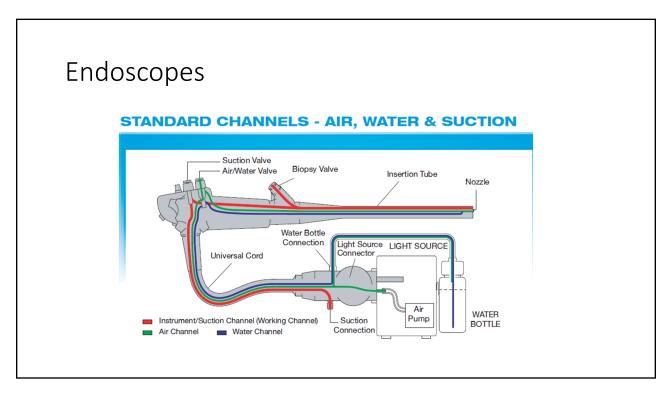


20 practices in the survey Five practices had autoclaves, one had a hot air oven, 13 had hot water disinfectors (one used both an autoclave and a hot water disinfector), and two had no means of heat decontamination; one of these practices, however, could have instruments sterilised in a 'Local hospital's central sterile supply department.

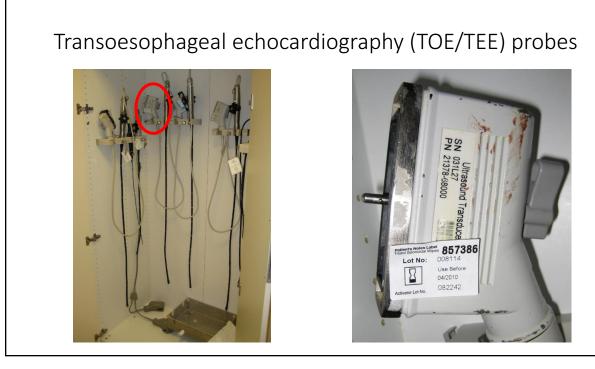
Risk category	(actual numbers in parentheses)		
	Satisfactory	Doubtful	Unsatisfactory
High	56 (60/108)	31 (34/108)	13 (14/108)
Medium	56 (106/190)	32 (61/190)	12 (23/190)
Low	83 (24/29)	17 (5/29)	·



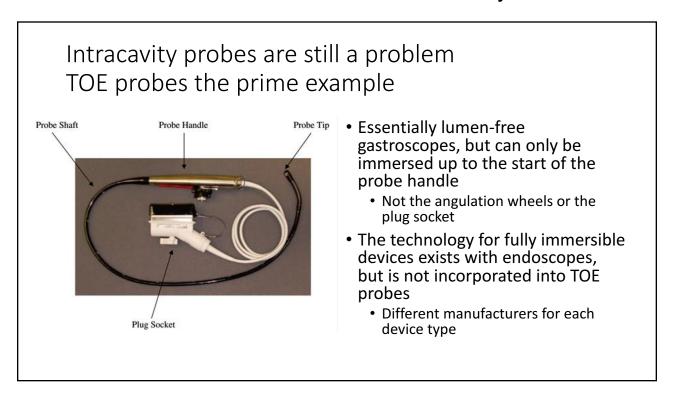


Endoscope decontamination

- Multiple changes in practice manual cleaning followed by endoscope washer-disinfectors (automated endoscope reprocessors)
 - Cleaning and disinfection of outside surface and within channels
- A lot of guidance (e.g. Health Technical Memorandum 01-06, 5 volumes, 244 pages)
- Whilst there are multiple recorded global outbreaks/incidents due to inadequate endoscope decontamination, very few are recent UK
- Endoscope decontamination is nowhere near the QA of sterilized surgical instruments, but we seem to get away with it
- Other areas of decontamination are less well addressed

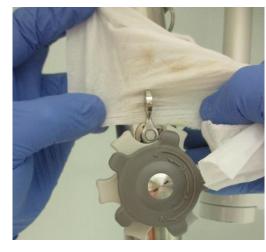








Can get devices that enclose the angulation wheels and adapt washer-disinfectors so that only the insertion tube gets a validated decontamination – but this just addresses the easy bits

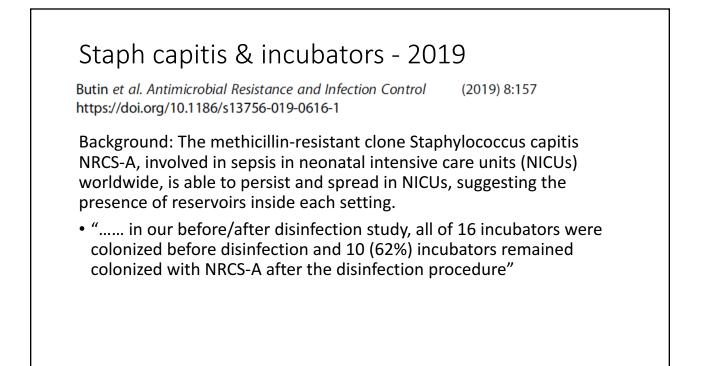




Incubator decontamination – 1980s



- Incubator contaminated with *P aeruginosa* culture in 15 places, unknown to me
- I then spent 20 minutes doing a thorough decontamination of the incubator with a cloth and bucket of hypochlorite/detergent.
- The inoculated areas then swabbed
- Of those 15 contaminated areas
 - 5 were clear
 - 2 showed slight growth
 - 8 showed heavy growth

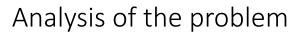




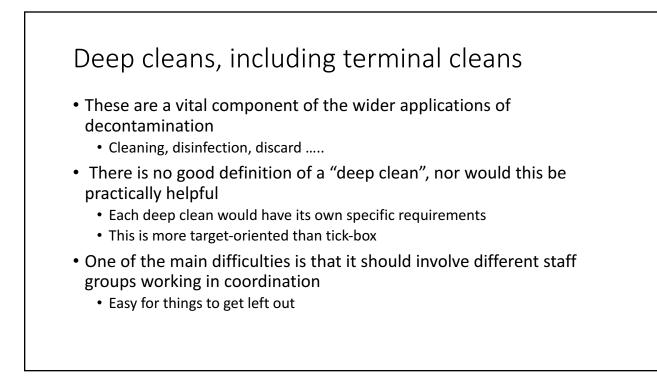
Crowded, little worktop space, one sink/drainer, impossible to have a defined dirty-to-clean flow

Not just incubators

 Lots of other problematic items throughout healthcare – such as pulse oximeters (see photo), BP cuffs, physio equipment, thermostat knobs on splint pans, seating in showers, mattresses, pillows, toys, clippers handles, blood glucose monitors, hoists, baby scale hand contact areas, EBM kit, bodies of tympanic thermometers, doppler probes, ultrasound keypads/rollerballs, IT tablets, IT mice, burns hydrotherapy baths, supports for single use bedpans, theatre gel limb supports, commodes, over-bed tables, wheelchairs, ice machines, calculators, laryngoscope bodies, privacy screens, patient trollies



- Items are designed for function
 - Decontamination sometimes an afterthought, sometimes hardly considered at all
- The regulatory requirement for effective decontamination is weak
 - Often just a list of compatible agents and/or processes, but no verification of effective decontamination
- The drivers for increased amenability to decontamination would be either regulatory or customer-driven
 - Very often IPC is not a decisive part of device choice
 - This is an international market. If we have higher standards in the UK, that is insufficient to influence device design globally.



Deep cleans

- Different staff groups will address different items
 - Floors, bathroom fittings, bedside lockers, pulse oximeters, BP cuffs, monitors, leads, privacy curtain change, mattress covers, dynamic bed mattresses, wheeled drawers sets, disposal of unused single use items
- This involves coordination of all these different staff groups
 - Such that each is involved when they should be
 - Such that no items are missed out



Multi-drug resistant Gram-negative bacilli (MDRGNB) – a significant part of the future

- A supremely adaptable and horrendously resistant group of bacteria
 - Resistance developing/increasing with time
- As with other microbes, international travel is no barrier
 - Whilst we can control antibiotic use locally, we get what the whole world offers
- They live inside us and in wet environments that we contribute to
 - Such as drainage systems

A WASTE-TRAP-STERILISING METHOD

J. KOHN Queen Mary's Hospital, Roehampton, London S.W.15 THE LANCET, SEPTEMBER 12, 1970

... examination from various sites on the effluent side of a hospital plumbing system commonly reveals the presence of pathogenic microorganisms. Sink waste-traps in particular act as reservoirs of the gram-negative group of pathogens....... making their way from the trap of the basin to the hands of a person washing under running water is easily explained by backsplash demonstrated experimentally and under ward conditions using a marker organism.

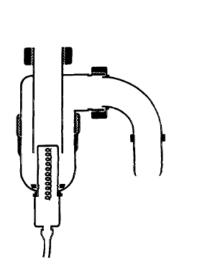
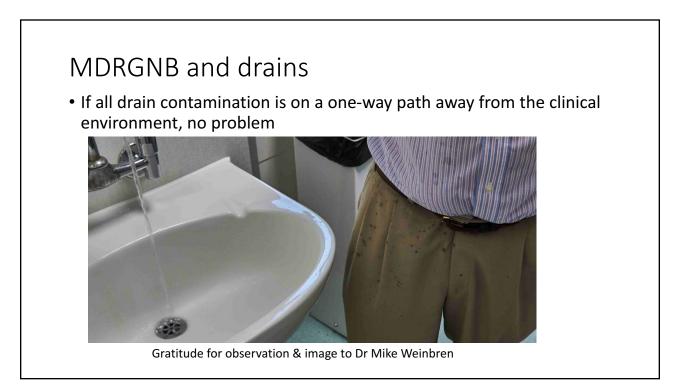


Fig. 2—Diagram of waste-trap unit with cylindrical electric heating element.

MDRGNB in drains

- MDRGNB derived from patients will take up residence as one of the inhabitants of the patches of biofilm (microbial communities in a slime layer attached to a surface) throughout a hospital's drainage system
- All arms of a drainage systems are interlinked sections from basins, showers, toilets etc.
- · Bacteria will migrate between biofilm patches
- You may be able to remove or kill a patch of biofilm at one point, but re-colonisation will occur from elsewhere in the system



Showers also a risk

- Shower drains block and water pools in shower tray
- Reflux from drains
- Patients have their feet in dilute drain water
- Particular problem in haematology due to lost hair blocking shower drains + highly susceptible patients



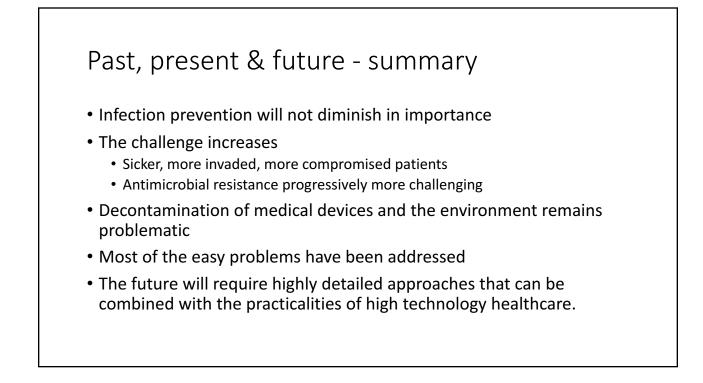
- Breathnach et al. (2012) *Multidrug-resistant Pseudomonas aeruginosa* outbreaks in two hospitals: association with contaminated hospital waste-water systems. Journal of Hospital Infection 82; 19-24
- "Extensive environmental sampling in each outbreak yielded MDR-P only from the waste-water systems. faulty sink, shower and toilet design, clean items stored near sluices, and frequent blockages and leaks from waste pipes. Control measures included replacing sinks and toilets with easier-toclean models less prone to splashback, educating staff to reduce blockages and inappropriate storage, reviewing cleaning protocols, and reducing shower flow rates to reduce flooding. These measures were followed by significant reductions in cases."

Water as friend or water as foe?

Control of endemic multidrug-resistant Gramnegative bacteria after removal of sinks and implementing a new water-safe policy in an intensive care unit. Shaw E et al. Journal of Hospital Infection 98 (2018) 275-281

• "The implementation of a new water-safe policy, which included the **removal of sinks** from all patient rooms, successfully improved the control of MDR-GNB spread in an ICU with endemic infection. Our results support the contribution of sink use with the incidence of MDR-GNB in endemic environments." Reduced rate of intensive care unit acquired gram-negative bacilli after removal of sinks and introduction of 'water-free' patient care. Hopman J et al. Antimicrobial Resistance and Infection Control (2017) 6:59

 "Removal of sinks from patient rooms and introduction of a method of 'water-free' patient care is associated with a significant reduction of patient colonization with GNB, especially in patients with a longer ICU length of stay."





www.webbertraining.com/schedulep1.php		
October 7, 2021	INFECTION CONTROL AND PREVENTION IN LONG-TERM CARE FACILITIES AND HEALTHCARE LAUNDRY Speaker: John Scherberger, Healthcare Risk Mitigation, Spartanburg, SC	
October 14, 2021	COMMON FEATURES OF WATERBORNE PATHOGENS IN HEALTHCARE FACILITIES: WHY ARE THEY SO CHALLENGING? Speaker: Prof. Joseph O. Falkinham, III, Department of Biological Sciences, Virginia Tech	
October 20, 2021	(<u>FREE Teleclass)</u> CLEAN HOSPITALS DAY 2021: WHY ENVIRONMENTAL HYGIENE IS MORE IMPORTANT THAN EVER Speaker: Prof. Didier Pittet, University of Geneva Hospitals	
October 28, 2021	(<u>FREE Teleclass)</u> <u>HAND HYGIENE RELOADED</u> Speaker: Prof. Hugo Sax , HumanLabZ, Zurich	

