

Anaesthetic SOP for patients in the RAH who are suspected of being or known to be infected with Covid19

Pre operative

If patients are suspected of having Covid19 infection as per HPS guidelines:

- Send test to virology for testing
- Ascertain if surgery can be delayed until result of test is available
- If surgery cannot wait until test result known, treat as if Covid19 positive

In Covid infected patients/ assumed to be infected patients:

- Inform nurse in charge of theatre who will ensure all theatre staff and domestic supervisor is aware
- Clear the theatre corridor, anaesthetic room and operating theatre of any unnecessary equipment to enable better cleaning following surgery
- Have a preoperative brief to discuss the plan for managing infection control and the surgery to minimise infection risk and to ensure all necessary equipment is available. Ideally this meeting should include nurses, anaesthetists, surgeons and where required, radiographers

Getting the patient to theatre

- Prior to sending for the patient, anaesthetist and anaesthetic nurse should put on appropriate PPE including a full face visor. This can be done in the anaesthetic room
- The patient should be brought from the ward by porter/nursing staff wearing recommended protective clothing and handed over to the anaesthetic staff at the entrance to the theatre suite
- The patient should be taken on their bed into the anaesthetic room where the anaesthetic nurse performs the pre operative checklist
- The patient is then transferred into theatre on their bed and transferred on to the theatre table. The patients bed can be stored in the anaesthetic room

The Anaesthetic

- Anaesthetic induction should take place in theatre
- All necessary equipment and drugs (including paracetamol, sugammadex, vasopressors) should be taken in to theatre on a metal theatre trolley.
- Where appropriate it is suggested that bagging a patient prior to insertion of an airway device is avoided where possible to reduce aerosol generation
- At the end of the operation, the patient can be woken up in theatre and recovered in theatre either on the theatre table or on their bed.
- For extubation, it is suggested that this is performed with the patient in the sitting position and ensure that no member of staff is standing facing the patient to reduce the risk of the patient coughing directly on them
- All staff remaining in theatre should remain in PPE for 20 minutes following extubation

- After 20 minutes staff should 'doff' their PPE in the disposal room as per the guidelines and leave by the door in to the theatre corridor. There should be a trolley in the theatre corridor, immediately outside the disposal room door with alcohol gel, normal face masks, plastic aprons and non sterile gloves. After applying alcohol gel to their hands, staff should put on the mask, plus apron and gloves if they are going back in to the theatre
- When the patient is ready to return to the ward, the patient should be handed over to the ward staff at the entrance to the theatre suite and not in the theatre corridor. The theatre staff should be wearing a plastic apron, a normal face mask and non sterile gloves. The patient should also be wearing a normal face mask unless they require supplemental oxygen
- The plastic apron, a normal face mask and non sterile gloves should be disposed of into an orange bin which is placed outside the changing rooms