St George's Healthcare NHS
NHS Trust

Theatre Protocol for Infected Cases

The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This Theatre protocol has therefore been equality impact assessed by the Infection Control Committee to ensure fairness and consistency for all those covered by it, regardless of their individual differences, and the results are shown in Appendix D.

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Executive Director Sponsor	**Alison Robertson, Director of Infection Prevention and Control**
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Executive Summary

Many infections occur because micro –organisms colonising the patient are inadvertently transferred to a vulnerable site on the same patient or another patient. Practices to prevent patients acquiring infection and to minimise the risk of transmission should therefore be incorporated into routine practice. (Wilson, 2006). This protocol intends to give general guidance to theatre and recovery practitioners and to those nursing staff who will be receiving and caring for the patient.

This protocol applies to all staff (temporary or permanent) **working in all the locations registered by St George's Healthcare NHS Trus**t with the Care Quality Commission, to provide its regulated activities.

This also includes volunteers, contractors, students and/or trainees.

This protocol is an appendix to the Infection Control Policy. Refer to the Infection Control Policy for information on the criteria, responsibilities and systems required to prevent and control Healthcare Associated Infections (HCAIs

1. Introduction

This protocol relates to those patients **prior to surgery** who are **known** to be carriers or infected with multiple drug-resistant bacteria (e.g. MRSA) or infectious diseases. In practice, it refers to anyone in Source Isolation or gloves and apron on the ward. For patients with **CJD** or similar diseases refer to the (TSE Protocol 2010)

In addition to **Universal (Standard) Precautions** that should be employed with **all** patients, the following must also be observed for these colonised/infected patients.

- The **surgical team** booking in patients for theatre must notify theatres **in advance** of any organisms or infectious diseases the patient may have e.g. MRSA, TB or chickenpox etc.
- Ward **nursing staff** must also notify theatres **in advance** as to whether or not the patient is being nursed on the wards in Source Isolation or on gloves and aprons precautions.
- Appropriate antibiotic prophylaxis should be given, depending on the type of surgery and resistant bacteria/infection present.
- Patients may be placed anywhere on the list. However, if a patient needs to be recovered in theatres because they have an **infectious respiratory disease,** they should be placed last on the session to cause least disruption.
- Gloves and aprons must be worn by all staff when dealing with patients known to be carrying antibiotic resistant bacteria and when touching equipment attached to such patients.

2. Anaesthetic Room

- Patients with resistant bacteria or infectious diseases may be anaesthetised in the anaesthetic room if all equipment used on them is decontaminated appropriately (see Decontamination Policy) before the next patient. If it is preferred that they go straight into theatre, then this is a satisfactory option.
- Disposable anaesthetic machine circuits must be used and changed after an infectious case.

3. Theatre (operating room)

- The minimum necessary number of people should be present.
- In addition to the usual theatre clothing the **circulating nurse**, **anaesthetist and anaesthetic nurse/ODA s**hould wear plastic aprons and disposable gloves
- It is **not** necessary for anyone entering the operating room who does not go to the immediate vicinity of the operating table, to take any special precautions.
- Patients with **infectious respiratory disease**, such as **open pulmonary tuberculosis** or **chickenpox** must be recovered in theatre.
- Patients with **open pulmonary *multi-drug* resistant tuberculosis** must not be taken to theatre without prior discussion with the relevant specialist physician and the Infection Control Team.
- **After the operation**, all surfaces which may have become contaminated should be cleaned with chlor – clean.
- Surfaces contaminated with blood and blood stained body fluids should be cleaned with neat Milton or Haztab granules (see Universal Precautions protocol 2010).
- Protective clothing i.e. gloves and aprons should be removed before leaving the operating room and disposed of in an orange clinical waste bag.

- All **linen** must be bagged in a white plastic bag and an outer red plastic bag. Clinical waste for incineration must be put in orange bags. Fluid waste must be put in a rigid container or treated with a solidifying gel.
- Instruments must be returned to TSSU/CSSD in the normal way, or decontaminated using local procedures (except instruments used on known and suspected CJD patients)
- As soon as theatre cleaning is complete, it can be used again; no time period needs to elapse.

4. Recovery

Patients may be recovered in Recovery, unless they have an **infectious respiratory disease**, including H1N1. Source Isolation procedures must be adhered to, i.e.

- Gloves and aprons sign to be displayed above bed/trolley
- Gloves and aprons must be worn by all staff when attending to the patient and the patient's immediate environment and bed space.
- Gloves and aprons must be changed **between dirty and clean tasks** and hands appropriately decontaminated (see Hand Hygiene Policy 2010.)
- Gloves and aprons must be changed **between patients** and hands appropriately decontaminated
- Surgical masks must be worn by all staff when attending to Swine Flu and TB patients except when performing aerosol generating procedures then FFP3 masks must be worn. (HPA, 2009).

  (See Swine Flu protocol 2010)
- All equipment and bed space must decontaminated using Chlor-clean between patients.
- Curtains should be changed after every infected case.
- If possible the patient should be nursed, in a designated area away from other patients, and near a clinical hand-washing sink.

5. . References

G.A.J. Ayliffe et al, *Control of Hospital Infection, a Practical Handbook*, Fourth Edition, 2000, Arnold, London.

HPA, *Guidelines for managing patients with suspected or confirmed H1N1 influenza virus*, 2009

Wilson. J, *Infection Control in Clinical Practice*, Third Edition, 2006. Bailliere Tindall