# Audit tool – Decontamination and reprocessing of reusable medical devices and equipment

This audit tool has been developed from the practice IPC policies and designed to be consistent with the requirements of:

* NZS 8134:2021 Ngā Paerewa Health and Disability services standard
* AS/NZS 4815:2006 Office-based Health Care Facilities.

The audit tool will be required to be completed and reported annually. Specifically, ‘there shall be evidence of audit and corrective actions, if applicable, of the appropriate decontamination of reusable medical devices based on recommendations of the manufacturer and best practice standards’ (Nga Paerewa clause 5.2.10).

Reprocessing refers to the procedures that are carried out to ensure a contaminated reusable item is made safe for re-use and includes, as appropriate for the item’s intended use:

*  cleaning
*  disinfecting
*  sterilising
*  packaging
*  safe storage.

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| --- | --- | --- | --- |
| Is there an infection and prevention control lead responsible for overseeing and coordinating implementation of the IP programme? | | | |
| * Y/N – name and role | | | |
| Has the IP lead received the required level of training in IP&C? | | | |
| * Y/N – date and training description | | | |
| Have staff members received relevant training for their roles in IP&C? | | | |
| * Y/N | | | |
| Is IP&C included in induction training for all new staff? | | | |
| * Y/N | | | |
| Has the practice implemented collection of healthcare associated infection (HAI) data and surveillance? E.g. rate of infections following minor surgery. | | | |
| * Y/N | | | |
| * Description | | | |
| * Analysis | | | |
| Is there a documented process for all reusable equipment cleaning and decontamination according to how the item is used and the level of risk (Spaulding Classification system). | | | |
| Y/N | | | |
| **Autoclave sterilisation** | **Yes** | **No** | **Comments** |
| Has annual maintenance been carried out – servicing, calibration and validation? |  |  |  |
|  | | | |
| Are daily steriliser tests carried out before any cycles are run? |  |  |  |
|  | | | |
| **Autoclave log** | | | |
| Are all sterilisation cycles recorded according to the:   * time and date each article was sterilised * duration of the sterilisation cycle * temperature and pressure levels of the autoclave. |  |  |  |
| Are physical checks done at end of each cycle? |  |  |  |
| Are all log sheets filed in the autoclave folder? |  |  |  |
| Are SD card/printout records saved in the autoclave folder? |  |  |  |
| How long is the practice retaining records of maintenance and sterilisation cycles? |  |  | Specify timeframe |
|  | | | |
| Reusable instrument sterilisation batch and dates are recorded on instrument packages. |  |  |  |
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| Patients undergoing minor surgery have the instrument sterilisation data of those packs used, recorded in their clinical record. |  |  |  |
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| **Sterilisation procedure** | | | |
| Is the ‘dirty to clean’ flow of cleaning and preparing reusable medical instruments adhered to? |  |  |  |
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| Are items soaked in a low foam enzymatic detergent for the correct amount of time (according to manufacturer)? |  |  |  |
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| Has the cleaning brush been regularly autoclaved? |  |  | Document how often e.g. daily, weekly etc. |
|  | | | |
| Are lint-free cloths used for drying instruments? |  |  |  |
|  | | | |
| Are all forceps and scissors open when packed? |  |  |  |
|  | | | |
| Are approved bags and seals used correctly? |  |  |  |
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| Is a chemical indicator incorporated into the packing material? |  |  |  |
|  | | | |
| When removed and instruments packs are cool and dry – are they stored in a clean enclosed storage area? |  |  |  |
| **Monitoring successful sterilisation** | | | |
| Have any incidents related to the IP&C programme been reported in the audit period? |  |  |  |
|  | | | |
| Have any patient infections following minor surgery been reported during audit period? |  |  |  |
|  | | | |
| Have there been any IP&C service improvements implemented during the audit period? |  |  |  |