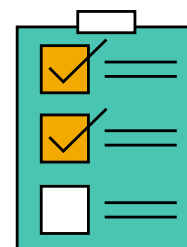


CHECKLIST FOR RESTARTING ELECTIVE SURGICAL SERVICES

Hospitals are currently planning to resume or expand surgical services that were cancelled during the recent COVID-19 crisis. While emergency surgery will need to continue to be performed within current restrictions, other operations might now be feasible as resources become available. The following checklist introduces some of the main criteria that should be taken into account in the initial stages of resuming planned surgery.

These points should be considered alongside the College's recovery plan for elective surgery, and NHS England's (NHSE) surgical prioritisation guidance, endorsed by the College and the surgical specialty associations.



| Criteria for the recovery of planned surgical activity | Yes/No | Action |
|--|--------|--------|
| 1. Timing: a. Is there evidence of sustained reduction in the rate of new COVID-19 cases in your trust for a period of time of at least 14-21 days past the peak to ensure necessary staff and associated facilities (e.g. ITU) are available? b. Can you ensure that elective surgery will not adversely impact on the capacity to meet demand for emergency services? | | |
| 2. PPE: Do you have adequate PPE and surgical supplies appropriate to the number and type of procedures performed on site, and clear policies on how and when to use them? | | |
| 3. Interdependent services: Is there sufficient availability of core interdependent services, such as diagnostic imaging, anaesthesia, critical care, pathology and sterile processing? | | |
| 4. COVID-19 Testing: Is local testing available and are appropriate policies developed to address testing requirements and frequency for both staff and patients? | | |
| 5. Data: Are there high-quality local data on deferred surgery and pre-existing waiting lists to enable an accurate assessment of the surgical workload by specialty? | | |
| 6. COVID negative facilities: Has a dedicated minimal risk environment been created that includes ward areas, operating and anaesthetic rooms with recovery facilities, and where relevant, rehabilitation facilities such as physiotherapy? | | |
| 7. Theatre capacity: Has theatre capacity been protected and enhanced to meet demand, including the utilisation of independent sector facilities? | | |
| 8. Surgical workforce: a. Are there sufficient numbers of staff available to carry out routine work while maintaining emergency services, taking into account any time off that staff may need to take due to illness, fatigue or self-isolation? b. Is there an agreed schedule for revision of job plans to reflect the increased proportion of time spent in the operating room? | | |
| 9. Local coordination: Have agreements between local trusts been considered to ensure resources and care pathways are appropriately managed in a way that promotes equal access to surgery across specialties within your geographic area? | | |
| 10. Recovery management team: Is there a local recovery management team in place (with multi-professional and multi-disciplinary clinical input), to provide coordination and oversight of relevant policies and communications? | | |