Decontamination Science Congress
Design Centre - London
2005

The UK Approach

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Presentation Overview

- UK Organisational Overview
- Highlighting Decontamination - HAI & vCJD
- Establishing the Standards
- Decontamination Review – focus and results
- Improvement implementation
- Development of Long Term National Strategy
- Central Support – guidance/training
- Future Issues

UK Organisational Overview

- **England** – Department of Health – NHS Estates
  - 28 Strategic Health Authorities
  - 183 Trusts – 249 SSD's
- **Scotland** – Scottish Executive - Health Dept
  - 15 Area Health Boards
  - 28 Self Governing Divisions of HBs – 17 SSD's
- **Northern Ireland** – Health, Social Services & Public Safety
  - 4 Regional & Health & Social Services Boards
  - 19 Trusts -12 SSDs
- **Wales** – Welsh Assembly – Welsh Health Estates
  - 23 Local Health Boards
  - 14 Trusts - 18 SSDs

Decontamination Settings

- Hospitals – NHS, Private & Voluntary
  - SSD,s, Endoscopy Units, clinical areas
- Primary Care – GPs, GDPs (Individual practices and group Health Centres), Podiatrists, Treatment Centres
- Private SSD Contractors
- Body Piercing, tatooists etc

Why the focus on Decontamination?

- vCJD (TSE)
  - first recognised in UK in 1996 (1920s for classical)
  - HSC 1999/178 issued on minimising risks
    - theoretical risk of transmission via surgical instruments
    - effective decontamination – cleaning emphasis
    - single use kits for all lumbar punctures
    - highlighted ACDP & SEAC guidance
    - track and trace of flexible Endoscopes
    - suggests greatest risk is from CNS/PO surgery

vCJD Incidence

- Predominantly a UK problem – but ????
  - 148 UK
  - 8 France
  - 1 Canada
  - 1 Ireland
  - 1 Italy
  - 1 USA

  n.b. May be others not diagnosed or not reported

Infection Control

- HSC 1999/179 issued on Infection Control
  - Assess compliance to guidance on CD ROM
  - Validate decontamination equipment
  - Never re-use single use devices
  - Identify difficult to clean instruments
  - Develop a planned replacement programme – instruments & equipment

Snapshot Survey

- NHSE commissioned by Dept Of Health, England in 1999
- Small Team of assessors selected and trained
- 19 Trusts, 11 Acute, 6 Teaching & 2 specialist)
- 10 Private and Voluntary Organisations (7 Hospitals & 3 clinics)
- 29 Primary Care Sites (14 Medical – 15 Dental)
  - GPs, GDPs (NHS & Private)

Snapshot Survey

- Focus of Review
  - Management
  - Location
  - Activities
  - Facilities & Equipment
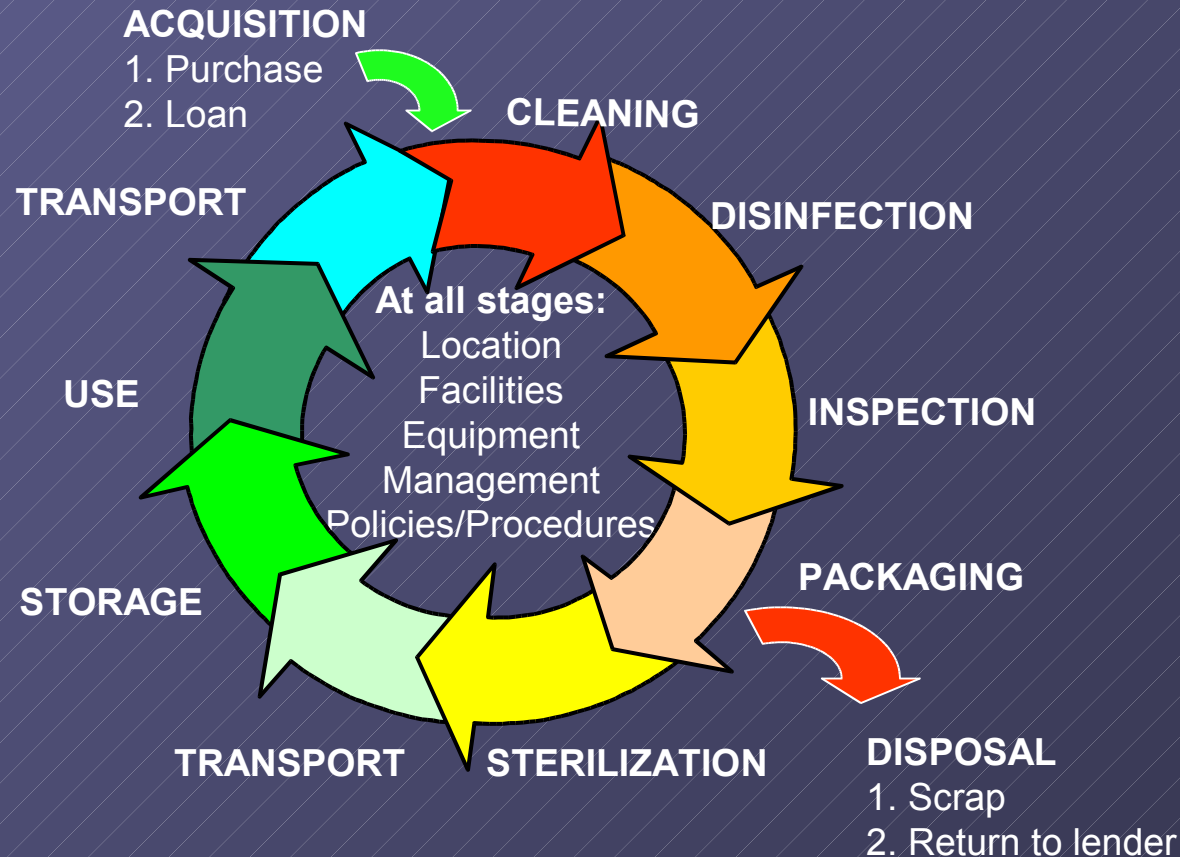 - Validation, testing and maintenance

Snapshot Survey Findings

- Issues with H & S - chemicals & processes
- Effective management control systems
  - Policies & procedures
  - Washing practices varied and often poor
  - Segregation of clean and dirty processes
  - Appropriate facilities
  - Equipment not 'fit for purpose'
  - Re-use of designated single use devices
  - Poor record keeping
  - Poor tracking

English National Surveys – internal/external

- HSC 2000 (032) Issued Oct 2000
  - Instructed NHS in England to perform self assessments on decontamination provision
  - Process Assessment Tool on CD Rom Jan 01

- NHS Estates began external assessments on sites performing high risk surgery March 01

Decontamination Life Cycle

ACQUISITION
1. Purchase
2. Loan

CLEANING

TRANSPORT

DISINFECTION

At all stages:
Location
Facilities
Equipment
Management
Policies/Procedures

USE

INSPECTION

STORAGE

PACKAGING

TRANSPORT

STERILIZATION

DISPOSAL
1. Scrap
2. Return to lender

Focus of Review ?

- to investigate the provision & use of equipment & facilities
- staff training & management arrangements
- to establish extent of compliance with legislation, published standards & best practice guidance
- establish a rating system to classify sites
- to agree and implement action plans for improvement
- to identify the extent of funding required

4 year National Review

- Snapshot Survey - 19 Trusts, 42 Hospitals, Primary Care sites   1999/2000

- Stage 1 - CNS/PO 115 Hospitals - Spring 2001

- Stage 2 - Rest of the NHS 134 Hospitals 2001

- Stages 3 & 4 - Q. C. 207 from May 02 to April 03

- Snapshot Revisited 03/04

Initial Findings

- Lack of Trust wide control;
- Units did not fully comply with current standards or guidance;
- Old non compliant equipment;
- Extensive uncontrolled use of benchtop sterilizers & significant local processing;
- Lack of segregation between clean and dirty;
- Lack of formal training & knowledge of staff;
- Health & Safety issues, PPE, COSHH etc.

Old SSD Facility

Old Sterilizers

Local Processing

Central Funding - £200 Million Jan 01

- Committee established
- Immediate investment requirements
  - Replacement decontamination equipment
  - Surgical Instruments
  - Minor facility upgrades
- Intermediate
  - Larger capital schemes
    - single trusts with multiple sites
    - more than one Trust rationalising SSDs

New Facility – IAP Room

Equipment Upgrade

Overall Improvement Focus

- To ensure compliance to
    - Legislation
    - Guidance
    - Recognised standards
    - Best practice
- Centralising decontamination away from clinical settings in hospitals & primary care to SSD's
- Rationalising the number of centres
    - new build state of the art facilities
    - economically viable

Development of a National Strategy

Launched in July 2002 with Ministerial support
- in support of previous investment
- need for sustainable services long term
- established National Team of Advisors
- national Standards – Local Delivery
   - Contracts, output specifications etc
- MDD Standards as a minimum - all facilities
- trust alliances formed
- OJEU Advert for commercial partners

Additional Central Funding

- Dental Hospitals
  - seen as a special case; training issues
- Primary Care
  - for additional instrumentation in support of off site services or single use instruments or upgrades
- Support to Joint Ventures
  - national strategy implementation
  - project management
  - additional instrumentation

National Support – Ensuring Continuous Improvement

- National Training Scheme – E Learning
- Continuous updating of Guidance
- Information exchange with Scotland, Ireland, & Wales & other healthcare providers
- Application of research to health settings via ESAG
- Continuing support from National Strategy Implementation Team

National Training Scheme

- Launched Nov/Dec 2004
- 15 Tutorials based on basic elements of Life cycle
  - plus Overview, Endoscopy and H & S.
  - 2 Courses for different Staff groups
    - practice for 'hands on' technicians
    - principles for those who need an 'appreciation' (launched March 05)
- Content developed by SME's in conjunction with NHSE team supported by professional bodies.

National Training Scheme

- e-learning using a standard PC with web connection
- accessible to all - password controlled
- offers standardised/reproducible training
- individuals learn at own pace, in own time
- ability to monitor individuals progress
- reproducible quality to an agreed standard
- primarily 'on site' scheduled around workload
- minimises disruption in service delivery

Decontamination Guidance

- **NHS Estates – Available from Web\CD Rom\TSO**
  - Health Technical Memorandum
    - 2010,2030,2031
    - combined guidance into 1 Document
  - Model Engineering Specifications
    - C14,15 Sterilizers - C30,31, W/Ds & 32 AER's
  - Assessment tools e.g. PAT, PAM, DORIS
  - Health Building Notes e.g. 13 - SSDs
  - Decontamination standards e.g. local processing (manual cleaning)
  - http://www.decontamination.nhsestates.gov.uk

Decontamination Guidance

- **MHRA**
  - Device & Safety Bulletins
    - bench top sterilizers, validation & periodic testing
    - maintenance, purchase & operation
    - flexible endoscope decontamination/management
    - compatibility of devices with accessories, and decontamination processes
    - loan instruments
    - single use devices
    - http://www.mhra.gov.uk

Engineering & Science Advisory Committee

- Group established under Darryn Kerr NHSE
- To review the work of various research groups with a focus on Prions
- Assess implications on the NHS
- Determine appropriateness of applications within healthcare settings
- Identify potential benefits/costs
- Understand the potential effects and outcomes
- Make recommendations for change in Decontamination practice

Future Issues - Conclusion

- How much is still to be done?
- Where will the money come from to complete?
- Who and how will monitoring be undertaken?
- Can and should Endoscopy be centralised?
- Where should decontamination take place in the future?
- What standards should apply? ISO 9000? MDD? or 13485?
- Who will monitor application in different settings?