**Questionnaire - CEC S3 Register of Reprocessing Units and Departments**

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| Questionnaire Name | CEC S3 Register of Reprocessing Units and Departments |
| Standard | 3. Healthcare-Associated Infection |
| Patient Oriented | No |
| Questionnaire Instruction | This register has been developed to determine the number of reprocessing units or departments within an LHD or SHN. A Central Sterilising Department may have other names within a health facility eg CSSD, TSSU, CSD A satellite reprocessing site is a small Unit/Department/Clinic that reprocesses (sterilises or high level disinfects) a single specific type of reusable medical device e.g. transvaginal transducer, nasendoscope, flexible cystoscope, TOE transducer. Each Unit/Department to be registered separately |
| Creator Name | Joe-Anne Bendall |
| Creator Group | New South Wales ( Super ) |

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| **1.**       | Are you completing this register for a central sterilising department, endoscopy unit,  satellite site orOral Health Service? (if **Central Sterilising Department**, jump to question **2** ; if **Endoscopy Unit**, jump to question **21** ; if **Oral Health Service**, jump to question **60** ; if **Satellite Site**, jump to question **41**) [Question ID: 32769] |
|  |  ○ Central Sterilising Department○  Endoscopy Unit○  Oral Health Service○  Satellite Site  |
|  | **Comments**: |
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 Register of Central Sterilising Department(s)

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| **2.**       | What is the name of your hospital Central Sterilising Department? [Question ID: 32451] |
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|  | **Comments**: |
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| **3.**       | Where is the department located within the hospital? [Question ID: 32452] |
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|  | **Comments**: |
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| **4.**       | What is the manager's position title? [Question ID: 32453] |
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|  | **Comments**: |
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| **5.**       | What is the manager's position grade eg HSM 2, NUM 3, Admin level 10 [Question ID: 32476] |
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|  | **Comments**: |
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| **6.**       | What is the manager's name (first name/surname)? [Question ID: 32478] |
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|  | **Comments**: |
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| **7.**       | What is the manager's email address? [Question ID: 32479] |
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|  | **Comments**: |
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| **8.**       | Does the manager report to a clinical or corporate Manager/Director? (Please write position title in the comments section) [Question ID: 32493] |
|  |  ○ Corporate  ○ Clinical  ○  Other   |
|  | **Comments**: |
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| **9.**       | Which clinical areas does the central sterilising department provide a service? (For other, please write these in the Comments section) [Question ID: 32497] |
|  | □ Dental Services□ Endoscopy□ Interventional Radiology□ Medical Imaging□ Offsite - external to LHD eg GPs□ Offsite - within the LHD□ Operating Theatre□ Outpatient Departments/Clinics□ Speciality Department eg cardiology, cancer services, fetal medicine□ Wards□ Other (not listed)  |
|  | **Comments**: |
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| **10.**       | What other specialty areas do you provide a reprocessing service? [Question ID: 32763] |
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|  | **Comments**: |
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| **11.**       | What types of sterilising/high level disinfection methods are used in the sterilising department? [Question ID: 32547] |
|  | □ Steam□ Low temperature□ ETO□ High level chemical disinfection□ Thermal disinfection□ Other  |
|  | **Comments**: |
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| **12.**       | What of other reprocessing equipment is in the department? [Question ID: 32980] |
|  | □ Nil□ Batch washer□ Ultrasonic□ Respiratory Disinfector□ Other  |
|  | **Comments**: |
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| **13.**       | Other reprocessing equipment [Question ID: 35895] |
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|  | **Comments**: |
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| **14.**       | Does the department perform competencies and assessments for all staff/technicians? [Question ID: 32607] |
|  | □ At orientation□ Annually□ Bi-annual□ Ad-hoc times□ No program□ Requires assessment by another facility manager or release to another facility for assessment  |
|  | **Comments**: |
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| **15.**       | Has your department performed a gap analysis for AS/NZS4187:2014 [Question ID: 32764] |
|  |  ○ Yes  ○  No  ○  In progress   |
|  | **Comments**: |
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| **16.**       | What date was your gap analysis completed for AS/NZS4187:2014? (date format: dd/mm/yyyy) [Question ID: 32767] |
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|  | **Comments**: |
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| **17.**       | Does your department have an Action Plan for those gaps? [Question ID: 32765] |
|  |  ○ Yes  ○  No  ○  In progress   |
|  | **Comments**: |
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| **18.**       | Has your department had a Peer Review Audit undertaken? © [Question ID: 32766] |
|  | ○ Yes  ⊕ ○ No  ⊖  |
|  | **Comments**: |
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| **19.**       | What date was your Peer Review completed? (date format: dd/mm/yyyy) [Question ID: 32768] |
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|  | **Comments**: |
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| **20.**       | Does your department have a method for tracking reprocessed items to patients? [Question ID: 32812] |
|  | □ Electronic tracking system to trays/items□ Electronic tracking system to all individual items□ Paper tracking system□ Hybrid - electronic and paper  |
|  | **Comments**: |
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 Register of Endoscopy Unit

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| **21.**       | What is the name of your endoscopy unit? [Question ID: 32770] |
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|  | **Comments**: |
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| **22.**       | What is the name of your hospital? [Question ID: 32785] |
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|  | **Comments**: |
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| **23.**       | Where is the unit located within the hospital? [Question ID: 32771] |
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|  | **Comments**: |
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| **24.**       | What is the manager's position title? [Question ID: 32772] |
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|  | **Comments**: |
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| **25.**       | What is the manager's position grade eg HSM 2, NUM 3 [Question ID: 32773] |
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|  | **Comments**: |
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| **26.**       | What is the manager's name (first name/surname)? [Question ID: 32774] |
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|  | **Comments**: |
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| **27.**       | What is the manager's email address? [Question ID: 32775] |
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|  | **Comments**: |
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| **28.**       | Does the manager report to a clinical or corporate Manager/Director? [Question ID: 32776] |
|  |  ○ Clinical  ○  Corporate  ○  Other   |
|  | **Comments**: |
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| **29.**       | Which clinical areas does the endoscopy unit provide a service? [Question ID: 32777] |
|  | □ Endoscopy Unit□ Operating Theatre□ Outpatient Clinic/Department□ Specialty Service eg cardiology  |
|  | **Comments**: |
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| **30.**       | What other clinical areas? [Question ID: 32981] |
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|  | **Comments**: |
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| **31.**       | What type of high level disinfection device is used in the endoscopy unit eg soluscope, Steris? [Question ID: 32778] |
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|  | **Comments**: |
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| **32.**       | What is being reprocessed in the endoscopy unit eg colonoscope, gastroscope, bronchoscope? [Question ID: 32779] |
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|  | **Comments**: |
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| **33.**       | How many years have the endoscopy unit been operating? (numeric field) [Question ID: 32780] |
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|  | **Comments**: |
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| **34.**       | Has the endoscopy unit performed a gap analysis for AS/NZS4187:2014? © [Question ID: 32788] |
|  | ○ Yes  ⊕ ○ No  ⊖  |
|  | **Comments**: |
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| **35.**       | What date was the gap analysis completed within the endoscopy unit for AS/NZS4187:2014? (date format: dd/mm/yyyy) [Question ID: 32790] |
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|  | **Comments**: |
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| **36.**       | Does the endoscopy unit have an Action Plan for those gaps? © [Question ID: 32792] |
|  | ○ Yes  ⊕ ○ No  ⊖  |
|  | **Comments**: |
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| **37.**       | Has the endoscopy unit had a Peer Review Audit undertaken? © [Question ID: 32794] |
|  | ○ Yes  ⊕ ○ No  ⊖  |
|  | **Comments**: |
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| **38.**       | What date was the endoscopy unit Peer Review undertaken? (date format: dd/mm/yyyy) [Question ID: 32796] |
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|  | **Comments**: |
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| **39.**       | Does the endoscopy unit perform competencies and assessments for all staff/technicians? [Question ID: 32828] |
|  | □ Orientation/Induction□ Annual□ Bi-annual□ Ad-hoc□ No competency assessments  |
|  | **Comments**: |
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| **40.**       | Does the endoscopy unit have a method for tracking reprocessed items to patients? [Question ID: 32863] |
|  |  ○ Electronic tracking to trays/individual items  ○  Electronic tracking to all individual items  ○  Paper based tracking system  ○  Hybrid system - paper and electronic  ○  No tracking system   |
|  | **Comments**: |
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 Register of a Satellite Site

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| **41.**       | What is the name of your unit/department/clinic? [Question ID: 32781] |
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|  | **Comments**: |
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| **42.**       | What is the name of your hospital? [Question ID: 32799] |
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|  | **Comments**: |
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| **43.**       | Where is the unit/department/clinic located within the hospital? [Question ID: 32801] |
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|  | **Comments**: |
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| **44.**       | What is the specialty of the satellite unit/department/clinic? (if **Other**, jump to question **45**) [Question ID: 32784] |
|  |  ○ Cancer Services  ○  Cardiology  ○  Gynaecology  ○  Interventional Radiology  ○  Motility  ○  Nuclear Medicine  ○  Obstetrics  ○  Outpatient Department  ○  Radiology  ○  Vascular Diagnostics  ○  Other   |
|  | **Comments**: |
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| **45.**       | Other specialty type [Question ID: 32865] |
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|  | **Comments**: |
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| **46.**       | What is the manager's position grade eg HSM 2, NUM 3 [Question ID: 32804] |
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|  | **Comments**: |
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| **47.**       | What is the manager's name (first name/surname)? [Question ID: 32833] |
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|  | **Comments**: |
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| **48.**       | What is the manager's email address? [Question ID: 32837] |
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|  | **Comments**: |
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| **49.**       | Does the manager report to a clinical or corporate Manager/Director? [Question ID: 32839] |
|  |  ○ Clinical  ○  Corporate  ○  Other   |
|  | **Comments**: |
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| **50.**       | What is the name of the reusable medical device/equipment that is reprocessed (disinfected) in the unit/department/clinic eg transvaginal probe, TOE probe, nasendoscope? [Question ID: 32843] |
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|  | **Comments**: |
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| **51.**       | What is the name of the reprocessing equipment/system that is used to reprocess the reusable medical device within the satellite unit/department/clinic eg GUS, trophon, Tristel Wipes, Steris [Question ID: 32847] |
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|  | **Comments**: |
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| **52.**       | How many years has your satellite unit/department/clinic been reprocessing this reusable medical device? (numeric field) [Question ID: 32852] |
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|  | **Comments**: |
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| **53.**       | Has the satellite unit/department/clinic performed a gap analysis for AS/NZS4187:2014? [Question ID: 32853] |
|  |  ○ Yes  ○  No  ○  In Progress  ○  N/A   |
|  | **Comments**: |
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| **54.**       | What date was the gap analysis completed within the satellite unit/department/clinic for AS/NZS4187:2014? (date format: dd/mm/yyyy) [Question ID: 32854] |
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|  | **Comments**: |
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| **55.**       | Does the satellite unit/department/clinic have an Action Plan for those gaps? © [Question ID: 32857] |
|  | ○ Yes  ⊕ ○ No  ⊖○ N/A  |
|  | **Comments**: |
|  |
| **56.**       | Has the satellite unit/department/clinic had a Peer Review Audit undertaken? © [Question ID: 32858] |
|  | ○ Yes  ⊕ ○ No  ⊖○ N/A  |
|  | **Comments**: |
|  |
| **57.**       | What date was the Peer Review audit completed for the satellite unit/department/clinic? (date format: dd/mm/yyyy) [Question ID: 32861] |
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|  | **Comments**: |
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| **58.**       | Does the satellite unit/department/clinic perform competency assessments for all staff/technicians? [Question ID: 32866] |
|  | □ Orientation/Induction□ Annual□ Bi-annual□ Ad-hoc□ No competency assessments  |
|  | **Comments**: |
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| **59.**       | Does your satellite unit/department/clinic has a method for tracking reprocessed items to patients? [Question ID: 32867] |
|  |  ○ Electronic tracking  ○  Paper based tracking  ○  Hybrid - electronic and paper  ○  No tracking   |
|  | **Comments**: |
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 Register of an individual Dental Clinic

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| **60.**       | Name of the Manager? [Question ID: 32983] |
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|  | **Comments**: |
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| **61.**       | Managers email address [Question ID: 32984] |
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|  | **Comments**: |
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| **62.**       | Who does the dental clinic manager report to (position title)? [Question ID: 32985] |
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|  | **Comments**: |
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| **63.**       | Where is the dental clinic located? [Question ID: 32982] |
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|  | **Comments**: |
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| **64.**       | Does the dental clinic reprocess (sterilise) reusable medical devices at the clinic? © [Question ID: 32986] |
|  | ○ Yes  ⊕ ○ No  ⊖  |
|  | **Comments**: |
|  |
| **65.**       | Does your unit/department/ward has a method for tracking reprocessed items to patients? © [Question ID: 32868] |
|  | ○ Yes  ⊕ ○ No  ⊖○ N/A  |
|  | **Comments**: |
|  |
| **66.**       | Which Australian Standard does the dental clinic assess their compliance with reprocessing? [Question ID: 32987] |
|  |  ○ AS/NZS4815:2006 - Office-based health care facilities—Reprocessing of reusble medical and surgical instruments and equipment, and maintenance of the associated environment  ○  AS/NZS4187:2014 Reprocessing of reusable medical devices in health service organisations  ○  Have not assessed compliance   |
|  | **Comments**: |
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| **67.**       | Date the assessment was completed (date format: dd/mm/yyyy) [Question ID: 32988] |
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|  | **Comments**: |
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| **68.**       | Does your department have an Action Plan for those gaps identified in the assessment? © [Question ID: 32989] |
|  | ○ Yes  ⊕ ○ No  ⊖  |
|  | **Comments**: |
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