

From Perkins to ISO.....

I am honoured to have been invited by the committee to open the 30th Conference of the sterilising Research and Advisory Council of Australia Queensland Branch. The title of this conference "From Perkins to ISO" takes us back to where we were and we are at the present.

The Quest for sterilisation began hundreds of years before Christianity came into being. The Egyptians in the fifth century were embalming bodies with "nitrate and common salt. From then on the historical events of the discovery of bacteria and the ongoing development of the various forms of sterilisation as found in methods of sterilisation in Health sciences by John.J Perkins has led us to where we are today.

Central Sterilising Departments as I can rightly remember were developed in the United Kingdom about 50 years ago. It soon caught on in health care organisations around the world; this then led to the formation of a professional organisation relating to sterilisation in countries.

Some states in Australia like New South Wales and Victoria had already formed their society in sterilisation by 1976. It was then felt that Queensland had to progress too. At this point I would like to pay tribute to Maureen Fisher – Charge Nurse C.S.S.D – RBH for approaching Queensland Health support towards forming a Queensland Branch.

On the 2nd December 1976 a meeting was convened by the Deputy Director General of Health and Medical Services to initiate the formation of a group or committee. The foundation members of this committee were

Maureen Fisher – RBH

DR. Morahan – Queensland Health

Robert Russell – Wesley Hospital

Margaret. Sale – RBH

DR.B.Farmer – Queensland Health

This committee was the nucleus of the formation of this society. The main function of this group was to consider various aspects of sterilisation. It was independent from Queensland Health which in turn gave moral support for its role. This group was also affiliated to "The Sterilising Research and Advisory Council of Australia."

This first meeting was chaired by DR.Livingston the Deputy Director General – Queensland Health. It was well represented from C.S.S.Ds of all Metropolitan hospitals, Queensland Health and Queensland Medical Laboratories. At this meeting, there was a general consensus for such body to be formed.

Even at this first meeting “Education” was identified as a key factor for all C.S.S.D staff as it was generally felt that there was a great lack of knowledge about sterilising among many members of the Health Care Services. This committee was also given the task to draw up the constitution.

Following this, the first general meeting was called on the 22nd February 1977 at the Edwin Tooth Lecture Theatre – RBH. The meeting was opened by DR. Livingston. Office Bearers were elected: DR. Ross Forgan – Smith was elected as the foundational president. At this inaugural meeting the constitution was presented and adopted. The name Sterilising Research and Advisory Council of Australia (Queensland) was officially agreed upon. Meetings were then conducted monthly at the RBH.

In October 1977 a half day seminar was held at the Nurses’ Hostel – RBH. I can clearly remember the day. There were Trade Displays, members from all metropolitan hospitals, engineering staff, pharmacy staff and Queensland Health. It was a very successful seminar. It was very encouraging to get support from members, trade and Queensland Health.

In November of the same year Dough Friend was appointed advisor in sterilising for the state by Queensland Health.

At the meeting held in April 1978 was appointed advisor in sterilising for the state by Queensland Health.

At the meeting held in April 1978, DR. Ross Forgan – Smith proposed that the name be changed from Sterilising Research and Advisory Council of Australia (QLD Branch) to Queensland Society of Sterilisation and Disinfection.

That was agreed upon and adopted. But in 1993, in-corporated under the Associations Incorporation Acts 1981, the name was changed to Sterilising Research and advisory Council of Australia (Queensland) incorporated”

At the second annual general meeting in June 1978, DR. Ross Forgan – Smith stepped down as president and Mr R. Russell was elected president and M. Tasker was elected vice president. The late sister Mary Andrea was elected secretary and I was elected a committee member. It was the beginning of members in the sterilising field gradually taking over from medical engineering and pharmacy staff.

Subsequently, monthly meetings were transferred to the Wesley Hospital and from the very beginning “Education” was a key factor. Trade was approached by the committee to contribute towards this. It was then decided that at each general meeting which was held by monthly, Trade would supply a speaker to deliver educational information on a subject – related to work in C.S.S.D. This was very successful. Meetings continued in Wesley Hospital for many years, but with the change in the Wesley environment the organisation had to look for a new venue. We were very thankful to Wesley Hospital for providing us a venue for all those years. The late Sister Mary Andrea kindly secured us a place in Mater hospital.

It was also recognised that the needs of the country members were not met and this had to be addressed. It was then decided by the committee to have the annual conference shared between the two – the metropolitan area and the country. This brought about the venue of the conference to be held alternately one year in the country and one in the metropolitan area.

Formal education was never put in the back burner. It was an ongoing task for elected committees as the years went by to pursue all avenues to develop a formal education for the industry. The challenge became more apparent when New South Wales and Victoria had already had one in place.

It took us close to 10 years to finally get it off ground. We tapped every avenue possible. Even though the health minister and the bureaucracy were supportive of our aims and objectives, no financial support was forthcoming. I would like at this point to pay great tribute to the late Noela Boileu – who was charge nurse C.S.S.D Ipswich hospital. Noela was on the education committee of the Queensland Nurses' Union. At one of its meetings Noela was told that TAFE had been granted more funds and were expanding its courses and the society should approach TAFE on this matter.

With the support of the Queensland Nurses' Union meetings were held with TAFE. The green light finally arrived for the course to be formed. It was decided that the course would be conducted at Kangaroo Point TAFE. The challenge began with the involvement of all committee members to develop the course.

The committee members wasted no time. It took them two years to develop the course contents. Each day after work they met for 2 to 3 hours. Then it was Saturdays at Bardon Professional Centre. Finally after two years, the modules came together and we were ready to kick it off. It was a Certificate 3 Course.

I think it would be appropriate for me to mention the committee members, who contributed to this task, Dough Friend, Robin Williams, Lyn Lockhead, Joseph Chan, Elain Foster, Cecilia Nathan and the late Sister Mary Andrea and the late Noela Boileu.

It was a wonderful feeling among all of us to see this mission accomplished.

At this point I would like to take you down to memory lane,

In the 1970's C.S.S.D in Queensland hospitals were considered to be less important than many departments in the health organisation. As such they were placed in rooms with very constricted space. Very often this was close to the operating rooms.

1. Reprocessing of instruments was not one of its main task, as O.R. used to wash and flush 90% of their instruments trays. In most large organisations all wards and departments were equipped with single jackets downward displacement steam sterilisers. One wonders, how those instruments were cleaned or were they cleaned or not? How they were sterilised?
2. Instrument trolleys were being pre-set waiting for the surgeon to arrive.

3. So what was the function of C.S.S.D? They packed linen, sorted, counted and packed abdominal sponges, cotton balls, cotton swaps, re-process O.R. glove, some hospitals even produced "sterile water." Single use items were re-processed for re-use.

The development of AS4187 was the beginning of a new era for C.S.S.Ds. The important factor was that hospital administrations were convinced that the guidelines in AS4187 had to be implemented, and change did start to take place gradually.

In the 1990s planning took place to re-develop most hospitals in Queensland. C.S.S.D managers were included in the planning committee for the O.R. I can still remember lobbying for the location of C.S.S.D at the time RBH was being re-developed. Thankfully the consultant with the team recognised the importance of the location of C.S.S.D in conjunction with the O.R. Her remarks to the committee were that, it was important to get the C.S.S.D right and then everything else will fall into place.

By the 1990s a new world had begun in C.S.S.D. It was not a supply department for pre-packed sterile goods anymore; all pre-packed sterile goods were handled by the hospital supply department. The task in C.S.S.D changed with new techniques came new complex instruments. This led to new mechanical washers less hand washing. There was now in place a choice of sterilisation to cater for the various instruments and equipment.

In the past, there were only steam and dry heat as compared to steam, dry heat, Ethylene Oxide, gamma irradiation, hydrogen peroxide plasma and paracetic acid liquid chemical.

Clear demarcation in the department were established, correct workflow had to be in place. C.S.S.Ds became accountable for the tasks they performed. Documentation had to be in place in all aspects of the department. Gone were the days when C.S.S.D was a dumping ground of the hospital where the blind, lame and sick were sent.

The standards were revised in 1998 and jointly revised and designated as AS/NZS 4187-2003. Standards are living documents which reflect progress in science, technology and systems.

In summary, the primary objective is to upgrade this service to a professional level comparable to other established countries in the world. Our first undertaking has been the promotion of education in the area of sterilisation which is now a recognised discipline in Australia. I am proud to say members of this society became the foundational lecturers in sterilisation in this regard. This has important implications for assuring the safety of health we provide to our patients. As professionals, we are duty bound to demand for compliance of standards or benchmark in what we do.

This Queensland society was therefore, actively involved in the drawing up of AS4187, which is now the template for sterilisation in Australasia. Finally, and of utmost importance is to ask ourselves, how do we exercise our duty of care towards our patients. The bottom line is we should no longer see ourselves as subservient to anyone else in the health care profession. We form an essential part with other professionals in providing quality care based on trust and qualifications.