Cleaning of Reprocessing Equipment Procedure

1. Purpose

The purpose of this procedure is to outline requirements for the daily and regular cleaning of equipment that is used to reprocess reusable medical devices (RMDs) as well as the reprocessing environment in the Sterilisation Services Department (SSD).

This procedure applies to all WA Country Health Service (WACHS) healthcare workers that use or reprocess RMDs.

2. Procedure

2.1 Key principles

- Separate dedicated cleaning equipment is to be provided for dirty and clean work areas.
- Appropriate cleaning and disinfecting wipes or cleaning and disinfecting solutions are to be used – consult with the Support Services Team or Infection Prevention and Control for advice as required. (Note: alcohol wipes may be requested to be used by a manufacturer, however a cleaning process must occur prior to use of an alcohol wipe as the alcohol will disinfect only).
- Clean higher surfaces/equipment before lower areas/equipment (e.g. benches before floors).
- Do not dry dust. Damp dusting is recommended for all surfaces.
- Spot cleaning is to be undertaken as soon as possible and all spills must be dealt with immediately.
- All work benches are to be kept free from clutter to allow for effective cleaning.
- Cleaning audits are to be performed regularly and non-conformance must be addressed immediately.
- Refer to the WACHS Environmental Cleaning Policy for further information as required.

2.2 Daily cleaning

- Cleaning of all reprocessing equipment/machinery, shelving and accessories (e.g. washer disinfectors (WDs), loading racks, transport trolleys, ultrasonic cleaners, drying cabinets and other accessories) is to be in accordance with the manufacturer's instructions for use (IFU). They must be cleaned daily with detergent and water or a pre-impregnated neutral detergent wipe to remove any marks, fingerprints, dust etc.
- Brushes and other accessories used for pre-treatment or manual cleaning are to be cleaned and thermally disinfected or sterilised at least daily and as per the manufacturer's IFU **or** disposed at the end of the day with disposable products.
- Work benches and horizontal surfaces are to be cleaned with detergent and water at the beginning and the end of the day and when visibly soiled.
- Sinks must be cleaned daily.
- Floors are to be mopped at the end of the day and spot cleaned as required.
- Mops and cleaning cloths are to be laundered at the end of every day and stored dry.

- Disposable items are to be disposed at the end of the day.

2.3 Regular cleaning

- A cleaning schedule is to be established for non-daily cleaning such as walls, vents, doors, ceilings etc. This schedule should be sufficient to ensure the surfaces are never allowed to become dusty, marked or dirty. Cleaning is to be documented with the date, what was cleaned and by whom.

3. Roles and Responsibilities

Health Service Organisations are responsible for ensuring that adequate resources and support are provided to ensure a safe working environment for all staff.

SSD Manager/Supervisor is to implement the requirements of this document to ensure the processing of RMDs is compliant with AS/NZS 4187:2014 and associated normative references and ensure the quality and safety of reprocessed RMDs.

SSD staff must comply with the requirements of this document and report non-compliance to the SSD Manager/Supervisor or Perioperative Services Manager.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

Regular monitoring will contribute to compliance with relevant Standards, good quality patient outcomes and improved staff satisfaction.

The SSD Manager/Supervisor or Perioperative Services Manager are responsible for ensuring that:

- monitoring of compliance with this document is carried out in line with AS/NZS 4187:2014
- risk assessments are completed, outcomes evaluated, and actions taken as required
- regular cleaning audits are undertaken as per the SSD's audit schedule and action/s are identified and implemented as required.

All identified issues must be escalated and reported to the local Perioperative Management Committee and Infection Prevention and Control Committee. They are also to be tabled at the Regional Infection Prevention and Control Committee meetings, with any issues escalated to the Regional Safety and Quality Committee.

4.2 Evaluation

Review of this document will be coordinated by the Surgical Services Program Team in collaboration with key stakeholders including relevant Advisory Forums.

5. Compliance

This procedure is a mandatory requirement under the *Therapeutic Goods Act 1989* (Cwlth) and AS/NZS 4187:2014.

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to Section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

1. AS/NZS 4187:2014 and amendment 2:2019, Reprocessing of reusable medical devices in health service organisations. Available from https://www-saiglobal-com.wachslibresources.health.wa.gov.au/online/.
2. ISO 17665-1: 2006. Sterilization of health care products – Moist Heat – Part 1: Requirements for the development, validation and routine control of a sterilization process for medical devices. Available from https://www-saiglobal-com.wachslibresources.health.wa.gov.au/online/.
3. ISO/TS 17665-2:2009. Sterilization of health care products – Moist heat – Part 2: Guidance on the application of ISO 17665-1. Available from https://www-saiglobal-com.wachslibresources.health.wa.gov.au/online/.
4. St John of God Midland Public and Private Hospitals. Central Sterilisation Services Department Manual, MIC-SSD-OTH-0002.
5. Women and Newborn Health Service. Hospital Sterile Supply Department Policy and Procedure Manual - HSSD reprocessing activities. King Edward Memorial Hospital Sterile Supply Department (HSSD), 2021.

7. Definitions

Term	Definition
Daily cleaning	Cleaning tasks that must be undertaken at the beginning and/or end of every working day.
Instructions for use (IFU)	Information provided by the manufacturer for the intended user detailing how the device can be used safely for its intended purpose.
Regular cleaning	Periodic cleaning tasks that must be undertaken on a recurring frequency, but not daily (e.g. weekly or monthly).

Reusable medical device (RMD)	A medical device designated or intended by the manufacturer as suitable for processing and reuse. Clarification notes: 1. This is not a medical device that is designated or intended by the manufacturer for single use only. 2. An RMD is presented for use either as an individually packaged RMD or as more than one RMD assembled and packaged together as a group or set. For the purposes of this document, the term RMD includes a loan RMD and a trial RMD and applies to all reusable devices that require reprocessing.
Sterilisation Services Department (SSD)	Also known as Central Sterilising Services Department, Sterile Processing Department, Central Supply Department. An integrated department in a Health Service Organisation that performs cleaning, disinfection and sterilising actions on RMDs and manages storage of sterile stock and consumables.

8. Document Summary

Coverage	WACHS wide
Audience	All WACHS healthcare workers that use or reprocess reusable medical devices
Records Management	Non Clinical: Records Management Policy Clinical: Health Record Management Policy
Related Legislation	*Therapeutic Goods Act 1989* (Cwlth) *Health Services Act 2016* (WA)
Related Mandatory Policies / Frameworks	Clinical Governance, Safety and Quality Policy Framework National Safety and Quality Health Service Standards Accreditation Policy – MP 0134/20
Related WACHS Policy Documents	Audit of Sterilisation Services Departments Procedure Environmental Cleaning Policy Infection Prevention and Control Policy Repair and Maintenance of Reprocessing Equipment and Reusable Medical Devices Procedure Reprocessing Reusable Medical Devices Policy Validation of Cleaning, Disinfecting, Packaging and Sterilising Processes Procedure
Other Related Documents	WACHS Sterilisation Services: Policies, Procedures and Resources List
Related Forms	Nil
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2079
National Safety and Quality Health Service (NSQHS) Standards	3.01, 3.02, 3.08, 3.10, 3.11, 3.12, 3.14, 3.17
Aged Care Quality Standards	Nil
National Standards for Mental Health Services	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
1.00	30 March 2023	30 March 2023	New procedure

10. Approval

Policy Owner	Executive Director Nursing and Midwifery
Co-approver	Executive Director Clinical Excellence
Contact	Coordinator of Nursing – Perioperative
Business Unit	Nursing and Midwifery – Surgical Services
EDRMS #	ED-CO-23-121724

This document can be made available in alternative formats on request.