

ANNEX E**Quarantining of surgical instruments****Previous revision date: January 2011****Changes new to this edition:**

Date	Change	Notes
August 2016	Clarification regarding the need to reprocess instruments prior to quarantining – Paragraph E5.	None

- E1. Part 4 and Annex L of this guidance allows for the quarantining of instruments that have been used for procedures involving tissues designated as high or medium infectivity, on patients either;
- with, or at increased risk of, CJD/vCJD, for reuse exclusively on the same patient; or
 - with a possible CJD/vCJD diagnosis, pending a confirmed diagnosis.
- Although it is not expected that this facility will need to be used widely, this Annex provides guidance on the procedures which should be followed when quarantining surgical instruments may be considered.
- E2. During a surgical procedure as defined in paragraph E1, instruments should be separated according to the principles set out in the [NICE interventional procedures guidance 196](#). Instruments that come into contact with tissues designated as high or medium infectivity should be kept separate from those that only come into contact with tissues designated as low infectivity.
- E3. After completion of a surgical procedure as defined in paragraph E1, single-use instruments should be separated and disposed of by incineration with normal clinical waste. Re-usable instruments that have only come into contact with tissues designated as low infectivity may be decontaminated and returned to routine use.
- E4. Re-usable instruments that have come into contact with tissues designated as high or medium infectivity should be washed to remove gross soil. Care should be taken to avoid splashing and generating aerosols, by holding instruments below the surface of the water in a sink into which water is running and draining out

continuously, for example in a sink in the theatre sluice room. Instruments should not be held directly under a flowing tap as this is likely to generate splashes. Operatives should wear protective gloves and either a visor or goggles, and care must be taken to avoid penetrating injuries. The sink does not require high level decontamination afterwards – the dilution effect from the running water will be sufficient to remove contamination.

- E5. After washing, instruments should be reprocessed through the Sterile Services Department in the usual manner before quarantining. No special precautions are necessary because of the high dilution factor involved in the washer/disinfection process. It is important to ensure that the set is tracked through the whole decontamination cycle. After reprocessing the instruments should be placed in an impervious rigid plastic container with a close-fitting lid. The lid should be sealed with heavy duty tape and labelled with the patient's identification details (*i.e.* name, date of birth and hospital number). The label should also state the surgical procedure in which the instruments were used and the name of the responsible person (*e.g.* the Team or Unit Manager). The disposable instrument tray should be disposed of by incineration with normal clinical waste. The sealed box can be stored indefinitely in a suitable designated place until the outcome of any further investigations is known (see paragraph E6), or the instruments are required for another surgery on the same patient (see paragraphs E7 and E8).
- E6. For patients with a possible CJD/vCJD diagnosis, if the patient is confirmed as suffering from CJD or vCJD, the box and its contents should be incinerated, or retained for use in research (see Part 4 for details), without any further examination. If an alternative diagnosis is confirmed, the instruments may be removed from the box by the responsible person (or a named deputy) and reprocessed according to best practice and returned to use. Additional decontamination procedures are not required.
- E7. Rarely, it may be necessary to consider the re-use of a quarantined set of surgical instruments on the same patient. One such scenario would be the need to repeat a liver transplant on a patient who is at increased risk of vCJD. In these circumstances, the instrument set should be reprocessed according to best

practice; again it is important to ensure that the set is tracked through the whole decontamination cycle as previously directed.

- E8. **Under no circumstances should quarantined instrument sets be reprocessed for use on other patients unless the diagnosis of CJD or vCJD has been positively excluded.** The possibility of residual abnormal prion on the instruments is of far greater concern than the possibility of contamination of instruments in other sets processed in the washer/disinfector either concurrently or subsequently.
- E9. Records must be kept of all decisions, and the Sterile Service Department must be informed about the decision before the instruments are sent for routine reprocessing.