Trust Policy	Worcestershire Acute Hospitals NHS Trust

SURGICAL SITE INFECTION POLICY BUNDLE: INSTRUMENT MANAGEMENT

Department / Service:	SCSD
Originator:	Mat Trotman
Accountable Director:	Clinical Director SCSD
Approved by:	Anaesthetics, Critical Care, Theatres & Sterile Services Directorate Governance Meeting
Date of approval:	17th January 2024
Review Date This is the most current document and Should be used until a revised version is in place :	17th January 2027
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Theatres
Target staff categories	All clinical staff involved in surgical care of patients

Policy Overview:
This policy sets out the expected best practise surrounding the use and handling of surgical instruments which will ensure correct safe preparation for use by maintaining asepsis and limiting the risk of contamination.

Key amendments to this Document:

Date	Amendment	By:
June 2019	New document approved	Directorate Governance Meeting
Oct 2020	Reapproved by SCSD Governance team	Directorate Governance Meeting

July 2023	Document Reviewed,	AF/RB
28th Nov 2023	Document extended for 3 months whilst under review	Dr James Hutchinson
17.1.24	Review Approved	TACCSS Governance

Contents page:

1. Introduction

This policy aims to be used in conjunction with the other surgical site infection bundle policies to minimise the numbers of post-operative infections that may be accountable to the surgical phase of a patients' care. This particular section will focus on the best practise for the handling and use of surgical instruments. Surgical instruments and powered equipment must be used and handled in accordance with the manufacturer's instructions and used for the purpose for which they are designed. Knowledge of anatomy, instrumentation and surgical procedures is required to achieve this

2. Scope of this document

This document will cover all staff that work within WAHNT theatres and are involved clinical interventions either as the scrubbed or circulating practitioner. It is acknowledged that under certain clinical emergencies this process maybe missed if there is a deemed threat to life.

3. Definitions

WAHNT – Worcestershire Acute Hospitals NHS Trust

4. Responsibility and Duties

4.1. Role of the senior operating surgeon/clinician

The senior operating surgeon or clinician and scrubbed practitioner maintain overall responsibility to ensure the equipment and instruments are up to standard and any deficiencies are reported through the appropriate channels.

4.2. Role of the Divisional Managers & Divisional Directors of Nursing

Divisional Managers & Divisional Directors of Nursing maintain overall responsibility for compliance with this policy within their areas. This includes ensuring that Senior Managers have agreed and instigated a structure that ensures all staff have been informed, educated and trained appropriately for completion of the agreed task.

4.3. Role of the Theatre/Departmental Managers

Theatre or Departmental Managers assume responsibility for the implementation of this policy on a daily basis. To ensure the health, safety and risk management standards are met and maintained. Ensuring regular audits are carried out to monitor compliance with this policy.

4.4. Role of Individual Staff

The Trust expects all staff, including temporary members, to adhere to the principles of this policy at all times.

5. Policy Detail

Specialised instruments will be checked regularly by appropriately trained personnel in the Sterile Services Department (SSD). In addition, accurate records of the number of uses of each individual item will be maintained by SSD in order to comply with the manufacturer's recommendations. This will be managed by the Sterile Services Department.

In order to maintain asepsis, instruments found to be contaminated with dried blood or body tissue prior to surgery must not be used. If any such items are found on a tray of instruments, the whole tray must not be used and the incident reported to the appropriate person. In addition, this must be followed with a written report using the DATIX reporting system.

Each instrument tray will contain an instrument checklist, which incorporates the information necessary for a recorded programme of use. The instruments on each set must be checked against this list, in accordance with the WAHT Policy: The Swab, Instrument, Needle and Sharps Count.

Any discrepancies noted in the instrument count must be recorded on the instrument checklist.

Instrument sets at WAHNT have been standardized, within reason, with the minimum variety and number of instruments needed for the procedure. Consideration should be given by Team leaders and managers for instruments not routinely used during procedures to be deleted from instrument sets/trays and be made available as separate items.

The Decontamination Policy outlines the Trust procedures for tracking and traceability of surgical instruments. Each set of instruments or peel pack of instruments comes with a unique traceability sticker. This sticker must be placed on patient documentation which will allow traceability between set and patient, identifying which set was used for the patient and the decontamination process it has undergone. Such a system is required in the event of a 'look back' exercise.

Instruments must be accounted for at all times during a surgical procedure.
When handling or counting instruments it is important to handle them gently, in small lots or individually whilst extra care must be taken to protect the tips of the instruments and not to touch the part of the instrument that is to enter the patient's wound.

The scrub practitioner will ensure that instruments are handled in such a manner as to avoid injury to the patient, other members of the team and personal injury.
Special care must be taken with sharp instruments (e.g. scalpels and loaded needle holders). All sharp instruments such as scalpels will be transferred between staff in a receiver (kidney dish).

Instruments will not be allowed to rest directly on the patient as this could cause injury to the patient or damage to the drapes. In situations where this is likely to occur consideration must be given to the use of appropriate additional sterile surfaces (eg Mayo tables, magnetic pads).

It is important to avoid bouncing, dropping or weighing down instruments under heavier items.

Instruments should only be used for their specific purpose e.g. Artery forceps must never be used as suction tubing clamps, needle holders or pliers.
Needle holders must never be used as pliers and must correspond with the needle size to be used.

Scissors used for dissecting must not be used for any other purpose e.g. not used for cutting suture materials.

When returning instruments to SSD all instruments from each set must returned for the set from which it was used.

Ring handled instruments that arrived on a pin must be returned on a pin with curve tips pointing in the same direction.

Instruments that are controlled with a ratchet must be stored and returned to SSD clamped on the 1st ratchet.

Sterile trays should not be opened until they are specifically needed during the procedure.

If a tray is opened but is not immediately used (e.g. a delayed start to a procedure or multiple procedures performed in the same setting) coverage of open trays with a sterile towel is recommended to minimise exposure to environmental conditions.

Traffic through the operating theatre should be kept to a minimum.

Storage of instruments

The storage area must be clean and dry, free of dust and free from sharp edges that could cause penetration of the sterile wraps.

All storage surfaces must be smooth, non-porous and be cleaned on a regular basis, a record of this must be kept by the theatre manager and available for audit purposes.

Sterile items must be protected from direct sunlight.

The temperature of the storage area should range between 22° C and 24° C with a relative humidity of 35 to 68%.

Perioperative staff must have the knowledge and skills related to the handling of sterile items.

Sterilised items must be transferred to and from the storage areas on clean, specifically designated trolleys.
Items must be transferred carefully from the trolleys onto the storage shelves with care to minimize the potential for any damage to occur to the wrappings.

Care must be taken to ensure that sterile packed items and sets/trays are not packed tightly onto shelves.

In addition, stock must be rotated whenever additional sterile items are placed in storage, thus ensuring that all stock is used in the correct date order.

All sterile items have an event-related shelf life. The length of time an item can be considered sterile is referred to as the “shelf life”. The event-related outdating theory is based on the assumption that if items are properly cleaned, wrapped, sterilized, stored and handled they can remain sterile indefinitely unless the integrity of the packaging is compromised. SSD provides a ‘date of sterilisation’ together with an ‘out of date’ sticker for each item. Therefore, the shelf life of an item is dependent not only on the storage, handling and type of packaging material, but also the span of life as identified by SSD.

Adequate handling, storage and robust stock rotation have the potential to reduce the costs of reprocessing instruments by minimizing the risk of damage to the integrity of sterile stock.

Perioperative staff must not handle instruments unless they are competent to do so and unless they understand their use in general and specific specialties

New products must not be introduced into the operating department until staff have received training in their use. Documentation of this training must be available and kept by the Theatre Manager. Matron

Any training on instrumentation must not be undertaken when the instruments are in use during a procedure.

Instrumentation on loan must not be introduced into the operating department until staff have received training in their use. Documentation of this training must be available and kept by the Theatre Manager.

Training on loan equipment must take place before the instruments have been sterilized for the specific patient they have been obtained for.

Use during a procedure

The scrub person will check each instrument prior to its use to ensure it is fit for its purpose, and that no parts are missing e.g. screws.

All items are handed to the surgeon firmly and precisely, with verbal confirmation of which instrument has been handed if not requested by name by the surgeon.

Any item with variable settings, such as cutting jigs, impaction/ delivery devices etc. may be set by the scrub practitioner, according to the surgeon's instructions. On delivering the item to the operative field, the scrub practitioner should clearly, verbally state the equipment settings and receive confirmation of correct settings from the surgeon.

Items with ring handles should be held by the shank, with the handles facing downwards, to be placed into the palm of the surgeon's hand, unless it is indicated by the surgeon otherwise.
Instruments with an open/close mechanism must always be handed over in the closed position. If there is a ratchet on the item, this should be secured.
Holding or touching instruments by the working tips should be avoided wherever possible.

Instruments should be kept as clean as possible, using a swab to wipe excess blood and body substances from them.

Sharp items should be passed in a receptacle such as a receiver, to minimise the risk of accidental injury.

Diathermy equipment must be kept within an insulated receptacle such as a quiver when not in use to minimise the risk of accidental burns.

Diathermy should never be used for surgical incision to reduce the risk of surgical site infection.

Scratch pads may be used to clean the tips of monopolar diathermy, to ensure good contact with bleeding vessels is maintained, and to prevent sticking.

Scratch pads must never be used on bi-polar forceps as they remove the non-stick properties and render the instrument useless.

Instruments must not be allowed to rest directly on the patient, as they may either cause injury to the patient and members of the surgical team, or may damage the drapes and compromise the sterile field.

Consideration should be given to the use of appropriate additional surfaces such as Mayo tables or magnetic mats.

At the end of the procedure instruments should be returned to their original trays, additional items placed on the principal tray, and all disposable sharps removed and safely disposed of.

6. Implementation and Dissemination

6.1 This policy will be implemented and disseminated through the theatre communication routes to include staff meetings and the 08.00AM huddle. The policies will be located and stored on the electronic document library and there will be links to them from the theatre intranet homepage.

6.2 All theatre staff involved in the surgical phase will have an initial set of competencies that will include the correct handling and use of surgical instruments

7. Monitoring and compliance

Regular infection control audits should be occurring to closely monitor post-operative infection rates.
Theatres should also conduct their own audit to monitor compliance with this policy and ensure strict adherence where appropriate

8. Policy Review

This Policy with be reviewed every two years.
Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author must ensure the revised document is taken through the standard consultation, approval and dissemination processes.

9. References

References: Code:

AfPP Principles of Safe Practice in the Perioperative Environment (2015)	

10. Background

10.1 Consultation

Key individuals involved in developing the document

Name	Designation
Susan Smith	
Mathew Trotman	
Andy Fryer	
Sally Ann Pickard	
Tracey Cooper	Deputy Director of Infection Prevention & Control

10.2 Approval process

This document has been circulated to the following individuals for comment/approval.

Name	Designation
Julian Berlet	Divisional Medical Director – Specialised Clinical Services
Tracy Pearson	Divisional Director of Operations – SCSD
Amanda Moore	Divisional Director of Nursing – SCSD
Paul Rajjayabun	Divisional Medical Director - Surgery

10.3 Equality requirements

Equality assessment Supporting Document 1

10.4 Financial risk assessment

Financial risk assessment Supporting Document 2

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	No	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	No	
7.	**Can we reduce the impact by taking different action?**	No	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval