

Interim Guidance on the Management of Procedures that are Day Case – Involving anaesthesia or aerosol generating procedures (AGPs)

This document does not supersede clinical judgment and describes methods to mitigate risks associated with delivering non-COVID care in an environment where SARS-CoV-2 is prevalent. It provides a framework for services that will need to be tailored to local conditions and specialty needs.

Pre-admission: All patients should have a pre-procedural engagement that is virtual, by telephone or other suitable means, to ascertain that they are not

1. Suffering from any symptoms or signs of COVID-19
2. Restricting their movements due to being a close contact
3. Suffering from acute illness of any nature other than that related to the procedure
4. In contact with any member of their social group who is suffering from the symptoms or signs of COVID-19.

In addition, they need means to get to the hospital and a designated individual to stay with them for 12/24 hours after any procedure involving sedation or anaesthesia. It is preferable if the accompanying adult remains in the car but recognised that this may not always be possible. No children are to accompany individuals for procedures.

Pre-sedation, anaesthesia assessment:

As much as can be should be assessed virtually and additional investigations and/or in person history and examination should be scheduled to occur on the same day as pre-procedural COVID-19 testing to minimise the number of hospital visits.

Pre-procedural testing: Within 48 hours of the procedure, the patient should attend for a COVID-19 test. They should not proceed to the hospital/ clinic until it has been confirmed that their test is negative.

Prior to admission, patients should be sent an appointment time and asked to wait in their car, where possible, until shortly before their appointment time. Included in this communication should be a patient information leaflet indicating the requirements pertaining to the procedure. Facemasks, one for the patient and one for the individual, accompanying them can be included in this communication. These masks are to be put on prior to entering the facility, if tolerated, and hands sanitised. Individuals are asked not to touch their face whilst wearing their masks. If masks are inadvertently touched, sanitise hands immediately after. Once delivered, the accompanying adult will be asked, where possible, to return to their vehicle and to leave contact details for patient collection.

Patients will be asked to keep their facemask in place for the entire hospital/ clinic visit, if tolerated. Should it become wet or soiled a replacement will be offered.

On admission the patient will be screened for the symptoms and signs of COVID-19. If any are present the procedure will be cancelled. If the patients has signs of

COVID-19 within 14 days of the procedure they are asked to phone and will be offered an alternate appointment. This applies up to the day of the procedure.

The patient will be admitted to a dedicated elective pre-operative area.

Post procedurally, the patient will be admitted to an area dedicated to planned care and including only patients who have had similar pre-procedural screening and testing.

On discharge the patient will be given an information leaflet including the means to contact the hospital or attend for unplanned care due to an unforeseen complication of the procedure, e.g. G.P., a virtual clinic, the ASAU or AMAU for clinical examination rather than attending an undifferentiated care pathway (ED).

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