

Implementing the National Decontamination Programme in the UK

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What is it?

A two-stage process of raising the standard of the decontamination of re-usable medical devices within the UK

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Stage 1, 1999-2001

“...this investment will underpin a major overhaul to provide the NHS with the most up-to-date decontamination services”

UK Minister of Health

£200,000,000 funding made available

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Stage 2, 2003 – present

“The design and delivery of a long-term sustainable solution beyond the £200m allocated in Stage 1”

“stage 1 funds would not be sufficient to bring all Sterile Service sites to a sustainable & improved standard”

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Why was this necessary?

What was wrong with Sterile Services in 2000?

What about decontamination outside Sterile Services?

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History

- 1 Outbreak of BSE
- 2 Did this affect humans?
- 3 Identification in patients of vCJD
- 4 Assumption that BSE was cause
- 5 Realisation that vCJD could be spread by inadequately decontaminated instruments
- 6 What is the solution?
- 7 How well is decontamination being performed?

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What is the solution for vCJD?

- 1 6 sterilization cycles or 1 at 134 C for 18 minutes
- 2 This is doubted by further research
- 3 Single-use devices?
- 4 New sterilization process?
- 5 Remove protein in washer disinfectant?

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What is the solution for vCJD?

- How well is decontamination being performed and does this meet the new requirements for the washer disinfectant
- Need to inspect, assess, review, recommend and provide requisite funding
- **NB** separate procedures in Scotland Wales & NI

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The snapshot survey, England, 1999-2000

A detailed inspection of a sample of public and private sector sites of decontamination ranging from a university teaching hospital to a single-practitioner dental practice

A full and detailed 195-page report

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Snapshot survey

- Politically sensitive
- Paralleled in Scotland – equally critical report published
- England report “buried”, but basis for new, comprehensive inspection

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Phase 1

- Assess all Sterile Service Departments and local decontamination within Acute Trusts to determine prioritisation for funding
- Formalised auditing documentation
- “Traffic light” survey report

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Phase 1 implementation

- Trusts NOT given funding
- Spent by DH on their behalf based on Trust’s Business Case
- PaSA agency for purchase
- Standard specifications, C14, C30
- Additional building work required also funded

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Phase 1, progress

- Promises of extension to Primary Care
- Approximately half of the money spent
- Phase 1 stopped
- No application to Primary Care

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Phase 2

- Introduction of Decontamination Team
- Production of 1999 page Strategy including ...
- ...“The Way Ahead”
 - adoption of highest European Standards
 - an inspection regime
 - a mixed economy
 - a level playing field NHS/Commercial
 - new-style partnership between NHS and commercial providers

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Phase 2: “a mixed economy”

- Intermediate investment - central or local
- PFI – existing
- Outsourced services - existing
- Contractual joint venture – Trusts combining to seek partner in private sector or elsewhere

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Phases 1 and 2 are very different

- Change from internal renovation to external provision
- Change from internal funding to mutual financial benefit
- Procurement by Trusts (with help and advice from Decontamination Team)

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Number of SSD expected

Strategy included 11 options ranging from “do nothing” to “clusters” of Trusts

Financial projections for 2 cluster options:
50 and 100 units within England

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Phase 2: Strategy

7.5 Future work

7.5.1 National / Local

...consideration also needs to be given on how both PCTs and other private sector customers are engaged in this programme...

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Implementation

- Pathfinder project
- Subsequent waves of cluster projects

Progress

- Slow, delayed, Pathfinder only just a pathfinder
- Much discussion on involvement of PCTs and, if so, how much workload?

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Advice to PCTs

- Initially none
- Verbal statements of need to comply with Medical Devices Directive
- Finally, written advice in 2004 (re-published 2005):

"Main principles to be considered when setting up decontamination service for PCTs"

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"Main principles to be considered when setting up decontamination service for PCTs"

2 Where do you want to be?

Full compliance with the National Strategy by 31st March 2007

4 What are the options available?

- i centralise to an accredited SSD
- ii use only single-use devices
- iii undertake decontamination locally to all applicable standards
- iv a combination of these

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“Main principles to be considered when setting up decontamination service for PCTs”

5.3 The key features of HBN13 should be followed i.e.

Washroom segregated from clean area with pass-through

Automated WD validated to HTM 2030

Dedicated wash-hand basin

Clean area with controlled environment for sterilizing

Benchtop sterilize validated to HTM 2010

All staff trained with individual records

Continued...

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...continued

Tracking and traceability eg details of WD ~& sterilizer cycles for invasive instruments

Ongoing costs of maintaining a compliant decontamination service

Framework agreements with PaSA for sterilizer and WD purchase

To fully comply you will need a “mini” SSD: all decontamination must be done away from patient treatment areas

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Does this advice to PCTs apply to all decontamination sites?

- Treatment areas
- General medical practices
- Podiatry
- General dental practices?
– See A12, *Infection control in dentistry*

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Progress to date, Acute sector

- Collaborative groups formed
- Pathfinder and early projects ordered
- Further projects being negotiated
- Some delay in implementation

Interim

- Some recipients of Phase 1 funding will close
- Some departments not given Phase 1 funding continuing to function for longer than expected (ie beyond 01/04/07)
- Collaborative group "frustration"?

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Progress to date, PCTs

- Little progress
- Each PCT has to consider their options
- Equal applicability to dental & non-dental?
- Is the wheel being re-invented in a number of shapes?

Interim

- No change, much non-compliance
- Possibility of different standard with Dental

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Scotland

- Already a tradition of centralisation
- Glennie report
- First "supercentre" in Glasgow is NHS department

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Wales

- A retention of existing in-service structure
- All SSDs fully compliant to MDD

Northern Ireland

Similar to Scotland – new “supercentre”
Retention of in-service departments

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Thank you

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