

It's the Law: Now What Happens?

IN MAY 2015, CONNECTICUT Governor Dannel Malloy signed into law House Bill No. 5913, An Act Concerning Persons Who Decontaminate Reusable Medical Instruments or Devices.¹ The passage of this law was a major accomplishment, making Connecticut the third state in the country to have such a law. The requirement for certification of Central Service (CS) technicians will help ensure the safety of the public.

Following the passage of Bill No. 5913, all organizations that decontaminate reusable medical instruments or devices began to review the law's requirements. It quickly became apparent that implementation of this law would create some challenges for both organizations and individuals working in areas that decontaminate reusable medical instruments or devices. Effective January 1, 2016, the Connecticut law defined who is considered a CS technician and the types of facilities governed by the law. In Connecticut, CS technicians practicing in both hospitals and outpatient surgical facilities are included; however, chronic disease hospitals are not included.

While CS professionals employed prior to January 1, 2016, are grandfathered under the law for the length of time they continue to work in the specialty, any new CS technician will be required to attain certification, either through the International Association of Healthcare Central Service Materiel Management (IAHCSMM)² or through the Certification Board for Sterile Processing

and Distribution, Inc. (CBSPD)³ within two years of their hire date. In addition, technicians are required to annually complete at least 10 hours of continuing education. This is similar to the number of hours certified CS technicians currently are required to attain to maintain their certified status. Upon the written request of a CS technician, the healthcare facility, as an employer, is required to verify employment dates of CS technicians.

Upon review of organization-wide job responsibilities, many job roles were identified outside of the CS area, with responsibilities that included tasks similar to those performed by a CS technician. These individuals may work in ultrasound departments, cancer centers, outpatient treatment centers, endoscopy departments, emergency departments, and labor and delivery units, to name a few. In most instances, these individuals have not received the same training as CS technicians and may, in fact, have minimal training related to cleaning, decontamination, high-level disinfection, and/or sterilization. Much of the training these other individuals have received is on the job, peer to peer.

The new Connecticut law does not prohibit these employees from performing the functions required in their departments; however, the healthcare facility will determine whether these employees have been specially trained and determined competent to perform their job functions. The standards for training and competency

are set through a collaboration of infection prevention specialists and certified CS leadership. The facility is also required to maintain a list of individuals deemed competent throughout their organization. While in Connecticut these individuals are not required to be certified, they are required to have at least 10 hours of documented education annually in the areas of decontamination, sterilization and infection prevention.

For managers and supervisors of CS departments, this law presents significant changes to the status quo. It will be imperative that leadership investigates all areas where cleaning, decontamination, disinfection and sterilization might be occurring throughout the organization, including off-site clinics and departments. As the experts in cleaning, CS leaders are prepared to assess decontamination, disinfection and sterilization practices along with their Infection Prevention colleagues. CS leaders may be required to review training and competency programs currently in place in each department or provide guidance to create these programs in various areas where these functions are occurring. If there are no training guidelines or competency validations in place, CS leaders will need to collaborate by providing resources. They may also be asked to develop a comprehensive plan for education and training, as well as validation of competency, on a continuing basis. These programs should be created and implemented in the same framework as the CS programs.




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Sonographers, for example, are required to complete an accredited education program. Certification and registration, however, are voluntary through the American Registry of Radiologic Technologists⁴. If a technologist is certified, they must then take continuing education courses to recertify. These courses do not contain coursework related to cleaning, decontamination and disinfection. Therefore, sonographers in Connecticut may be required to take an additional ten hours of continuing education annually, specifically related to the reprocessing care and handling of instrumentation used for procedures. In other scenarios, medical assistants in hospitals and outpatient surgical facilities may be responsible for decontaminating and reprocessing assorted medical devices. Again, the training they receive is on the job and peer to peer, rather than education and training from certified, trained and experienced CS professionals.

In addition, these areas will rely on CS experts to provide guidance in developing appropriate education and training programs, or ongoing education programs to meet the intent of the law.

For larger institutions or academic centers with perioperative and/or CS educators, this may not be difficult; however, for smaller community hospitals, providing live education programs may be a challenge. There are many online programs available to assist these other departments in acquiring their annual continuing education hours, including those offered through IAHCMM, as well as by numerous product and service vendors.

Connecticut CS employees and leaders are pleased that the lawmakers in the state recognized the importance of this law in requiring initial education and training, competency assessment and annual education requirements as a mechanism to protect the public. Reviewing the provisions of the law raised awareness that individuals who decontaminate reusable medical devices work in a wide assortment of roles within healthcare organizations. It became readily apparent that organizations would require a system-wide assessment of where these functions are occurring, and develop a plan to implement the provisions of the law. The law has raised awareness

among many allied health leaders and created an opportunity for collaboration among many disciplines. This increased awareness and collaboration will serve us well as we continue to implement the law in Connecticut. 

REFERENCES

1. Connecticut General Assembly. www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=HB-5913. Accessed January 9, 2016.
2. International Association of Healthcare Central Service Materiel Management. www.iahcsmm.org/. Accessed January 11, 2016.
3. Certification Board for Sterile Processing and Distribution. www.sterileprocessing.org. Accessed January 11, 2016.
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