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

Aerosol PPE required for amber/red patients only

NEONATAL

Airway interventions as above*
LISA , MIST, CPAP, HHFNC e.g. Optiflow in any baby (covid suspected or not) and suction in covid suspected babies

*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.

RECOVERY (Level 2 PPE)

In theatre: until need for AGP passed
Medium risk (following) AGP & all high risk patients
Recovery:
Low risk & medium risk (no AGP) patients

PPE: AS PER TRUST POLICY

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

High: swab test +ve, symptomatic
OR screen* +ve
Medium: low risk but no swab
Result available
Low: swab test –ve, no symptoms
AND screen* –ve
*screen = Trust questionnaire

PARTNERS IN THEATRE

- ANY accompanying person MUST be asymptomatic
- No partner permitted if GA being performed
- Surgical Mask (FRSM) for both patient and partner

GENERAL ANAESTHESIA
for medium / high risk patients
ALL Staff LEVEL 3 PPE
NO partners

Minimise staff present for intubation
Anaesthetist & assistant don extra 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

19.11.2020 V12 AM