

From The Chief Medical Officer:
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Addendum 1 HSS(MD) 4/01

Chief Executives of Acute Trusts) For distribution to
Acute Trust Medical Directors) clinicians as appropriate
Chief Executives of HSS Boards - for information
Chief Executive of CSA - for information
Chief Executive of Blood Transfusion Service – for information

16 March 2001

Dear Colleague

RISK ASSESSMENT ON THE RISK OF vCJD TRANSMISSION VIA SURGICAL INSTRUMENTS

Departmental guidance on decontamination and infection control was set out in Circular HSS(MD) 4/01, and the importance of compliance with this guidance is identified in the Priorities For Action. This Circular provides further advice on decontamination of instruments in light of the findings of a Risk Assessment on the risk of vCJD transmission via surgical instruments, conducted by the Department of Health, London. The Risk Assessment will be published on the web on Friday 16 March. (www.doh.gov.uk/cjd/riskassessmentsi.htm).

You have a key role to play in communicating with doctors in your Trust the significance of the risk assessment. Our knowledge of variant CJD is limited. We do not know the likely size of the primary outbreak. We do not know the infectivity of vCJD victims before they show symptoms. We do not know the size of an infective dose of vCJD or the susceptibility of individuals to the disease. There is therefore considerable scope for uncertainty and alarm amongst the public and amongst members of the medical profession.

We have attached short summaries of issues applicable to specific professional groups. We believe that this will help ensure that doctors are aware that the Risk Assessment and risk reduction strategy has been endorsed and welcomed by the Spongiform Encephalopathy Advisory Committee (SEAC), the committee that advises Government on BSE and CJD issues.

We are introducing interim measures to ensure that the equipment used in the highest risk procedures are cleaned and decontaminated to the best available level in facilities that have been assessed. Furthermore, single-use instruments for tonsillectomy/adenoidectomy are being introduced this year. SEAC had identified tonsillectomy as a discrete procedure where single-use instruments could be used without compromising patient safety. This will also inform our future strategy on the possible introduction of single-use equipment for other procedures.



We believe that this risk reduction strategy is the right approach. We have looked at the possible risks and, despite a host of unknown factors, we are taking action against these risks, based on the precautionary principle.

A Regional Working Group on Decontamination is being established. This Group will review decontamination across the range of healthcare provision and will develop a strategy to ensure that best practice is achieved and maintained.

Yours sincerely



HENRIETTA CAMPBELL (Dr)

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Medical Directors of HSS Trusts
Directors of Nursing of HSS Trusts
Chairmen of Infection Control Committees of HSS Trusts
Consultants in Communicable Disease Control
Professor Stout, Faculty of Medicine, Queen's University of Belfast
Dental Postgraduate Dean
Directors of Dental Services of HSS Boards
Directors of Nursing of HSS Boards
Mrs R Garvey, Manager of the School of Dentistry
CDO
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Chairman of RACCDC
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Advice for neurosurgeons and eye surgeons on publication of risk assessment on variant CJD (vCJD) and surgery

We must ensure that the practical implications of initiatives to reduce the risk of transmission of vCJD are clear. The following points set out the current position.

- The Spongiform Encephalopathy Advisory Committee (SEAC) has advised that the rigorous implementation of washing, decontamination and general hygiene procedures is key to reducing the risk of transmission.
- The most at risk procedures are those involving central nervous system tissue, and the back of the eye. Lymphatic tissue, such as tonsils, and front of the eye tissue are seen as being of a lesser order of risk.
- The DHSSPS in conjunction with the Health Estates Agency will visit Trusts where neuro and posterior eye surgery is carried out, to ensure that they have access to the best available decontamination facilities.
- SEAC has also said that single-use instruments should be encouraged where this is practical. Tonsillectomy was identified as a procedure where practical action might readily be taken. Single-use instruments for tonsillectomy and adenoidectomy are being introduced during 2001.
- A risk assessment model developed by the Department of Health which underpins this strategy is being published on 16 March 2001.

Advice for anaesthetists on publication of risk assessment on variant CJD (vCJD) and surgery

We must ensure that the practical implications of initiatives to reduce the risk of transmission of vCJD are clear. The following points set out the current position and any particular implications for anaesthetists.

- The Spongiform Encephalopathy Advisory Committee (SEAC) has advised that the rigorous implementation of washing, decontamination and general hygiene procedures is key to reducing the risk of transmission.
- The most at risk procedures are those involving central nervous system tissue, and the back of the eye. Lymphatic tissue, such as tonsils, and front of the eye tissue are seen as being of a lesser order of risk.
- The DHSSPS in conjunction with the Health Estates Agency will visit Trusts where neuro and posterior eye surgery is carried out, to ensure that they have access to the best available decontamination facilities.
- SEAC has also said that single-use instruments should be encouraged where this is practical. Tonsillectomy was identified as a procedure where practical action might readily be taken. Single-use instruments for tonsillectomy and adenoidectomy are being introduced during 2001.
- A risk assessment model developed by the Department of Health which underpins this strategy is being published on 16 March 2001.

Implications for anaesthetists

Tonsillectomy

For tonsillectomy operations, if laryngeal masks are used these should be disposed of after use.

As an alternative, anaesthetists may use disposable endotracheal tubes. Laryngoscope blades should either be single-use or protected by a disposable cover. If tracheal tube introducers are used these should also be disposed of after use.

Other procedures

For all other procedures, normal practice should continue.

Advice for ENT surgeons on publication of risk assessment on variant CJD (vCJD) and surgery

We must ensure that the practical implications of initiatives to reduce the risk of transmission of vCJD are clear. The following points set out the current position and any particular implications for ENT surgeons.

- The Spongiform Encephalopathy Advisory Committee (SEAC) has advised that the rigorous implementation of washing, decontamination and general hygiene procedures is key to reducing the risk of transmission.
- The most at risk procedures are those involving central nervous system tissue, and the back of the eye. Lymphatic tissue, such as tonsils, and front of the eye tissue are seen as being of a lesser order of risk.
- The DHSSPS in conjunction with the Health Estates Agency will visit Trusts where neuro and posterior eye surgery is carried out, to ensure that they have access to best available decontamination facilities.
- SEAC has also said that single-use instruments should be encouraged where this is practical. Tonsillectomy was identified as a procedure where practical action might readily be taken. Single-use instruments for tonsillectomy and adenoidectomy are being introduced during 2001.
- A risk assessment model developed by the Department of Health which underpins this strategy is being published on 16 March 2001.

Contact with CNS tissue

- Some ENT procedures involve contact with CNS tissue, for example skull base surgery, certain neuro-otological and rhinological operations. In such cases the instruments should be treated the same as for neurosurgery, and you should discuss suitable arrangements with your theatre manager and/or your nearest neurosurgery unit.

Instruments to be regarded as single-use : update

- Since the list of instruments was circulated by Alan Johnson on 4 January, a decision has been made to make all future instruments used in tonsillectomy/adenoidectomy single-use. A list of products which will be made available by the NHS Purchasing and Supply Agency (NHS PASA) is attached at Annex A.
- The additional single-use items will be introduced with the sustainable supply from April 2001 onwards. This decision has been made to avoid further confusion regarding the dividing line between re-usable and single-use instruments involved in tonsillectomy.

- The additional instruments are not available as part of the emergency supply available from NHS PASA, and for the interim period they remain re-usable.
- Drapes, gallipots and suckers should be disposed of after use. These are readily available as single-use items

Anaesthetic equipment

For tonsillectomy operations, if laryngeal masks are used these should be disposed of after use.

As an alternative, anaesthetists may use disposable endotracheal tubes. Laryngoscope blades should either be single-use or protected by a disposable cover. If tracheal tube introducers are used these should also be disposed of after use.

Annex A

Dennis Browne grasping forceps
Luc grasping forceps
Metzenbaum scissors
Gwyn Evans tonsil dissector
Burkitts straight artery forceps
Burkitts curved artery forceps
Negus artery forceps - small curve
Negus artery forceps - large curve
Negus ligature pusher
Mollison pillar retractor
Hurd pillar retractor
Adenoid currettes – guarded
Adenoid currettes – non guarded
Bipolar diathermy forceps
Monopolar diathermy forceps
Eves tonsil snare
Waugh's dissecting forceps
Additional products to be included
Needle holder 7"
Needle holder 8"
Mouth Gag
Tongue plate
Draffin bipod

Advice for orthopaedic surgeons on publication of risk assessment on variant CJD (vCJD) and surgery

We must ensure that the practical implications of initiatives to reduce the risk of transmission of vCJD are clear. The following points set out the current position and any particular implications for orthopaedic surgeons.

- The Spongiform Encephalopathy Advisory Committee (SEAC) has advised that the rigorous implementation of washing, decontamination and general hygiene procedures is key to reducing the risk of transmission.
- The most at risk procedures are those involving central nervous system tissue, and the back of the eye. Lymphatic tissue, such as tonsils, and front of the eye tissue are seen as being of a lesser order of risk.
- The DHSSPS in conjunction with the Health Estates Agency will visit Trusts where neuro and posterior eye surgery is carried out, to ensure that they have access to the best available decontamination facilities.
- SEAC has also said that single-use instruments should be encouraged where this is practical. Tonsillectomy was identified as a procedure where practical action might readily be taken. Single-use instruments for tonsillectomy and adenoidectomy are being introduced during 2001.
- A risk assessment model developed by the Department of Health which underpins this strategy is being published on 16 March 2001.

Implications for orthopaedic surgery

- In general orthopaedic surgery will not entail contact with CNS tissue, and there will be no need for precautions above standard infection control procedures. Contact with cerebrospinal fluid, which is not classified as a high risk tissue, does not in itself warrant special measures.
- The exception to this is spinal surgery where the dura-mater is breached. In such procedures the instruments should be treated the same as for neurosurgery, and you should discuss suitable arrangements with your theatre manager and/or your nearest neurosurgery unit.

Advice for oro-maxillo-facial surgeons on the publication of risk assessment on variant CJD (vCJD) and surgery

We must ensure that the practical implications of initiatives to reduce the risk of transmission of vCJD are clear. The following points set out the current position and any particular implications for oro-maxillo-facial surgeons.

- The Spongiform Encephalopathy Advisory Committee (SEAC) has advised that the rigorous implementation of washing, decontamination and general hygiene procedures is key to reducing the risk of transmission.
- The most at risk procedures are those involving central nervous system tissue, and the back of the eye. Lymphatic tissue, such as tonsils, and front of the eye tissue are seen as being of a lesser order of risk.
- The DHSSPS in conjunction with the Health Estates Agency will visit Trusts where neuro and posterior eye surgery is carried out, to ensure that they have access to best available decontamination facilities.
- SEAC has also said that single-use instruments should be encouraged where this is practical. Tonsillectomy was identified as a procedure where practical action might readily be taken. Single-use instruments for tonsillectomy and adenoidectomy are being introduced during 2001.
- A risk assessment model developed by the Department of Health which underpins this strategy is being published on 16 March 2001.

Implications for oro-maxillo-facial surgery

Lingual tonsils

- Single-use instruments should be used to remove lingual tonsils.
- For those non-routine cases where there is an immediate clinical need for lingual tonsil surgery (for example suspected malignancy or airway obstruction), this should be addressed without delay, even should this involve the use of re-usable instruments.

Breach of the dura-mater

- In general oro-maxillo-facial surgery will not entail contact with CNS tissue, and there will be no need for precautions above standard infection control procedures.
- **However some procedures carried out by oro-maxillo-facial surgeons might involve deliberate or inadvertant penetration of the dura mater and therefore contact with CNS tissue. In such cases the instruments should be treated the same as for neurosurgery, and you should discuss suitable arrangements with your theatre manager and/or your nearest neurosurgery unit.**