

H6-4: HBC CONVERSION OF RA TO GA FOR CAESAREAN SECTION FOR PARTURIENTS WITH SUSPECTED/ CONFIRMED COVID-19

St Thomas' Hospital Birth centre

Suspected or confirmed COVID 19: [CONVERSION of RA to GA for caesarean section](#) protocol Version 2.0

HBC Theatre 2 (or 1 if 2 is in use)

Cold room = Anaesthetic room 2

Hot room = Theatre 2

Warm room = Sluice room

- For the sake of this document:
 - **RA** = regional anaesthesia e.g. epidural, spinal, CSE
 - **GA** = general anaesthesia
 - **AGP** = aerosol-generating procedure e.g. intubation (see Action card *T1-1: Aerosol Generating Procedures*)
 - **STANDARD PPE** = Normal surgical mask, visor (if within 2 metres of patient), apron, gloves (see Action card *8b*)
 - **AGP PPE** = FFP3 fit-tested mask, gown, visor (if within 2 metres of patient), gloves (see Action card *8a*)
- All team members to be informed of suspected or confirmed COVID +ve case coming to theatre.
- Any suspected or confirmed COVID +ve patient must be informed of potential delays to care if FULL PPE needed at ANY stage during delivery. This is one of many reasons to strongly recommend an epidural in labour
- COVID +ve patients identified as high risk for conversion, consider CSE from start + senior obstetrician for surgery.

The intention is to do all caesarean sections under regional anaesthesia with staff in STANDARD PPE.

AT GSTT OVER 95% OF CAESAREAN SECTIONS ARE CURRENTLY DONE UNDER REGIONAL ANAESTHESIA

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Reasons for conversion from RA to GA can include:

- patient distress under RA
- failed RA
- prolonged surgery or unexpected complications in surgery e.g. post-partum haemorrhage
- decision for Cat 1 section where RA not established (See *Suspected or confirmed COVID 19 Category 1 GA caesarean section protocol*)
- COVID reasons – impending respiratory distress/failure – worsened with RA

ANAESTHETIST MUST LEAD ON THIS AND SHOULD INSTRUCT TEAM MEMBERS ON WHEN AND WHERE TO DOFF AND DON!

See protocol below for instructions.

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PHASE	Obstetricians x 2	Anaesthetists x2 ODA x2	Midwives x2	Scrub team	Neonatologists
RA	Normal scrub outfit	ANAESTHETIST 1: STANDARD PPE	Normal scrub outfit if assisting, otherwise STANDARD PPE	SCRUB NURSE: Normal scrub outfit RUNNER: STANDARD PPE	If neonatal team likely to be needed, Resuscitaire and neonatal team to be in exit bay outside of theatre and baby to go into exit bay. If neonatal team not required at delivery Resuscitaire can be in theatre.

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<p>Decision for CONVERSION ANAESTHETIST TO LEAD AND INSTRUCT STAFF WHEN TO DOFF AND DON (Then there is a 10-15-MIN WINDOW FOR PRE-OXYGENATION WHILE STAFF CHANGE TO AGP PPE) (MPL mobilises 2nd anaesthetist, 2nd ODA, 2nd midwife +/- neonates) NB: In event there is only ONE anaesthetist and/or one ODA available OR conversion is urgent, see amendment below.</p>	<p>OBSTETRICIAN 1: Remains with patient. Dofts STANDARD PPE when obstetrician 2 returns Immediately dons FFP3 mask in anaesthetic (cold) room and AGP PPE in theatre (see <i>Action card 8a</i>)* OBSTETRICIAN 2: Leave patient Immediately dofts STANDARD PPE* Dons FFP3 mask in anaesthetic (cold) room and AGP PPE in theatre (see <i>Action card 8a</i>)*</p>	<p>ANAESTHETIST 1: Pre-oxygenation. Dofts STANDARD PPE then dons AGP PPE† in anaesthetic (cold) room once anaesthetist 2 returns. ANAESTHETIST 2: Immediately dons AGP PPE in anaesthetic (cold) room ODA 1: Dofts STANDARD PPE then dons AGP PPE.† Collects COVID intubation trolley from anaesthetic room and brings into theatre. ODA : Gives FFP3 masks to staff/anaesthetist Remain in STANDARD PPE in anaesthetic (cold) room.</p>	<p>MIDWIFE 1: If post-delivery, hands baby out of theatre to Midwife 2, then dofts as per below* to exit. If pre-delivery, dofts STANDARD PPE and dons FFP3 mask in anaesthetic (cold) room and AGP PPE in theatre, returns to collect baby. MIDWIFE 2: Remains in exit bay in STANDARD PPE, ready to receive baby from midwife 1.</p>	<p>SCRUB NURSE: Cover surgical trolley with sheet. Stays with patient until Runner returns in AGP PPE. Then dofts and dons AGP PPE* to become Runner. RUNNER: Dofts and dons AGP PPE.* Re-scrubs in theatre to become Scrub nurse.</p>	<p>Resuscitaire in exit bay. Neonatal team only need STANDARD PPE</p>
<p>Induction of GA to intubation</p>	<p>OBSTETRICIANS 1 and 2: Commence or continue surgery once Anaesthetists give go-ahead.</p>	<p>ANAESTHETISTS & ODA 1: Prepares RSI (see <i>Suspected or confirmed COVID 19 Category 1 GA caesarean section protocol</i>) Confirms ETT placement. Remove outer pair of gloves and dispose. Alcohol gel to inner gloves.</p>	<p>MIDWIFE 1: If pre-delivery, remains in theatre with case with AGP PPE. Once baby is born, hands baby out of theatre to Midwife 2, then dofts as per below* to exit. If post-delivery, dofts* to exit theatre.</p>	<p>SCRUB NURSE: Uncovers surgical trolley. Continues with case. RUNNER: Continues with case.</p>	<p>Will be waiting to receive baby in exit bay.</p>

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			MIDWIFE 2: Stays in exit bay in STANDARD PPE to receive baby with neonates.		
At end of surgery	OBSTETRICIANS 1 and 2: Confirm haemostasis Doffs gown and gloves in theatre. Alcohol gel hand. Doffs mask and visor in sluice. Washes hands with soap and water.	ANAESTHETISTS & ODA 1: Transfer patient onto bed Helps roll and clean patient ANAESTHETIST 2 Doffs gown and gloves in theatre and leaves via sluice to doff mask and visor.	MIDWIFE 1: Doffs gown and gloves in theatre and leaves via sluice to doff mask and visor. MIDWIFE 2: Remains with baby +/- partner in room (if baby not with neonatal team).	Help roll patient to clean. Doffs gown and gloves in theatre and leaves via sluice to doff mask and visor.	Doffs gown and gloves in theatre and leaves via sluice to doff mask and visor.
Extubation		Extubates on bed (See action card T3-3: <i>Extubation of a COVID-19 patient</i>). ANAESTHETIST 1: Remains with patient in theatre for 20 mins. Gel patient hands and place a surgical mask on patient. Add a well-fitted oxygen mask if needed.	Remains outside of theatre with baby +/- partner.	When returning to theatre to clean, can enter with STANDARD PPE once 20 mins has elapsed post-extubation. Clinell wipe surfaces	
Transfer back to room if anaesthetist happy with airway		ANAESTHETIST 1: Gives handover to midwife 1 in exit bay. Doff gown and gloves in theatre, and visor and mask in sluice.	Midwife receives handover from anaesthetist and pushes patient and bed back to room with Midwife 2.		

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*Doff gown and gloves in theatre, wash hands. Doff mask and visor in sluice, wash hands. If returning to theatre during/within 20 mins of GA, then **MUST WALK ROUND OUTSIDE OF THEATRE TO ENTER ANAESTHETIC ROOM** to don FFP3 mask in anaesthetic room. Re-scrub in theatre with AGP PPE.

+Doff gown and gloves in theatre, wash hands. Doff mask and visor in sluice, wash hands, **MUST WALK ROUND OUTSIDE OF THEATRE TO ENTER ANAESTHETIC ROOM** to don AGP PPE in anaesthetic room.

Amendment to Protocol

**In the event of only one Anaesthetist and one ODA *OR* in the rare event of urgent conversion e.g. mother losing consciousness, Anaesthetist and ODA permitted to doff gown and gloves in theatre and enter anaesthetic room directly to doff visor and mask, wash hands then don AGP PPE. ODA doffs in theatre and dons in anaesthetic room first, then retrieves COVID intubation trolley, while Anaesthetist pre-oxygenates patient. ODA takes over pre-oxygenation on return then Anaesthetist doffs in theatre and dons in anaesthetic room and collects drugs.

Document all names of those present in the hot room during intubation to the COVID intubation registry.

<https://intubatecovid.knack.com/registry#intubations/>

Read in conjunction with TAP action cards and OAA/ICM anaesthesia PPE infographic.