


**An Elective Surgical ward where patients may be vulnerable / shielded  
and the intention needs to be to protect the patient from the risks of  
transmission of COVID**

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<b>Approved by</b>	Pre-op, TAU & Day Case Directorate Governance Meeting, SCSD Governance Meeting
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<b>Date of next review</b> This is the most current document and is to be used until a revised version is available	15 <sup>th</sup> November 2024

**Key amendments to this Standard Operating Procedure**

Date	Amendment	Approved by:

<b>Purpose of Process (why):</b>	<p>Patients requiring Day and Short Stay Surgery that cannot be undertaken within the Acute hospital environment will be treated through Ward One, short stay and Day Case surgery Unit at KTC. This will cover ALL specialities in the Surgical, Women's and Children's and SCSD division.</p> <p>Ward One, Theatre Admissions and Day Surgery Unit/ discharge lounge will be referred to from an infection control status as a 'Non COVID' ward.</p>
<b>Scope the process applies to (who):</b>	<p>Ward One, Day and Short Stay Surgery Unit.</p> <p>Patients including those vulnerable and shielding that meet the amended admission criteria for KTC on an elective care pathway.</p> <p align="center"> KTC Birch Criteria 14 1 21 (2).docx</p> <p>Patients who require level 0 or level 1 Care</p>
<b>Prerequisites for the process (what) Screening:</b>	<p>All patients undergoing surgery under Local Anaesthetic or General Anaesthetic. (Non COVID)</p> <ul style="list-style-type: none"> <li>• Patients and those within their household are advised to maintain full social distancing for 14 days prior to admission. This involves minimising social contact, maintaining a 2 meter distance and using good hand hygiene at all times.</li> <li>• All patients to be COVID swabbed within 3 days of TCI date</li> <li>• All patients must self-isolate from time of COVID swab until admission. Household members are also advised to self-isolate however surgery will not be cancelled if this cannot be achieved.</li> <li>• All patients must answer 'NO' to all questions within the COVID triage</li> </ul>

<p><b>Pre-op/admission communication:</b></p>	<p>tool. (See Appendix 1)</p> <ul style="list-style-type: none"> <li>• Patients to have MRSA / MSSA screening pre-operatively and decolonisation as per policy and national guidance</li> <li>• Carers, relatives, escorts and translators will be required to complete a lateral flow test prior to entering Ward One and the Day Surgery Unit.</li> </ul> <p>All General Anaesthetic patients to have been pre-op assessed and had anaesthetic review where applicable prior to admission. Pre op assessment team will inform Ward One if patient requires carer, relative, escort or translator on admission.</p>
<p><b>Resources:</b> <b>Ward:</b></p> <p><b>Day Surgery Unit/ discharge lounge</b></p> <p><b>Ward Workforce/ staffing</b></p>	<p>Ward One has capacity for 20 beds plus the Day Surgery Unit/ discharge lounge. There will be a minimum staffing ratio of 1 registered nurse to 6 patients with a senior nurse in addition to coordinate patient flow on the day upcoming admissions. (current staffing template is for 12 ward beds, theatre admissions, and Day Surgery Unit/ discharge lounge)</p> <p>Day Surgery Unit/Discharge lounge has capacity for up 14 trolley spaces and a discharge lounge area. In the event of mixed sex theatre lists patients will be nursed in same sex bays and trolley capacity will be reduced to 10 trolley spaces to facilitate male and female lounge area. All local anaesthetic patients, minor General anaesthetic patients and paediatric patients go through this area.</p> <p>Ward One is open from 7am Monday morning to 12 Midday Saturday. (Please note: Any patient requiring in-patient stay/ on-going care will need to be scheduled on Monday to Thursday to enable discharge before Ward One closes on Saturday Midday.</p> <p>Staffing will come from within current establishment with dedicated and experienced Day and short stay staff.</p> <p>All staff members entering Ward One, second stage recovery and discharge lounge must adhere to excellent hand hygiene and PPE requirements prior to entering and arriving in each area.</p> <p>Patients admitted to Ward One for Surgery will be requested to wear surgical face masks while entering and moving around the ward.</p>
<p><b>Recurrence (when):</b></p>	<p>From 22/05/2020 until deemed no longer required</p>
<p><b>Responsibilities (who):</b></p>	<p>There will be a starred anaesthetist on site till 18:00. The starred anaesthetist will visit Ward One prior to leaving KTC site to ensure no issues for escalation In the event of post-operative complications/deteriorating patient that cannot be dealt with by RMO, the patient will need to be transferred to an acute site. The On Call team will be informed of transfer as well as the operating team, including surgeon and anaesthetist.</p>
<p><b>Reported (where):</b></p>	<p>Beds are not to be included in the bed capacity figures produced by the capacity hub. Transfer from other sites will not be permitted.</p>
<p><b>Procedure (how):</b> <b>PPE for Non COVID ward :</b></p>	<p>Reverse Barrier (Droplet (from HCW) and contact precautions) Fluid resistant surgical face mask to protect patient from HCW – sessional use Normal uniform + Apron for individual clinical tasks Gloves changed between individual clinical tasks</p>

<p><b>Additional IPC measures:</b></p>	<p>Eye protection/ visors for patient contact - Risk assess for risk of fluid splash</p> <p>If a patient develops respiratory symptoms while an inpatient then they should be screened for COVID and then standard trust isolation precautions implemented.</p> <p>Medical/Surgical/Theatre staff / porters / AHP's should ensure they have adhered to excellent hand hygiene and adherence to PPE prior to being on the non COVID ward and once arriving on the ward.</p> <p>Any staff member who develops symptoms for Coronavirus should not attend the workplace. A PCR test should be booked via the Fusion staff booking system.</p> <p>All staff are requested to perform a "lateral flow test" twice a week (Monday and Thursday) and the results entered onto the website.</p> <p>If a positive result is detected then a COVID swab test needs to be booked by the individual via the Fusion staff booking system. Staff who have been in contact with a positive case should inform their Line manager and complete the Isolation Risk Assessment and required action prior to returning to work. Staff are also actively encouraged to receive the COVID vaccination and booster.</p>
<p><b>Admission Process:</b></p>	<p><b>Patients will:</b></p> <ul style="list-style-type: none"> <li>• Avoid public transport where possible to attend the hospital</li> <li>• Go directly to appropriate entrance of Ward One or Day Surgery Unit/Discharge Lounge on arrival to the hospital</li> <li>• Be asked to attend without an escort</li> <li>• Arrive only at the designated staggered times</li> <li>• Remain outside the ward until invited in</li> <li>• Have their temperature and welfare checked on entry to Ward One and then be shown directly to their allocated room/Bed space where they will be safely admitted for surgery by None COVID nursing staff</li> <li>• Patient will be collected and escorted to theatre by the allocated escort for that list. The escort must be in reverse barrier PPE and access and exit through designated None COVID entrance</li> <li>• All patients will be admitted by their named nurse on arrival with all necessary safety checks being completed in a timely manner.</li> <li>• Any patients planned for overnight stay will return to the ward on a bed. Day Surgery patients may return on a theatre trolley</li> <li>• Where possible, the patient will be recovered and discharged by their admitting nurse to reduce contact with numerous members of staff</li> <li>• Where possible or unless in the event of manual handling, double nurse check or emergency, only one member of nursing staff to be in the patient room at any one time</li> <li>• Inpatients must have a repeat COVID swab on day 3, 5 &amp; 13 of admission.</li> </ul>
<p><b>Post-Operative Process:</b></p>	
<p><b>Discharge Process:</b></p>	<ul style="list-style-type: none"> <li>• All patients to have a clear, documented plan of care, discharge and follow up (Telephone or face to face) to support Nurse Led Discharge.</li> <li>• Where possible patient to be discharged by their allocated nurse</li> <li>• Patients to be collected from Ward 1 or second stage recovery by relative on discharge</li> <li>• A next day telephone call will continued to be offered to all patients undergoing surgery under General or spinal Anaesthetic</li> </ul>

<p><b>Quality assurance:</b></p> <p><b>What if Scenarios:</b></p>	<p>All metrics, including audit data and Datix reporting will continue to be collected and reviewed regularly.</p> <p>In the event of a failed discharge on a Saturday afternoon, every effort will be sought to provide staffing cover from current establishment and NHSP to avoid patient transfer to acute site and the command hub must be notified. During scheduling of lists every effort will be made with the planning of list activity on a Friday to ensure an appropriate flow that will meet discharge criteria.</p> <p>In the event of post operative complications, consultant advice must be sought and patient must only be transferred to safe zone areas e.g. 'Aconbury1.</p> <p>If the patient has received a positive COVID swab in the 90 days prior to surgery they will not be re swabbed prior to admission. To reduce the risk for surgical admission the patient must meet the following requirements:</p> <ul style="list-style-type: none"> <li>*14 days post positive COVID diagnosis/PCR test.</li> <li>*At least 48 hours have passed since last fever without the use of fever reducing medications.</li> <li>*Their symptoms have improved e.g. cough, shortness of breath have resolved.</li> </ul> <p>These patients can then be admitted to a 'Non COVID Area' for their surgery. 14 Days of careful social distancing is recommended prior to TCI date. The 72 hour self-isolation period MUST be complied with prior to admission.</p> <p>In the event a patient tests positive to COVID in their Pre-operative screen, surgery will be deferred until the above requirements have been met. Please see appendix 1.</p> <p>Patients with severe immunocompromised may shed virus and pose an infection risk for longer than 10days. The patient categories listed below should therefore complete a 20day isolation period post positive swab result:</p> <ul style="list-style-type: none"> <li>◦Currently undergoing chemotherapy for cancer.</li> <li>◦Within 1 year of receiving a hematopoietic stem cell or solid organ transplant.</li> <li>◦Having untreated HIV with a CD4 T lymphocyte count &lt;200.</li> <li>◦Having a combined primary immunodeficiency disorder.</li> </ul> <p>Treated with steroid equivalent to 20mg/dose Prednisolone for more than 14days</p> <p>Any deviations from this SOP must be reviewed on a patient by patient basis.</p>
<p><b>SOP created by:</b></p>	<p>Tammie Mason, Ward One, Day and short stay surgery manager, KTC</p>
<p><b>Contributors:</b></p>	<p>Junior Sister Tracy Berry- Ward One KTC James Leedham-Clinical Lead for Day Surgery Stephen Randle- Directorate manager for theatres/Anaesthetics/Day Case and Pre op. Susanna Hicks-SCSD Matron</p>

Appendix 1

# Pre-Operative COVID screening Flow Chart

