STERILE SUPPLY

A most interesting symposium was held by the United Services’ Section at the Royal Society of Medicine Meeting on 23rd March, 1961, and attended by a gratifyingly large audience. Lieutenant-Colonel J. M. Matheson, R.A.M.C., read an erudite and comprehensive paper tracing the origins of the Central Sterile Supply Service from the formation of a surgical dressing sterilizing unit in Cairo in 1942 supplying pre-sterilized dressings to field surgical units. The advantages of a central service and efficient control were given emphasis in the postwar years because of the increasing incidence of hospital sepsis as shown by the reports of the Nuffield Provincial Hospital Trust in 1957 and 1958 and by the Ministry of Health in 1959. Colonel Matheson pointed out that central sterile supply services have been established at most military hospitals at home and overseas for many years, but the one with the largest commitment was that of the Cambridge Military Hospital, Aldershot, which was established in 1955 as a unit for research and development in this field. It was not until 1960 that these services became an accepted feature of hospital planning. The service provides the sterile requirements of wards, theatres and medical centres, excluding theatre instruments and pharmaceuticals. It is under the Officer in Charge of Surgical Division and has a Warrant Officer Class II, who is a State Registered Nurse, as supervisor. There is a staff of ten persons, both R.A.M.C. and civilian. As far as possible, unit packs are designed to contain the number of dressings necessary for most procedures; most drums have been discarded and replaced by cardboard boxes which are easy to autoclave and replace. The responsibilities of each person, especially those who work the sterilizing apparatus, are clearly defined and supervised, and the hospital pathologist is the monitor of the sterilizing standards of the department. Colonel Matheson described the layout of the department in detail; he described the working of the syringe service and described the various types of packs used, illustrating most of them. He discussed the difficulties that had arisen and how they had been circumvented, and also pointed out that research and development are continuing. He described many of the methods which had been brought into use as a result of these developments, while detailing his views on the further developments that seemed probable. He stressed the value of disposable items in reducing the work load and the accounting problems, pointed out that increasing use is being made of gamma-ray sterilization, and hoped that in due course completely disposable packs may be prepared, sterilized and issued in bulk from a central source outside the hospital.

Colonel Matheson was followed by an interesting paper from Major J. M. Orford, Q.A.R.A.N.C., on The Nurse and the Central Sterile Supply Service. She pointed out how the ready supply of sterile materials had meant much saving in time and drudgery for the nurse, who no longer has to devote time to sterilizing the equipment.

or to sterile procedures, and pointed out how the system has eliminated the temptation to take dangerous short cuts in these manoeuvres; sisters thus have more time for individual bedside care and active nurse training. She named two other benefits of the system as being the better state of maintenance through regular cleaning and inspection before issue, and that there is less tendency to hoard apparatus against emergencies in the ward. She described how difficulties and misunderstandings occurred during the development of this system, and how these were overcome by better understanding and co-operation. She stressed the importance of acquainting student nurses with the obsolete methods of ward sterilization which may still be required in an emergency, and also of the value of student nurses in the Army Preliminary Training School visiting the service in order to understand fully its various activities. She also dwelt on the importance of using disposable items as much as possible, especially such items as catheters. She described amusingly the awkward period when the service was in use in the hospital, but for nursing examinations the ward sterilization procedures had to be taught, giving the student nurse the impression that there were two distinct ways of preparing for the same procedures, one peculiar to the Army and the other peculiar to examinations and civilian hospitals. The situation has now fortunately been relieved, first by the knowledge that Examining Bodies will accept layouts using the sterile packs as well as unpacked apparatus, and secondly that the large comprehensive packs are now broken down into smaller packets with their contents more clearly described.

The third paper was given by Warrant Officer S. R. Collantine, R.A.M.C., the supervisor of the Cambridge Hospital service. He described the distribution circuits. There is one internal circuit for the Cambridge and Louis Margaret hospitals, where trolleys are taken by the service staff, for a ward syringe service with five deliveries daily, and a twice-daily delivery of packs. Exchanges are made on a one to one basis at the ward, and in all some 200 syringes and 180 packs are exchanged daily, in addition to maintaining the obstetric flying squad packs at the Louis Margaret Maternity Hospital. Within a 25-mile radius of the Cambridge Military Hospital, medical centres, camp hospitals, and family hospitals are supplied with packs twice weekly by a truck on a milk-round system, and exchanges made. Some 200 syringes and a variable number of packs are exchanged on each round, and additional syringes and needles are delivered for mass immunological procedures. The Connaught Hospital, about 15 miles from Aldershot, has its own vehicle which collects packs from the Cambridge twice weekly, and this also supplies family hospital centres in Bordon and Longmoor. Finally he described the distribution of sterile supplies to hospitals in the London area, a more complicated process as the packs must be packed after wrapping in polythene sheeting to keep them dustproof, and sent by rail each day to Waterloo. Here they are collected by a vehicle from Woolwich, which distributes the consignment to the Queen Alexandra Military Hospital, Millbank, and the Royal Herbert Hospital, Woolwich. He described the arrangements made for supplying troop ships with their requirements for voyages of up to two months; and the arrangements for overseas emergency demands due to active service. He stressed the importance of adequate stocks, sound packaging and the well-maintained distribution table, and also emphasized the advantages of using disposable items wherever possible.
Finally, Lieutenant-General Sir Alexander Drummond, to whose drive and energy the successful conclusion of this project is largely due, spoke briefly of the projected new organization centred on the Army Medical Equipment Depot at Ludgershall which would produce disposable packs in bulk for worldwide use. Hospitals and medical units are still responsible for sterilizing their own theatre instruments, and, until disposable items are introduced, syringes, linen gowns and sheets will be sterilized at the Central Sterile Supply Service for a number of hospitals as described above. He pointed out that gamma-ray sterilization is already taking place at a capacity of 200 cubic feet per week, and this will increase to 250 cubic feet per day at the end of the year.

The symposium was extremely well received and it was felt especially valuable that the nursing and technician side had been competently represented to an audience largely consisting of doctors.

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