



one  
**TOGETHER**  
the power of small actions

# one TOGETHER

to reduce risk of surgical site infections



Surgical site infections (SSIs) account for 16%<sup>1</sup> of healthcare associated infections and are associated with considerable morbidity, mortality and increased costs of care.

OneTogether is a partnership between leading professional organisations with an interest in the prevention of SSIs. Our mission is to promote and support the spread and adoption of best practice to prevent SSIs across the surgical patient pathway. By connecting UK infection prevention associations, key industry partners and the health care community we strive to improve overall patient care.

OneTogether aims to:

- **RAISE** the profile of infection prevention and the scientific data supporting the practice.
- **ENGAGE** healthcare professionals and institutions to make a difference at every level to reduce SSI and improve patient outcomes.
- **SHARE** best practice across all specialties.
- **LEVERAGE** the strength and reach of professional associations, industry partners and online platforms to educate and engage.

**TIME** to make  
a difference



# IMPACT of SSIs



5% of all surgical patients develop a SSI<sup>2</sup>

Costs at least £3000 to treat<sup>3</sup>



5 times more likely to be readmitted<sup>4</sup>

Quality of life likely to be significantly affected<sup>5</sup>



Twice as likely to die<sup>4</sup>



Double stay in hospital<sup>6</sup>

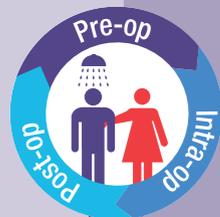
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# STANDARDS AND GUIDANCE: reducing the risk of infection on the patient's surgical pathway

To request surgical safety posters for your hospital,  
please email Sophie Singh at [ssingh@mmm.com](mailto:ssingh@mmm.com)

## 1 Skin Preparation



### 1.1 Washing Recommendation

NICE recommends that patients should shower or have a bath (or be assisted to shower, bath or bed bath) using soap, either the day before, or on the day of surgery.<sup>1</sup>



### 1.2 Hair Removal Recommendation

NICE recommends that razors should not be used for hair removal because they increase the risk of SSI. If hair must be removed, then clippers with disposable heads are recommended.<sup>1</sup>



### 1.3 Skin Disinfection Recommendation

NICE recommends that the skin should be disinfected immediately prior to the incision with chlorhexidine or povidone-iodine (alcoholic or aqueous solution).<sup>1</sup>



### 1.4 Preventing Skin Recolonisation Recommendation

NICE recommends that if an incise drape is used, this should be iodophor impregnated unless the patient has an iodine allergy.<sup>1</sup>



## 4 Instrument Management Recommendation

All pre-sterilised instruments must be checked for evidence that they have been sterilized and that the packs are intact. Instruments should be laid up in a clean area, as close to the procedure time as possible, and protected from contamination prior to use. All prepared instruments must be closely observed at all times.

Staff who undertake procedures which require skills such as aseptic technique, must be trained and demonstrate proficiency before being allowed to undertake these procedures independently.<sup>5,6</sup>



## 3 Perioperative warming Recommendation

NICE recommends that the patient's temperature should be 36°C or above before they are transferred to the operating department. Patients should be adequately covered to conserve heat, and exposed only during surgical preparation. The patient's temperature should be documented before induction of anaesthesia and then every 30 minutes until the end of surgery. If below 36°C, the patient should be actively warmed using forced air warming.

Intravenous fluids (500ml or more) and blood products should be warmed to 37°C using a fluid warming device.<sup>4</sup>



## 2 Prophylactic Antibiotics Recommendation

NICE recommends that there must be a local guide to antibiotic prescribing including advice on appropriate surgical prophylaxis.<sup>1</sup> Surgical prophylaxis should be given intravenously on induction of anaesthesia or within 60 mins before the incision is made.<sup>2</sup> In most circumstances a single dose of antibiotic with a long enough half-life to achieve activity throughout the operation is sufficient.<sup>3</sup>



## 5 Surgical Environment Recommendation

An effective air changing ventilation system should be in operation.

The doors to the operating theatre should remain closed and traffic in and out of theatre restricted to a minimum to ensure efficiency of the ventilation.

The number of personnel present in theatre should be kept to a minimum.<sup>5</sup>



## 6 Wound Management Recommendation

NICE recommends that surgical incisions should be covered with an appropriate interactive dressing at the end of the operation.<sup>1</sup>



## 7 Surveillance Recommendation

The risk of SSI should be monitored using a standardised surveillance methodology to provide feedback to surgeons and the surgical team about the quality of infection prevention in the operating theatre.

Monitoring of infection rates is essential to provide patients with accurate information about the risk of SSI associated with the operation.<sup>6,7</sup>

### References

- 1 NICE (2008) Clinical Guideline 74 Surgical Site Infections: Prevention and treatment of surgical site infection.
- 2 Bratzler et al (2013) Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health-Syst Pharm – Vol 70 Feb 1, 2013 195-283.
- 3 Scottish Intercollegiate Guidelines Network(2008), Antibiotic prophylaxis in surgery. A national clinical guideline.
- 4 NICE (2008) Clinical Guideline 65 – Inadvertent perioperative hypothermia – The management of inadvertent perioperative hypothermia in adults.
- 5 Association for Perioperative Practice (2011) Standards and Recommendations for Safe Perioperative Practice. 3rd Ed.
- 6 DH (2010) The Health and Social Care Act 2008. Code of Practice on the prevention and control of infections and related guidance.
- 7 Public Health England (June 2013). Protocol for the Surveillance of Surgical Site Infection, Surgical Site Infection Surveillance Service Version 6.



OneTogether frequently hold surgical site infection prevention expert conferences. The aim of these conferences is to bring together operating theatre staff and infection prevention specialists from across the UK and discuss issues associated with good infection prevention. Feedback from these conferences have identified common themes:

Variability in knowledge of, and availability, of policy

Poor knowledge of evidence

Conflict of ideas/opinion

Importance of practice to prevent SSI not recognised

Lack of standards to support best practice

Ownership and responsibilities not defined

Lack of leadership

The **POWER** of collaboration

# Collaborating **TODAY** for tomorrow's future

OneTogether aims to provide a collection of free tools to help practitioners reduce the risk of surgical site infection. These tools are created in collaboration with health care practitioners from across the UK which are easy to follow and implement.

#### TOOLS AVAILABLE NOW

- Standards and Guidance posters
- Infection Prevention Self-Assessment Tool (from April 2016)

#### FUTURE WORK PROGRAMMES

- Creation of an infection prevention charter for each element of practice across the surgical pathway
- Build a resource of easily accessible education and training tools to empower the health care community on evidence based recommended practice.



To gain access to all these tools and to ensure your invitation to future expert conferences join OneTogether today.

[www.joinonetogether.org](http://www.joinonetogether.org)

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