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Deputy Secretary
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Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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Our Ref: HSS(SC)3/04
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Chief Executives
H&SS Boards, Trusts and Agencies

Dear Colleagues

DECONTAMINATION OF REFUSABLE SURGICAL INSTRUMENTS

This circular promulgates departmental policy with regard to the decontamination of surgical instruments and provides guidance on how the HPSS should take forward its implementation.

Annex 1 provides a statement of policy.

Annex 2 provides guidance on how the policy should be given effect in both the short and long terms.

Action required

All organisations should take action as appropriate to achieve full implementation of the policy statement by March 2008.

H&SS Trusts should progress business cases as required to ensure the short and longer term arrangements are put in place within appropriate timescales.

H&SS Boards should develop proposals with local Trusts, as appropriate, to provide for the decontamination of primary and community care instruments. These proposals should be submitted to Dr Mock by the end of October 2004 for consideration by the Department.

Yours sincerely

ANDREW HAMILTON
Deputy Secretary

Working for a Healthier People



DECONTAMINATION OF REUSABLE SURGICAL INSTRUMENTS**POLICY STATEMENT**

Decontamination of reusable surgical instruments should be carried out in line with current best practice and standards, and where practicable, single use surgical instruments utilised, to minimise the risk of cross infection to patients, staff and the public.

1. **BY MARCH 2008**
 - A. Decontamination of reusable surgical instruments should be carried out in Sterile Services Departments accredited under the Medical Devices Directive 93/42/EEC. The Sterile Services Departments should also meet DHSSPS decontamination guidance as promulgated in Departmental circulars in accordance with current best practice and standards.
 - B. Decontamination activity associated with hospital, community health and General Medical Services should be transferred to Sterile Services Departments, with the exception of flexible endoscopes.
2. Every organisation must have a nominated senior member of staff at Trust Board level with responsibility for managing all aspects of decontamination, ensure that best practice is implemented and maintained and that future developments and improvements in technology are implemented as appropriate.
3. Each organisation must have comprehensive policies and procedures to ensure appropriate training of all staff involved in the use, procurement, reprocessing and maintenance of surgical instruments.
4. Decontamination solutions should be based on a long-term objective, and as a minimum cater for workload estimated 5 years in advance, while allowing for future developments over the next 15 years. Solutions should ensure VFM, consider the regional perspective, provide a sustainable long term solution, not be constrained by Trust boundaries, and have regard to the opportunity costs of capital including alternative use of accommodation.
5. Decontamination contingency arrangements must be in place to ensure delivery of clinical activity is not compromised.
6. Sterile Services Departments must provide a service to acute, primary and community care, and as far as is practicable to independent healthcare providers. The service must be accessible to all users, together with

consistent and acceptable turnaround times, to eliminate the need for local decontamination.

7. Single use surgical instruments should be used where possible and cost effective, provided this does not compromise clinical outcome.
8. Adequate instrument stocks must be provided to suit reprocessing turnaround times, and clinical demand. Traceability systems for instrument sets etc must be maintained.
9. Value for money in procurement should be maximised through the implementation of centralised procurement arrangements.

IMPLEMENTING THE POLICY STATEMENT ON THE PROVISION OF STERILE SERVICES

WHSSB AREA

Current Arrangements:

Sterile services are currently provided at Altnagelvin and Tyrone County. The Altnagelvin department is already compliant with MDD 93/42/EEC, and that at Tyrone County almost compliant. Altnagelvin provides services to Causeway Hospital, Tyrone County to Erne.

Future Arrangements

Short term:

No change.

Tyrone County should continue to take steps to achieve MDD compliance 'well before' the policy deadline of 2008.

The WHSSB should, in collaboration with Altnagelvin and Sperrin Lakeland Trust, bring forward proposals to provide for decontamination of primary and community care instruments in its area and for Causeway Trust, for implementation from April 2006 or earlier. These arrangements should maximise the use of disposable instruments where appropriate.

Longer term:

As part of the implementation of DBS in the WHSSB area, the WHSSB should co-ordinate the development of a business case for the future provision of sterile services in the area following the reprofiling of acute services. This should take account of the needs of the Causeway Trust, WHSSB primary and community care and all acute hospitals in the area and the options considered should be determined by the policy statement and associated parameters. The options should assume maximum use of disposable instruments where appropriate.

Timing for this should be determined by the DBS action plan. No provision for sterile services should be included in the plans for the new hospital in the South West unless the case for such provision is demonstrated in the business case for the future provision of sterile services in the WHSSB area..

IMPLEMENTING THE POLICY STATEMENT ON THE PROVISION OF STERILE SERVICES

NHSSB AREA

Current Arrangements

Sterile services are provided at Mid-Ulster and Antrim. Altnagelvin provides services to the Causeway Hospital.

Future Arrangements

Short Term

Proceed with proposals to centralise Mid-Ulster/Antrim services at Antrim.

The NHSSB should, in collaboration with United and Homefirst Trusts, bring forward proposals to provide for decontamination of primary and community care instruments in the Homefirst/UHG area for implementation from April 2006 or earlier. These arrangements should maximise the use of disposable instruments where appropriate. Arrangements for Causeway Hospital should remain unchanged and it is proposed that Altnagelvin also supply a service for Causeway community/primary care services. Should this not prove possible, the proposals above should be expanded to include provision for community service in Causeway.

Longer Term

The arrangements for the provision of sterile services at Antrim Hospital should be formally reviewed – through the business case approach – as part of the development of the Antrim Hospital estate rationalisation plans and the wider DBS proposals for the NHSSB area.

IMPLEMENTING THE POLICY STATEMENT ON THE PROVISION OF STERILE SERVICES

SHSSB AREA

Current Arrangements

Sterile services are provided at Craigavon and Daisy Hill Hospitals. Some services continue to be provided at South Tyrone.

Future Arrangements

Short Term

The SHSSB and Trusts should continue to progress planned improvements at Daisy Hill and Craigavon to complete the transfer of services from South Tyrone and to ensure MDD compliance at these facilities by the target date.

The SHSSB should in collaboration with local Trusts bring forward proposals to provide for decontamination of primary and community care instruments from April 2006 or earlier. These arrangements should maximise the use of disposable instruments where appropriate.

Longer Term

The SHSSB in collaboration with the Trusts in its area should develop a business case considering the centralisation of all decontamination/sterile services in the SHSSB area as part of the development of Craigavon estate rationalisation plans and the wider DBS proposals for the SHSSB area.

IMPLEMENTING THE POLICY STATEMENT ON THE PROVISION OF STERILE SERVICES

EHSSB AREA

Current Arrangements

Sterile services are currently provided at BCH, LVH, Mater, Musgrave Park, RGH, Ulster.

Future Arrangements

Short Term

No change subject to

LVH continuing progress to obtain MDD compliance by 2004-05.

BCH continuing progress to obtain MDD compliance by 2004.

RGH proceeding with phase 1 developments.

Minimum investment elsewhere to maintain services in the short term at a safe standard.

The EHSSB in collaboration with the Trusts in its area should bring forward proposals to provide for decontamination of primary and community care instruments in its area for implementation from April 2006 or earlier. These arrangements should maximise the use of disposable instruments where appropriate and have regard to the longer term vision below.

The UCHT should consider an option for off site provision of services servicing the hospital and local primary and community care services including S&E Belfast, potentially releasing valuable accommodation in its planned service block for other purposes.

Longer Term

Subject to confirmation through the development of business cases the EHSSB and Trusts should as part of the implementation of DBS in the area work towards the delivery of services from three locations servicing the following Trusts

1. RVH, Mater and N&W Belfast

2. UCHT and S&E Belfast

| 3. BCH, Down Lisburn and Greenpark.

Deleted:

Timing of implementation should take account of investments already made and the degree of current compliance with MDD 93/42/EEC.