Trust Standard Operating Procedure

Plymouth Hospitals NHS Trust

The use of Surgical instruments for neurosurgical patients born after 1st January 1997

Issue Date	Review Date	Version
May 2017	May 2022	2

Purpose

To ensure that all surgical instruments that are used on patients born after 1st January 1997 and have not previously undergone surgery on 'high risk' tissue are safe and have not been used on patients born before 1st January 1997. This is to reduce the risk of possible Transmissible Spongiform Encephalopathy (TSE) transmission via surgical instruments.
These instrument sets are wrapped in Yellow wrapping for ease of identification

Who should read this document?

All operating department staff involved with surgical procedures that involve neurosurgical and ophthalmology patients born after 1st January 1997.

Key Messages

- Follow Standard Precautions
- Wear disposable gloves and apron for patient contact
- Wash hands following each patent contact
- Wash hands after removing gloves

Core accountabilities	
Owner	Mr Mark Lavery, Manager, SDU and Decontamination Lead
Review	Decontamination Steering Group - 24 July 2013
Ratification	Peter Jenks, Consultant Microbiologist
Dissemination	Decontamination Steering Group
Compliance	NICE Guide Lines IPG196

Links to other policies and procedures

This document should be read in conjunction with the National Institute for Health and Clinical Excellence (NICE 2006) guidance IPG and PHNT policy 'The prevention of Transmissible Spongiform Encephalopathy's (Prion diseases including CJD) in the Healthcare Setting (V4, 2009)

Version History

1	July 13	Decontamination Steering Group
2	May 17	Decontamination Action Group

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Plymouth Hospitals NHS
NHS Trust

Standard Operating Procedure (SOP)

: The use of Surgical Instruments for neurosurgical patients born after 1st January 1997.

1 Introduction

To ensure that all surgical instruments that are used on patients born after 1st January 1997 and have not previously undergone surgery on 'high risk' tissue are safe and have not been used on patients born before 1st January 1997.

2 Definitions

This is to reduce the risk of possible Transmissible Spongiform Encephalopathy (TSE) transmission via surgical instruments.
These instrument sets are wrapped in Yellow wrapping for ease of identification

3 Regulatory Background

NICE Guidelines IPG 196 TSE.

4 Key Duties

Theatre Team, Scrub Practitioner .Sterile Services Technician CJD Lead (Decontamination Lead)

5 Procedure to Follow

Scrub Practitioner to confirm that patient TSE risk assessment has been carried out and that the patient was born after 1st January 1997. For elective procedures this should be completed at pre-op assessment clinic. All emergency admissions/procedures require a TSE Checklist / assessment to be completed before the start of surgery where possible. If this is not possible the instruments will be quarantined until the risk assessment has been completed. The risk assessment **must** be completed within 48 hours of surgery. It is the responsibility of the **scrub practitioner** to inform the surgeon in charge of the case if this is required.

- **Scrub Practitioner & Theatre team** to quarantine instruments if required in line with the trust standard operating procedure for the quarantining of surgical instruments.
- **Scrub Practitioner / Theatre team** must inform the SDU department that the IPG196 instruments have been used and will need to be processed.
- **SDU** to ensure that all IPG196 instruments are cleaned / washed and processed separately in order to reduce the risk of contamination by other surgical instruments
- **CJD lead** to keep a database of all patients and IPG196 instruments used for each case.

6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the group or committee and ratified by the Director.

Non-significant amendments to this document may be made, under delegated authority from the Director, by the nominated author. These must be ratified by the Director and should be reported, retrospectively, to the group or committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

8 Monitoring and Assurance

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered

Monitoring will be on a case by case basis by the theatre users .

Any shortfalls in this use of segregated instruments sets will be reported by the users to the Lead Decontamination Manager

If shortfalls are identified they will be reported by the Lead Decontaminations Manager to Decontamination Action Group (DAG) at their regular meetings and an action plan formulated and published to staff concerned with standards and learning

Reporting on the progress and other monitoring of the action plane and any learning reported on at these meetings

9 Reference Material

- National Institute for Health and Clinical Excellence (NICE)(2006) guidance IPG 196 Patient safety and reduction of risk of transmission of Creutzfeldt–Jakob disease (CJD) via interventional procedures.

- Local trust policy (2009) V4 Policy for the Prevention of Transmissible Spongiform Encephalopathy's (Prion Diseases including CJD) in the healthcare setting.

- The Association of Perioperative Practice (AFPP) (2011) Standards and Recommendations for safe perioperative practice.

- Plymouth NHS trust Standard Operating Procedure for the quarantining of surgical instruments for 'High Risk' surgical procedures.