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Diagnostic Imaging CPP Review: MyHealth Centre Feedback

PAGE/SECTION	CURRENT STATEMENT	COMMENTS/FEEDBACK
1.1	Staff responsible for the sterilization and reprocessing of medical equipment must be adequately educated and trained.	**Would this be in regards to endocavity cleaning? If so, wouldn't WHMIS be sufficient training? All employees handling such substance must be familiar with the proper PPE to wear when handling such substance. Can you be more specific about what education and training is acceptable?**
1.1	Staffing at the facility – General Comment	**It may be beneficial to note that medical staff need to be in good standing with their respective Collage.**
1.3	Radiologists certified by the Royal College of Physicians and Surgeons of Canada (FRCPC) who wish to report nuclear medicine examinations in an IHF setting must apply to the College of Physicians and Surgeons of Ontario to request a change to their scope of practice.	**This should be more inclusive and include Cardiologist and Internal medicine physicians not just the radiologist. We must reflect what the current environment is offering.**
1.9.2	MRTs in the specialty of radiography performing mammography must have training in mammography either in his or her training curriculum or through special courses and which fulfill the CAR-MAP (Canadian Association of Radiologists - Mammography Accreditation Program) requirements.	**Is it necessary to have CAR 1 & 2 in order for an MRT to perform mammography, or can they perform mammograms under their current MRT license until the above are acquired?**
3.3.9.1	There must be a separate reprocessing area for endocavity transducers; new flowcharts added to guide facilities in the necessary steps for reprocessing, as well as documentation requirements. (2 parts/2 comments).	**<u>STERILIZATION:</u> currently our staff are soaking endocavity probes in each u/s room. We do not have a separate reprocessing area. We do have proper air circulation, adhering to the IHF standards of proper venting in each scanning room though – the new requirement seems unattainable, especially for smaller clinics who do not have additional space to use.** **If you have adequate ventilation, there is a new HLD soak**

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		solution Revital Ox which does not require a fumehood, it is odourless, and can be used in a room with proper ventilation. (ATTACHMENT A) Would this be acceptable for use in clinics given this new requirement? **<u>DOCUMENTATION:</u> According to the IHF Clinical Practice Parameters and Facility Standards, they are stating that:** **After high-level disinfecting of the transducer, the sonographer should document the reprocessing procedure with:** **- the patients ID number** **- transducer serial number** **- soaking time** **- name of the person who cleaned the transducer and date.** **This would be extremely time consuming, especially when a clinic can perform up to 30-40 exams per day requiring endocavity transducer cleaning. Some sites have 4-6 endocavity probes, this doesn't seem like a realistic or practical practice given the limited resources of an IHF.**