

**Decontamination of Re-usable Sentinel Node probes Standard Operating Procedure**

Date	Version
May 2014	1

**Purpose**

To ensure that the Sentinel probes used between each patient are properly decontaminated.

**Who should read this document?**

This document should be read in conjunction with Plymouth Hospitals NHS Trust Guidance for the decontamination of Intra-cavity devices, including Trans –vaginal and Rectal Ultrasound probes.

**Accountabilities**

<b>Production</b>	Dr Peter Jenks, Director of Infection Prevention & Control
<b>Review and approval</b>	Decontamination Steering Group
<b>Ratification</b>	DSG
<b>Dissemination</b>	Trust wide
<b>Compliance</b>	DSG

**Links to other policies and procedures****Version History**

1	May 2014	Document approved by DSG

Last Approval	Due for Review
May 2014	April 2016

*The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it 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 the Trust Documents. 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.

## **CONTENTS**

<b>Section</b>	<b>Description</b>	<b>Page</b>
1	Purpose	3
2	Staff	3
3	Procedure	3
4	Record keeping and traceability	4
5	Personal Protective Equipment	4
6	Equipment	4
7	Storage and Maintenance	4
8	Audit	4
9	Document ratification process	5
10	Dissemination and implementation	5
11	References	5/6

## Standard Operating Procedure (SOP)

### For the Decontamination of reusable Sentinel Node probes

#### 1 Purpose

To ensure that the Sentinel probes used between each patient are properly decontaminated.

#### 2 Staff

All theatre Staff who undertakes decontamination of re-usable Sentinel node probes should receive training and are assessed as competent to follow the procedure. Theatre Central should maintain a register of the training and competent staff.

Only those trained and competent in their decontamination should be authorised to decontaminate a re-usable device and there should be an up-to-date list of individuals who are responsible for cleaning held in the clinical area. Departments that use re-usable Sentinel devices should set up a suitable training programme for the cleaning of these devices with a named individual responsible for the programme. Theatre Central should maintain a register of the training and competent staff.

#### 3 Procedure

The decontamination process involves three stages:

1. Cleaning
2. Disinfection
3. Rinsing

##### Stage 1: Cleaning Procedure

Clean hands, put on gloves.

The first step in the decontamination process of medical devices is the thorough cleaning of the surface to remove soil and organic matter. Remove the Pre-Clean Wipe from the sachet, unfold the wipe and lay it out in the palm of the hand. Clean the Sentinel node probe thoroughly until all visible organic matter is removed.

Discard the used Pre-Clean Wipe and Gloves in accordance with hospital guidelines.

## Stage 2: High Level Disinfection

Clean hands, put on gloves.

Remove the Sporicidal Wipe from the sachet. Unfold the wipe and lay out in the palm of the hand. Apply two doses of Activator Foam onto the wipe. When using a 50ml Activator bottle, apply four doses of foam onto the wipe. The foam bottle is identified as activator Foam. If the foam bottle is being used for the first time, depress the pump 2-4 times to prime the foamer.

Scrunch the wipe for **15 seconds** to ensure that the whole wipe is covered with Activator Foam. Wipe the Sentinel probe ensuring the entire surface comes into contact with the wipe at least once.

Place the Sentinel probe onto a 'clean area' and leave for **30 seconds**. Discard the used Sporicidal Wipe in accordance with hospital guidelines.

## Stage 3. Rinsing Procedure

Remove the Rinse Wipe from the sachet, unfold the wipe and lay out in the palm of the hand. Wipe the Sentinel node probe to remove access foam. Discard the used Rinse Wipe, gloves and apron in accordance with hospital guidelines, wash hands.

A register recording the cleaning process of the Sentinel Node probe should be held by theatre which includes the Tristel 3 wipe system batch sticker.

Following the cleaning and disinfection process the probe can be re-used with a double sheath and at the end of the theatre list will be sent to Sterilising Department Unit for high level disinfection using Gas Plasma process.

### 4 Record keeping and traceability

A register recording the cleaning process of the Sentinel Node probe should be held by the theatre which includes the Tristel 3 wipe system batch sticker.

### 5 Personal Protective Equipment

Apply clean gloves and apron to undertake the decontamination process. Gloves and aprons must be discarded as clinical waste. On glove removal or change, hands must be decontaminated with hand washing using soap and water.

### 6 Equipment

Tristel 3 – wipes system.

### 7 Storage and maintenance

Storage of the Probe in a dry area and in SDU package. Tristel wipes as per the information on the packaging.

## 8 Audit

Departments should perform audit of decontamination process once per year. This will be actioned by the Decontamination Steering Group.

## 9 Document Ratification Process

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

The review period for this document is set as default of Three 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 approved by the Decontamination Steering Group and ratified by the Director of Infection Prevention

Non-significant amendments to this document may be made, under delegated authority from the Director of Infection Prevention and by the nominated author. These must be ratified by the Trust Lead Decontamination Manager and should be reported, retrospectively, to the Decontamination Steering Group

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

## 10 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 Trust Wide Documents.

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

## 11 References

1. Spaulding EH. Chemical disinfection and antisepsis in the hospital. J Hops Res 1957; 9: 5-31.
2. Ohara T, Itoh Y, Itoh K. Ultrasound instruments as possible vectors of staphylococcal infection. Journal of Hospital Infection 1998; 40: 73-7.
3. Jacobson M, Wray R, Kovach D, Henry D, Speert D, Matlow A. Sustained endemicity of *Burkholderia cepacia* complex in a pediatric institution, associated with contaminated ultrasound gel. Infect Control Hosp Epidemiol 2006; 27: 362-6.

4. Olshtain-Pops K, Block C, Temper V, Hidalgo-Grass C, Gross I, Moses AE, Gofrit ON, Benenson S. An outbreak of *Achromobacter xylosoxidans* associated with ultrasound gel used during transrectal ultrasound guided prostate biopsy. *J Urol* 2011; 185: 144-7.
  
5. Hutchinson J, Runge W, Mulvey M, Norris G, Yetman M, Valkova N, Villemur R, Lepine F. *Burkholderia cepacia* infections associated with intrinsically contaminated ultrasound gel: the role of microbial degradation of parabens. *Infect Control Hosp Epidemiol* 2004; 25:291-6.
  
6. Weist K, Wendt C, Petersen LR, Versmold H, Ruden H. An outbreak of pyodermas among neonates caused by ultrasound gel contaminated with methicillin-susceptible *Staphylococcus aureus*. *Infect Control Hosp Epidemiol* 2000; 21: 761-4.