Critical Care Standard Operating Procedure
Trip out the unit for patients with suspected or confirmed infections

What is this standard operating procedure for?

- This is the standard operating procedure to be followed for taking a patient with suspected or confirmed infection for a trip out of the unit

Where does this standard operating procedure apply?

- RIE W118 A&B
- RIE W116 C&D
- WGH W20
- SJH ITU

Why is this standard operating procedure required?

- To reduce the risk of transmission of infection to other patients
- Patients with suspected or confirmed infection may be isolated in side rooms for long periods during their hospital stay. Access to natural daylight and fresh air are essential for all patients recovering in critical care and there is evidence that this improves delirium and mental health. Feedback from patients demonstrates that trips out of the unit have a very positive impact on their recovery process.

When should this standard operating procedure be used?

- For patients with suspected or confirmed infection to access fresh air and natural daylight as part of critical care recovery and rehabilitation.

When should this standard operating procedure NOT be used?

- If the patient is unstable
- If the patient is incontinent
- If the patient is vomiting or has uncontained diarrhoea
- If the patient's drains are leaking/have been leaking
- If the patient is still in the isolation period for any droplet or airborne infections. These can be found in the [National Infection Prevention and Control Manual (NIPCM) Appendix 11](#)

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How should this standard operating procedure be applied?

Considerations for the clinical team taking a patient with suspected or confirmed infection for a trip out of the unit:

- The clinical team should consider the key route of transmission for the suspected or confirmed infection. Further information on route of transmission can be found in the NIPCM A-Z of pathogens.
- The trip should be risk assessed and planned in advance and agreed with the nurse in charge and Consultant.
- The risk assessment and plan should be documented in the patient's notes.
- Staff should take alcohol gel with them and carry out effective hand hygiene as per WHO 5 moments.
- Trips out of the unit for patients with suspected or confirmed infections require a minimum of 2 staff; one member of staff to attend to the patient/push the chair and one member of staff to press lift buttons and open doors. Staff covering lift buttons and doors are not required to wear personal protective equipment (PPE). Staff attending to the patient should risk assess the PPE required. Further information on choosing PPE can be found in the NIPCM Appendix 16.
- The clinical team should risk assess and agree the clinical equipment required for the trip e.g. suction units, oxygen cylinders.
- The trip out would ideally take place after the patient has been washed and a fresh gown or clothes on.
- The patient's chair or bed should be cleaned with Chlorclean before the trip out the unit.
- Visitors e.g. relatives attending the trip out of the unit do not need to wear any PPE but must ensure effective hand hygiene is performed.
- The route from the bedspace should take the shortest possible route out of the unit.

Where can I get more help?

- You can get more help and information from the Infection Prevention and Control intranet site
- If you can't find what you need on the intranet, you can contact the Infection Prevention and Control Duty Nurse. Details of current availability are in the Contacts section of the intranet page