**Conversation Starters for Decontamination and
Sterile Processing & Infection Preventionists**

 **Format for Meet & Greet.**

Estimated time 60–minute meeting

* Things to expect
* IP Role in relationship to your area.
* Agenda

|  |  |
| --- | --- |
| **Agenda** | **Notes** |
| **Meeting Preparation**1. Review recent meeting minutes of committees you both serve on such as Safety, ICC, etc.
 |  |
| **Introductions**1. Share background and experience.
 |  |
| **Discuss Current Practices**1. Describe the workflow from start to finish (e.g., collection of dirty instruments all the way to storage of sterile items)

**Decontamination Area:**1. How are you involved in the pre-cleaning of used point-of-use instruments pre-cleaned and transported to the department?
	1. What product is used?
	2. Who conducts the transportation?
	3. Is the process followed at the point of use?
2. Describe the process for decontamination, including manual processes and equipment used.
	1. If automated cleaning methods are used, what is the solution and how is the process validated?
	2. What PPE is used by the staff?
	3. Are there special practices or workflows used to prevent sharps injuries?
3. At what point are items deemed ready to prep for distribution or sterilization?
4. Are there times when staff need to cross between Decontamination and Sterilization? If so, what is the process to prepare for this change? E.g., PPE, hand hygiene, change scrubs etc.
5. What processes does the department use to prevent employee exposure to blood/body fluid? How effective are they?
6. How do you monitor special airflow requirements?
7. How are decontamination and sterilization areas separated?
	1. What environmental monitoring of these areas occurs?
	2. Who is responsible for this?
8. Where is it documented?

**Sterilization Area**1. What types of sterilization occur in this department?
2. How are vendor instructions and changes integrated?
3. What kind of documentation exists of instruments sterilized and the process controls used?
4. How are Manufacturer Instructions for Use (IFUs) accessed, reviewed, and implemented?
5. Are any devices identified as single-patient use reprocessed? In-house or third-party?
6. What is your policy/practice for instruments brought from an outside source?
7. Where/when do you use biological and chemical indicators?
8. What is the process for follow-up to sterilizer failures? How does that work and where can IPC be involved?
9. How often do you need to recall instruments?

**Packaging & Storage:**1. How are items packaged and stored?
2. How are sterile items transported and stored on units and in procedural areas?
3. How are the rooms for sterile supply organized and set up (e.g., positive to the corridor, only clean storage, etc.)
4. Follow up with a tour of the department.
 |  |
| **Identify Challenges**1. Are there any challenges you are currently facing in regard to cleaning and sterilization of instruments? (e.g., water quality, pre-cleaning of instruments, air quality maintenance)
 |  |
| **Collaborative problem-solving and Relationship**1. How did you interact with IPs in the past? What has the IPs role and scope been in relation to Sterile Processing?
2. What has your understanding of the IP’s role related to supporting Sterile Processing been?
3. What frequency did you interact? (E.g., Facility surveys/visits, sterilizer monitoring failures, clusters of infections, etc.)
4. Describe shared goals or any recent projects including both Sterile Processing and the IPC Program.
5. What can the IPC Program do to support your department?
 |  |
| **Training Needs**1. How/how often are competency assessments conducted for decontamination staff?
	1. How are these documented?
	2. Are vendors involved?
2. How are new staff trained?
3. How/how often are competency assessments conducted for sterilization staff?
	1. How are these documented?
 |  |
| **Sharing Data and Highlighting Successes**1. What data elements collected by the Decontamination/ Sterile Processing department are provided to the IPC program, (E.g., immediate-use sterilization rate, sterilization-related incidents, Biological Indicator testing failures etc.)
2. What data elements collected by Infection Prevention are used in Sterile Processing, e.g., surgical site infection rates, etc.
 |  |
| **Open Forum & Follow-up**1. Expectation for ongoing communication and shared projects.
2. Share preferred methods of communication.
3. List any follow up items with anticipated follow-up dates?
4. Establish period rounding of the sterile processing anddecontamination areas.
 |   |