



# Standard Operating Procedure for Orthopaedic Elective Admissions

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Procedure Owner	Director of Nursing and Clinical Governance		
Author	Nurse Consultant Infection Control/Tissue Viability		
First approval or date last reviewed	March 2010		
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	February 2016		
Next Review Due	November 2018		

## **1. RATIONALE**

This Standard Operating Procedure (SOP) will form the basis for the infection control instructions for admission to and from the designated orthopaedic 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. DESIGNATED ORTHOPAEDIC ELECTIVE BEDS**

### **4.1 RISK MANAGEMENT STRATEGY FOR ADMISSIONS TO THE DESIGNATED ORTHOPAEDIC ELECTIVE BEDS ON WARD 6A.**

- Only elective orthopaedic patients and patients that meet the admission criteria must be admitted to the designated orthopaedic elective beds on ward 6A. Minor general surgical cases and orthopaedic trauma that is deemed clean, that has 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 designated orthopaedic elective beds on ward 6A.

- All patients admitted to the designated orthopaedic 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 the designated orthopaedic 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 is 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 the following patients will be considered for transfer to the Elective Orthopaedic Ward:

- Orthopaedic transfer patients, including Day and Gynaecology patients, who meet the criteria.
- Elective Surgical patients who meet the criteria.

## **5. 6A BEDS OUTSIDE OF DESIGNATED 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 eg 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.



## Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Name of Document: Standard Operating Procedure for Orthopaedic Elective Admissions

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality & Diversity Lead, Yeovil Academy, together with any suggestions as to the action required to avoid/reduce this impact.

Signed **Rachael Grey**

Date: NOV 2015