

■The 7th East Asian Conference on Infection Control and Prevention (EACIC): Special Lecture

The Infection Control Problems in Japan

Takashi Okubo*

Introduction

The experts committee of hospital infection control of Ministry of Health, Labor and Welfare took place in 2003 when a grand design required for the time being as a measure to be tackled by the central and local governments was made public. The following are the most remarkable 6 targets:

1. Preparation and diffusion of the guideline for infection control in according with EBM (evidence-based medicine).
2. Implementation of surveillance for constructing the database to grasp the occurrences of hospital infections.
3. Training and certification of experts for infection control.
4. Placement of the more than half-time employees in charge of taking hospital infection control.
5. Enhancement of pre- and post-education on hospital infections in medical educational institutions.
6. Establishment of a local assistance network for hospital infection control.

The law to revision a part of Medical Service Law has been put into force from April 1, 2007 to establish a system for providing good quality medical services, under which medical-related hospital infection control have become a legal obligation, and have been positioned as the actions to be legally observed. Under the law, it has been determined that every administrator of hospital, clinic with/without beds for inpatients, dental clinic, maternity clinic, etc. shall set up a

manual for hospital infection control to assure safety of medical services, and to implement trainings for persons engaged in medical services, and so on, and that every administrator shall make a report on the maintenance of the infection control system and on the occurrences of medical-related infectious diseases within the medical institution.

With an objective to support the preparation of a manual for a small or medium sized hospital, Kobayashi, Okubo et al have made a manual for a model case, and this manual has become widely available.

Furthermore in Japan, certification systems of infection control experts such as Infection control doctor (ICD), Infection control nurse (ICN), Board certified infection control pharmacy specialist (BCICPS), Infection control microbiological technologist (ICMT), Certified sterilization specialist (CSS), Certified sterilization service technologist (CSST) have been put into practice.

On the other hand, there is an increasing interest in finger hygiene, and the diffusion of alcohol-based hand rub preparations and the improved rate of compliance of their use have been observed. For hand-washing at the time of operation, methods have been changed from scrubbing to rubbing, and the water to be used has undergone the transition from sterile water to tap water. As above described, I explains the historical background and current status of infection control in our country, together with the problems involved.

* Director, Division of Infection Prevention and Control, Tokyo Healthcare University Postgraduate School, Tokyo, Japan

■The 7th EACIC

Practical activity of infection control nurse in hospital.

Erisa Sugawara*

In late 1990s in Japan, team healthcare services had become strongly promoted because of the necessity of the restraint from increasing healthcare budget, the increasing significance of preventive medicine, the open informatics and accountability for patients, and the tendency to pursue the quality of life.

In order to offer the high level healthcare with better qualities, the cooperation of each specialist was recognized to be the most important in clinical settings. In the field of infection prevention and control, infection control team consisted of physicians, nurses, pharmacists, and technicians had started the practical activities as healthcare service team in those years earlier than others.

For the effective cooperation healthcare of infection prevention and control, certification program for the infection control nurses had first started by Japanese Nursing Association in 2000. The number of Certified Infection Control Nurses (CICN) becomes 769 as of October 2008 and most of them are actively working as the moderators and coordinators of the infection control teams. I will introduce such routine practical activities of infection control nurses in Japan.

* RN CICN, Japanese Red Cross Medical Center

■The 7th EACIC

Sterility assurance in hospital for surgical instruments

Chie Takeuchi*

Sterilization service is one of the important strategies for infection prevention and control in hospital. Daily maintenance of good sterility assurance is required internationally to provide the high quality care for patients.

Though legal recommendation for the sterility assurance program in clinical settings does not exist in Japan, Japanese Society of Medical Instrumentation (JSMI) released the guideline for the sterility assurance in healthcare settings 2000. The guideline was revised in 2005 in which validation program was recommended. Meanwhile, Certification of Sterilization Service Technician (CSST : second grade) was started in 2000, and certification of Sterilization Specialist (CSS : first grade) was started in 2005 by JSMI. The certification programs were planned in order to motivate the sterilization service-personnel to provide higher quality-services for patients, and in order that the important role of sterilization service-personnel should be re-evaluated by all hospital employer and employee.

Before the release of the guideline, questionnaires on the situation of sterility assurance were sent to randomly selected 500 hospitals which have not less than 300 beds in 1998. The questionnaires are sent again to the same hospitals in 2002 and 2007 to know the influences of guidelines.

The results of study on the sterilization assurance practices in clinical settings in Japan will be introduced.

* RN, CSS, Satou Memorial Hospital, JAPAN

■The 7th EACICSymposium I : A Strategy of Infection
Prevention and Control in HospitalsReuse of Single-Use Medical
Devices

Yuhei Saito*

Single-Use Devices (SUDs) are intended to be discarded after every single use. Disposal after every use makes it possible for healthcare facilities to cut costs of reprocessing including human resources cost, materials cost, and so on.

However in clinical settings, there exist some healthcare facilities where they reuse so-called SUDs in order to reduce healthcare costs. On the other hand, manufacturers sometimes label as SUDs to reduce risk on their products even though they may be reusable. These situations attribute to the unclear border between SUD and

reusable devices.

For patient's safety, and to solve the problem discussed at all over the world, the border should be made clear between SUDs and reusable devices, and standards for reprocessing or reusable devices should be established. Besides, it is necessary for both healthcare facilities and manufacturers to keep standards. When healthcare facilities reuse SUDs, they should reprocess and use appropriately on their own responsibilities. Therefore, they have to prepare the manual and standardization of reprocessing procedures, keeping qualities of devices. Manufacturers should classify their products appropriately into SUDs and reusable devices according to the governmental standards, and make criteria of device to nominate as single-use. Appropriate border of products and standards for reprocessing of reusable devices will bring relief to both healthcare facilities and manufacturers concerning their producing, selling, using, reprocessing, or discarding medical devices.

For the reuse of SUDs, economical effect, effective utilization of resources, safety of the patient, and, functional and sterility assurance must be taken into consideration.

* The University of Tokyo Hospital