# Trust Standard Operating Procedure

## Decontamination of reusable inter-cavity probes

| Issue Date | Review Date | Version |
|---|---|---|
| May 2017 | May 2020 | 2 |

## 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 by the users of this type pf probe

## Key Messages

These guidelines apply to re-usable intra cavity devices including trans vaginal and rectal ultrasound probes.

| Core accountabilities | |
|---|---|
| **Owner** | Mr Mark Lavery, Manager, Trust Decontamination Lead and Head of SDU |
| **Review** | Decontamination Steering Group |
| **Ratification** | Peter Jenks, Consultant Microbiologist |
| **Dissemination** | Decontamination Steering Group |
| **Compliance** | NHSLA 1.2.8 & 2.2.8<br>CQC Essential Standards of Quality & Safety<br>The Hygiene Code |

| Links to other policies and procedures |
|---|
| Trust Decontamination Policy |

| Version History | | |
|---|---|---|
| **1** | September 2013 | Initial document |
| **2** | May 2017 | Document reviewed |

*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 Staff NET. 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.

Plymouth Hospitals NHS
NHS Trust

# Standard Operating Procedure (SOP)

**For the Decontamination of reusable inter cavity probes SOP**
**Decontamination 2**

## 1 Introduction

This SOP introduces a safe and local method of decontamination of Sentinal Probes to ensure the safety of patients between patient uses.
This to be achieved by local staff in a clinic setting between patients

## 2 Definitions

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

## 3 Regulatory Background

This document should be read in conjunction with MDA Device Bulletin 2002(05) Decontamination of Endoscopes, MDA Microbiology Advisory Committee. 'Sterilization, Disinfection, and Cleaning of Medical Equipment: Guidance on Decontamination', BSG Guidelines for Decontamination of Equipment for Gastrointestinal Endoscopy 2008, PHNT Policies and Guidelines and manufacturers' recommendations for equipment and products used to ensure compatibility and prevent damage to scopes.

## 4 Key Duties

By theatre and clinic staff who undertake decontamination of reusable Sentinal probes should receive training and 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 and all clinical areas where such decontamination is undertaken should maintain a register of the training and competent staff.

## 5 Procedure to Follow

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 foam.

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 or the clinical area where **decontamination** is undertaken to include 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 a Hydrogen Peroxide process.

## 6 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 Action 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 Action 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.

## 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 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.

## 8 Monitoring and Assurance

Monitoring of this procedure is by department audits

The main outcome measures that need to be achieved in order for the procedures to deliver the required contribution to the policy it supports by observation of the procedure .

The Monitoring by unit auditing will be annually

Any shortfalls are to be reported to Decontamination Action Group and an action plan formulated

The resulting action plan is to monitored by the audit staff within two months

Staff learning is to be checked annually

## 9 Reference Material

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.