

22/02/2021

Dear Requester,

Thank you for your Freedom of Information request.

In accordance with S.1 (1) (a) of the Freedom of Information Act 2000 (FOIA), I can confirm that we do hold the information relevant to your request. 209

You asked:

Response from Luton and Dunstable University Hospital Only

Please see the attached documets.

I would like to obtain specific information regarding the products used for the purposes of antiseptic skin preparation prior to invasive surgery on patients undergoing procedures in Luton and Dunstable University Hospital NHS Foundation Trust.

- 1) Please confirm if Luton and Dunstable University Hospital NHS Foundation Trust follows NICE guidance 125 (Surgical Site Infections: Prevention and Treatment) when carrying out antiseptic skin preparation? **Yes**
a. If yes, please provide a copy of Luton and Dunstable University Hospital NHS Foundation Trust's most up-to-date surgical site infection prevention protocol.

SURGICAL WOUND INFECTION

Patient factors influencing wound infection

1 The patient is already compromised, e.g. is very young or old, has a pre-existing disease - cardiac, respiratory, diabetes, malignant growth, or is suffering from malnutrition or obesity, or is immunosuppressed.

2 The skin of the patient is colonized with a potential pathogen, or there is an area of superficial sepsis elsewhere on the body.

Theatre factors influencing wound infection

1 A large incision.

2 A long operating time.

3 The presence of a heavy disperser of S. aureus in the theatre.

4 Many people in the theatre, or considerable activity and movement during the operation.

5 Surgical technique.

6 Ischemic tissues

7 Insertion of implant.

8 Wound drainage, particularly open drainage.

Ward factors influencing wound infection

Before operation

1 Admit the patient to hospital as close to the time of operation as possible.

2. Wash with soap and water followed by cleaning with chlorhexidine impregnated wash cloths.

3 Avoid shaving if possible. Shaving is usually unnecessary and excessive hair may be removed by clipping or depilation. If shaving is carried out it should be done on the day of operation.

4 Do not take ward bedding into the theatre.

5 Appropriate antimicrobial prophylaxis.

After operation

1 Seal the wound thoroughly with post op visible dressings which can be left for 7 days and allows continual monitoring of the incision site without the need to disrupt the healing process.

2 Use a closed drainage system.

INFECTION CONTROL MANUAL 2015 Page 29

3 Discharge the patient as soon as possible.

Note that dressings should not be required on a closed wound after 48 hours.

List of Skin Decontamination Solutions as Recommended at this Trust

Preparation

Use

2% Chlorhexidine Gluconate w/v 70% isopropyl alcohol (ChlorPrep®)

Pre-operative skin disinfection

Use on intact skin only.

Trisept Sachets

(chlorhexidine 0.015% w/v and cetrimide 0.15% w/v solution)

Wound Cleansing only, NOT for pre-operative use.

General skin disinfection

Unisept Sachets

(chlorhexidine 0.05% w/v aqueous solution)

Wound Cleansing only, NOT for pre-operative use.

Cleansing and disinfection of wounds/burns

Mucous membranes

Use an aqueous solution of chlorhexidine (Hibitane obstetric cream/Hibitane concentrate 0.05% aqueous solution). For urethral disinfection use 1% chlorhexidine cream.

Return to index

INFECTION CONTROL MANUAL 2015 Page 30

ASEPSIS AND URINARY CATHETER CARE

Urinary tract infection (UTI) is the most frequently occurring hospital-acquired infection, accounting for 19.7% of such infections (8).

Practice Points:

1 Hand washing must precede and follow any manipulation of the system, even if gloves are used.

2 Insertion of the catheter is an aseptic technique.

3 The system should remain closed once in-situ unless it is necessary to:

i)

change the drainage bag

ii)

perform bladder washout

iii)

taking samples

4 The catheter drainage tube should be anchored to the thigh to reduce movement.

5 The sampling port must always be used to obtain specimens and wiped with an alcohol swab before and after sampling.

6 Strict attention must be paid to perineal care, especially after defecation.

7 Disposable gloves must be used to empty or change catheter bags and a clean pair must be used for each patient.

8 Label catheter bag with the date that it was changed, and change it weekly.

9 Overnight bags must be single-use and disposed of daily while the patient is in a hospital or community home.

Entry points for bacteria

- 1 Meatal junction/bladder neck.
 - 2 Junction of catheter and tubing.
 - 3 Sampling port.
 - 4 Air bubbles ascending from bag back up tubing.
 - 5 Drainage outlet.
 - 6 Jug.
 - 7 Hands.
- Taken from:

2) How does Luton and Dunstable University Hospital NHS Foundation Trust communicate the category difference between antiseptic products that are medicines vs biocides and their intended use?

The communication has been historic and use of medicines vs biocides is embedded in practice. Chloraprep is the only product supplied for invasive procedures. There is no current updated communications since this is business as normal

a. Please share any communication materials.

3) Can you please specify which antiseptic skin preparation products are used in Luton and Dunstable University Hospital NHS Foundation Trust's operating theatres for the purposes of prevention of surgical site infections? **Chloroprep and Chlorohexidine and betadine antiseptic**

4) Does Luton and Dunstable University Hospital NHS Foundation Trust obtain patient consent prior to surgical procedures? **Yes**

a. If yes, please provide the written material that Luton and Dunstable University Hospital NHS Foundation Trust uses to obtain consent.

The Trust uses the Department for Health's four model consent forms;

- **Form 1 – Consent for examination, treatment or care (adults)**
- **Form 2 – Parental (or person with parental responsibility) agreement to investigation or treatment for a child or young person**
- **Form 3 – Patient agreement to investigation or treatment (procedures where consciousness is not impaired)**
- **Form 4 – Adults who lack the capacity to consent to investigation or treatment**

In addition, some services have locally developed consent forms for specific procedures which are held at department level.

If you are not satisfied with the Trust review under the Freedom of Information Act 2000 you may apply directly to the Information Commissioners Officer (ICO) for a review of your appeal decision. The ICO can be contacted at: ICO, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF www.ico.org.uk

Yours sincerely,

IG/FOI Coordinator

This information is provided for your personal use and is the property of Bedfordshire Hospitals NHS Trust and subject to any existing Intellectual Property and Database Rights. Any commercial application or use of this information may be subject to the provisions of the Re-use of Public Sector Information Regulations 2015

(RPSI). This means that if you wish to re-use the information provided for commercial purposes for any reason you must ask the Trust for permission to do so.

Please note that the Trust has a formal internal review and complaints process which is managed by the Information Governance Manager/Data Protection Officer. Should you have any concerns with our response, you can make a formal request for an internal review. Requests *for internal review* should be submitted within three months of the date of receipt of the response to your original letter, and should be addressed to: dataprotectionofficer@ldh.nhs.uk