INFECTION CONTROL OPERATIONAL GUIDELINES FOR THEATRE

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Author:	Theatre Management Team	
Document Owner:	Theatre Operational Group	
Accountable Executive:	Executive Director for Primary Care, Community and Mental Health Services	
Approved By:	Theatre Operational Group	
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The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Version Control:

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	MAY 2004
2	No Change	MAY 2008
3	Updated in line with NICE guidelines 2011	APR 2012
4	Updated to correct format and guidelines updated in 5.1, 5.2, 6 & 7	JUNE 2021
5	Review of roles	11/06/2025

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
PTHB Infection Control Team
Theatre Management

Circulated to the following for Consultation

Date	Role / Designation
MAY 2021	Senior Nurse for Infection Prevention and Control
AUG 2021	Theatre User Group
AUG 2024	Theatre Operational Group
NOV 2024	Outpatients & Theatre User Group

1. Introduction

These guidelines have been devised by the Infection Control Team in conjunction with Surgical Services based upon the Hospital Infection Society Working Group and the Association for Perioperative Practice Guidelines.

2. Objective

The purpose of these guidelines is to form a working relationship between Infection Control and Theatre Services to address the areas of concern. Also, to promote best / safe infection control practice and to reinforce that Infection Control is everyone's responsibility.

3. Definitions

PTHB - Powys Teaching Health Board
LMA - Laryngeal Mask Airway
FFP Filtering Facepiece

4. Role / Responsibilities

4.1 Senior Clinician for Theatres & Endoscopy

The Senior Clinician for Theatres & Endoscopy must:

- Ensure all staff read and understand these guidelines
- Arrange regular audits to monitor compliance with these guidelines and report findings to relevant stakeholder groups
- Lead and attend all relevant meetings

4.2 Theatre Manager

The Theatre Manager has responsibility for:

- To deputise in the absence of the head of department for relevant meetings
- To give help and advice to all staff members on these guidelines
- Develop and deliver training in line with these guidelines

4.3 Team Leader

The Team Leader has responsibility for:

- To give help and advice to all staff members on these guidelines
- Ensure staff receive relevant training

4.4 All Other Staff involved in the Patient Journey

To adhere to guidelines and attend relevant training

5. Process

5.1 Preparation of Personnel

All theatre personnel can minimise the introduction of micro-organisms into the theatre environment by:

- Maintaining a high standard of personal hygiene
- Wearing theatre clothing correctly
- Reporting actual and potential health problems
- Monitoring visitors
- Maintaining a clean environment.
- Completing appropriate training
- Have been tested for a correctly fitting FFP3 mask where required

5.2 Personal Hygiene

It is the responsibility of all theatre personnel before entering the theatre environment ensure that:

- Hair is clean and tied back from the face
- Fingernails are short and clean. Free of nail varnish and false nails
- Jewellery (with the exception of a wedding type ring without stones) is removed – Bare below the elbows
- All cuts or skin abrasions are covered with a quality waterproof blue dressing and reported to the Team Leader who will advise on the appropriate action.

5.3 Theatre Clothing

Entering an unrestricted area, (offices, changing rooms) hands must be washed. Also, clothing and footwear must be clean.

Entering a restricted area (operating theatres, anaesthetic rooms)
ensure jewellery is removed, wash hands, change into freshly laundered theatre clothing and clean footwear. Also, a theatre cap / hood covering all hair must be worn at all times.

General Principles:

- Face masks / visors must be worn by all personnel performing or assisting in a surgical/invasive procedure especially in the case of implant surgery and changed between cases
- If at any time theatre clothing becomes contaminated during a span of duty, the person involved must shower and change into freshly laundered theatre clothing
- Theatre clothing and shoes must not be worn outside the theatre complex unless in the case of an emergency and should be changed on return
- Theatre caps / hoods and facemasks must be removed before leaving the theatre environment

- Theatre clothing must be discarded in accordance with Local Health Board policy
- Food beverages must not be consumed in restricted areas, adequate break cover should be provided

6. Staff Health

It is the responsibility of each member of staff to adhere to the following:

- It is expected that all theatre personnel have an immunisation record from the Occupational Health Department. The responsibility lies with each individual member of staff to ensure their record is kept up-to-date
- Those performing exposure procedures must have their Hepatitis B status confirmed by Occupational Health (please see OHP 002 Needlestick & Body Fluids Contamination Policy regarding blood borne viruses)
- Any member of staff suffering from an infectious illness, be it systemic (diarrhea, vomiting, chest infection etc.) or local (wound infection etc.) must contact Occupational Health and their manager before commencing duty
- Any members of staff who are unsure about their immune status and have had contact with chicken pox/measles/rubella must inform their manager and Occupational Health as soon as possible
- All theatre personnel must take the appropriate precautions to prevent splash/sharps injuries. i.e. universal precautions and safe disposal of sharps
- Any staff who receive splash/sharps injury to follow guidance in OHP 002 Needlestick & Body Fluids Contamination Policy

7. Monitoring Visitors

Visitors to the theatre complex must be kept to a minimum and have permission from an appropriate person. Visitors must be advised to wash their hands on entering the theatre environment and should change into theatre clothing and clean footwear if entering a restricted area.

Visitors to theatre should be bare below the elbows to facilitate correct hand hygiene. It is not necessary for visitors / parents to change into theatre clothing when entering an unrestricted area unless their clothes/shoes are visibly soiled. Visitors / theatre personnel must not use pre-op or recovery area as an access route.

8. Maintenance of Equipment

Any equipment used for surgical / invasive procedures is sterile from a known traceable source. Those for anaesthetic purposes should be amenable to disinfection and / or sterilisation.

All equipment stored in theatres such as monitors, trolleys etc. must be routinely cleaned. Trolleys and metal surfaces to be cleaned with hot soapy water and dried. Electrical equipment such as monitors to be cleaned with detergent or alcohol surface wipes prior to use, according to manufacturer’s guidelines.

The cleanliness standard of equipment stored in theatres from other departments must be checked on a regular basis, any problems must be referred to the appropriate department. All items stored at shelf level must be rotated and shelves cleaned on a regular basis. Single use items must be used according to the manufacturer's instructions. If in doubt, please consult with the Infection Control Team.

All equipment to be sent for repair must be decontaminated and the appropriate certificate completed. Lint free disposable cloth must be used for cleaning purposes.

9. Environmental Cleaning

- Cleaning should remove rather than redistribute contamination
- Blood spillage must be decontaminated prior to cleaning as per local policy ICP 026 Decontamination Policy
- Floors must be washed with hot water, detergent and allowed to dry at the end of each case by theatre personnel
- Floors must be deep scrubbed daily by the domestic staff, ensuring the detergent reservoirs in the machines are routinely cleaned
- Walls and ceiling must be cleaned twice a year (this must be documented), unless visibly contaminated, if walls are damaged or have paint peeling, they must be repaired
- Horizontal and high surfaces including lights and fixed monitors must be damp dusted daily using single use lint free cloths.
- Mops must be sent to the laundry daily to be hot washed and thoroughly dried or disposed of
- Spillage of blood or body fluids must be decontaminated immediately with 4 Haz Tabs per litre
- If a large spillage of blood or body fluids occurs, the departmental spill kit must be used. A new spill kit will need to be re-ordered by the team in the department
- Team Leaders should assess the need for the floors to be washed or deep scrubbed in-between cases

10. Management of a Patient with a Known or Suspected Infection

- It is the responsibility of the Consultant Surgeon to inform the Theatre Team of a known infected case
- Always follow universal precautions
- Only essential staff and equipment must be present in Theatre
- Theatre clothing must be changed after each case
- Hand washing must always be performed immediately after removing protective clothing
- All unnecessary equipment must be removed
- Avoid the use of equipment that cannot be easily sterilised/disinfected
- Disposable theatre drapes must be used

An infected case must go last on the theatre list, also be anaethetised and recovered in the theatre / anaesthetic room. If patient safety is compromised and they require nursing

in recovery, the patient should be nursed near to the sink area. Contact the Infection Control Team for advise if required.

In the event of more than one infected case on the list the same principles apply i.e. they should be operated on at the end of the list ensuring the theatre is thoroughly washed, dried and disinfected between cases and after the last case or utilise another available theatre

11. Specific Infections

11.1 Blood Borne Viruses (e.g. Hepatitis B, C and HIV)

- Apply universal precautions
- Scrubbed theatre staff should wear 2 pairs of sterile disposable gloves
- Anaesthetic equipment should be disposable – bacterial filters and circuits must be disposed of as clinical waste
- Laryngeal masks must be discarded after use for Hep B, C and HIV / single use LMA mask should be used
- Blood spillage must be decontaminated prior to cleaning
- Trays to be returned to HSDU in designated bags
- Four Haz Tabs per litre of water

11.2 Chicken Pox / Shingles

- Apply universal precautions.
- Non pregnant and immune staff only to be present.
- Patient to be recovered in theatre ensuring the door is kept closed.

11.3 Tuberculosis

- Open Pulmonary Sputum (smear positive), where possible these patients should wait until they are fully treated with anti-tuberculosis therapy.
- High filtration masks (Technol Fluidshield PFR95 N95) must be worn for intubation and suction procedure.
- Ventilation tubing and filter must be discarded as clinical waste at the end of each case.
- Any equipment involves should be decontaminated according to the manufacturers recommendations.

11.4 Close Tuberculosis (Bone, Kidney, Bladder)

Avoid aerosol generating activities e.g. unnecessary use of this cannot be avoided high filtration masks are recommended as above.

No other specific precautions. Basic principles of practice are sufficient to prevent cross infection.

11.5 Creutzfeldt-Jakobs Disease (CJD) or Gerstmann Traussler Syndrome (GSS)

- Inform the Consultant Microbiologist, Infection Control Team and CSSD Manager prior to any surgical intervention
- All non-disposable instruments used must be segregated for quarantine as per policy in conjunction with CSSD
- Disposable instruments are recommended where appropriate

12. Monitoring Compliance / Audit

Compliance will be monitored by following the Heath and Care Standards hand hygiene audit which will be carried out monthly and will be reported at our bi-monthly TUG meetings and Facilities carry out weekly environmental audits and feed back to the Theatre Manager.

The Infection Control team also carry out an annual inspection and feed back to us and the PTHB Infection Control meetings.

13. Review and Change Control

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

14. References / Bibliography

- Gruedemann Mangum Book, 2001. 1st Edition Infection Prevention in Surgical Settings
- Hind M, Wicker P, 2000. Principles of Perioperative Practice. Churchill Livingstone.
- AfPP The Association for Perioperative Practice Infection control, 2020