Western Health Theatre Checklist for Surgery in Patients with COVID-19 Precautions

Case	booking
	Case booked on Simon with note "COVID-19" and call to nurse in-charge and anaesthetist in-charge to determine appropriate timing of case
Thea	COVID resource kit: COVID alert signs placed on theatre
	Essential surgical equipment confirmed and in theatre All non-essential equipment removed from theatre Airway equipment prepared and checked (as per airway management guideline) Prepare all anaesthetic drugs anticipated for case Ensure emergency anaesthetic drug box in theatre DDs from theatre drug cupboard dispensed before patient arrives (to avoid contamination of cupboard), further drugs if required to be sourced from PACU Clinical waste (yellow) bin and PPE doffing cognitive aid in theatre and scrub area Avoid theatre staff changes during case (unless essential) Theatre staffing (PPE donned including N95 for all staff): Anaesthetic medical staff x2, Anaesthetic nurse Scrub nurse, Scout nurse, Surgeon(s), Theatre tech
Anae	esthetic room (Clean room):
	PPE and donning cognitive aids available Double gloving recommended for airway management and neuraxial techniques Equipment: Anaesthetic drug trolley, Monitoring slaved to anaesthetic room, Computer access to EMR Phone communication between theatre and anaesthetic room confirmed (with phone
	 numbers) Anaesthetic room staffing (surgical mask + gloves if passing items into theatre) Anaesthetic runner (preparation of further drugs, documentation, EMR) Nursing runner (either in anaesthetic bay or set up room)
	Patient to be called for once all set up and equipment above is ready Confirm patient wearing surgical mask for transfer Patient transported directly into theatre Check in and pre-anaesthetic assessment done in theatre
	Patient bed left outside theatre door with COVID alert sign
Indu	Airway management as per intubation guidelines 2 nd anaesthetist to stay in theatre until airway secured and patient clinically stable Minimise theatre door opening during case Specimen handling: double bag and take direct to pathology (not via chute) Emergency buzzer activation: all staff to enter via anaesthetic room (PPE donned), anaesthetic rupper to direct which staff/equipment required to enter



	Patient bed brought into theatre prior to extubation Extubation (if indicated) and recovery in theatre Anaesthetic nurse to remain in theatre and recover patient Anaesthetist to remain in theatre until patient awake and adequately protecting airway Doffing PPE as per cognitive aid and placed in yellow clinical waste bins Gown and gloves in theatre Eye protection and mask in scrub area
Patie	ent transfer back to ward Ward nurse to receive handover and collect patient from theatre Confirm patient wearing surgical mask for transfer
Steri	lisation of equipment Notify CSSD in advance regarding COVID-19 precaution Transport equipment for sterilisation on covered trolley by usual route
Cleaning of theatre ☐ Terminal room cleaning as per Quick Reference Guide	
Addi □	tional points specific to Caesarean Section: Non-English speaking patients to be consented early in admission for emergency LUCS
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