The Newcastle upon Tyne NHS Hospitals Foundation Trust

Infection Prevention and Control Practice in the Operating Department

<table>
<thead>
<tr>
<th>Version No :</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>Effective from:</td>
<td>19 May 2017</td>
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<td>19 May 2020</td>
</tr>
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<td>Date Ratified:</td>
<td>25 April 2017</td>
</tr>
<tr>
<td>Ratified by:</td>
<td>Clinical Policy Group</td>
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1. Introduction

Good infection prevention and control is essential to ensure that patients who undergo any surgical procedure within the operating theatre receive safe and effective care. The standard required for the fabric of the theatre environment is addressed in the policy for Microbiological Air Sampling of Operating Theatres. This policy considers the practices in a working operating department. The needs of children and young people have been considered in relation to this policy and the principles of this policy apply equally to children and young people across the Trust. Effective infection prevention and control must be part of everyday practice and be applied consistently by everyone. Safe working practices must be followed for all patients regardless of known or suspected infection. The principle upon which this practice is based is that of ‘Standard Precautions’. Blood and body fluids of all patients must be considered potentially hazardous for blood borne viruses. Standard precautions assess the activity to be completed and not the individual who is to receive the care. All patients have the right to be treated with dignity and respect, and the use of standard precautions eliminates the risk of random inappropriate practice, and permits staff to deliver high standards of care to all patients at all times.

2. Policy Scope

The Trust expects that all staff who work in the perioperative environment will adhere to the principles of this policy. This policy provides instruction on the principles of perioperative practice in relation to Infection Prevention and Control (IPC).

3. Aim of Policy

The following guidelines are recommended for operating department staff when invasive procedures are carried out thereby protecting both patients and staff. Every procedure carried out in the operating department should be assessed in terms of blood/body fluid loss and precautions taken accordingly.

4. Duties

All healthcare workers in theatres have a responsibility to ensure that they are compliant with this policy. Clinical Directors, supported by the Directorate Managers, Matrons will help to ensure that this policy is applied with the support of the DIPC and IPC team.
5. Definitions

Definitions are given throughout the policy.

6. General Principles

6.1. Health care workers carrying out exposure prone procedures

All staff carrying out exposure prone procedures must have evidence of hepatitis B virus immunity or provide evidence that they do not have active hepatitis B virus infection. Any staff member who does not have immunity to hepatitis B virus will be required to undergo annual screening to ensure they do not have hepatitis B virus infection. Staffs who are new to the NHS, performing exposure prone procedures for the first time, or at the beginning of training which requires them to perform exposure prone procedures will also be required to provide evidence that they do not have current HIV or active Hepatitis C virus infection. Staff who know or suspect that they may have been exposed to HIV, Hepatitis B virus or Hepatitis C virus infection should not undertake exposure prone activities. Further guidance must be sought from the Occupational Health Department. Reference should be made to the current Newcastle Hospitals NHS Foundation Trust policies for Immunisation for Trust Staff and Protection against Infectious Disease and Hepatitis B, Hepatitis C and HIV policy for Healthcare Workers.

6.2. Theatre Attire

Personnel are able to influence the environment by maintaining personal hygiene, wearing theatre attire correctly, reporting health problems, monitoring visitors and maintaining a clean environment. Theatre attire is designed to minimise the transfer of micro-organisms from the mucous membranes, skin and hair of the surgical team to the patient. It also provides the surgical team with some protection from the patient. Staff working within the theatre environment and those entering the individual operating theatre must comply with the Surgical Scrub, Gown and Glove Procedure document:

- Wear approved reusable theatre scrubs supplied by the Trust. These must be changed daily or following contamination and sent for laundering though the agreed Trust laundry provider. See Trust Used Laundry Management Policy
- Wear disposable hats/hoods to completely cover the hair. Hats/hoods must be worn when entering the theatre at all times
- Jewellery is a hazard in theatres; wrist watches and jewellery of any kind (including dress rings and bangles) must not be worn. Wedding rings harbour bacteria so should be removed when scrubbing wherever possible
- Earrings are dangerous in that they may fall into a wound and therefore must not be worn
- Masks: scrubbed personnel must wear surgical masks to completely obscure the mouth and nose. Masks must be handled and removed by the tapes and discarded at the end of each case. Circulating personnel
and surgeons performing certain procedures need not wear a mask. This is at the discretion of the surgeon. **FFP3 Mask or equivalent** (high efficiency masks) must be available in theatre for procedures that may expose personnel to *Mycobacterium tuberculosis* (i.e. aerosol generating procedures). Any theatre personnel using FFP 3 masks must be fit tested prior to using these masks in a clinical situation

- **Eye Protection**: Full face visors or protective goggles/glasses must be available for all staff. These must be worn during invasive procedures. These should either be disposable or decontaminated according to manufacturer’s instructions after use. Ordinary prescription spectacles do not provide sufficient protection. Visors cannot be used with magnifying loupes. Loupes should, therefore, be fitted with side shields

- **Scrub gowns**: The scrub team should either wear disposable fluid repellent gowns or reusable gowns that are provided by the organisation and returned to a central Trust approved laundry, following use

- **Additional gowns**: Parents entering the operating theatre should change into theatre attire. This includes a hat. Parents who are only entering the anaesthetic room may continue to wear their own clothing and footwear but must wear an over gown. In exceptional circumstances local agreement may be made, to facilitate the smooth transfer and induction of the patient in stressful/traumatic circumstances

- **Footwear**: Dedicated personalised closed toe non-slip footwear must be available for all regular theatre staff in the theatre complex. Boots should be worn if there is a high risk of heavy blood/body fluid loss. Observers to theatre procedure within the operating theatre must be provided with spare theatre shoes. Theatre staff are responsible for decontaminating their footwear following each procedure. In some departments central SSD washing of shoes is now provided. This service must be used where available

Parents who are required to enter the theatre for a short time prior to surgery should wear designated theatre shoes (overshoes must not be used). Parents who are only entering the anaesthetic room may continue to wear their outdoor shoes

- **Use of over Gowns**: Over gowns must be used when staff are required to leave the theatre in theatre attire for essential visits to other areas such as wards or other theatre units. A clean gown must be put on before leaving the theatre suite, fastened correctly and then discarded immediately upon returning or entering the theatre reception. Hats and masks must be removed prior to leaving the theatre suite. Staff should not leave the Operating Theatre in theatre shoes if visibly stained refer to **Dress, Appearance and Uniform Policy**

**Maintenance staff and other visitors**: Any visitors to theatre must report to reception or the person in charge prior to entering the theatre complex. Theatre staff will advise on the appropriate dress code required for the individuals visit

### 6.3 Movement in Theatre and the Theatre Complex

Every effort must be made to reduce wherever possible the movement in and out of theatres of staff during open procedures. Doors to remain closed in
order to maintain recommended temperature, humidity and air pressure. Theatre staff must be diligent in relation to minimising theatre traffic during operating procedure the team lead is responsible for ensuring that the ventilation is working and that the humidity is in a safe zone prior to the operating list starting.

6.4 Hand Hygiene and Use of Gloves

Cuts and abrasions must be covered with a dressing that is waterproof. Contamination with blood or body fluid must be immediately washed with soap and water. Staff that have exuding lesions, eczema or similar skin conditions should be reviewed by the Occupational Health Department before participating in exposure prone procedures. Hands must be decontaminated before and after every patient contact, as soon as patient safety permits. Compliance to the Trust ‘Hand Hygiene Policy’ is required by all staff members. Additional information for scrub staff is available in the Surgical Scrub, Gown and Glove Procedure document. Gloves must be worn whenever contamination of the hands is expected. This is always in addition to and not instead of hand washing. Gloves must comply with European Community Standards; being of acceptable quality, free from pinholes and must not tear or split easily. Torn or punctured gloves must be changed as quickly as is safely possible. Gloves must be changed and discarded after each procedure or patient episode or if visibly contaminated. Staff should remove gloves prior to handling clean equipment or sundries. In accordance with the Control of Substances Hazardous to Health Regulations (2002) the glove of choice for Newcastle Hospitals is Nitrile which is a synthetic alternative to latex. Those staff that use Latex gloves will be required to attend the Occupational Health Department for mandatory annual health surveillance: Latex Operational Policy

6.5 Management of Sharps

Sharps handling should be absolutely minimised. An appropriate instrument/device for the careful application and removal of surgical blades to and from a handle must be used. Blades must never be mounted or removed by hand. Refer to local agreement for procedures carried out under magnification. A disposable device should be used to contain needles and sharps and this should be disposed of safely at the end of the procedure. Sharps and needles must not be passed hand to hand by the surgical team and handling should be kept to a minimum. Sharps should be passed in a received (a safe zone) for safe use and retrieval with the exception of microscopic needles which may be safer left in their needle holders and returned to the Scrub Practitioner. Refer to existing Trust Policy Needlestick Injuries and Blood Borne Virus Exposure: Code of Practice. In the event of accident or injury refer to Needlestick Injuries and Blood Borne Virus Exposure: Code of Practice.
6.6 Waste

All clinical waste should be placed in orange clinical waste bags, no more than three quarters full and swan necked to ensure an effective seal. Heavily contaminated waste should be placed in a UN approved rigid plastic container with an orange leak proof lid and adhesive audit label. Human body parts should be placed in a UN approved rigid container with a red leak proof lid and adhesive audit label. Grey Sharps Boxes must be used for metal wear. Refer to Trust Waste Management Policy and Procedures. All suction equipment including liners must be changed in-between patients to prevent cross infection and fluid loss volume management in the container.

6.7 Linen

Linen and contaminated theatre clothes must be changed at the end of the case and bagged according to Trust Used Laundry Management Policy
- Used theatre linen must be placed in a green plastic linen bag
- Fouled and Infected linen must be placed in an alginate bag prior to be placed in a green plastic linen bag
- Infested linen-as for infected linen

6.8 Environmental Cleaning and Preparation of Theatre

A cleaning schedule which can be audited must be in place for all theatres and equipment to ensure adequate damp dusting and deep cleaning is achieved. It is essential that theatre staff mop with disposable systems and remove debris from the floor prior to domestic staff cleaning the theatre. Mop buckets for spillage should be emptied after each use and kept dry until next required. All horizontal surfaces in the operating theatre must be cleaned at the end of each list using a freshly prepared solution of 1000 ppm of available chlorine. The surfaces should then be wiped with clean water to assist with drying. Additional cleaning using the same preparation is recommended between each case and indeed must be used following any potential infective case. The same standard applies following maintenance of the theatre. For non infective cases where it is not feasible to use chlorine with the recommended regularity then universal sanitising wipes may be used to replace the chlorine.

Wall washing must be undertaken:
- following annual routine theatre maintenance
- following any interference with the fabric of the environment
- following a C. difficile case, only if patients have diarrhoea
- on advice of IPC team

When preparing theatre, non-essential equipment/furniture should be moved away if contamination is likely. If heavy blood loss is expected protect table/attachments with plastic sheeting. Fluid repellent or disposable drapes should be available for cases expected to yield heavy blood/body fluids loss. In the event of blood spillage a solution of available chlorine 10,000ppm must
be used promptly in accordance with manufacturer’s instructions followed by thorough rinsing. Refer to Trust Cleaning and Disinfection Procedure and COSHH Regulations (1999). Instructions can be found inside spill kits.

6.9 High Level Cleaning

Estates are required to undertake a rolling programme of high level cleaning within the theatre complex. The estates staff are required to contact the evening team lead in each theatre complex to agree on which theatre is to be cleaned outside of hours. Any high level cleaning is to be followed by a theatre wall wash. The team lead in each theatre is responsible for ensuring that the theatre is dust free prior to any list being undertaken.

6.10 Instruments

Traceability with sets of instrument trays within the operating theatre must be maintained. This also applies for supplementary instruments that are identified for traceability. High risk intradural operations on the brain and posterior eye surgical case instruments have dedicated instrument trays in line with NICE Guidance (see Local Interpretation of 196 Guidelines). In addition for suspected CJD identified high risk procedures such as back of eye surgery and neurological procedures strict controls must be applied to ensure instrument transfer from the trays never occur. Back of eye surgery instrument trays following use must be moistened with a gel additive to ensure that drying out does not occur. Used instruments in all cases must be sent to a central Sterile Service Department (SSD) for reprocessing. Instruments must never be washed locally. Disposable/ single use equipment must never be reused.

6.11 Endoscopy

Endoscopes used in the operating theatre must be transported safely in a designated container to a central reprocessing unit following use. The theatre endoscope may then be returned to theatre for storage in designated approved cabinets prior to use. Traceability must be maintained in relation to the scope and accessories. See Trust Cleaning and Disinfection of Endoscopes Policy

6.12 Sterile Field Maintenance

Special consideration must be taken to maintain the sterile field at all times. All new staff entering a post within theatres are required to fulfil ANTT competency based training that includes sterile field maintenance. A record must be kept centrally within each theatre complex. Nursing competency training is assessed through the mentoring system. The individual theatre Sister is responsible for policing the theatre environment and ensuring that all personnel behave appropriately to ensure a safe patient preoperative experience.
6.13 Eating and Drinking by Staff in the Theatre Environment

Eating is prohibited in the operating theatre. In exceptional circumstances e.g. during long procedures, non scrubbed theatre personnel are permitted to eat/drink in the anaesthetic room provided that a risk assessment has been undertaken by the nurse in charge of the theatre and that the following precautions are taken:

- Food or drink must not be consumed at the same time as IV drugs are being prepared
- Prior to returning to the theatre the bench is cleaned using a universal sanitising wipe
- Hands are decontaminated before returning to the theatre

6.14 Additional Precautions for Specific Cases:

6.14.1 Known/Suspected Carriers of Blood Borne Viruses

All patients should be regarded as potentially infected with a blood borne virus and Standard Precautions must be applied see ‘Standard Precautions Policy’.

- For those whose status is known specimens and forms must be labelled ‘biohazard’. Ensure the lid is secure and the outside container is not contaminated. Seal in a polythene bag and inform the receiving laboratory. Samples must be dispatched in a secure container. Refer to Transport of Clinical Specimens Policy
- Infection Prevention and Control Nurse or on call medical microbiologist or virologist can be contacted for further advice. See Infection Prevention and Control Policy for the Management of Patients with Blood borne Viral Infections.

6.14.2 Screening for Carriers of Meticillin resistant Staphylococcus aureus (MRSA)

- All patients attending theatre will have been screened for MRSA with the exception of Dermatology and Ophthalmology. The results of the screening will be made known to the theatre staff through the theatre check list completed at ward level (in exceptional circumstances; for example emergencies or patients who have just arrived at the Trust this information will not be known, in the latter case it is the decision of the clinician in charge of the operation as to whether this lack of information is to delay any procedure). The ward completing the check list must inform the theatre department prior to transfer if a patient screening result is not known with the exception of emergency cases
- In addition, printed theatre check lists have alert notices beside patient names. Verification of the alert status must be checked on eRecord by theatre staff prior to any procedure being carried out
6.14.3 Known/Suspected Carriers of Meticillin resistant Staphylococcus aureus (MRSA)

- Planned last on list wherever possible
- Standard precautions should be adhered to and theatre doors kept closed, with minimal numbers of staff entering the theatre, so that the ventilation system can function efficiently and effectively
- Theatre personnel collecting/receiving a patient, and not in direct contact with the patient, need not wear protective clothing. Theatre personnel in contact with the patient should wear a plastic apron and gloves
- Bed/trolley linen should be changed outside the theatre and bagged accordingly. See Used Laundry Management Policy
- The trolley/bed must be cleaned with 1,000 ppm of available chlorine once stripped
- Soft materials, e.g. BP cuffs must be decontaminated with 1,000ppm available chlorine solution and dried. See Trust Decontamination of the Patient Environment including Terminal Cleaning and Deep Cleaning Policy Disposable tourniquets must be used
- Theatre environment/equipment (unless contraindicated) should be decontaminated using a solution of 1,000ppm available chlorine
- Refer to MRSA Policy

6.14.4 Known/Suspected Cases of Mycobacterium tuberculosis

- Patients posing a risk to others are those known to have smear positive active pulmonary TB or those in whom multi-drug resistant TB (MDR-TB) is known or suspected. Refer to Trust policy for Prevention and Control of Tuberculosis in Newcastle Hospitals.
- Infectious TB patients on transfer to theatre must wear a non-valved FFP2 mask. In the operating department and recovery, on removal of the mask, staff must wear protective high efficiency masks (FFP3) during aerosol generating procedures
- For patients known or suspected to have MDR-TB a FFP3 mask must be worn on transfer
- Staff who do not have a proven immunity to TB should not perform aerosol generating procedures wherever possible, however an individual risk assessment must be performed and discussed with Occupational Health. Refer to Immunisation policy for Trust staff and Protection against Infectious Disease.
- Pleural drainage systems should be of a ‘closed’ type
- Theatre environment/equipment (unless contraindicated) should be decontaminated using a solution of 1,000ppm available chlorine.
- Advice may be sought from the Infection Prevention and Control Team or on call medical microbiologist
6.14.5 Suspected/High Risk Cases of CJD/vCJD

All patients attending theatre for surgery will have been risk assessed for CJD and vCJD with the exceptions of neonates. In the event that an individual attending theatre is identified at risk then:

- Infection Prevention and Control Nurse or on call Microbiologist must be contacted wherever possible prior to surgery (ideally prior to theatre attendance)
- Assessment of the level of risk of the procedure must be undertaken prior to the procedure wherever possible

Procedure for cases that are unidentifiable or Suspected/High Risk Cases of CJD/vCJD should be:

- Planned last on list wherever possible
- Theatre staff are responsible for informing the Sterile Services Department prior to the procedure wherever possible
- The operating team should be limited to a minimum number of experienced essential staff. A ‘runner’ must be available outside the preparation room
- Use disposable equipment and fluid repellent disposable drapes/gowns where possible. During the procedure it is recommended that the operating team consider double gloving. A water impermeable disposable gown, filter mask, suitable eye/face protection and wellington boots must be worn and removed before leaving the theatre
- In all cases to minimize the loss of instruments, single-use disposable instruments should be used whenever possible, but only if this does not affect the quality of care
- The scrub nurse should remove any instruments thought to be surplus to the tray prior to surgery commencing
- All used instruments must be returned to the din basket and placed in a blue approved transport box to await planned individual transfer to SSD for washing and reprocessing prior to being transferred to the lockable CJD quarantine cupboard. In cases where reprocessing may be delayed, the instruments should be transferred into the CJD cupboard by the theatre staff. Infection Prevention and Control must be informed of this action. These instruments must remain separated at all times. Relevant documentation must be attached to the surface of the blue box. A copy of this is available from the Trust Policy for the Control of Transmissible Spongiform Encephalopathies (TSEs), including Creutzfeldt-Jacob Disease (CJD), in hospital patients. For liver transplantation, local, specific arrangements have been put in place for the safe management of the quarantined instruments in the immediate post-transplant phase. Refer to the senior nursing staff on the theatre liver transplant team for guidance.
For Neurosurgical cases, local specific arrangements are in place for the management of instruments see CJD-Local Interpretation of 196 Guidelines (NUTH)

- Any contaminated linen during the procedure must be sent for incineration along with the clinical waste created during the procedure. This must be sent separately for disposal. Refer to Trust Waste Management Policy
- Specimens must be handled and transported in line with the Trust CJD Policy

In the event of a high/medium risk spillage within the operating theatre decontamination with 10,000 ppm of available chlorine is required. Following use allow to stand for a minimum of 60 minutes prior to reuse

6.14.6 Potential or confirmed cases of Carbapenemase-ProducingEnterobacteriaceae (CPE)

- If the patient is at risk this must be identified on the theatre check list
- It is vital that the ward staff are efficient in informing the theatre staff of any risk
- Planned last on the list wherever possible
- Remove all non-essential equipment and stock from theatre
- Standard precautions should be adhered to and theatre doors kept closed, with minimal numbers of staff entering the theatre, so that the ventilation system can function efficiently and effectively
- Theatre personnel collecting/receiving a patient, and not in direct contact with the patient, need not wear protective clothing. Theatre personnel in close contact with the patient should wear a long sleeved gown and gloves
- Bed/trolley linen should be changed outside the theatre and bagged accordingly. See Used Laundry Management Policy
- The trolley/bed must be cleaned with 1,000 ppm of available chlorine once stripped
- Soft materials, e.g. BP cuffs must be decontaminated with 1,000ppm available chlorine solution and dried. See Trust Decontamination of the Patient Environment including Terminal Cleaning and Deep Cleaning Policy Disposable tourniquets must be used
- Theatre environment/equipment (unless contraindicated) should be decontaminated using a solution of 1,000ppm available chlorine

Any contamination of the walls or if dealing with potentially heavily contaminated cases wall washing must be undertaken
Refer to Early Detection, Management and Control of Carapenemase-Producing Enterobacteriacea
Similar infection prevention and control practices will apply in other instances where infection is suspected or confirmed in the patient, such as group A Streptococcus infections. Further advice on any precautions may be sought from the Infection Prevention and Control Team.

**6.15 National Guidance**

National Guidance aims to reduce the risk of surgical site infection. The Newcastle Upon Tyne NHS Foundation Trust is committed to implementing the elements that support this.

- Hair removal: Where required a clipper with a single use head will be used.
- Appropriate antimicrobial will be administered within 60 minutes prior to the initial incision.
- Normothermia will be maintained where it is practicable, as per NICE guidance. Active warming measures should be used for surgical procedures lasting greater than 30 minutes to maintain a temperature above 36 degrees (NICE CG 65 Inadvertent Perioperative Hypothermia).
- Adults having surgery under general or regional anaesthesia should have normothermia maintained before, during (unless active cooling is part of the procedure) and after surgery. NICE quality standard [QS49] (Oct 2013)
- Glucose control of patient undergoing surgery will be maintained below 11mmol/l in diabetic patients.
- Prepare the skin at the surgical site immediately before incision using an antiseptic preparation: 2% chlorhexidine in 70% alcohol is the preferred agent for skin prep prior to theatre; when using this, consideration needs to be taken to avoid the risk of pooling, especially when diathermy is going to be used during the procedure. In the event of chlorhexidine being contraindicated (for instance, history of allergy to chlorhexidine), an alternative such as povidone iodine can be used, and this should be appropriately documented in the patient’s notes. The risk of burns/chemical burns can be minimised by preventing pooling and wetting of drapes, and the skin must be allowed to dry.
- Ensure that antiseptic skin preparations are dried by evaporation and pooling of alcohol-based preparations is avoided. Following closure of the surgical incision an appropriate interactive dressing must be applied.


**7. Training**

All staff working on Trust premises, including Trust employed staff; agency and locum staff are responsible for accessing IPC Policies in order to assist in the management of their patients. It is the responsibility of the departmental lead to ensure that training is offered to all relevant staff in relation to perioperative care and Infection Prevention and Control. Specific support is available in order to meet training needs through the IPC Team.
8. Equality and Diversity

The Trust is committed to ensuring that, as far as reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

This policy meets the needs of all individuals including that of children.

9. Audit, Surveillance and Monitoring

The Trust has in place a system of continuous surveillance for planned orthopaedic surgery in line with the Health Act 2008. The data is collated and used to monitor the standards in relation to these procedures. This data will be presented to the Infection Prevention and Control Committee.

The Matron for theatre is responsible for the continuous monitoring of the standards applied through the Clinical Assurance Tool. Additional audit work in the form of cleanliness audits external to the Matron audit will verify the standards. These audit results will be presented to the Trust Board.

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
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<tbody>
<tr>
<td>Continuous monitoring of the standards</td>
<td>Method: Clinical Assurance Tool</td>
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<tr>
<td></td>
<td>By: Matron</td>
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<td></td>
<td>Committee: Trust Executive Team</td>
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<td></td>
<td>Frequency: Review Monthly</td>
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<tr>
<td>System of continuous surveillance for planned orthopaedic surgery in line with the Health Act 2008</td>
<td>Method: Retrospective data collection on individual case basis</td>
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<tr>
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<td>By: Surveillance Nurse</td>
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<td></td>
<td>Committee: IPCC</td>
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<td>Frequency: Quarterly Review</td>
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10. Consultation and review

This policy has been reviewed by the members of the IPC Team and Theatre Users Group.

11. Implementation and review

This Policy is a modification of a current policy

Sisters/Charge Nurses and Clinical Leads should ensure that staff are aware of this policy and ensure that the Standard Principles of Infection Prevention and Control are followed in the management of patient/service users.

12. References


Further references are available through the policy and procedure documents identified below

13. Policies and Procedures identified as relevant to this policy document

- CJD Local Interpretation of 196 Guidelines
- Cleaning and disinfection of endoscopes
- Cleaning and Disinfection Procedure
- Control of Transmissible Spongiform Encephalopathies (TSEs), including Creutzfeldt-Jacob Disease (CJD), in hospital patients
- Decontamination of the Patient Environment including Terminal Cleaning and Deep Cleaning Policy
- Dress, Appearance and Uniform Policy
- Early Detection, Management and Control of Carbapenemase-Producing Enterobacteriaceae Guide to Antimicrobial therapy
- Hand Hygiene Policy
- Hepatitis B, Hepatitis C and HIV policy for Healthcare Workers
- Immunisation for Trust staff and Protection against Infectious Disease
- Inadvertent Per operative Hypothermia
- Latex Operational Policy Microbiological Air Sampling of Operating Theatres
- MRSA Policy
- Needlestick Injuries and Blood Borne Virus Exposure: Code of Practice
- Patients with Bloodborne Viral Infections
- Prevention and Control of Tuberculosis
- Standard Precautions Policy
- Surgical Scrub, Gown and Glove Procedure
- Transport of Clinical Specimens Policy
- Used Laundry Management Policy
- Waste Management Policy and Procedures

Authors
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Lucia Pareja-Cebrian Consultant Microbiologist
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

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

PART 1

1. **Assessment Date:** 27/3/17

2. **Name of policy / strategy / service:** Infection Prevention and Control Practice in the Operating Department

3. **Name and designation of Author:**
   - Gill Lishman SIPCN
   - Claire Winter Clinical Educator Theatres
   - Lucia Pareja-Cebrian Consultant Microbiologist

4. **Names & designations of those involved in the impact analysis screening process:**
   - Dr Ashley Price, DIPC

5. **Is this a:**
   - Policy ☑
   - Strategy ☑
   - Service ☑

   **Is this:**
   - New ☑
   - Revised ☑

   **Who is affected:**
   - Employees ☑
   - Service ☑
   - Users ☑
   - Wider Community ☑

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*

   The aim of this policy is to clearly identify best practice for operating department staff when invasive procedures are carried out thereby protecting both patients and staff. Every procedure carried out in the operating department should be assessed in terms of blood/body fluid loss and precautions taken accordingly.

7. **Does this policy, strategy, or service have any equality implications?**
   - Yes ☑
   - No ☑
If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
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<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>Provision of Interpreting service E&amp;D Training</td>
<td>Studies show that when interpreters were provided, patients had a better understanding of their diagnoses and treatment plan than patients without interpreters. Ensure communication support is available.</td>
<td>None</td>
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<tr>
<td>Sex (male/ female)</td>
<td>Male and female practitioners are available to promote the dignity of patients when required</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Chaplaincy service provided with links to leaders of major faiths</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>HIV listening service which is peer listening/support service for people diagnosed HIV positive – provides annual training events to support listening skills.</td>
<td>None</td>
<td>None</td>
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<tr>
<td>Age</td>
<td>Innovations to support people with Dementia</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>Provision of BSL Signers and Deaf Blind Guides LD Liason Nurse Links to Psychological and Mental Health Services Involving family is included in the policy</td>
<td>Information in appropriate formats is needed to support effective treatment Ensure communication support is available.</td>
<td>None</td>
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<tr>
<td>Gender Re-assignment</td>
<td>Gender Identity sub group to identify and address needs in relation to Gender Identity</td>
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<tr>
<td>Maternity / Pregnancy</td>
<td>Women’s Health and Maternity Services will support pregnant and nursing mothers</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes [ ] No [x]

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Name: Gillian Lishman

Date of completion: 30/9/16

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)