SA Reprocessing of Reusable Medical Devices Committee

Terms of Reference

Background

SA Health has a requirement to meet the standard 3 of the Australian Commission on Safety and Quality in Health Care standards (preventing and controlling healthcare associated infections), specifically 3.16, 3.17 and 3.18, which cover:

> governance and systems for infection prevention, control and surveillance,
> compliance with relevant national and international standards for cleaning, disinfection and sterilisation,
> implementation of instrument traceability systems, and
> competency-based training of the workforce responsible for reprocessing, and

Two state wide reviews of reusable medical devices occurred in 2007-2008, and 2012. Recommendations from the 2012 review identified that further work was needed including updating and upgrading of reprocessing equipment and infrastructure, further support for training in reprocessing, implementation of a unified instrument or tray tracking system, and compliance with current standards particularly in reprocessing undertaken in satellite sites areas outside of Central Sterilisation Departments (CSDs). Local Health Networks (LHNs) have been progressing this work individually, however with a new standard and ongoing evidence of reprocessing errors there is a need establish a state-wide system of governance within SA Health.

Purpose

Aim

The SA Health Reprocessing of Reusable Medical Devices Committee (the Committee) will provide a forum for state–wide decision making in matters relating to sterilisation and reprocessing or medical devices (including high level disinfection) in CSDs and other satellite sites; will provide oversight of the implementation AS/NZS 4187:2014 and the Gastroenterological Society of Australia (GESA) Infection Control in Endoscopy Guidelines, 2010 and will share learning and develop tools to support implementation of the reprocessing standard AS/NZS 4187:2014

Objectives

The Committee will:

> develop a Reprocessing of Reusable Medical Devices Policy Directive for submission to Portfolio Executive,
> develop a state wide audit tool in order to identify gaps against the reprocessing standard AS/NZS 4187:2014 and the GENCA/GESA guidelines,
develop a plan to ensure compliance with the new Australian Standard AS/NZS 4187:2014 and the GENCA standard/GESA guidelines within Local Health Networks,

monitor and report of the progress of implementation of AS/NZS 4187:2014 by the Local Health Networks, to the Chief Medical Officer (CMO)/Chair of the Safety and Quality Strategic Governance Committee

**Function**

The Committee will:

> ensure a strategic and consultative approach is adopted with participating LHNs;

> encourage and facilitate information sharing across participating organisations in order to solve problems, overcome barriers and promote solutions; and

> ensure that solutions address identified system gaps and take into account variations which may be required in individual LHNs.

**Reporting**

The Committee will report to the CMO, System Performance and Service Delivery Division, SA Health in his role as Chair of the Safety and Quality Strategic Governance Committee.

**Meetings**

> The Committee will meet at least 4 times per year and more frequently if required, as determined by the Chairperson according to need.

> Between meetings there will be the ability to communicate either via email or teleconference.

**Confidentiality**

> Non-ratified working documents or papers marked ‘confidential’ are for the exclusive use of the Committee members and are not to be copied or circulated unless authorisation is provided by the secretariat.

**Selection of committee members**

> The Chairperson will be a Medical Consultant from Communicable Disease Control Branch (CDCB), Department for Health and Ageing.

> SA Health Local Health Network (LHN) representation will consist of:

  ▪ two representatives from each LHN with at least one of these having technical expertise in reprocessing;
  ▪ at least one member with detailed expertise in the recently revised AS/NZS 4187 *(if not included in LHN representatives above)*;
  ▪ at least one member with specific expertise in state wide reprocessing training *(if not included in LHN representatives above)*;
  ▪ at least one member with specific expertise in high level disinfection of endoscopes *(if not included in LHN representatives above)*;
  ▪ at least one member with specific expertise in reprocessing of dental devices *(if not included in LHN representatives above)*;
  ▪ at least one representative from the Infection Control Service, of Communicable Disease Control Branch (CDCB); and
- at least one medical consultant representative from CDCB.

> Additional members with specific technical expertise may be co-opted as required.
> Members can provide a proxy reflecting the profile of the member who will attend in the member’s absence.
> In the event of an extended absence, resignation or change of position, the member is required to nominate a replacement.

**Obligations of members**

All members and persons assisting the Committee will:

- comply with the group’s terms of reference; and
- declare conflicts of interest at the commencement of each meeting in respect to agenda items or discussion points.

**Chair**

The Chairperson will:

- clarify with the members what the group has to achieve, in the short and long term;
- ensure the group fulfils its functions and behaves in accordance with its rules and codes of conduct, including with respect to disclosures of interest;
- ensure meeting agendas and papers are appropriate to make meetings effective;
- ensure that the group arrives at clear decisions; and
- ensure outstanding actions are monitored.

**Working Groups**

The Committee may convene work groups to undertake specific time limited tasks. A work group will comprise at least one member of the Committee and will report back to the Committee on completion of the task or earlier as requested by the Committee Chair.

**Quorum**

- The quorum for the group is half the members plus one.
- Meetings will be face to face where possible with teleconferencing facilities arranged as required.

**Coordination and secretariat**

- The CDCB Corporate services Section will coordinate meetings and act as secretariat.

**Terms of reference review**

- These terms of reference will be reviewed at least annually and amended accordingly.

**Version control and change history**

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