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Recommendations for operating theatres during Amber alert and high community prevalence of COVID-19

Access to surgical care is a high priority. There is an ongoing need to protect the operating theatre workforce through infection prevention and control methods.

Objectives

- Maintain staff safety
- Prevent staff furlough
- Protect surgical capacity
- Provide safe care to patients

Scope

This document makes recommendations for operating theatres in NSW during Amber alert and high community prevalence of COVID-19.

This document should be read in conjunction with the Personal protective equipment (PPE) in the operating theatre and procedural areas: COVID-19 pandemic decision support tool,[1] Health care worker COVID-19 exposure risk assessment matrix and the Clinical Excellence Commission's (CEC) COVID-19 infection prevention and control manual.[2]

As more evidence becomes available this advice could be updated or rescinded.

Background

- The NSW COVID-19 risk alert level has been downgraded to Amber.
- High COVID-19 case numbers present an ongoing low-level risk to staff in operating theatres, where aerosol-generating procedures occur frequently and extended periods of close contact occurs between staff and patients.
- The staged resumption of elective surgery in NSW is currently underway.
- Staff furlough is a risk that could limit a hospital's ability to provide surgical care.

Recommendations

- Multiple strategies need to be employed for effective infection prevention and control:
  - Using the COVID-19 perioperative screening checklist
  - Perioperative testing of patients (and their parents/carers who accompany to theatre) for risk of COVID-19, prior to hospital admission, either by polymerase chain reaction (PCR) test or rapid antigen test (RAT)[2]
  - Staff selecting suitable PPE
- Standard precautions apply at all times.[1,2]

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- P2/N95 respirators or suitable alternative and eye protection for:
  - theatre staff when in close proximity or face-to-face with suspected or confirmed COVID-19 patients
  - all respiratory aerosol-generating procedures.
- Masks are required to be worn by staff during Amber alert for all interactions. Eye protection to be worn if within 1.5m of a patient.
- Surveillance testing should be done within 24 to 48 hours of surgery. It is noted that vaccinated patients may still experience breakthrough infection and their COVID symptoms may be mild or asymptomatic. For appropriate RATs to use see Therapeutics Goods Administration's (TGA) COVID-19 rapid antigen self-tests that are approved in Australia and Post-market review of antigen and rapid antigen tests.
- Where possible patients should always wear surgical masks in the operating theatre and associated areas, except when clinical care or an intervention precludes this.
- COVID-19 positive patients should recover separately to other patients, where possible.
- Patients should be vaccinated prior to surgery, where practicable. See Australian Technical Advisory Group's (ATAGI) guidance on Surgery and vaccination timing.
- Patients who are immunocompromised may not have produced a sufficient response to vaccination. For management advice refer to the ATAGI's Recommendations on the use of a third primary dose of COVID-19 vaccine in individuals who are severely immunocompromised.
- Regular maintenance and testing of operating room heating, ventilation and air conditioning (HVAC) systems to meet the standards for air changes per hour (minimum 20) and air filtration. See NSW Health Safety Information 009/21: Recirculating air filtration device use in NSW hospitals.

Considerations

- Where the operating theatre staff are wearing a fit-tested and fit-checked P2/N95 respirator and eye protection, a time delay between an aerosol-generating procedure and entry of the surgical team into the operating room is not necessary.
- Where operating room staff are wearing airborne protection with a fit-tested and fit-checked P2/N95 respirator and eye protection, a time delay between the end of one surgical procedure and the subsequent patient is not routinely required.
- High level environmental cleaning of the operating theatre remains important. Terminal cleaning is not routinely required between cases, it may be implemented at the end of sessions or completion of the day.

This document was co-developed by a sub-committee of the Surgery Community of Practice and Anaesthesia Community of Practice, with further input from the broader Surgery Community of Practice, and Clinical Excellence Commission. The final document was approved by the clinical leads of the Surgery and Anaesthesia Communities of Practice.

References

1. NSW Agency for Clinical Innovation. Personal Protective Equipment in the Operating Theatre and Procedural Areas: COVID-19 Pandemic Decision Support Tool [Internet]. Sydney: ACI; 2021 [cited 7 July]. Available at: https://www.health.nsw.gov.au/Infectious/covid-19/communities-of-practice/Pages/guide-ppe-operating-theatre.aspx
2. Clinical Excellence Commission. Infection Prevention and Control Practice Manual Version 2.1 [Internet]. Sydney: CEC; 2022 [cited 1 March 2022]. Available at: https://www.cec.health.nsw.gov.au/keep-patients-safe/COVID-19/COVID-19-IPAC-manual

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