Brighton and Sussex University Hospitals NHS Trust

PRINCIPLES TO GUIDE CARE DURING COVID 19 IN OBSTETRIC THEATRES

For use in conjunction with main theatre guideline

EVERY SHIFT

Identify potential theatre cases, keep team informed
Allocate roles for theatre transfer of suspected/+ve pts

- Primary surgeon: quickest, most experienced
- Anaesthetic team: RA/intubator/drugs
- Theatre Team: Scrub nurse/runner – in theatre & out
- Transfer team from Room➔ Theatre
  eg. MW in room & 2nd surgeon or anaesthetist

(anaesthetic escort ONLY if epidural in situ, to start top up)

AEROSOL GENERATING PROCEDURES (AGPs) In Obstetric Theatre

ADULT

Airway interventions: as per Public Health England list
eg. open suctioning, bag-mask ventilation, intubation/extubation

NEONATAL

Airway interventions as above*

*RCPCH supports use of Level 3 PPE for healthcare workers (HCW) performing these manoeuvres, but states risk [of infection with COVID19] is thought to be low, even from a baby of a +ve mother or +ve neonate.
*RCUK states transmission risk to other HCWs in the room, not performing the AGP, & are ≥ 2m away from the baby is likely to be negligible, therefore Level 3 PPE for those ≥ 2m from AGP is not mandatory.

NOT AGPs

Heavy breathing during labour/Entonox use
Diathermy
Abdominal suctioning/irrigation intra-op

RECOVERY (Level 2 PPE)

Red/amber patients: in theatre until meet discharge criteria
Green patients: recover as normal

BEFORE SENDING FOR ANY THEATRE CASE

WHO Brief include COVID risk assessment of pt & PPE plan
- electives: before commencing list, whole team in theatre
- emergencies: time permitting, focused team in theatre

Midwifery team:
Prepare patient (+/- partner) for theatre as per checklist
Check neonatal resuscitation equipment in theatre

Anaesthetic team:
Prepare anticipated equipment/drugs for case
including CDs, emergency & fridge drugs (boxed)
Spinal pack – open on dedicated trolley
GA pack – have ready on dedicated trolley (incl. Plan D)

Scrub team:
Prepare relevant set(s) - may finish prep/count after pt arrival
Assign dedicated runners – for inside and outside theatre

Obstetric team:
Allocate most senior/appropriate surgeon for case
Ensure valid consent obtained, be ready to attend theatre

RELEVANT TEAM DON APPROPRIATE THEATRE PPE
DONNING AREA: Scrub room RSCH, outside theatre PRH

BRING PATIENT TO THEATRE

Documentation: minimum necessary paperwork in theatre
Attach monitors (+CTG)
TROLLEY STAYS IN THEATRE (for covid +ve patients)
Confirm need to proceed
Sign In (laminates on wall); Perform anaesthetic
Time Out- confirm neonatal team aware if relevant
Commence procedure; use cell salvage wherever possible
MW/neonatal team provide neonatal care on resuscitaire
Sign Out at end of case before leaving theatre

WHEN ROLE IN THEATRE FINISHED

Doff PPE as per Trust guidance
Exit theatre by allocated route (prep room RSCH, main door PRH)

PATIENT RISK ASSESSMENT

Red: swab test +ve, symptomatic OR screen* +ve
Amber: as per green without swab result available
Green: swab test –ve, no symptoms AND screen* –ve
*screen includes Hx of symptoms, self-isolation & possible exposures

PARTNERS IN THEATRE

- ANY accompanying person MUST be asymptomatic
- No partner permitted if GA being performed
- Discretion to decline partner for emergency cases when patient is red
- Surgical Mask (FRSM) for both patient and partner

GENERAL ANAESTHESIA

(ALL Staff in LEVEL 3 PPE NO partners)

Minimise staff present for intubation
Anaesthetist & assistant don additional gloves
Oxford pillow
Full Pre-O_2: tight seal, low gas flow
Ensure full NM Blockade (sugammadex available)

- Plan A – Videlaryngoscopy 1st line
  most experienced intubator present
- Plan B – iGel 3 or 4
  intubate via SAD, leave in situ
- Plan C – 2 person, 2 handed VE grip, lowV_T
- Plan D – as normal

Remove outer gloves after ETT secured

EXTUBATION (AGP – all in Level 3 PPE)

Minimal staff in theatre
DOFF safely before leaving

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OBSTETRIC THEATRES Personal Protective Equipment GUIDE

LEVEL 3
PPE for AGPs
(airborne precautions)
FFP3 mask + visor
or Power hood
Fluid resistant gown*
Gloves x 2*
IF LEVEL 3 REQUIRED, EVERYONE IN THEATRE SHOULD WEAR IT
Does not necessarily apply if only neonatal AGP performed

LEVEL 2 PPE
(for Patient Contact)
Fluid resistant surgical mask (FRSM)
Visor if necessary[1]
Fluid resistant gown*
Gloves* x 2

LEVEL 1 PPE
(eg. for Runners in/out of theatre)
FRSM
Disposable Apron
Gloves

[1] definitely scrubbed people
*sterile if required

PPE choice should be guided by occurrence of AGPs over COVID status

Examples given below are representative, but not exhaustive; the key is to make an individual assessment of factors for each case.

Category 1 cases, definite GA or other AGP

Any GA case (including cat 4 LSCS) **(adult)**
Any patient with high risk of conversion to GA
eg. EUA for bleeding if CVS unstable, risk of total spinal
Everyone in theatre would require Level 3 PPE.

However:
Cat 1 case with well functioning epidural in situ, in a patient with low risk of conversion to GA, it is acceptable to use Level 2 PPE (and Level 1 for runners).

Category 2 cases

Emergency caesarean/ trial of instrumental with poorly working epidural; complex case with reasonable risk of conversion to GA = reasonable to consider Level 3 PPE
But should have time to perform spinal for majority of cases

However:
EUA for haemorrhage (CVS stable), emergency case under RA with low risk for GA conversion), it is reasonable to choose Level 2 PPE (Level 1 for runners)

Category 3 & 4 (planned) cases

Most caesareans
Cervical suture
Perineal repair
Placenta removal/EUA (CVS stable)

Level 3 PPE more likely

Whole team discussion to determine what PPE is appropriate for individuals to use for each case

Level 1 or 2 PPE more likely

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