

# PPE guidance during planned surgery restarts

## Clarification of issued guidance

The Royal College of Anaesthetists, The Faculty of Intensive Care Medicine, the Intensive Care Society, the Association of Anaesthetists and the Royal College of Surgeons of England are aware of concerns expressed about [a recently published guidance document](#) that supports the development of safe and effective operating theatre processes as planned surgery restarts after the recent COVID-19 surge. Specifically, concern has been expressed that misinterpretation of the guidance may lead to premature changes in the use of Personal Protective Equipment (PPE) in some hospitals in relation to planned surgery pathways.

Our five organisations share a commitment to the safety of all healthcare workers, and all actively promote the wearing of PPE appropriate to the infection risks associated with patient care during the COVID-19 pandemic.

The document sets out criteria for considering changes to infection control and prevention procedures according to careful risk assessment, which should be undertaken at an organisational level by Trusts, hospitals and Health Boards. We recently became aware that practices in the wearing of PPE across the UK have been varying, and that individual or informal decisions have been taken in some hospitals in the belief that the prevalence of infection in their locality was sufficiently low to justify the cessation of transmission-based precautions. Our guidance is clear that there should be no change in PPE requirements unless and until clear criteria listed in the document are fulfilled:

- a low risk of patient infection in COVID-protected surgical pathways, which should be based on NHS England & Improvement and Public Health England guidance
- strictly enforced criteria for admission to these pathways
- rigorous application of standard infection control precautions
- robust staff and patient testing protocols
- occupational Health involvement in the workplace assessment and support of healthcare workers in higher risk groups such as black, Asian, and minority ethnic staff members
- support from local healthcare worker groups
- support from local microbiologists with responsibility for infection prevention and control.

We stand by these recommendations and believe that they serve the interests of hospital staff and their patients. It is essential that appropriate PPE is provided and worn so as to provide protection to healthcare workers. Our five organisations agree that if infection rates become low enough to permit changes to current PPE standards, this should only be allowed with stringent and repeated checks that these criteria have been fulfilled and can be maintained.