

COVID-19 SURGICAL STANDARD THEATRE GUIDELINES (RSCH & PRH sites)

Based on PHE Guidance¹ and Managing Theatre Processes for Planned Surgery between COVID-19 Surges²

SUMMARY PRINCIPLES

ALL patients booked for theatre to be assessed as per UHS Covid policy

Urgent care should not be delayed waiting for a Covid result.

Patient treatment, care and support to be managed in 3 COVID-19 pathways:

- **HIGH RISK**
 - Untriaged individuals present for assessment or treatment (symptoms unknown).
 - Confirmed SARS-CoV-2 PCR positive individuals.
 - Symptomatic or suspected COVID-19 individuals including those with a history of contact with a COVID-19 case, who have been triaged/clinically assessed and are waiting test results.
 - Symptomatic individuals decline testing.
- **MEDIUM RISK**
 - Triaged/clinically assessed individuals are asymptomatic and are waiting a SARS-CoV-2 test result.
 - Triaged/clinically assessed individuals are asymptomatic with COVID-19 contact/exposure identified.
 - Testing is not required or feasible on asymptomatic individuals and infectious status is unknown.
 - Asymptomatic individuals decline testing.
- **LOW RISK**
 - Triaged/clinically assessed individuals with no symptoms or known recent COVID-19 contact/exposure
 - Have a negative SARS-CoV-2 PCR test within 72 hours of treatment and, for planned admissions, have self-isolated for the required period or from the test date.
 - Immunocompetent individuals who have recovered from COVID-19 (15 to 90 days from positive test/onset of symptoms) & have had no new COVID-19 symptoms or COVID-19 contact/exposure
 - Patients or individuals are part of a regular formal NHS testing plan and remain negative and asymptomatic.

AEROSOL GENERATING PROCEDURES (AGP)¹

ANAESTHETIC A.G.P.s (A-AGP) and Aerosol Generating Episodes (A.G.E.):

AGP: Any Airway procedure, including NGT, Tracheostomy, Open Suction of Respiratory tract, NIV including CPAP, High Flow Nasal Oxygen, Bronchoscopy, Supraglottic Airway Use (see notes regarding SGAs²). A.G.E.: coughing

SURGICAL AGPs (S-AGP) include:

ENT airway procedures. Upper GI Endoscopy involving open suctioning of Respiratory Tract (See BSUH Microguide [COVID 19 > National Guidance] for latest AGP definitions)

THEATRE ETIQUETTE

FLUID-RESISTANT SURGICAL MASK must be worn by staff within theatre complex and theatre corridors at all times.

All staff and other care workers must maintain social/physical distancing of 2 metres where possible (unless providing clinical or personal care and wearing PPE).

At WHO brief discuss²:

- Each patient’s anticipated Aerosol Generating Procedures (AGPs)
- Each patient’s ‘Covid status’
- Theatre Aerosol Clearance Time (ACT5)
- staff plan for Personal Protective Equipment (PPE) including donning/doffing areas and staff circulation

PATIENT TRANSFER: Either with fluid-resistant surgical mask or Oxygen Mask (NOT BOTH)

MINIMUM STAFF & THEATRE PRECAUTIONS FOR HIGH RISK & MEDIUM RISK PATIENTS

P.P.E.	Disposable gloves	Disposable apron/gown	Face masks	Eye protection
Direct Patient Care	Single use	Single use apron (gown if risk of spray / splash)	FRSM	Single use or re-usable
A.G.P.s/A.G.E.	Single use	Single use gown	FFP3 or Hood	Single use or re-usable

- High air change/laminar flow theatre used ideally
- Recovery from General Anaesthesia:
 - **HIGH** and **MEDIUM** risk patients must be recovered in theatre or suitable isolated area
- Recovery from Regional, Neuraxial (spinal) or Local Anaesthesia:
 - **HIGH** and **MEDIUM** risk patients must be recovered in theatre or suitable isolated area
- Routine cleaning must be performed using Tristel.
- Following an Aerosol Generating Procedure (AGP), allow for Aerosol Clearance Time (ACT5= time for 5 air changes)- see ‘Entering/Exiting theatre’ notes below.
 - Team should liaise with Theatre Manager regarding ACT5 time - if unknown, assume 15mins.

CLEANING/DECONTAMINATION

ENTERING ANAESTHETIC ROOM: Always remove gloves and wash hands or use Alco-gel before entering anaesthetic room and before touching surfaces/doors/equipment/drugs

DECONTAMINATE Anaesthetic Room & Doffing area after every patient, and CLEAN FREQUENTLY-TOUCHED SURFACES after every patient Tristel or similar product.

Use CLOSED SUCTIONING devices where possible, do not break VENTILATOR circuits unless necessary (consider clamping ETT).

ENTERING / EXITING THEATRE

ENTERING: Staff can enter theatre via Scrub DURING an AGP and fully Don or Scrub in the scrub area at any time (as long as more than 2metres away from AGP). No staff can enter the area within 2metre of an AGP (including within the ACT5 time) unless wearing AFP PPE. Staff may re-enter theatre without AGP PPE after the ACT5 time.

EXITING: No need to wait after AGP before leaving/exiting via exit, but staff must safely Doff and remain more than 2m away from the site of the AGP until the ACT5 time has elapsed.

Patients may be transferred outside theatre at any time post-AGP¹ however staff should doff their AGP PPE outside the 2m perimeter area if doing so within the ACT5 time.

MINIMUM STAFF & THEATRE PRECAUTIONS FOR LOW RISK PATIENTS:

PPE	Disposable gloves	Disposable apron/gown	Face masks	Eye protection
If contact with blood and/or body fluids is anticipated	Single use	Single use apron (gown if risk of spraying / splashing)	FRSM Type for direct patient care	Use if risk of blood/body fluids spraying/splashes

- Airborne precautions are NOT required for AGPs, providing the patient has no other infectious agent transmitted via the droplet or airborne route.
- Standard theatre cleaning and time for air changes provides appropriate levels of infection control.
- No requirement for additional cleaning or theatre down time unless the patient has another infectious agent that requires additional infection control measures.
- There is no additional requirement for ventilation or downtime, i.e. no ACT5 time needed.
- **LOW** risk Patients can be transferred to Recovery when clinically appropriate, including if airway devices still in place (including dental packs, oral airways and supraglottic airways).
- These patients in the **LOW** risk COVID-19 pathway can be anaesthetised in the Anaesthetic Rooms even if intubation/extubation is required

References:

1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/953310/Infection_Prevention_and_Control_Appendix_1.pdf
2. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954690/Infection_Prevention_and_Control_Guidance_January_2021.pdf
3. <https://icmanaesthesiacovid-19.org/new-government-guidance-on-infection-prevention-and-control>