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
  - SSDs, Endoscopy Units, clinical areas
- Primary Care – GPs, GDPs (Individual practices and group Health Centres), Podiatrists, Treatment Centres
- Private SSD Contractors
- Body Piercing, tattooists 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
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

At all stages:
- Location
- Facilities
- Equipment
- Management
- Policies/Procedures

ACQUISITION
1. Purchase
2. Loan

TRANSPORT

CLEANING

DISINFECTION

INSPECTION

PACKAGING

STERILIZATION

TRANSPORT

USE

STORAGE

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?