Standard Operating Procedure for 6A Elective Admissions

Version Number	6	Version Date	November 2019
SOP Owner	Director of Infection Prevention and Control		
Author	Nurse Consultant for Infection Prevention and Control		
First approval or date last reviewed	March 2010, February 2013,		
Staff/Groups Consulted	Clinical Director Orthopaedic Directorate Associate Director of Patient Safety and Quality Matron Orthopaedic and Surgery Ward Sister Clinical Site Managers General Manager Orthopaedic Business Unit Infection Control Doctor Director for Elective Care		
Approved by IPCC			
Next Review Due	November 2022		

1. RATIONALE

This Standard Operating Procedure (SOP) will form the basis for the infection control instructions for admission to and from the elective beds on ward 6A.

2. AIMS

This SOP aims to provide a protected and enhanced environment, as far as possible, to ensure that risks of hospital acquired infection are reduced for patients undergoing orthopaedic joint replacement.

3. ROLES AND RESPONSIBILITIES

The overarching roles and responsibilities for infection control are detailed in the Infection Prevention and Control Operational Policy. In addition, the following staff have responsibilities in relation to this SOP:

3.1. Chief Executive

The Chief Executive is responsible for:

- Ensuring appropriate systems are in place to reduce the risk of spread of infection.

3.2 Director of Nursing and Clinical Governance

The Director of Nursing and Clinical Governance is responsible for:

- Ensuring robust systems are in place to manage the admission of patients where there is a risk of infection.
- Reporting identified risks to the Board.

3.3 Clinical Site Manager and On-Call Managers

Clinical Site Managers and On-call managers are responsible for adhering to Trust policy and procedure in relation to patient flow and escalation.

4. 6A ELECTIVE BEDS

4.1 RISK MANAGEMENT STRATEGY FOR ADMISSIONS TO THE ELECTIVE BEDS ON WARD 6A.

- Only elective orthopaedic/gynaecology patients and patients that meet the admission criteria must be admitted to the elective beds on ward 6A. Minor general surgical cases and orthopaedic trauma that is deemed clean, that have been MRSA Screened and where the result is available as negative can also be admitted.
- If three negative screens are obtained from a past MRSA positive patient, then the patient is appropriate for admission.
- Patients who are not MRSA screened in pre admission clinics must be screened using the 2 hour PCR test. Only patients with a negative result can be admitted to the elective beds on ward 6A.

- All patients admitted to the elective beds on ward 6A.must have recent (within 3 months) negative MRSA swab results. Patients for joint replacement implant surgery or any other procedures whose swab results are not available at the time of proposed admission should be postponed until the results are available.

- Patients who develop infections while in elective beds on ward 6A should be transferred to side rooms on other wards if at all feasible. If this cannot be achieved the patient must be nursed in a side room with isolation precautions (see Isolation Policy).

- If MRSA or another high-risk organism are detected on the ward, a discussion must be held with the Infection Control Team (ICT) and Orthopaedic clinical lead (or deputy) to determine the level of risk.

- Orthopaedic elective surgery may be cancelled. This decision will be taken by the Orthopaedic Clinical Lead or his/her named deputy and should be discussed with the Orthopaedic General Manager/Trust Management.

- Patients in the same bay should be swabbed and the bay closed to new admissions until these patients have been confirmed as clear.

- In individual cases, the responsible Consultant (and no other person) may decide that it is in the patient's best interest to proceed with surgery despite the risk of infection. Any prophylaxis cover for the patient for infection should be discussed with the Microbiology team before continuing with surgery.

- If the admission criteria need to be suspended (e.g. because of bed pressures), this should only be done after discussion with the on-call director and on-call orthopaedic surgeon.

- When a decision has been made to suspend this SOP, the Ward must undergo a risk assessment to determine the level and extent of cleaning and decontamination required in accordance with the Infection Prevention and Control Policy.

4.2 CLINICAL EXCLUSIONS

- Patients with known (or suspected) infection.

- Patients who are colonised with resistant organisms e.g.: MRSA, MRGNO, ESBL etc.

- Patients with chronic wounds (e.g. leg ulcers, pressure sores) or abscess.

- Patients requiring bowel prep.

- Patients with active chest infection (symptomatic and on antibiotics).

- Patients with long-term indwelling devices (>28 days) who are requiring antibiotic treatment at the time of admission (standard short-term post-operative urinary catheters are acceptable).

- Patients requiring or have undergone contaminated surgery e.g. open fractures, appendectomies, and emergency cholecystectomy.

4.3 LIMITATIONS

This document applies to all staff with managerial or clinical responsibility for patients on the Elective orthopaedic ward.

4.4 ESCALATION

In addition, during times of bed shortages and escalation follow the designated tool/checklist (Appendix 1)

5. 6A BEDS OUTSIDE OF ORTHOPAEDIC ELECTIVE BEDS

Priority outside of the designated areas on 6A, will be given to other Orthopaedic, Surgical (not bowel surgery or patients requiring bowel prep) and Trauma cases. If escalation to other patient groups is required e.g. medicine, this must be agreed with on call Director/Manager and T&O consultant. Every effort should be made to adhere to the clinical exclusions in 4.2 for the identity of the ward to remain and to support the flow of electives.

Appendix 1

Criteria for Transferring

Current Inpatient to Ward 6A

	Yes
Negative MRSA screen within the last 12 weeks	
Has no other confirmed/suspected infections requiring antibiotics (check with clinical staff if any have been prescribed)	
Has not been transferred from another healthcare provider ie hospital	
If urinary catheter in place then no longer than 28 days	
No chronic wounds ie leg ulcers	
No cellulitis	
No open fractures	
No bowel surgery/bowel prep	
Not diagnosed with a chest infection	
No chest pain	
Not prescribed nebulisers	
Emergency Cholecystectomy / Appendix Post-Operative (with drain)	

Assessing Nurse's Name: ……..

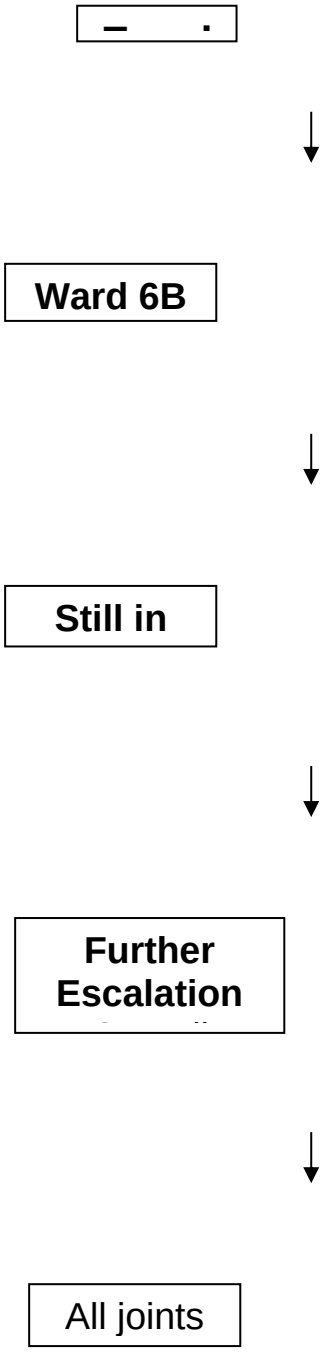
Ward 6A Nurse Accepting: ……
(any concerns to be escalated to CSM before patient is accepted)

CONSIDERATIONS:

- Staff skill mix on Ward 6A
- Doctor cover for transferred patient
- Use **RED** Swab for faster turn-around of MRSA result
  Collections for Pathology Mon-Fri 10am, 12pm, 2pm, 5pm
  Sat-Sun 10am, 3pm
- No MRSA result / swab patients need to go into Side Room

Yeovil Hospital Healthcare NHS

Appendix 2


Ward 6B
Still in
Further Escalation
All joints