Standard Operating Procedure for planned care in hospitals and diagnostic services during the COVID-19 Pandemic

<table>
<thead>
<tr>
<th>CATEGORY:</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLASSIFICATION:</td>
<td>Clinical</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>This procedure describes the process that should be followed for the pre-operative management of patient groups due to undergo elective surgery during the COVID-19 Pandemic.</td>
</tr>
<tr>
<td>Controlled Document Number:</td>
<td>C135</td>
</tr>
<tr>
<td>Version Number:</td>
<td>3.0</td>
</tr>
<tr>
<td>Document Author:</td>
<td>Ian Sharp</td>
</tr>
<tr>
<td>Approved By:</td>
<td>Medical Scientific Advisory Group (COVID-19)</td>
</tr>
<tr>
<td>Date / Time:</td>
<td>18/05/2021</td>
</tr>
<tr>
<td>Review Date:</td>
<td>18/11/2021</td>
</tr>
<tr>
<td>Distribution:</td>
<td></td>
</tr>
<tr>
<td>- Recommended Reading for:</td>
<td>Clinicians, all non-medical Prescribers, Pharmacists and nurses</td>
</tr>
<tr>
<td>- Information for:</td>
<td>Wards Managers, Senior Nurses, ADNs, Divisional Directors</td>
</tr>
</tbody>
</table>
Standard Operating Procedure for planned care in hospitals and diagnostic services during the COVID-19 Pandemic

This SOP has been reviewed in light of current NICE guidance, updated on August 24th 2020: www.nice.org.uk/guidance/ng179

Overarching Principles:

1. Advice and support for shared decision making when arranging planned care should be consistent with NICE ng179 guidance

2. Before the planned care, patients should be given timely health and wellbeing advice about things they can do in preparation for the planned care, consistent with NICE ng179

3. Minimising the risks associated with COVID-19
   a. Additional guidance for children and maternity services exist and should be consulted where appropriate (RCPCH and RCOG documents)
   b. All planned procedures needing general anaesthesia:
      i. Patients should be advised of local SARS-CoV-2 testing arrangements
      ii. Patients should follow comprehensive social distancing and hand hygiene measures for 14 days before admission
      iii. Patients should be tested for SARS-CoV-2 3 days before admission with results known before the procedure
      iv. Patients should self-isolate from the time of the test until admission

Implementation:

The remaining guidance outlines how this guidance should be implemented in particular categories of planned care and diagnostics in UHB sites, taking into account the level of COVID-19 related risk to the patient of the planned care. The guidance highlights additional measures for differing categories of surgery / procedure complexity over and above that described above.
Intermediate & Lower risk surgery

Scope

This procedure describes the process that should be followed for the pre-operative management of selected patient groups due to undergo all other planned surgery not considered higher risk.

The SOP applies to all patients about to undergo any of the below surgical interventions (expected inpatient stay >48 hours):

- Colorectal cancer surgery
- ENT surgery
- OMF surgery
- Neurosurgery and major plastic surgery
- Urology cancer surgery
- Vascular surgery
- Gynaecological oncology
- Major arthroplasty (if not at ROH)
- Any other procedures with >48 hrs LoS (excluding those covered in high risk category)

Overarching Principles

- Patients to have undergone full pre-operative assessment and be considered fit to proceed prior to listing (questionnaire). Drive through testing agreed (or swabs are posted out).
- Advise patients to follow comprehensive social distancing and hand hygiene measures for 14 days before admission.
- Have a test for SARS-CoV-2 no more than 3 days before admission, and ensure the results are available beforehand- self-isolate from the day of the test until admission.
- Following the shared decision making discussion with the designated surgeon, advise patients who are at greater risk of getting COVID-19, or having a poorer outcome if they get it, that: they may want to self-isolate before a planned procedure the length of self-isolation should be 14 days (refer to NICE ng179 for additional detail).
- The minimum period of self-isolation for ALL PATIENTS is for 3 days preop, after the COVID test (refer to 1.2 in NICE document ng 179).
- Patients to have a SARS-CoV-2 swab conducted (designated ‘clean’ area or drive through) from 3 days prior to planned TCI date (driver pick up if no transport or postal if out of area).
- Surgical team remains responsible for ensuring clear COVID-19 result prior to admission
- The surgical site and patient admission should be within a ‘cold’ elective pathway to minimise risk to patient and staff.

A central booking team contact number will be communicated to all patients in order to report symptoms of COVID-19 during the 14 day pre-operative period.

Swab positivity or symptom reporting require deferral of surgery with revised patient pathway (see Appendix 1). Equivocal symptoms or clinical suspicion on morning of surgery require deferral. Patients that are deferred due to Covid positivity should not be re-listed until 4 weeks later or clinically recovered. Patients cancelled for positivity should not be re-swabbed within 90 days, unless meeting PHE guidance on being immunocompromised or having new onset of symptoms.
Higher risk surgery – additional actions

Scope

This procedure describes the process that should be followed for the pre-operative management of selected patient groups due to undergo major elective high risk surgery during the COVID-19 Pandemic. The procedure has been developed in order to mitigate the recognised risk of exacerbated respiratory complications and associated mortality when undertaking major surgery on undetected COVID positive patients.

The SOP applies to all patients about to undergo any of the below surgical interventions

- Cardiac & Thoracic surgery
- Oesophago-gastric cancer resections
- Major HPB surgery
- Major sarcoma resections
- Major vascular surgery

Overarching Principles

- Patients to have undergone full pre-operative assessment and be considered fit to proceed prior to listing (questionnaire). Drive through testing agreed (or swabs are posted out).
- Advise patients to follow comprehensive social distancing and hand hygiene measures for 14 days before admission.
- Have a test for SARS-CoV-2 no more than 3 days before admission, and ensure the results are available beforehand- self-isolate from the day of the test until admission.
- Following the shared decision making discussion with the designated surgeon, advise patients who are at greater risk of getting COVID-19, or having a poorer outcome if they get it, that: they may want to self-isolate before a planned procedure the length of self-isolation should be 14 days (refer to NICE ng179 for additional detail).
- Patients to have a SARS-CoV-2 swab conducted (in a designated area or drive through) from 3 days prior to planned admission date (driver pick up if no transport or postal if out of area).
- Surgical team to remain responsible for ensuring negative SARS-CoV-2 swab result prior to patient admission to hospital.
- The surgical site and patient route of admission should be within a ‘cold’ elective pathway to minimise risk to patient and staff.

A central booking team contact number will be communicated to all patients in order to report symptoms of COVID-19 during the pre-operative isolation period.

Swab positivity or symptom reporting require deferral of surgery with revised patient pathway (see Appendix 1). Equivocal symptoms or clinical suspicion on morning of surgery require deferral. Patients that are deferred due to COVID positivity should not be re-listed until 4 weeks later or clinically recovered. Patients cancelled for positivity should not be re-swabbed within 90 days, unless meeting PHE guidance on being immunocompromised or having new onset of symptoms.
**All patients due to undergo surgical procedures (UHB or Private Provider)**

**DAY 0 - Telephone call to the patient (Booking team):**

Check current Pre Op Assessment and signed off (surgical team) as fit to proceed

a. Screening questionnaire
b. Record date of communication
c. Record date of vaccination and offer patient vaccine if not had it

1. Confirm no COVID symptoms in last 14 days (patient / family members)
2. Advised to follow comprehensive social distancing and hand hygiene measures for **14 days before admission date**
3. Have a test for SARS-CoV-2 no more than 3 days before admission, and ensure the results are available beforehand
4. Self-isolate from the day of the test until admission

**Day 11  Text message reminder to swab**

a. Drive through swab testing (SOL / QEH) – patient must self-isolate after the swab until admission
   i. Pre-booked slot, batch collection to BHH / QE lab
b. Alternate home testing available if independent transport not available
   i. Home Coronavirus Throat/Nasal swab – (clear instructions)

**Day 12**

Check swab result, notify surgeon if positive result

c. Results to Booking team for Operating Surgical team review
d. Telephone confirmation to patient with symptom & isolation check

e. Patient TCI day of surgery if negative for COVID-19
   Pre-admission area (questionnaire):
f. Re-check results, asymptomatic, $O_2$ sats, confirm modified consent
g. If clinical doubt defer

**Admit to admissions area**
Endoscopy

At the time of booking, patients should be advised to follow comprehensive social distancing and hand hygiene for 14 days wherever possible before having planned care. Urgent (2 week wait) patients advised to adhere to these measures from point of contact if less than 14 days.

A symptom check will be carried out prior to the procedure and where symptoms are present or there is clinical concern, the procedure will be deferred.

All other planned care including diagnostic tests and imaging (including local anaesthetic procedures)

All patients should be advised to follow comprehensive social-distancing and hand hygiene measures for at least 14 days before having planned care. Urgent added patients advised to adhere to these measures from point of contact if less than 14 days.

A symptom check will be carried out prior to the procedure and where symptoms are present or there is clinical concern, the procedure will be deferred.

In certain specialties there is a need to undertake SARS-CoV-2 screening based on clinical grounds or the location of admission as a green area. Here patients will have a test for SARS-CoV-2 from 3 days before admission and will self-isolate from the day of the test until procedure. Patients must also undertake strict social distancing and hand hygiene for 14 days prior to their procedure.
Appendix 1

1. Cancellation for logistic reasons
   a. Patient to be re-booked on next suitable list (where possible)
   b. Patient to continue strict personal and household / family social bubble isolation if less than 7 days
   c. If delayed by over 7 days – repeat swabbing arranged from 72 hours prior to rescheduled procedure with strict hygiene and social distancing measures maintained until swab and household bubble isolation from swabbing

2. Cancellation for positive test
   a. Patient should be suspended for 4 weeks if condition allows, but must continue self / household measures, then re- contacted by booking team (questionnaire). If asymptomatic for past 7 days, cycle restarts as per below. Patients cancelled for positivity should not be re-swabbed within 90 days, unless meeting PHE guidance on being immunocompromised or having new onset of symptoms. If booking team has doubts about response then refer to surgical team for decision. Interval assessment repeated if remains equivocal.
   b. Patient to be re-booked on next suitable list (where possible)
   c. SOP as per original based on magnitude of surgery but repeat swabbing is not required within 90 days of positive test (unless immunocompromised)

3. Cancellation for equivocal symptoms / household member symptoms / asymptomatic positive test
   a. Patient suspended for 10 days but must continue self / household isolation measures from the day the first person in your household’s symptoms started (or the day their test was taken if they did not have symptoms), then re- contacted by booking team (questionnaire). If asymptomatic for past 7 days, cycle restarts as per below. Patients cancelled for positivity should not be re-swabbed within 90 days, unless meeting PHE guidance on being immunocompromised or having new onset of symptoms.
   b. If booking team has doubts about response then refer to surgical team for decision. Interval assessment repeated if remains equivocal.
   c. Patient to be re-booked on next suitable list (where possible)
   d. Patient to continue strict personal and household / family measures for 10 days
   e. SOP as per original based on magnitude of surgery

4. Cancellation on medical grounds
   a. Referred for anaesthetic assessment (in conjunction with surgical team) with ID input if required.
   b. Scheduling as per above based on decision or suspension / deferral if deemed (relative) contraindication to proceed.