Interim Guidance on the Peri-Procedural Period

Patient having a planned procedure should have had two weeks ‘cocooning’ or social distancing, pre-screening for symptoms and signs and a COVID test with ‘virus not detected’ within 48 hours of the procedure as outlined in ‘**Guidance on the Management of planned Hospital Admission for non-COVID care’**.

These patients should not be situated near undifferentiated patients. For theatres that are delivering on scheduled and unscheduled care, procedures should be put in place to avoid the mixing of these patient cohorts.

The patient should wear a facemask going to theatre, if tolerated and the staff attending should wear mask, apron and gloves (MAG).

Induction may occur in the anaesthetic room, suggest minimum staff present. Face shield gloves, gown and respirator mask (FGGRM) suggested for:

- Bag, mask ventilation
- Intubation/ extubation
- LMA insertion/ removal
- Flexible optical intubation
- Bronchoscopy
- Nasal and guedal airway insertion and removal
- Naso-gastric tube insertion

Transfer to theatre may occur as soon as the patient is ready due to the pre-admission risk mitigation actions.

For regional techniques a surgical mask is suitable, with sterile gown and gloves for sterile procedures.

In the theatre, depending on the procedure, goggles/ face shield, surgical mask and gown is suitable, with respirator mask used when aerosol generation is possible.

Theatre staff should have facemasks in place prior to the patient being brought into theatre and until the patient has left.

Extubation should occur in the theatre and the patient transferred to a non-COVID recovery area

LMA removal may occur in recovery with a barrier or FGGRM.

Post-operatively patients should be transferred to a dedicated non-COVID post-op ward.

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