team, Purchasing, Financial Controlling and Accounts, Medical Technology, Quality Management, IT, etc.

This first Recommendation deals mainly with cooperation with MD users in the OR whose role it is to prepare the used supplies at the end of surgery for decontamination in the CSSD.

The Recommendation jointly compiled by the Robert Koch Institute (RKI) and the German Federal Institute for Drugs and Medical Devices (BfArM) lists on page 1115 the **→ REQUIREMENTS** governing the management of used medical devices. The procedure outlined here describes an ideal situation from the CSSD perspective, whereby the MDs to be decontaminated can be loaded directly into the washer-disinfector (WD) without having to resort to several other manual tasks such as dismantling, pretreatment and repacking. This also represents best practice in terms of personnel protection (as set out in health and safety regulations, such as the Technical Regulation for Biological Substances TRBA 250). Since Quality Task Group Recommendation 73 (*Central Service* 6/2011) described medical device logistics, the present Recommendation will now focus on MD management after use and on cooperation with MD users.

**→ DESPITE THE REQUIREMENTS** governing preparation of used medical devices for decontamination, this is an aspect that often causes problems for the CSSD

### I Forms of MD disposal after use

In principle a distinction is made between two forms of MD disposal after use: dry disposal and wet disposal. «Moist disposal» shall not be described since this method is currently of minor importance.

For dry disposal all used and unused supplies are transported to the CSSD (or other decontamination unit) in a dry state, i. e. they are not immersed in a disinfectant solution or other liquids, while placed in closed, unbreakable, disinfectable containers or securely wrapped within another form of packaging.

The used and unused instruments should be prepared as follows for decontamination, while placing them on mesh trays or decontamination trays which can be loaded directly into the WD:

- jointed instruments opened to around 90°
- multicomponent instruments dismantled and taken apart (depending on the instructions given in the relevant standard operating procedures, it may also be possible to decontaminate the respective device without dismantling it)

- inner lumens of lumened instruments rinsed out immediately after use to prevent drying of soils
- instruments and other medical devices that will not fit on decontamination trays placed in suitable closed containers or wrapped in soft packaging (wrapper must be sealed tightly and be free of external contamination)
- cables and tubes placed on top of instruments or on separate tray
- sharp and pointed medical devices positioned such that the risk of injury to personnel is minimized
- decontamination trays labelled to facilitate assignment to instrument sets and trays, using appropriate labels
- decontamination trays not overloaded to avoid spray shadowing
- defective instruments labelled
- small components placed in a special basket to avoid losing them.

Preference should be given to → **DRY DISPOSAL** since it helps to rule out any risk of further contamination or injury. It also avoids prolonged storage of medical devices in solutions that could damage them. Dry disposal is currently also often recommended by manufacturers and is a widespread practice. To date there are no reasons for fearing that adherent residues, e. g. dried blood can't be removed during the cleaning and disinfection cycle in a WD when decontaminated in the WD within at least six hours after use. The main advantages of this form of decontamination are as follows:

- reduced weight of decontamination containers
- savings on disinfectant solution which cannot be reused
- avoidance of coagulation and foam problems in the WD as well as
- avoidance of corrosion as seen after prolonged immersion in a disinfectant.

For wet disposal, the used supplies are placed on mesh trays, completely covered with a cleaning disinfectant solution and transported to the decontamination site in this state. During the waiting and transportation time the microbial count is reduced, provided that an appropriate disinfectant is used. The following criteria must be borne in mind for wet disposal:

- the disinfectant must not be protein fixing
- the solution must always be freshly prepared
- protein effects must be largely prevented by using suitable disinfectants and pre-cleaning the medical devices immediately after use
- foam formation in the WD must be prevented by rinsing the instruments before loading them into the WD (rule out hazards to personnel)
- the weight of containers, includ. solution, must be observed (health and safety)
- splashing or draining of solution must be avoided
- supplies should not be immersed in solution for longer than the required exposure time to avoid corrosion

The onerous nature of the procedures needed for wet disposal, as outlined above, confirms the view that wet disposal cannot be recommended.

### **I Problems in cooperation between CSSD and users of medical devices**

Even today, at a stage when thanks to intensive staff training measures many mistakes are avoided, there continue to be → **PROBLEMS IN COOPERATION** between the CSSD and users of medical devices. The problems, which even today are common, are as follows:

- overfilled decontamination trays causing spray shadowing
- jointed instruments not properly opened
- modular instruments not properly dismantled
- bowls with fluids (e. g. skin disinfectant, NaCl 0.9 %) are not emptied before being sent for decontamination and thus spill onto other instruments
- waste and single-use devices (e. g. scalpel blades, wound needles) are left on decontamination trays or are placed on them sent for decontamination
- pre-cleaning is not always done immediately after use

→ **DRY DISPOSAL** is recommended because of the advantages cited .

→ Despite training and quality management, **PROBLEMS** continue to occur often in cooperation between users and decontamination personnel.

- optics are not secured before being sent for decontamination
- labelling is not done, or only in some cases
- medical devices that have not previously been decontaminated (e. g. new/loaned instruments) arrive in the CSSD without any decontamination instructions
- no labelling of defective medical devices.

→ **COOPERATION** is needed between all persons directly or indirectly involved in patient care to assure the best patient care possible as well as problem-free working practices.

→ **PROPOSED PROBLEM SOLUTIONS** can bear fruit only if implemented in routine practice.

### Recommendations for solving problems in cooperation

To → **SOLVE PROBLEMS** the Quality Task Group recommends the following measures:

- train user personnel
- improve good will, e. g. joint training of users and decontamination personnel to assure the common goal of reproducible medical device decontamination practices in line with the dictates of quality assurance
- at a hierarchical level, those persons authorised to issue directions, such as nursing service management, business management, infection control personnel, as applicable, can coordinate, provide information and help solve disputes and deal with excuses («We have no time for something like that!»; «We've always done things in that way!»)
- Provide for quality management instructions by compiling standard operating procedures, including verification of implementation and standardised recording and evaluation of deviation from quality management regulations
- Arrange for guest visits by user personnel to the CSSD to create awareness for working practices and show what decontamination problems can arise from, perhaps poorly pondered, working practices
- Reduce anonymity through mutual acquaintance and understanding
- Deployment of dedicated decontamination assistants to take responsibility in the OR for preparing the used MDs for subsequent decontamination
- Label decontamination trays with a code or the name of the person entrusted with preparing supplies for decontamination so that appropriate remedial and retraining measures can be taken, if necessary
- Compile a list of special items, e. g. of sharp or pointed instruments as well as information or instructions for users on how to handle special supplies
- Make information material available to users (e. g. RKI/BfArM Recommendation on the medical device circuit described)
- Draw attention to accident prevention regulations (e. g. TRBA 250) and
- Provide for ongoing communication, e. g. interdisciplinary team meetings
- List costs to highlight the damage caused by incorrect decontamination preparatory measures (e. g. optics, microinstruments). ■

#### Remarks on the scope of the Recommendation of the Quality Task Group (74) of the German Society of Sterile Supply (DGSV): «Transmission Instruments – Hand and Angled Pieces and Turbines – Part 1» (Central Service 1/2012, p. 71–72)

In the introduction to the Recommendation the scope was given as follows:

*«Transmission instruments are used in dentistry as well as in oromaxillofacial surgery, ear, nose and throat (ENT) medicine, neurosurgery, hand surgery and plastic surgery.»*

It must be pointed out that these recommendations by the Quality Task Group apply in the field of dentistry only to transmission instruments that are used for **surgical, periodontologic or endodontic (invasive) procedures with subsequent saliva-impermeable wound closure** and which are classified as belonging to the **Critical B Category** (RKI/BfArM Recommendation).

Dental transmission instruments used for **(non-invasive) general, preventive, restorative or orthodontic procedures** are classified as **Semi-Critical B medical devices**. For these, it is possible to use decontamination methods that differ from those mentioned in the Recommendation.

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