

PASS IT ON



DECONTAMINATION SPECIAL ISSUE

Keep it clean...



PRACTICEBUSINESS+

+ Inspiring Business Solutions for Practice Managers

PULL OUT & KEEP
(or pass it on!)



Clean sweep

Following the National Strategy for Decontamination, all organisations undertaking reprocessing of medical devices need to comply with best practice and ensure their equipment is 'fit for purpose'. In this special pull-out we look at ways that everyone in the practice can play their part in achieving these rigorous standards.

There are risks of Health Care Associated Infections (HCAI) in GP practices, as well as in hospitals, so practices need to have in place:

- + appropriate facilities
- + validated compliant reprocessing equipment
- + documented policies and procedures
- + documented staff training
- + appropriate quality regimes
- + appropriate instrument tracking systems

"Effective and thorough decontamination will make a major contribution to risk reduction and it is therefore essential that all cleaning and sterilisation procedures operate to the highest standard in line with existing guidance." DoH

This will be monitored by PCTs in the same way as other aspects of primary care. Practices will also be subject to inspection by the Healthcare Commission and must ensure they follow the

'The Code of Practice for the Control and Prevention of Health Care Associated Infections', which forms the baseline that practices will be measured against. Failure to observe the code may lead to the Healthcare Commission placing health care organisations on 'special measures' and issuing 'improvement notices'.

Practices will need to establish the current state of decontamination services in their practice and obtain compliance with good standards. This should include the regular checking and maintenance of decontamination equipment, premises, instrumentation and staff training. The options for achieving this are likely to include:

- + sharing compliant facilities between several practices
- + upgrading the facilities in the practice
- + greater use of single-use devices
- + using an NHS decontamination service which is accredited to the Medical Devices Directive 93/42/EEC

Many practices will need to invest in new equipment, as well as making improvements to practice premises to meet standards and putting in place appropriate instrument tracking systems.

This may cost money but it will satisfy the duty of care to provide a safe service and minimise the risk of clinical incidents and legal action.

TRAINING

The NHS online E-Learning Decontamination Training Programme is presently aimed at staff working in acute hospitals, although it is hoped that Department of Health resources will be made available for a version to be launched to primary care practitioners. The aim of the training programme is to improve standards and safety by providing high quality, formalised and accessible online training to decontamination staff. It can be viewed at: www.decontamination.nhs.uk

Is there an option to do nothing?

No. If a patient dies as a result of an infection passed on through inadequately decontaminated medical devices, then the criminal offences of manslaughter (for individuals) and corporate manslaughter (for PCTs) could apply.





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The Department of Health has put together some essential steps that all staff can follow to prevent the spread of infection in general practice. They can be used for all clinical procedures and care processes and have been developed to support all other infection prevention and control recommendations.

Clean practice

RISK ELEMENTS:

- + Hand hygiene
- + Aseptic technique
- + Safe disposal of sharps
- + Use of personal protective equipment





Hand hygiene

All staff should have access to the means to clean their hands at the point at which they deliver care, whether it be using sinks or handrubs. Too far away from the care action in which they are needed and the chance is lost: hands will keep hold of potentially dangerous microbes and infection may spread. Staff should always clean their hands before and after each care activity, using the correct hand hygiene procedure:

PREPARATION:

Wet hands under running water before applying liquid soap.

WASHING:

The hand-wash solution must come into contact with all surfaces of the hand:

1. *palm to palm;*
2. *right palm over left dorsum and left palm over right dorsum;*
3. *palm to palm and fingers interlaced;*
4. *backs of fingers to opposing palms with fingers interlocked;*
5. *rotational rubbing of right thumb clasped in left palm and vice versa;*
6. *rotational rubbing backwards and forwards with clasped fingers of right hand in left palm and vice versa.*

RINSING:

Hands should be rinsed thoroughly before they are dried.

DRYING:

A good-quality paper towel should be used to dry thoroughly.



A clean and safe aseptic technique as appropriate

- + Sterile equipment should be used.
- + Staff should always use aprons and sterile gloves for invasive devices and wound care (as appropriate).



Personal protective equipment

Staff should wear personal protective equipment (PPE) if at risk of exposure to blood and bodily fluids.

- + These may include gloves, aprons, masks and goggles/visors.
- + Gloves and aprons should be used as single-use items.



Safe disposal of sharps

- + A sharps container should be available at the point of use.
- + Whoever uses the sharp must dispose of it themselves.
- + Staff should never resheath needles.
- + Staff should not pass sharps from hand to hand.
- + Staff should not overfill sharps containers.
- + Staff should not remove the needle from the syringe before disposal into the sharps bin.



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Super centres



The Kent Collaboration is one of the first Joint Venture collaborations in England. It is working with the private sector to deliver a decontamination service to cater for the whole health economy. We take a closer look.

Practices in Kent have recently undertaken a very detailed assessment of their options for decontamination, based on evaluating quality issues as well as cost. The outcome of the assessment is that a joint venture central facility will offer the best solution, in terms of quality and costs for community volumes.

Other options that were evaluated included each practice upgrading their own decontamination facilities, but it was felt, on this occasion, that the investment required in facilities and the risk involved in continuing to deliver decontamination was not considered best value for money. An assessment was also made of single-use instruments and it was identified that, where the quality is appropriate, a large volume of general practice instrumentation is likely to convert to single-use, however account also needs to be taken of environmental factors such as the volumes of clinical waste, leading to increased costs.

The logistics solution is crucial – getting the right instruments delivered to the right place, in the right condition at the right time.

A dedicated logistics solution has been worked up for Kent primary care decontamination that offers value for money. A study of all the existing transport arrangements for a variety of goods such as pathology, pharmacy and mail services, however, found that there is additional scope to bring together all the different transport arrangements into one integrated network and significantly reduce costs in the process.

"An assessment was also made of single-use instruments and it was identified that, where the quality is appropriate, a large volume of general practice instrumentation is likely to convert to single-use."

The Kent project found that they could achieve a value for money solution for the whole health economy if more instruments are processed in the centralised joint venture facility.

With many thanks to Lucia Contrino, implementation manager, NHS Decontamination Project, Department of Health

Practices and 'super centres'

Within the NHS in England there are a total of 20 joint venture collaborations, comprising almost 100 acute hospital trusts with centres due to open from spring 2007 in Bradford, Leeds and Calderdale, Birmingham, Manchester and Kent.

Practices can access the services of a super centre which will provide a service that meets all current legislation. The practice will obviously need to take into account the logistics of sending their instruments away and getting them back, and also whether more investment needs to be made in instrumentation. Some PCTs are opting to deliver and collect their instruments from their local acute hospital. It is likely that the existing hospital transport facilities, such as post or pharmacy, for example, may be able to add surgical instruments to their collections as long as appropriate segregation safeguards are put in place.



Further detailed guidance on the decontamination options for primary care can be found on the Decontamination website (<http://deconprogramme.dh.gov.uk>).