WHC/2016/014

WELSH HEALTH CIRCULAR

Issue Date: 7 March 2016

Llywodraeth Cymru
Welsh Government

STATUS: ACTION & INFORMATION

CATEGORY: QUALITY AND SAFETY

Title: TONSIL & ADENOID SURGERIES REUSABLE INSTRUMENTS: USE OF QUARANTINED INSTRUMENTS AND DECONTAMINATION STANDARDS

Date of Expiry/Review: 7 March 2017

For action by Board:
Chairs
Chief Executives
Board Secretaries
Secretary to the Board Secretary Group
Nurse Directors
Medical Directors and for distribution to ENT surgeons and staff
Directors of Public Health
Decontamination Leads
Infection Control Doctors & Nurses
Hospital Chief Pharmacists
PHW HCAI & AMR Programme Leads & CCDCs
CNHS Direct Wales
NWSSP for distribution to GP practices, community pharmacies & general dental practices
Ambulance Trust

For Welsh Government action (or information)
DG/Chief Executive NHS Wales
Deputy Chief Exec NHS Wales
Professional & Policy Leads
DHSS Operations Team
DHSS Comms Team
DHSS Digital Team

Action required:
See paragraphs 4 - 7

Senders: Ruth Hussey, Chief Medical Officer/Medical Director and Jean White, Chief Nursing Officer

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Enclosure(s): None

1. The Welsh Health Circular (030) issued on 29 June 2015[1] advised that hospitals could return to using reusable instruments for tonsil and adenoid surgeries following advice from the Advisory Committee on Dangerous Pathogens (ACDP). Health Boards must use reusable instruments procured through the new contract only.

2. While there were initial problems with the supply of new reusable instruments, all orders placed in autumn 2015 have now been completed; inspected by the Surgical Materials Testing Laboratory (SMTL); and delivered to the hospitals. It is expected that all Health Boards will have deployed the reusable instruments by end February.

3. Surgeons may choose to exhaust existing single use instrument supplies provided they are comfortable with their use and have not had an increase in adverse events. However, no new single use instruments should be procured.

4. We understand that some hospitals placed their former reusable tonsillectomy instruments into quarantined storage, pending the day there would be a return to reusables, rather than discard them. However, the position remains as set out in WHC 030 i.e. historical stocks of quarantined instruments must be disposed of and not used in clinical practice. This will ensure surgical procedures are undertaken using instruments that have been tested and checked for compliance with appropriate performance characteristics. It also avoids any risk associated with using instruments that have been stored for a considerable time without reprocessing.

5. On a separate issue, there has been some debate among Health Boards following the meeting in January with members of the ACDP and experts in decontamination about the latest revision to the UK decontamination standards that are being proposed. The new standards will introduce new methods for testing the efficiency of cleaning processes, with a recommended maximum level of protein on the side of surgical instruments. The requirements continue to address the potential concerns about Creutzfeldt–Jakob disease (CJD) and the risk that the general population may pose though exposure to CJD protein through the food chain, which may ultimately lead to further human cases. There is no evidence of this to date, but that does not negate the need to continue to improve standards of decontamination. The new protein levels stipulated in these documents should initially be viewed as aspirational, as at present, it is not clear how or if the systems in use in NHS Wales can be achieved. The data generated from these new measuring techniques should be included as part of each department's monitoring and trending system.

6. The advice about protein load on surgical instruments should not be conflated with the reintroduction of reusable tonsil and adenoid surgeries instruments. Unlike the advice previously issued by NICE (Patient safety and reduction of

[1] Welsh Government link to WHC (030)

risk transmission of CJD: Guidance Note 196)[2], there has been no suggestion of a need to stratify different streams of patients undergoing surgery other than neurosurgery and back of eye surgery.

[2] NICE 196 guidance: Nov 2006