

Principles for the restarting of elective care services: Personal protective equipment (PPE) and Aerosol Generating Procedures (AGP) principles for ophthalmology

This guidance has been developed by the RCOphth COVID-19 Review Team and Getting it Right First Time (ophthalmology) in response to the pandemic and may be subject to change.

As we all restart our elective services and remodel them there are many challenges and new concerns as well as those which were particularly worrying during the peak of the pandemic. We now also have more information.

In terms of principles as we respond and develop the “new” normal:

1. When considering PPE for a particular procedure the minimum requirement is as described in the latest Public Health England (PHE) guidance <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>
2. However, for any theatre staff where there are additional particular risk factors these should be assessed and specifically specifically considered for all BAME surgeons on their required level of PPE. All Trusts should have in place a process to support these decisions. <https://www.fom.ac.uk/wp-content/uploads/Risk-Reduction-Framework-for-NHS-staff-at-risk-of-COVID-19-infection-12-05-20.pdf>
3. The surgeon should balance any increased risk of undertaking or deferring the procedure and the availability in any specific site of appropriate PPE. It is important that clinicians and managers work together to find the most appropriate solution for each patient and member of the operating team. Where equipment is available the decision of the surgeon / team should be respected.
4. It would be advisable to determine the level of PPE at the time of listing and make it clear to the theatre team at the WHO huddle before the start of a surgical session.
5. When considering surgical risk this should be considered in the context of local Covid disease prevalence and R number.

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