The Royal Wolverhampton NHS Trust

The Royal Wolverhampton Trust
Standard Operating Procedure (SOP)
The Safe Use of Ultrasound Gel to Reduce Infection Risk

1.0 To ensure the safe use of non-sterile and sterile ultrasound gel

This document provides guidance on the safe use of ultrasound gel to reduce risk of transmission of infection arising from these products.

2.0 Accountabilities
Owner: Karen Hill
Review: March 2025
Ratification: March 2022
Dissemination: Publication on Intranet. Incorporation into Induction Training
Compliance: All users

3.0 Procedure/Guidelines Details/Action

3.1 Introduction

This Standard Operating Procedure introduces a protocol to ensure the safety of patients and remove the risk transmission of infection when using ultrasound gel.
This is to be achieved in every setting where ultrasound is used as an imaging modality.

3.2 Definitions

To ensure there is no transmission of infection between ultrasound gel and patients

3.3 Regulatory Background

The UK Health Security Agency (UKHSA) published guidance on the use of ultrasound gel on 10 November 2021. This replaced the interim guidance published in January 2021, in response to the increased awareness of infections caused by contaminated non-sterile ultrasound gel products.
The SoR (Society of Radiographers) and the Society of Radiographers ultrasound advisory group were involved in the development of this guidance along with a wide range of stakeholders.
On 11 November 2021 the Medicine and Healthcare products Regulatory Agency (MHRA) released a national patient safety alert, which clarifies the actions required to reduce harm and practice safely.

3.4 Procedures to Follow
Non-Sterile Gel and Sterile gel

- Warming of gel is not advised unless there is a clinical benefit that outweighs applying gel at room temperature. Where warming of gel is performed, dry heat warmers must be used with the bottle stored in the upright position. Gel must not be warmed in water. Gel warmers must be cleaned according to the manufacturer's instructions

- Ensure healthcare workers carry out hand hygiene before and after use of ultrasound gel.

- Gel must be stored according to manufacturer's instructions in an area that is dry and away from potential sources of contamination.
- Dispose of container if it appears soiled, is damaged or is out of date

Non-Sterile gel

- Non-sterile gel **must** not be decanted from larger gel containers.
- Gel bottles **must** be dated when opened and used within one month, unless the expiry date is earlier.
- The whole of the gel bottle, including the tip, must be wiped with a disinfectant wipe between use.
- The gel must be removed from the individual's skin with a cleaning wipe.
- Low-risk outpatients must be advised to wash with soap and water when they return home.

Sterile gel

- Sterile single use gel sachets **must** be used when invasive procedures are to be performed during the examination, or likely to be within the next 24 hours, as decontamination of the skin does not fully remove gel.
- Ensure that **only** unopened sachets and containers labelled as sterile are used
- Do not reuse the container or sachet once opened, either with the same or other patients. The container or sachet **must** be discarded after use
- For examinations on non-intact skin or where contact with mucous membranes occur, e.g. transvaginal or transrectal scans, sterile gel must be used both inside and outside the probe cover, as small perforations may be present in probe covers.
- Any examination taking place on severely immunocompromised individuals or in high dependency settings require sterile gel.
- In labour where there is high likelihood of C-section or invasive instrumentation during delivery
- Where the ultrasound examination is near to an indwelling invasive device, such as an intravenous line or suprapubic catheter
- Where there is contact with or near to non-intact skin (any alteration in skin integrity such as a rash or surgical wound, including umbilicus in neonates)

4.0 Equipment Required

Non-sterile gel. Sterile gel

5.0 Training

This document will be made available and accessible for all intended user groups.

It will form part of the Local Induction for new staff members. No formalised training required

6.0 Financial Risk Assessment

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

No financial risks have been identified at the time that this policy was developed.

7.0 Equality Impact Assessment

The initial screening of this policy has not identified any adverse/negative impact and therefore a full equality analysis is not required. The completed general screening proforma has been sent to relevant personnel (from OP73 Undertaking an Equality Analysis (EA)

8.0 Maintenance

This document will be reviewed and kept up to date by the Ultrasound Manager Karen Hill. Prior to review date all intended heads of department will be consulted to consolidate any changes and or amendments

9.0 Communication and Training

No training required
Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all intended staff will be notified through the Radiology Directorates normal notification process.

10.0 Audit Process

This Standard Operating Procedure will be monitored through Radiology Governance Meetings.

Criterion	Lead	Monitoring method	Frequency	Committee
Peer to peer audit will apply to ensure compliance	Head of Dept	Random audit of practice	Quarterly	Modality Leads Meeting - held weekly . Results and any recommendations will be discussed quarterly

10. References

The Medicine and Healthcare products Regulatory Agency
(MHRA) National Patient Safety Alert which clarifies the actions required to reduce harm and practice safely. 11 November 2021
Guidelines for Professional Ultrasound Practice, Society and College of Radiographers (SCoR) and British Medical Ultrasound Society (BMUS) 2020

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Part A Document Control

Procedure/ Guidelines number and version 1.0	**Title of Procedure/Guidelines** Standard Operating Procedure for the safe use of ultrasound gel	**Status:** Final		**Author:** Karen Hill Ultrasound Manager **Chief Officer Sponsor:** Director of Nursing
Version / Amendment History	Version	Date	Author	Reason
	1.0	Feb. 2022	Karen Hill	Introduction of SOP

Intended Recipients: Sonographers, radiologists, intensivists, midwives, vascular access specialists, emergency department and medical clinicians, physiotherapists, nurses, and health care assistants	
Consultation Group / Role Titles and Date: Radiology Managers Meeting - 24th January 2022 Discussed with Dr. Poonima Murthy – Consultant Obstetrician – 26 January 2022 Debra Hickman – Director of Nursing – 29th January 2022	
Name and date of group where reviewed	Ultrasound Leads Meeting 20.12 2021 and 24.01.2022 Trust Policy Group – March 2022
Name and date of final approval committee (if trust-wide document)/ Directorate or other locally approved committee (if local document)	Trust Management Committee – March 2022
Date of Procedure/Guidelines issue	April 2022
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	March 2025 and every 3 years thereafter
Training and Dissemination: No training required 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 Radiology Directorates normal notification process.	
To be read in conjunction with: Good infection prevention practice: using ultrasound gel - GOV.UK (www.gov.uk)	

Initial Equality Impact Assessment: Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator 88904 for Trust-wide documents or your line manager or Divisional Management office for Local documents.	
Contact for Review	Miss Karen Hill
Monitoring arrangements	Radiology Governance Day to Day practice
Document summary/key issues covered: The safe storage and use of ultrasound gel	
Key words for intranet searching purposes	Ultrasound Gel

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(Part B) **Ratification Assurance Statement**

Name of document: The Safe Use of Ultrasound Gel to Prevent Infection Risk

Name of author: Karen Hill **Job Title: Ultrasound Manager**

I, the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: Karen Hill

Date:

Name of Person Ratifying this document (Chief Officer or Nominee):
Job Title:
Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

The Royal Wolverhampton NHS Trust

IMPLEMENTATION PLAN

Procedure/Guidelines number and version		
Reviewing Group		**Date reviewed:**
Implementation lead: Karen Hill		

Implementation Issue to be considered (add additional issues where necessary)	**Action Summary**	**Action lead / s (Timescale for completion)**
Strategy; **Consider** (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	None	
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	Incorporate into Induction Training	By end Feb 2022 and ongoing
Development of Forms, leaflets etc.; Consider 1. Any forms developed for use and retention within the clinical record **MUST** be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	Not applicable	
Procedure/Guidelines communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	All users of ultrasound gel. SOP will be published on Intranet	By end Feb 2022 and ongoing
Financial cost implementation Consider Business case development	Not applicable	
Other specific issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation	None	