**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 or Oral 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**: |
|  | |

    
 Register of Central Sterilising Department(s)

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| **2.** | What is the name of your hospital Central Sterilising Department? [Question ID: 32451] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **3.** | Where is the department located within the hospital? [Question ID: 32452] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **4.** | What is the manager's position title? [Question ID: 32453] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **5.** | What is the manager's position grade eg HSM 2, NUM 3, Admin level 10 [Question ID: 32476] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **6.** | What is the manager's name (first name/surname)? [Question ID: 32478] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **7.** | What is the manager's email address? [Question ID: 32479] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **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**: |
|  | |
| **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**: |
|  | |
| **10.** | What other specialty areas do you provide a reprocessing service? [Question ID: 32763] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **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**: |
|  | |
| **12.** | What of other reprocessing equipment is in the department? [Question ID: 32980] |
|  | □ Nil □ Batch washer □ Ultrasonic □ Respiratory Disinfector □ Other |
|  | **Comments**: |
|  | |
| **13.** | Other reprocessing equipment [Question ID: 35895] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **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**: |
|  | |
| **15.** | Has your department performed a gap analysis for AS/NZS4187:2014 [Question ID: 32764] |
|  | ○ Yes   ○  No   ○  In progress |
|  | **Comments**: |
|  | |
| **16.** | What date was your gap analysis completed for AS/NZS4187:2014? (date format: dd/mm/yyyy) [Question ID: 32767] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **17.** | Does your department have an Action Plan for those gaps? [Question ID: 32765] |
|  | ○ Yes   ○  No   ○  In progress |
|  | **Comments**: |
|  | |
| **18.** | Has your department had a Peer Review Audit undertaken? © [Question ID: 32766] |
|  | ○ Yes  ⊕  ○ No  ⊖ |
|  | **Comments**: |
|  | |
| **19.** | What date was your Peer Review completed? (date format: dd/mm/yyyy) [Question ID: 32768] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **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] |
|  | |  | | --- | |  | |
|  | **Comments**: |
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| **22.** | What is the name of your hospital? [Question ID: 32785] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **23.** | Where is the unit located within the hospital? [Question ID: 32771] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **24.** | What is the manager's position title? [Question ID: 32772] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **25.** | What is the manager's position grade eg HSM 2, NUM 3 [Question ID: 32773] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **26.** | What is the manager's name (first name/surname)? [Question ID: 32774] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **27.** | What is the manager's email address? [Question ID: 32775] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **28.** | Does the manager report to a clinical or corporate Manager/Director? [Question ID: 32776] |
|  | ○ Clinical   ○  Corporate   ○  Other |
|  | **Comments**: |
|  | |
| **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**: |
|  | |
| **30.** | What other clinical areas? [Question ID: 32981] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **31.** | What type of high level disinfection device is used in the endoscopy unit eg soluscope, Steris? [Question ID: 32778] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **32.** | What is being reprocessed in the endoscopy unit eg colonoscope, gastroscope, bronchoscope? [Question ID: 32779] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **33.** | How many years have the endoscopy unit been operating? (numeric field) [Question ID: 32780] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **34.** | Has the endoscopy unit performed a gap analysis for AS/NZS4187:2014? © [Question ID: 32788] |
|  | ○ Yes  ⊕  ○ No  ⊖ |
|  | **Comments**: |
|  | |
| **35.** | What date was the gap analysis completed within the endoscopy unit for AS/NZS4187:2014? (date format: dd/mm/yyyy) [Question ID: 32790] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **36.** | Does the endoscopy unit have an Action Plan for those gaps? © [Question ID: 32792] |
|  | ○ Yes  ⊕  ○ No  ⊖ |
|  | **Comments**: |
|  | |
| **37.** | Has the endoscopy unit had a Peer Review Audit undertaken? © [Question ID: 32794] |
|  | ○ Yes  ⊕  ○ No  ⊖ |
|  | **Comments**: |
|  | |
| **38.** | What date was the endoscopy unit Peer Review undertaken? (date format: dd/mm/yyyy) [Question ID: 32796] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **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**: |
|  | |
| **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] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **42.** | What is the name of your hospital? [Question ID: 32799] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **43.** | Where is the unit/department/clinic located within the hospital? [Question ID: 32801] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **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**: |
|  | |
| **45.** | Other specialty type [Question ID: 32865] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **46.** | What is the manager's position grade eg HSM 2, NUM 3 [Question ID: 32804] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **47.** | What is the manager's name (first name/surname)? [Question ID: 32833] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **48.** | What is the manager's email address? [Question ID: 32837] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **49.** | Does the manager report to a clinical or corporate Manager/Director? [Question ID: 32839] |
|  | ○ Clinical   ○  Corporate   ○  Other |
|  | **Comments**: |
|  | |
| **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] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **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] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **52.** | How many years has your satellite unit/department/clinic been reprocessing this reusable medical device? (numeric field) [Question ID: 32852] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **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**: |
|  | |
| **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] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **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] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **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**: |
|  | |
| **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**: |
|  | |

    
 Register of an individual Dental Clinic

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| **60.** | Name of the Manager? [Question ID: 32983] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **61.** | Managers email address [Question ID: 32984] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **62.** | Who does the dental clinic manager report to (position title)? [Question ID: 32985] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **63.** | Where is the dental clinic located? [Question ID: 32982] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **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**: |
|  | |
| **67.** | Date the assessment was completed (date format: dd/mm/yyyy) [Question ID: 32988] |
|  | |  | | --- | |  | |
|  | **Comments**: |
|  | |
| **68.** | Does your department have an Action Plan for those gaps identified in the assessment? © [Question ID: 32989] |
|  | ○ Yes  ⊕  ○ No  ⊖ |
|  | **Comments**: |
|  | |

    
 