**Theatres changing into zones and what that means for us anaesthetists:**

I don’t have all the details but this is my current understanding:

UHW main theatres will be divided in 3 zones, red, amber and green.

The green zone will be from theatre 0-5.

The amber zone from theatre 7-11. 6 remains a store room for now, I think.

The red zone from theatre 12-15.

In the green zone will be Pacu -theatre 0 and recovery in theatre 1 and PACU will eventually move to A3L when building work is completed.

In theatre 2-5 major elective surgery will take place for confirmed covid negative patients who have isolated for 14 days. Patients enter the zone via the back of the changing room corridors/store room corridor and will be recovered in theatre 1.

In the amber zone –theatre 7-11 will be 3 CEPOD theatres and 1 trauma theatre for patients who ’s covid status is unknown, don’t show symptoms but cannot be tested because of the urgency of the surgery. Access to amber is via main theatre entrance and patients from amber will be recovered in our usual recovery area.

In the red zone – theatre 12-15 all surgeries will take place for patients , who are covid suspicious or with a confirmed covid positive status. Access for this zone is via C3/T3 corridor and patients will be recovered in theatre.

I have been told , the walls go up on 20th of June with the plan to start working within these zones from 29th June.

The walls /partition between green and amber will be by theatre 5/Cepod hub.

The decon unit will be in the amber area.

Store room will be in the green area.

Staff are not allowed to move between green and amber /red during the day and equipment can’t be moved easily between each zone.

It is ok to move equipment between amber and red and from green to amber but not from amber/red to green.

My understanding is that there will be a void – a set of double doors- between green and amber where equipment can be placed after cleaning /after use. When equipment comes from amber it has to stay in the void for 20 min before it can be moved to green.

It is easier to pass equipment from green to amber.

We have to make all areas safe from an airway equipment point, but also with regards to other equipment we use every day.

I sat down with Bethan this week and we came up with a provisional plan how much and what we need to have in each zones.

**Green zone**

1 Difficult airway trolley

 2x Oxford pillow

3x Cmac screens –single use as decon unit is in amber zone

1 Ambu scope

4x Lidco

1x Doppler

4x BIS

4x PK Pumps

1 Oxylog / Monitor and Co2

3x Sonosites – Bethan suggested a mixture of old and new US machines in each zone, rather than all the new ones in one area.

**Amber zone**

2x Difficult Airway trolley

1x Oxford pillow

5 x Cmac systems with disposable blades as decon unit is in amber

1 x Ambu

3 x Lidco

1x Doppler

6x BIS

6x PK

3x Oxylog and monitors

Sonosites

Resus/grab bag adult and paeds

Basically all the airway/CO equipment/Pumps we currently have is kept/ stored in amber. If any of this equipment is needed in red, it could be moved from there.

If it is needed in the green zone, it has to be pushed through the void and stay there in ‘quarantine’ for 20 min. If everything is stocked well , hopefully there will be little movement of equipment between green and amber.

There were a few other issues Bethan and I were not sure about and I need your opinion:

1) Blood gas machine and Rotem

They is currently one in each zone. The amber team could use the cardiac one and green the one opposite theatre 3. We were not sure if cardiac would take both to Llandough. Maybe not ABG machine as there is one in UHL ICU, but most likely the ROTEM will go.

Question: If the latter is the case, in which zone should we keep the Rotem machine??

If cardiac is going to take ABG machine too, should we have an i-stat in amber zone?

2) Thoracics need to move the small Olympus fibreoptic scopes and the STORZ stack to UHL, that means we wont have any small 3mm reusable flexible scopes in UHW.

Bethan was not sure whether it would be safe for the LFTs to go.

I thought that would not be a problem, as most of us like the Storz FIVE with the cmac screen (4.5mm) for AFIs and the Ambu scope diameter is 3.5mm.

Would you be happy with that?? Let me know your thoughts.

3) Five scope use in the green zone could cause some delay.

We currently have 3 FIVE scopes, they are all kept in the decon unit which is in the amber zone. If one is needed in green in the morning, it needs to be put in the –void- in quarantine for 20 minutes, which could delay the start of the list.

Bethan is asking, if at all possible, to let staff know the night before. Hopefully we have some idea as they all been pre-op assessed, but practically that is often not so straight forward and decisions are made in the morning on the day of surgery.

4) If theatre 6 remains a storage room, I thought we could keep the Covid trolley and all PPE there and keep a single use Cmac for emergency intubations in A&E.

I am hoping they will have their single use unit –imager -soon ( they only had reusable blades down there before covid).

My plan was to just have 1 trolley ready for now and perhaps the CEPOD team could do the daily checks.

Would that be ok? Really value your opinion about this.

5) SSSU is a green zone only. From an airway equipment point , it has only 2 cmac monitors and 2 reusable Dblade. The decon unit for SSU is in suite 18 which is an amber zone now.

I am not quite sure how we are going to sort that out. Talking to Mark the other day, we both feel that we need more single use cmacs down there. There is also so much ENT going on with laryngeal/pharyngeal tumours and almost all need an CMAC for safe intubation .

I am currently working on this for both main theatre and SSSU .

As I said, these are only provisional plans, things change a lot and it is hard to keep track of everything.

I am sure there is plenty I have not thought about or considered , I would really value your input.

Many thanks

Best wishes

Anette