Appendix 6

MRSA GUIDELINES FOR THE MAIN THEATRE DEPARTMENT

These guidelines are part of the Salisbury NHS Foundation Trust Clinical Management of MRSA Policy and must not be used separately.

1. Notification of Theatre
   - There must be communication between the Emergency Department and clinical wards with the Operating Department regarding the infection status of all emergency and planned admissions to the theatre.
   - If the nature of the ‘infection’ is unclear, staff should check the patient’s healthcare records and the inpatient management system (iPMs), and verify with the medical staff if necessary.
   - If in any doubt, the Infection Prevention & Control Team may be contacted for advice.

2. Preparation of Theatre and Theatre Personnel
   - It is not necessary to strip all furniture from the theatre for MRSA patients. However, as with all cases, leaving unnecessary equipment in any theatre should be avoided.
   - For big immovable items that are not used, cover them with a sheet.
   - Scrub and preparation areas can be left as they are.
   - Ensure the patient is on the end of the operating list, if an elective case.
   - Plan equipment needs according to the case to minimise extra trips outside the theatre.
   - Keep staff to a minimum.
   - There is no need for an ‘inside’ and ‘outside’ person provided staff wear the appropriate personal protective equipment/clothing and wash their hands on leaving the theatre suite.

3. Transfer of MRSA Positive Patients to Theatre
   - Do not send for the case too early as patients with MRSA will require special precautions, especially patients who are widely colonised with MRSA or have psoriasis, eczema, dermatitis or open wounds/pressure sores infected with MRSA.
   - Patients should, where possible, be transferred to and from theatre on their beds.
   - The bed should remain in theatre away from any other patients.
   - Theatre staff must not sit on the bed or use it as a table as MRSA is known to survive in linen. It may be transferred from the bed linen to the clothes of health care workers.
   - If a theatre trolley is used, the linen must be changed and the trolley cleaned with detergent and hot water then cleaned with Actichlor solution (1000ppm).
   - In order to reduce the risk of the spread of infection, the patient should visit as few areas as possible. Therefore, he/she should be transferred directly to theatre suite.
   - Anaesthetic induction should take place within the theatre suite.
   - If it is not possible to isolate the patient in the recovery area, the patient should be recovered in theatre suite and transferred directly to the ward.

4. During the Procedure

   **Scrub Staff**
   - Wear sterile gowns, sterile gloves, mask and eye protection.
   - Plastic aprons (used underneath gown) only required for wet procedures.
   - Overshoes are NOT required.
Other Staff

- Circulating staff, anaesthetic staff, radiographers, operating department assistants (ODA’s), operating department orderlies (ODO’s) and any member of staff, visitors or anyone present in the theatre who are not scrubbed, should be kept to the bare minimum.
- Non-sterile latex gloves (or nitrile gloves if known allergy/sensitivity), disposable plastic apron or gown, mask and eye protection if needed, e.g. cleaning up blood and/or body fluid spillages.
- Protective clothing must be worn when in direct contact with the patients, their bed linen, blood or body fluids and during cleaning procedures.
- Blood and body fluid spillages should be wiped and cleaned up immediately with detergent and hot water, followed by a clean with Actichlor solution (10,000ppm).
- It is not necessary for circulating staff to wear protective clothing for the duration of the case.
- Protective clothing must be disposed of properly after removal in the theatre.

- Hands must be washed prior to leaving the theatre.
- Clean items must not be handled while wearing contaminated gloves (*contaminated* = anything that has been in contact with patient or blood/body fluids). Standard precautions must be applied when in contact with blood or body fluids.
- Movements of staff of equipment during the case should be kept to the minimum.
- Signs are not required outside of the theatre suite door.
- Hands should be washed when leaving the theatre suite as per standard precautions of all operating suites.

5. Cleaning of Theatre

- Cleaning should be carried out after the patient has left the operating suite. Linen discarded if disposable, otherwise handled as per Laundry Policy.
- Detergent and hot water should be used for cleaning followed by disinfection using Actichlor solution (1000ppm).
- Scrub solutions such as ‘Hibiscrub/Hydrex’ must not be used for this purpose as it may result in antimicrobial resistance.
- Actichlor 10,000ppm should be used on blood and/or body fluid spillages and other potentially contaminated areas.
- Protective clothing should be worn for cleaning.
- The following must be cleaned:
  - Horizontal surfaces.
  - All items of equipment which have been in contact with the patient (including tables, table attachments, BP cuff, monitoring leads and heel pads etc.).
  - Theatre lights.
  - Items used during the case such as trolleys, bowl stands, diathermy etc.
  - Floor mopped with a ward detergent solution followed by Actichlor 1000 solution.
- When you finish cleaning, remove protective clothing and wash your hands.
- There is no need to ‘rest’ the theatre suite after the case. Normal plenum ventilation will reduce the microbial count to safe levels with 4 – 5 minutes of patient leaving the theatre (Ayliffe et al, 1992 & Meers et al, 1997). During this time cleaning may take place (Ayliffe et al, 1992).
- Hand washing and good basic hygiene are the most important factors in preventing the spread of MRSA.
- Wash hands after contact with patient, after removing protective clothing/gloves, after cleaning and before contact with other patients or handling clean items.