SESLHD PROCEDURE COVER SHEET



| NAME OF DOCUMENT | Sterilisation: Handling, Transport and Storage of Sterile Reusable Medical Devices (RMDs) |
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| TYPE OF DOCUMENT | Procedure |
| DOCUMENT NUMBER | SESLHDPR/525 |
| DATE OF PUBLICATION | May 2020 |
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| LEVEL OF EVIDENCE | National Safety Quality Health Service Standards: Standard 3- Preventing and Controlling Healthcare Associated Infection |
| | Australian/New Zealand Standard AS/NZS 4187:2014 |
| REVIEW DATE | May 2025 |
| FORMER REFERENCE(S) | Nil |
| EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR | Director of Clinical Governance and Medical Services |
| AUTHOR | SESLHD Sterilising Services Working Party (SSWG) |
| POSITION RESPONSIBLE FOR THE DOCUMENT | Manager Sterilising Services, The Sutherland Hospital Karolina. Tipevska@health.nsw.gov.au |
| KEY TERMS | Handling, Transport, Storage, Reusable Medical Devices (RMDs), Sterile Barrier System (SBS) |
| SUMMARY | This procedure describes the requirements for safe handling, transport and storage of RMDs after reprocessing. |

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

All reprocessed RMDs shall be handled, transported and stored in a manner which prevents the risk of contamination and maintains sterility.

2. BACKGROUND

Incorrect handling, transport and storage of RMDs may cause damage to the Sterile Barrier System (SBS) resulting in contamination of the RMDs

To maintain the integrity of the SBS, following the removal from the steriliser to its point of use, it is necessary for everybody involved in the supply chain to control the conditions for handling, storage and transport of RMDs

Training shall be provided to all staff involved in the handling, transport and storage of sterile RMDs.

3. RESPONSIBILITIES

3.1 Employees will:

- Comply with the requirements of this procedure
- Report non-compliance to Sterilisation Services Manager.

3.2 Line Managers will:

Support compliance

3.3 District Manager/Service Managers will:

- Implement the requirements of this procedure to assure the quality and safety of stored RMDs
- Ensure Company Representatives are made aware of the requirements of this procedure.

3.4 Medical Staff will:

Comply with the requirements of this procedure

4. PROCEDURE

4.1 Handling

- RMDs must not be immediately handled on completion of the sterilising process or removed from sterilising carriage until cold rendering the RMDs safe for handling and transport
- A controlled area shall be provided for this purpose
- The temperature and the humidity in this area shall be controlled.

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- Temperature should be within the range of 18°C to 25°C with a relative humidity of 35% to 70%
- RMDs must be handled in a manner that does not cause atmospheric contamination of the contents or damage to the SBS.

4.2 Transportation

- RMDs should be transported in designated transport systems that are of adequate size to contain the RMDs safely and are able to be securely closed and easily cleaned
- When RMDs are configured insets they should weigh up to 5kg and not exceed 7kg.

4.3 Storage

- A dedicated and controlled storage area shall be provided for the storage of RMDs
- RMDs should be stored in a manner so that sterility is not compromised
- Access to the storage area must be restricted to staff that have received training and are deemed competent in handling RMDs
- Temperature in the storage area should be within the range of 18°C to 25°C with a relative humidity of 35% to 70%
- The air pressure in the storage area shall be maintained higher (positive) pressure than the adjacent enclosures, and air shall be filtered with HEPA (High Efficiency Particulate Air) Filters
- Sterile RMDs must be rotated according to date of reprocessing.

5. DOCUMENTATION

• Specific HSO Procedure

6. AUDIT

Reusable Medical Devices (RMD) – Packing and Sterilisation of – Audit

7. REFERENCES

 AS/NZS 4187:2014 Reprocessing of reusable medical devices in health service organisation and its normative references.

8. REVISION AND APPROVAL HISTORY

| Date | Revision No. | Author and Approval |
|----------------|-----------------|--|
| April 2016 | 1 | SESLHD Sterilisation Resource Group |
| September 2016 | 1 | Endorsed for Draft for Comment |
| November 2016 | 1 | Endorsed by Clinical and Quality Council |

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| May 2020 | 2 | SESLHD Sterilising Working Party (SSWP) conducted a minor review to specify in more detail some requirements pertaining to storage of RMDs |
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| May 2020 | 2 | Approved by Executive Sponsor. Published by Executive Services. |