



<b>SBAR REPORT</b>	
7 <sup>th</sup> September 2022	
Subject: Proposed changes to patient flow through theatres	
Prepared by: Supported and Sponsored by – Mr Pankaj Kumar, Deputy Group Medical Director, Morriston Hospital.	
<b>Situation:</b>	<p>The purpose of this report is to identify the proposed changes to the patient flow through theatres (paediatric and adult) for both scheduled and unscheduled pathways. A move towards introducing on the day point of care testing (POCT) in adults considered symptomatic for Covid-19 and asymptomatic high risk patients requiring admission into PACU.</p> <p>Also, the cessation of testing prior to elective surgery in children.</p> <p>National as well as professional guidance has changed, and the proposals outlined in this paper will align the Swansea Bay Health Board's Covid testing regimen and patient flow in line with the national practice and guidance as well as deliver improved efficiency and patient flow.</p>
<b>Background:</b>	<p>During August 2022, Welsh Assembly Government reviewed the testing approach for those patients who are asymptomatic in the context of declining prevalence and risk, in the context of vaccination proving to be highly effective at reducing the risk of severe disease, hospitalisation and mortality.</p> <p>Alongside the vaccine, new anti-viral treatments are available that can also help to reduce the severity of disease, particularly for those who are most likely to be at risk of adverse outcomes. Regular asymptomatic testing has less positive impact during times when prevalence is low and on a downward trajectory in improving health outcomes. This, combined with the protection provided by other interventions such as vaccination and increasing risk of harm, within non COVID pathways, means its value has decreased.</p> <p>Based on the above, asymptomatic testing of health and social care staff will be paused on 8<sup>th</sup> September.</p>



**Assessment:**

- **Pre-admission testing for elective procedures**

Generally, patients will not be admitted on an elective basis if they are symptomatic. If a patient has received a positive test result a risk assessment will be needed to assess benefit and harm of proceeding or not proceeding and waiting for symptoms to clear, and /or a negative LFD, PCR or NAAT.

- For asymptomatic patients, SBUHB can take a local decision based on clinical assessment of the risk for the patient based on their vulnerability, the surgical procedure or treatment, risk to others and benefit of knowing the patient’s COVID-19 infection status on whether pre-operative testing is required.
- SBUHB will continue to follow the below guidance for those elective patients who require admission into a higher care area (PACU) post operatively:

High Risk Extremely vulnerable Planned Critical care admission	7 social distancing followed by 3 days isolation (post PCR)	PCR 3 days before surgery & isolate until day of surgery	Confirm Asymptomatic LFT or POCT on admission
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- **Testing on unscheduled admission**

Patients with respiratory symptoms should be tested using NAAT for SARS-CoV2, Influenza, RSV or a full multiplex as clinically indicated. Further testing will be determined by the patient’s clinical state if the initial result is negative.

Patients without respiratory symptoms do not need to be routinely tested but can be tested based on the clinical assessment of the risk for the patient based on their vulnerability, their anticipated medical procedure or treatment, and risk to others and benefit of knowing the patient’s COVID-19 infection status.

- **Post admission testing of patients**

No further routine asymptomatic testing is advised unless required on the basis of a local decision. Elective patients with no respiratory symptoms will be admitted without testing (excluding high risk).

Symptomatic testing Patients who develop symptoms should be tested with NAAT for SARS-CoV2, Influenza, RSV or a full multiplex as clinically directed.



	Symptomatic / Asymptomatic	Test	Timing
<b>Pre-admission</b>	Asymptomatic Pre-surgical / chemotherapy/non surgical	NAAT LFD	No need to routinely test. Testing based on a local decision determined by clinical risk assessment.
<b>Unscheduled admission</b>	Symptomatic	NAAT*	On admission. If negative, further testing determined by clinical state
	Asymptomatic	LFD or NAAT	No need to routinely test. Testing based on a local decision determined by clinical risk assessment.
<b>Post admission testing of inpatients</b>	Symptomatic	NAAT*	
	Asymptomatic	N/A	No further routine asymptomatic testing unless required on basis of a local decision.
<b>Pre discharge to closed setting</b>	Asymptomatic but COVID positive on or since admission	Possible LFD or NAAT	Assume non-infectivity when: <ul style="list-style-type: none"> <li>• Symptoms have resolved, PLUS</li> <li>• 20 days have elapsed, OR</li> <li>• 10 days have elapsed with either a negative LFD or a negative or low positive NAAT.</li> </ul>
	Asymptomatic and not COVID positive within admission	LFD	Within 24 hours of planned discharge to a care facility.

\* NAAT for SARS-CoV2, Influenza, RSV (full multiplex as clinically indicated)

• **Proposed testing regime for planned/elective surgical admission for paediatrics:**

Type of Admission	Isolation Advice	COVID Test	On Admission
<b>Day case</b>			
Under Local	None Required	None Required	Confirm Asymptomatic
Under GA	None Required	None Required	
<b>Inpatient</b>			
Inpatient Surgery	None Required	None Required	Confirm Asymptomatic No POCT required on admission
High Risk Extremely vulnerable Planned Critical care admission	None Required	None Required	Confirm Asymptomatic No POCT required on admission

- Pre-operative SARS-CoV-2 testing is not required prior to elective surgery in children, irrespective of vaccination status and irrespective of whether the child requires an overnight admission. Carers or parents accompanying the child to hospital for the procedure do not require routine swabbing.



	<ul style="list-style-type: none"><li>• <b>Requirement to confirm Covid 19 status pre surgery</b> PCR testing will be used to confirm the negative status of those patients who require sampling post assessment.  As SBUHB develop POCT infrastructure for Covid 19 the requirement for PCR testing will be reduced and POCT will be used proportionately.</li></ul>
<b>Recommendation:</b>	SBUHB to agree to the proposed adult and paediatric pathways in order to improve the flow of patients through the theatre and recovery area.