

Anaesthetic Services Practice Standards Clinical Guideline

V3.1

February 2021

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We cannot rely on opt out, it must be opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the *Information Use Framework Policy* or contact the Information Governance Team rch-tr.infogov@nhs.net

1. Aim/Purpose of this Guideline

1.1. Please note that this is one of 4 documents that make up the theatre standards, namely:

- 1.1.1. Generic Theatre Practice Standards Clinical Guideline
- 1.1.2. Scrub Practice Standards Clinical Guideline
- 1.1.3. Anaesthetic Services Practice Standards Clinical Guideline
- 1.1.4. Post Anaesthetic Practice Standards Clinical Guideline

1.2. All healthcare professionals have a duty to set a standard by which to practice. With a focus on clinical effectiveness and evidence-based care anaesthetic practitioners must be able to demonstrate the ability to audit care and theatre practice. The care that is delivered and improvements in practice must be based on evidence and best practice guidance.

1.3. The aim of this policy is:

- 1.3.5. To outline the standards of care that must be delivered to each individual patient to ensure a high quality of care is provided to patients entering all Trust anaesthetic service areas.
- 1.3.6. Care Group management recognise that nationally, colleges, professional bodies and speciality associations may define workforce standards for specific clinical specialties or activities.
- 1.3.7. All staff in the Care Group have a responsibility to ensure, where these exist or become available, it is appropriate to use these to inform these standards and should identify them to their line manager for escalation to the team responsible for ensuring the standards reflect current recommended practice.
- 1.3.8. All healthcare professionals have a duty to set a standard by which to practice. With a focus on clinical effectiveness and evidence-based care Anaesthetic Practitioners (RN/RODP) must be able to demonstrate the ability to audit care and theatre practice. The care that is delivered and improvements in practice must be based on evidence and best practice guidance.
- 1.3.9. These standards of care will apply to all Operating Theatres and outlying areas covered by anaesthetic services across Royal Cornwall Hospital Trust sites.
- 1.3.10. All new members of staff will receive an electronic copy of the standards applicable to the area they are allocated to work within. All members of the multi-disciplinary team will be able to access the care standards via the intranet document library.

1.4. This version supersedes any previous versions of this document.

2. The Guidance - Anaesthetic Theatre Standards

- 2.1. The guidance is contained in the following sections as detailed in the table of contents. All guidance is in conjunction with the [Generic Theatre Practice Standards Clinical Guideline](#).
- 2.2. All anaesthetic practitioners will be competent in and deliver care to the following anaesthetic theatre practice standards within this document.
- All Anaesthetic practitioners will be registered individuals with their respective registered bodies. Anaesthetic assistance is provided at RCHT by Operating Department Practitioners or Registered Nurses with Anaesthetic qualifications.
 - Operating Department Practitioners (RODP): have completed a nationally recognised programme leading to a Diploma or Degree in Operating Department Practice and are registered with the Health and Care Professions Council (HCPC) as an Allied Healthcare Professional. <https://www.hcpc-uk.org>
 - Anaesthetic Nurses (RN): are registered with the Nursing and Midwifery Council (NMC) and have undertaken a nationally recognised post-registered Anaesthetic Course. www.nmc.org.uk
- 2.3. All Anaesthetic Practitioners will:
- Attend yearly Mandatory Training.
 - Attend additional training on equipment and electronic programmes.
 - Have a yearly professional development review.
 - Keep up to date continual professional development records.
 - Utilise evidence-based practice in all areas of practice.
- 2.4. Anaesthetic service areas include:
- Anaesthetic rooms
 - Theatres 1-14 (Trelawney, Tower and Newlyn depts.)
 - Delivery suite – theatre 1 and room 8
 - Oral surgery
 - Pain services (Tower 1st floor, room 6)
 - MRI
 - CT
 - Paediatric oncology
 - Emergency dept – resus.
 - Bodmin hospital – ECT services
 - Treatment room 15 – Newlyn unit
 - Cardiac catheter laboratory – Cath lab 1 & 2
 - Endoscopy unit
 - ITU / HDU

2.5. Anaesthetic Theatre Standard No 1 - Anaesthetic service areas.

2.5.1. Standard Statement

All areas covered by the anaesthetic services are to be appropriately prepared ready for adult/paediatric anaesthesia dependent on the patient requirements, the clinical procedure list and the Anaesthetist's requirements.

2.5.2. Anaesthetic room and operating theatre areas

- All anaesthetic staff will have the required training, skills and knowledge, and will have been assessed as competent.
- All anaesthetic machines must be checked following the manufacturer guidelines (found on the shared drive document library) and AAGBI standard 1, 2.
- The airway trolley / stock trollies will be checked daily to ensure adequate stock levels of all items that may be required appropriate to that speciality and that they are replaced once used. Content and stock level requirement list attached to each trolley.
- Emergency drugs – crash box – must be checked and reordered if opened or expired. This will be documented in the individual area cleaning diary. This box is situated in all anaesthetic machines within the anaesthetic rooms and all other areas will be in an accessible area. Anaesthetic practitioners are to familiarise themselves to these locations and the reordering procedure.
- Controlled drug stock checks will be carried out by a registered nurse, midwife or ODP during each shift and at least every 24 hours for operating departments³.
- Emergency theatres have controlled drug checks completed by the night anaesthetic practitioners – handed over to the co-ordinator at 0730 hrs and recorded in the handover diary. Late shift anaesthetic practitioners are to complete a controlled drug check at the end of their shift and handed over to the night shift team at 2100 hrs.
- Specific paediatric equipment should be prepared appropriately for the patient's weight and size, a briefing with the Anaesthetist must take place before the patient's arrival to the department.
- The temperature in the anaesthetic room/operating theatre will be maintained at 20°C - 22°C and humidity between 50% - 60% to help suppress bacterial growth.
- The work surface and all equipment should be cleaned with detergent wipes after each patient episode unless it is a known infected case which will need a bleach based clean down and kept tidy at all times.
- Damp dusting with detergent wipes before commencement of the operating list must include all anaesthetic equipment and work surfaces, when completed this is to be recorded in the individual area cleaning diary. A complete clean down of equipment and work surface must be completed at the end of the operating session.
- Emergency equipment should be available, in good working order, within the department in the designated areas at all times, and when in use documented on the appropriate information boards.

- The difficult airway trolley (DAT) in each department to be checked daily for an intact seal and documented as sealed with the seal number, DAT to be opened and stock checked each month and after each use cleaned, restocked, resealed and then documented in the DAT log diary. Trelawney theatres by the anaesthetic coordinator, Tower theatres by the allocated coordinator, Newlyn theatres by the anaesthetic practitioner allocated to theatre 12, Oral surgery by the anaesthetic practitioner allocated to that area.
- Anaesthetic support grab bags (Adult & Paediatric) – situated in Trelawney theatres and checked daily for seals in situ and documented in the check diary. A stock check will be done a monthly basis. When used, the bag will be rechecked, restocked and resealed by the anaesthetic practitioner who used the bag last or the anaesthetic coordinator on shift.

2.5.3. Outlying anaesthetic services areas

- All anaesthetic machines must be checked following the manufacturer guidelines (found on the shared drive document library) and AAGBI standard 1, 2.
- Airway and stock trolley (RCHT Tower theatres - Two 'outside' trollies Adult & Paediatric with basic stock) will be kept to specific stock levels. Content, stock level and check diary attached to each trolley.
- Laminated information sheets attached to each trolley with contact details of the outlying areas covered by anaesthetic services. Each outlying area will need to have contact made by the anaesthetic practitioner before the session starts for the patient list to ensure additional specific stock and equipment are available.
- Extra equipment needed for the outlying anaesthetic service area will be checked on a daily basis to ensure availability for outlying area sessions. Portable suction – Tower recovery, Basic drug boxes – Tower theatres, monitor with gas bench and transfer module, Video laryngoscope – Tower theatres, one syringe driver charged and stored on one of the 'outside' trollies.

Compliance - 100%

Exceptions - None

Reference:

HCPC/NMC Guidelines/Standards

<https://www.hcpc-uk.org/resources/standards/standards-of-proficiency-operating-department-practitioners/>

<https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>

¹<https://anaesthetists.org/Home/Resources-publications/Guidelines/Checking-Anaesthetic-Equipment>

²<https://anaesthetists.org/Home/Resources-publications/Guidelines/Checklist-for-draw-over-anaesthetic-equipment-2019>

³<http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/C>

2.6. Anaesthetic Theatre Standard No 2 - Maintenance of medical gas supplies covered by anaesthetic services.

2.6.1. Standards Statement

All staff will safely monitor & maintain medical gas supplies within areas covered by anaesthetic services RCHT.

- All staff dealing with medical gases must have undergone the appropriate training and be competent in their use. This is achieved through mandatory training, online modules (CITS, ESR) and face to face training with company representatives or key trainers.
- Anaesthetic practitioners to be familiar with emergency shut off locations and fire safety protocols pertaining to medical gas supplies.
- Ensure cylinders utilised on anaesthetic machines and for transporting and transferring patients are correctly identified & confirmed as being within the expiry date, at an adequate volume and in good working order as per training.
- Specialised medical gas cylinders will be reordered through pharmacy and communicated to the anaesthetic manager and band 6 anaesthetic practitioners. MRI specialised oxygen cylinders will be checked on each session as per anaesthetic machine check list, the expiry date to be documented on the 'outside' trolley check diary and communicated to the anaesthetic manager / band 6 team one month prior to expiry to allow sufficient time to reorder a replacement.
- Ensure cylinders are handled correctly & safely with minimum risk to self, others & cylinder integrity.
- Ensure all pipeline, valves and connectors are checked to be in good condition and that supply connectors are attached safely and correctly to administer appropriate gas flow and pressure.
- Ensure that cylinders are stored safely in the designated storage area.
- Empty cylinders are clearly identifiable within the storage area and are promptly reordered and replaced to ensure the minimum stock level is maintained.
- Ensure that the integrity and pressures of the pipeline system and cylinders are monitored effectively, and the appropriate action taken if faults occur.

Compliance - 100%

Exceptions – None

Reference:

HCPC/NMC Guidelines/Standards

<https://www.hcpc-uk.org/resources/standards/standards-of-proficiency-operating-department-practitioners/>

<https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>

<http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Pharmacy/OperationalPolicyForMedicalGasPipelineSystemsAndForCylinderGases.pdf>

<https://www.bochealthcare.co.uk/en/Quality-and-safety/Safety-and-technical-data/Safety-Data-Sheets/Safety-Data-Sheets>

2.7. Anaesthetic Theatre Standard No 3 – Anaesthetic services equipment.

2.7.1. Standard Statement

All anaesthetic service equipment are safely prepared, monitored, maintained and stored appropriately for all anaesthetic service / operating sessions.

- All staff must undertake the appropriate training and deemed competent in the use of anaesthetic service equipment prior to use. This is achieved through mandatory training, online modules (CITS, ESR) and face to face training with company representatives or key trainers.
- Ensure the correct equipment is selected and prepared according to the clinical speciality, the type of anaesthesia to be given, the requirements of the operating list, and patient's individual needs. This information will be acquired from the briefing before the operating session commences.
- Ensure all necessary equipment is prepared in the appropriate manner and time, according to the patient's clinical status (elective or emergency).
- Ensure all equipment is checked and confirmed as safe, ready for use & functioning correctly.
- Anaesthetic machine checks to be completed to current guidelines¹.
- Ensure all equipment is set up & calibrated correctly in line with the manufacturer's instructions¹, and to meet the needs of the overall operating list and the patient's plan of care.
- Ensure all equipment is positioned in a way which facilitates their access and use, according to the sequence of procedures on the operating list.
- Ensure all pieces of equipment are handled and moved safely, correctly & hygienically, in accordance with manufacturer's guidelines² and current RCHT infection control policy³. Faulty equipment is dealt with promptly and in the correct manner in conjunction with the manufacturer's guidelines.
- Where equipment is found to be faulty or unsafe during preparation, the appropriate action is taken to remedy or report the fault ².
- Equipment found to be faulty should be decontaminated, specific paperwork completed and sent to the appropriate department for repair and a replacement obtained if necessary. All faulty equipment sent for repair to be communicated to the anaesthetic manager or band 6 team.

- When fault is identified, equipment is made safe, withdrawn from use and clearly labelled **DO NOT USE**.
- Any missing equipment or equipment borrowed out to another department should be traced and returned. All equipment transfers are to be documented in the specific location department diary.
- Play equipment should be readily available and used if appropriate (advice from the play specialist in the children's unit can be sought). All equipment to be thoroughly decontaminated after use.

2.7.2. The following equipment should always be available including during local anaesthetic procedures

- An airway management trolley – Adult or Paediatric. Contents and specific stock level list attached to each trolley.
- Outlying areas have specific trolleys which have a minimal stock of consumables in situ – contents list and check notebook are attached to each trolley – to assist in clinical / anaesthetic procedures outside of the theatre departments e.g. MRI, CT, Paed Oncology etc. In addition to the equipment and consumables contained in the specific trolley, additional items may be required including portable suction, monitor, gas analyser, video laryngoscope, sealed box of routine IV drugs. These are to be found within the Tower Theatre department.
- Full monitoring should be available and ready for use. Basic monitoring includes ECG (3 or 5 leads), pulse oximeter (appropriate digit or ear probe), capnography (integrated nasal / face mask), non-invasive blood pressure (range of wrap around cuff's available) and a tympanic/skin temperature monitor. Higher level care includes invasive blood pressure (arterial), invasive fluid balance monitoring (central venous/ oesophageal doppler), external nerve stimulator and internal temperature monitor.
- Suction as part of the anaesthetic machine set up and an additional unit on standby for high risk cases e.g. tonsil re-bleed post procedure, varices etc.
- Invasive monitoring/spinal/epidural trolley.
- Basic packs – dressing, pre made for clinical procedures e.g. CVC, Epidural, and Spinal.
- Stock trolley with a selection of consumables needed for the clinical procedure list e.g. syringes hypodermic needles, IV fluid consumables, cannulas, etc. Contents and stock levels lists are on each trolley.
- Each Anaesthetic room will have an airway management trolley based on the findings from the NAP4 study⁴. Each trolley has specific guidance on plans A to D 5, 6 and a sheet attached explaining what item is needed in each drawer including visual aids as well as written instructions. This trolley must be checked each morning before the list is commenced and if items are used, they must be replaced before the next case. The expiry dates and integrity of the packets should be checked as well as the contents and stock rotated regularly to prevent wastage.
- The Paediatric trolleys are similar and have a comprehensive contents sheet attached to each one. It is the responsibility of the anaesthetic practitioner allocated to theatres 1, 6 or 7 to check their respective

paediatric trolleys during the day, restock, and sign the diary when checks completed. The trollies are stored outside of theatre 1, 6 and 7 and have a laminated sheet near the storage position to record their current location to give clear communication to where the trolley is being used.

Emergency / specialised equipment stock level and location will vary in each department. Anaesthetic practitioners will need to know the locations of the following equipment:

- Intraoperative cell salvage machine (IOCS)
- Level 1 rapid infuser (Belmont)
- Sono-site / ultrasound machine
- Infrared venous highlighting assistance device (Acuvein)
- Video laryngoscopes (Venner)
- Oesophageal doppler machine
- Defibrillator
- Flexible laryngoscope (single use) and monitor (Ambu)
- Transfer monitor
- Portable suction
- Portable ventilator (Hamilton)
- Hover mattress and machine
- HELP pillows
- Airtraq device + monitor
- Syringe driver (Alaris PK & GH)
- Fluid warmer (Ranger)
- Forced air warmer
- Tourniquet machine
- Various positioning accessories
- Blood fridge
- Pharmacy top up stock cupboards and fridge
- Blood gas analyser (static and mobile device)
- Blood glucose device
- Haemacue device (Hb level)
- Electronic observation monitoring device (ward-based ata - EObs)

Compliance - 100%

Exceptions - None

Reference:

AfPP/HPCPC/NMC Guidelines/Standards

<https://www.hcpc-uk.org/resources/standards/standards-of-proficiency-operating-department-practitioners/>

<https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>

¹<https://anaesthetists.org/Home/Resources-publications/Guidelines/Checking-Anaesthetic-Equipment>

²<http://intranet-rcht.cornwall.nhs.uk/services/medical-physics-and-clinical-technology/>

³<http://intranet-rcht.cornwall.nhs.uk/services/infection-prevention-and-control/>

⁴<https://www.niaa.org.uk/NAP4-Report>

⁵https://das.uk.com/content/dat_labels

⁶https://das.uk.com/content/difficult_airway_trolley

2.8. Anaesthetic Theatre Standard No 4 – Anaesthetic services materials and consumables.

2.8.1. Standard Statement

All anaesthetic service materials and consumables are safely prepared, monitored, maintained and stored appropriately for all anaesthetic service / operating session.

- All staff must have the appropriate knowledge in the use and appropriate storage of anaesthetic service materials and consumables.
- Ensure the correct material or consumable is selected and prepared according to the clinical speciality, the type of anaesthesia to be given, the requirements of the operating list, and patient's individual needs. This information will be acquired from the briefing prior to the operating session commencement.
- Anaesthetic practitioners must be aware of the relative costs of the anaesthetic equipment, materials, drugs and the need for reasonable economy in its preparation, use, storage requirements and maintenance.
- Ensure all necessary materials and consumables are prepared in the appropriate manner and time, according to the patient's clinical status (elective or emergency).
- All breathing circuits will be changed on the Friday of each week with documented change dates placed on the circuit and within the individual area cleaning diary. Any breathing circuits that are visibly soiled and cannot be adequately decontaminated must be promptly changed before the next patient episode. Professional discretion to be used on the decision of the disposal of breathing circuits if they are changed just before the Friday deadline. Outlying areas covered by anaesthetic services will have the breathing circuits changed on a rolling 7 day basis. Paediatric circuits used then securely stored on the paediatric airway trolley will have a documented 7 day usage sticker attached which will be from the date the packet had been opened.
- All patients must have a single patient use HME breathing filter used between the breathing circuit and the catheter mount / patient face mask.

- Anaesthetic gas analyser lines and water traps are to be replaced on a monthly basis and change dates documented in the individual area cleaning diary and date printed on the consumable. If the lines are visibly soiled or the water trap is near capacity they must be promptly changed before the next patient episode. Analyser lines must be placed behind the HME breathing filter to ensure protection of the gas analyser from contaminants.
- Carbon dioxide (CO₂) absorbers (soda lime / Amsorb¹) used on an anaesthetic machine will need to be replenished when the FiCO₂ levels exceeds 5mmHg / when the anaesthetist has requested a canister change after appropriate gas flow adjustments are no longer decreasing rebreathing or on some models a colour change of white to violet.
- Expiry checks on all consumables and pharmaceutical items are to be completed on a monthly basis and documented in the individual location cleaning diary. Expired pharmaceutical items are to be destroyed according to the current pharmacy policy², expired consumables are to be taken to the anaesthetic manager or band 6 anaesthetic practitioner team for disposal / potential use for training purposes.
- Controlled drug disposal – this is done through the use of a decontamination kit. All wastage is to be recorded in the specific controlled drug register under the appropriate patient details. This is to be witnessed by another registered member of staff².
- All staff have undertaken the appropriate training and assessed as competent with the necessary knowledge regarding fluid/drug incompatibilities and route of delivery.
- The appropriate cannula, administration sets and infusion equipment are prepared in the appropriate manner and time.
- All patient delivery lines and infusions to be labelled appropriately along the whole length of the line intermittently paying particular attention to the distal ends with the appropriate coloured drug label.
- All delivery lines and infusions to be labelled with the date and time of preparation and the name of the practitioner setting up the infusion.
- The fluid, rate and volume are to be given as prescribed and recorded correctly on to the fluid chart, anaesthetic chart or electronic pharmacy medication programme EPMA.
- Aseptic Non Touch Technique³ (ANTT) and standard precautions³ are to be maintained throughout.

Compliance - 100%

Exceptions - None

Reference

HCPC/NMC guideline / standards

<https://www.hcpc-uk.org/resources/standards/standards-of-proficiency-operating-department-practitioners/>

<https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>

¹<https://www.armstrongmedical.net/product/amsorb-plus/>

²<http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Pharmacy/WardAndTheatreAndDepartmentControlledDrugsStandardOperatingProcedure.pdf>

³<http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/InfectionPreventionAndControl/AsepticNonTouchTechnique.pdf>

2.9. Anaesthetic Theatre Standard No 5 - Documentation is completed accurately and legibly for all patients.

2.9.1. Standard Statement

All documentation for the patient episode will be accurately completed according to the patient's individual needs and received care.

2.9.2. Method:

- All staff to complete mandatory training which will include information governance.
- All documentation to be legibly written, signed, dated and full name & designation stamped / printed. Documents requiring specimen signature will be completed as needed.
- Anaesthetic services require a range of patient and trust documentation to be completed.

2.9.2.1. Patient care plan / profile for surgical procedures will be required for all patient episodes within the operating theatre. Other areas have an adapted version of a patient care plan.

2.9.2.2. The Perioperative documentation pack is a record that begins with the preoperative phase and continues into the intra and post-operative phases and provides a comprehensive record of the patient's time in the perioperative environment and will record:

- Patient details
- Planned procedure
- Checks prior to leaving the ward
- Checks by the receiving theatre
- Preoperative checks
- Handover from admission team to theatre team
- Blood ordering schedule
- WHO Surgical Safety Checklist
- Patient care intra operative
- Tracking Labels
- Prostheses
- Operation details – surgeon
- Post-operative instructions
- Recovery handover
- Recovery details

- Handover from Recovery team to Ward Team
- Day case discharge checklist
- All patient episodes within an operating theatre environment will have an electronic record of care via the Galaxy application. All details need to be accurate, detailed and completed fully. Briefing and debriefing phases are recorded on this application.
- Emergency Cepod / general surgery will be organised through the (Nerve centre) RCHT live database and then added to the theatre record programme (Galaxy). Trauma surgery will be communicated through to the theatre suite (Galaxy) and Trauma surgeons. Elective surgery will be directed through the (Galaxy) electronic record system. Outlying areas requiring anaesthetic service support will be supported through the anaesthetic department.
- The anaesthetist will complete an anaesthetic record for the whole operative / procedure episode. Fluid balance, administration and prescription will be recorded by the anaesthetist on the fluid chart.
- Prescribed medications and anaesthetic medications will be entered onto the electronic prescribing and medicines administration (EPMA) system by the anaesthetist.
- Pharmaceutical stocks will be ordered through the pharmacy online portal (POP) programme¹. The operating departments will have top up stores which are regulated by the pharmacy department. Controlled, specialised and patient specific medications need to be ordered through the POP system. It is the anaesthetic practitioner's responsibility to ensure current training, access and knowledge of the POP application and medication held within their allocated area is up to date.
- Patient care is documented on the following specific procedure forms:
 - cannula care
 - arterial monitoring
 - central venous cannulation
 - midline/PICC insertion
 - pain services – epidural/spinal/regional block etc
 - catheterisation – urinary
 - intraoperative cell salvage².
- The incident reporting platform used with RCHT/SMH/WCH is Datix. All incidences will be documented and highlighted through this platform. This can be found through the RCHT intranet page.
- Where student ODPs / nurses complete documentation this must be witnessed and countersigned by a registered practitioner.

Compliance 100%

Exceptions: Patient admitted to theatre unconscious, direct from A&E or ITU to theatre in a life threatening situation.

Reference:

Generic Theatre Practice Standards Clinical Guideline V3.0 November 2019.

Generic Theatre Standard 02 – Operating Theatre Record Keeping & Documentation.

NMC/HPC Standards

<https://www.hcpc-uk.org/resources/standards/standards-of-proficiency-operating-department-practitioners/>

<https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>

¹<http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Pharmacy/TheMedicinesPolicyChapter3OrderingAndAccessingMedicines.pdf>

²<http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Anaesthetics/IntraOperativeCellSalvageClinicalGuideline.pdf>

2.10. Anaesthetic Theatre Standard No 6 – Patient care pathway Pre-operative phase

2.10.1. Standard statement

Preoperative checklists and preparation of equipment, materials and consumables for anaesthetic service require organisation and clear, concise communication with the multidisciplinary team.

- All staff to ensure that the patient is adequately prepared for clinical procedures.
- Ensure the patient is offered the appropriate information, support and reassurance in a sensitive manner.
- Ensure that all questions and concerns from the patient are answered clearly and appropriately by the relevant member of the team.
- Ensure that all care provided to the patient take due account of their individual needs, expressed personal beliefs, and views within the constraints of the setting and the planned procedure.
- Ensure that the patient's operative site is identified correctly, marked and any uncertainties are clarified with the appropriate member of the theatre team prior to starting preparation.
- Ensure all equipment and materials are selected and used correctly in a manner which minimises risk to all.
- Appropriately receive patients for clinical procedures, maintaining patient safety, dignity and confidentiality.
- Once it is identified that the patient will require an ITU/HDU bed, the Anaesthetist will ascertain its availability, and inform the ITU Anaesthetist and staff of patient's requirements.
- The patient should have sufficient covers available to prevent undue loss of body heat.
- Trolley/bedrails should be elevated and secured safely during transportation, taking care to contain IV lines and necessary equipment.

- Ensure patient only brings slippers, dressing gown and a labelled 'hospital property' bag and also a pillow.
- Patient is checked for correct identification from the ID (wrist/ankle) band and patient consent form within the operating theatre reception. A verbal and written handover is taken from the ward practitioner and the patient profile is signed by both practitioners.

2.10.1.1. A check will take place to ensure:

- 'Positive identification' of the patient
- The correct patient according to Galaxy/theatre operating list has arrived

2.10.1.2. Arrival Anaesthetic Room

- The pre-op checklist medical notes, essential nursing notes are available. This should include relevant imaging studies, ECGs and blood results.
- Ensure the pre-operative checklist is accurate and complete, including documentation of weight and fasting status. Where feasible, the patient and/or parent, guardian, carer or birth partner should be included.
- If there are any omissions, discrepancies or uncertainties identified, these must be resolved before the next stage of the patient pathway.
- The patient must not be left unattended at any time.
- The WHO Surgical Safety Checklist 'Sign In' can be undertaken next.

2.10.1.3. Additional recommendations for patients with other needs

- If the patient has items that they wish to wear up until the point of anaesthesia, a check must be made to confirm they are present and have appropriate accompanying, labelled storage for return to the patient following surgery e.g. dentures/denture pot, hearing aid/hearing aid box or glasses/glasses box.
- Pieces of jewellery are often different in construction and content. Each patient must therefore be assessed accordingly with reference to the type of anaesthetic to be administered and the type of surgery to be performed. All tongue and lip jewellery should be removed before general anaesthetic.
- Interpretation and Translations services at RCHT
- Provision for patients with special requirements (e.g. special needs patients, disabled patients, and patients who have hearing or visual impairment.)
- Anaesthetic practitioner to ensure checklist is completed and all necessary steps taken to ensure patient safety is followed.

- All equipment, materials and consumables are available for induction of anaesthesia, regional anaesthesia and for the procedure.
- When a patient is identified with an implantable pacemaker or an implantable cardioverter defibrillator, it is the lead Anaesthetist and Surgeon's responsibility to clearly document this in the patient's notes and bring it to the attention of staff. They should contact the Cardiologists to check the condition of the patient's pacemaker or implantable cardioverter defibrillator.
- All staff will ensure that surgical tourniquets are applied safely and securely without risk of injury or damage to the patient or staff.
- All staff applying surgical tourniquets must be familiar with the equipment and the manufacturer's guidelines regarding maintenance and checking of the equipment.
- Patients must have their temperature measured and recorded before the administration of anaesthesia.
- Intravenous fluids (500ml or more) and blood products must be warmed to 37°C using a fluid warming device fit for the purpose and used in accordance with manufacturer's instructions.
- During procedures involving extensive body cavity exposure, consideration should be given to the use of under, upper, and lower body forced air-warming devices. Every patient must be assessed for their risk of inadvertent perioperative hypothermia and potential adverse consequences before transfer to the operating theatre.
- There should be a minimum of two members of staff, the Anaesthetist and an anaesthetic practitioner, present in the anaesthetic room at induction of general anaesthesia, regional anaesthesia and invasive procedures. The theatre team and / or an additional anaesthetic practitioner/anaesthetist to be available if escalation of treatment is warranted.
- Emergency call bells are in the majority of theatre departments and outlying anaesthetic service areas – there is requirement for all staff to be aware of the specific locations and audible signal produced when activated.
- Monitoring devices must be attached before induction of anaesthesia and their use continued until the patient has recovered from the effects of anaesthesia.
- In order to ensure protection and control of infection, it is essential to maintain a high standard of cleanliness in the anaesthetic service areas at all times. Staff must apply and maintain this. Known or suspected infected patients warrant areas to be minimally stocked and airway equipment taken through to the operating theatre or main area undertaking the procedure to minimise the transmission of pathogens etc. Please refer to the infection control policy for specific

decontamination methods and process of care.

- Standard personal protective equipment (disposable gloves (Latex free), aprons, safety eye wear, scrub attire, washable footwear, headwear (washable/single use) and face masks) is to be widely available for use and specialised PPE needs are to be escalated to the designated theatre manager or anaesthetic manager on duty before the patient arrives.
- Anaesthetic practitioners must be aware of potential hazards to patients and take all necessary precautions to prevent any untoward incidents related to environmental safety. Anaesthetic practitioners must be competent in identifying and minimising potential hazards to unconscious and sedated patients.

2.10.2. Airway maintenance and establishment

- All anaesthetic practitioners assisting in the establishment and maintenance of a patient's airway will have undergone the appropriate training and be deemed competent. Student members will be under the direct supervision of the anaesthetist and anaesthetic practitioner.
- Anaesthetic practitioners are to familiarise themselves with the A – D airway trolley, routine stock locations, emergency/routine drug location and location of difficult airway equipment and materials within the specific department.
- To ensure all video laryngoscopes or direct vision scope aids are fully charged or on charge and are in full working order before the commencement of the operating list / patient episode.
- Ensure the patient is appropriately positioned for the procedure (rapid sequence induction, oral/nasal intubation, tracheostomy, fibre optic intubation etc.). To implement the use of manual handling, bariatric aids appropriately before commencement of anaesthesia e.g. Hover mattress, HELP pillows.
- Ensure all devices used to maintain the patient's airway are secured appropriately.
- Ensure that any signs of the patient's airway being compromised are recognised promptly and the appropriate action is taken immediately.

2.10.3. Intra operative phase

- The patient is safely transferred to the operating table from bed or trolley under the instruction of the person at the head of the patient. All members of staff to have undertaken the mandatory manual handling training.
- Monitoring equipment to be visible during transfer. All IV lines, catheter drainage bag, NG drainage bag and other accessories to be secured and moved with the patient during transfer.
- The anaesthetic machine must be available and clear of obstructions to allow prompt reconnection to maintain airway compliance.
- The patient's correct body alignment must be maintained and their extremities and joints supported, when being moved, in order to minimise the risk of patient injury. Transfer on to the operating table

should be coordinated, ensuring that no attachments such as catheters or intravenous drip tubing are caught up.

- Urinary catheters should be secured and positioned out of the way of the surgical field but available to the Anaesthetist to monitor urine output. Urinary catheter bags must not be allowed to rest on the floor.
- Correct and appropriate padding must be used to protect the patient's blood vessels, nerves and bony prominences from pressure. Local pressure on the globe of the eye must be avoided at all times as raised pressure or globe injury can result in retinal ischaemia or blindness.
- Corneas must be protected by keeping the eyelids closed, whilst continuously ensuring that there is no inadvertent pressure being applied to the eye, via the Anaesthetist's selected method.
- Patient's limbs, joints and spinal lordosis etc. must be supported with appropriate equipment in order to reduce the risk of perioperative damage.
- At all times the patient's anatomical position must be maintained in order to prevent injury from hyperextension of joints.
- Preventative measures must be taken to reduce the risk of venous stasis. Compression stocking or pneumatic stockings will be utilised where possible.
- Positioning will vary as per procedure. Positioning of the patient along with equipment required will be discussed at the briefing before the operating session.
- Staff will ensure that all patients, whose surgery requires the use of electro- surgical equipment, will be protected from the risk of burns.
- All personnel using diathermy equipment will receive the appropriate training and have been assessed as competent. They must be familiar with the safe use of the equipment and understand the principles of electro surgery.
- All staff will be aware of the perioperative management of patients with an implantable pacemaker or an implantable cardioverter defibrillator, where the use of surgical diathermy is anticipated. During surgery, cardio pulmonary resuscitation, temporary external pacing and external defibrillation equipment must be available.
- All staff to understand the importance of monitoring, identifying and reporting fluid and blood loss during surgery, in an overall aim in reducing the risks of hypovolemic shock and the necessary action to be taken when blood losses occur.
- All staff involved in the use of Intraoperative Cell Salvage, will have completed the required training on the preparation and use of the ICS machine, and deemed competent by the ICS trainer. ICS training will be delivered by the named intraoperative Cell Salvage trainer.
- The anaesthetic practitioner will utilise their time while the patient is stable in theatre/ having their procedure. This will include ensuring that the ward bed has been cleaned, re made, oxygen cylinder and accessories are in situ, if applicable. The anaesthetic room will be cleaned down and if applicable the next patient episode will be prepared. Stock rotation and expiry checks can also be completed

while the patient is stable, not needing any intervention and the anaesthetist does not need any assistance.

- The anaesthetic practitioner will ensure all relevant documentation is complete for the current patient episode.
- The anaesthetic practitioner will liaise with ITU on the collection of the ITU bed, full monitoring unit and Oxygen cylinder, and organise the collection with a theatre assistant/porter/outside theatre healthcare assistant.
- The anaesthetic practitioner will ensure the theatre assistant/porter/outside theatre healthcare assistant returns the ward bed back to the correct ward, and that the ward is notified of the patient's projected destination.
- The anaesthetic practitioner will ensure that the following accompany the patient to ITU:
 - Ambu-bag.
 - Emergency drugs.
 - Additional intravenous fluid.
 - Oxygen cylinder applicable to ambu-bag connection.
 - Patient notes, x-rays and theatre documents.

2.10.4. Post-operative phase

- Staff will ensure the safety and dignity of the patients during the transfer from theatre to PACU (recovery), and ensure full and comprehensive handover takes place.
- Transfer of the patient from the operating table/trolley to the ward bed will be the same as the intra operative process described above.
- A member of the perioperative team should escort the patient with the Anaesthetist.
- During handovers only one person should speak at a time, and the conversation during the handover should relate only to the patient. Non-handover activities should cease during the handover. Each team member should be given the opportunity to ask questions and clarify information.
- The anaesthetic practitioner will ensure that the oxygen cylinder is removed from the bed, monitoring equipment is replaced and hand hygiene is observed before going back to theatre or other area.
- The anaesthetic practitioner will phone ITU/HDU to advise and discuss estimated transfer and arrival time of the patient.
- A member of the team will be directed to call for and hold a lift to facilitate as rapid a transfer as possible.
- The patient's physiological parameters will be monitored closely during the transfer and any deviation remedied immediately.
- On arrival to ITU the ITU staff will ascertain which entrance is the most appropriate for the available bed space and direct the transfer team accordingly.
- Once the anaesthetic handover has been completed, the accompanying theatre members will ensure all relevant patient care details are handed over, and the theatre care plan is signed.

- Confirmation from the ITU practitioner of what the patient care plan is essential prior to leaving.
- The anaesthetic practitioner and theatre team member will ensure that all equipment used during the transfer is returned to the operating department.

Compliance - 100%

Exceptions – None

Reference:

HCPC/NMC Guidelines/Standards

<https://www.hcpc-uk.org/resources/standards/standards-of-proficiency-operating-department-practitioners/>

<https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>

<http://doclibrary-rcht->

[intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Theatres/GenericTheatrePracticeStandardsClinicalGuideline.pdf](http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Theatres/GenericTheatrePracticeStandardsClinicalGuideline.pdf)

<http://doclibrary-rcht->

[intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Anaesthetics/IntraOperativeCellSalvageClinicalGuideline.pdf](http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Anaesthetics/IntraOperativeCellSalvageClinicalGuideline.pdf)

2.11. Anaesthetic Theatre Standard No 7 - Paediatric anaesthesia care.

2.11.1. Standard Statement

The relevant anaesthetic service area is appropriately prepared with all the appropriate equipment and materials for paediatric anaesthesia and clinical procedures. On the proposed plan of care for the paediatric case, a briefing session will be undertaken by the anaesthetist and anaesthetic practitioner before the patient arrives for their procedure.

2.11.2. Method:

- All anaesthetic staff will have the required training, skills and knowledge, and will have been deemed competent in paediatric anaesthetic care.
- All staff to have completed Safeguarding Children Level 1 and 2 training. Level 3 training undertaken by the anaesthetic manager and team leads.
- Ensure that children where possible are scheduled into dedicated paediatric theatre lists. Where this is not possible they should be scheduled first onto adult operating list thus decreasing the amount of anxiety, hunger and fasting time¹ and any risks of delay or cancellation.
- All routine anaesthetic equipment checks are completed and documented within the specific cleaning diary for that area.
- The paediatric airway trolley has been checked against the laminated contents/stock list, is available for use and any extra stock needed for a clinical list is organised in an appropriate time frame.

- Ensure the correct materials and equipment are selected and prepared according to the clinical speciality, the type of anaesthesia given, the requirements of the operating list, and the child's weight.
- Ensure all appropriate sizes of monitoring accessories, tourniquets, positioning devices and temperature maintenance equipment are available for use.
- Ensure that the necessary volatile agents and anaesthetic drugs, to perform either drug or gas inductions, are easily accessible.
- Ensure that the operating theatre temperature is adjusted accordingly.
- Ensure that a forced air warmer & fluid warmer is available during surgery and always a cover where possible for the child's head.
- Ensure all materials and equipment is prepared in the appropriate manner and time, according to the patient's clinical status (elective and emergency).
- Ensure that the environment is as child friendly as possible prior to the child's arrival, including the availability of play therapy distraction devices, and where possible all unnecessary equipment has been removed from the clinical area.
- Ensure that the ward staff have clear, concise and appropriate instruction on pre-anaesthetic requirements¹, e.g. local anaesthetic dermal cream, sedatives etc., before transfer to the clinical area.
- Parents, legal guardians and carers, after discussion with the anaesthetist, will be allowed to escort children, children with disabilities to the anaesthetic room and remain with them until induction of anaesthesia. The ward nurse/practitioner will escort them out of the department when asked, if no support available from the ward a designated theatre practitioner / assistant will attend and escort as needed. The decision will be taken by the anaesthetist on the number of people allowed to accompany the patient.
- The anaesthetic room and surrounding areas must remain quiet and calm, all staff in the immediate surrounding must be informed that a child & carer are present.
- Ensure identification of any language or learning difficulties that the child and/or carer may have is communicated and supported.
- Ensure the developmental age of the child is taken into consideration, ensuring as far as possible that the child fully understands what will happen to them during their stay.
- Entry through the anaesthetic room during the induction of anaesthesia in a paediatric case is prohibited unless in a lifesaving emergency situation
- Ensure that there is a static, stable chair available for use by the parent/carer/guardian within the anaesthetic room as this can assist in positioning the child, making it easier and safer to site a cannula.
- Ensure that both child and carer are offered the appropriate information, support and reassurance in a sensitive manner throughout.
- Ensure that the care provided to the child is consistent with their individual needs, plan of care, expressed personal beliefs & preferences within the constraints of the setting and the clinical

procedure.

- Ensure that the child is never left alone whether awake or anaesthetised at any time.
- Ensure that any electrosurgical return plates are of the appropriate size and applied correctly.
- As per safety checklist guidelines (WHO safety checklist) ensure a full introduction of the anaesthetic team to both child and carer are completed. The child's details must be checked, following the written standards ensuring that the correct consent form is signed, dated and the relationship to the child by the appropriate legal guardian.
- Operating trolley / ward bed cot side bumpers, cannula wrapping must be completed and in situ before transfer to the PACU or ward area.

Reference:

HCPC/NMC guideline/standards

<https://www.hcpc-uk.org/resources/standards/standards-of-proficiency-operating-department-practitioners/>

<https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>

¹<http://doclibrary-rcht->

intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Anaesthetics/FastingForChildren.pdf

2.12. Anaesthetic Theatre Standard 8 - Clinical emergencies.

2.12.1. Standard Statement

All staff to competently identify and respond to clinical emergencies.

- Ensure observation and monitoring of the patient's condition is sufficient to identify clinical emergencies as soon as they occur.
- Ensure any signs or symptoms of an actual, or potential, clinical emergency is identified correctly and reported to the appropriate clinician.
- Ensure the priorities for the patient's care are identified promptly and accurately and appropriate action is taken immediately.
- Ensure the patient's vital functions are maintained pending attendance of medical staff and during interventions.
- Ensure the relevant items of equipment are obtained promptly, prepared correctly for use and made available to the appropriate clinician.
- Ensure the required drugs and diluents are obtained promptly as requested by the clinician.
- Ensure clear and concise communication is applied for support and handover of all relevant information. Ensure delegated activities are carried out promptly and correctly.
- All treatment and interventions are to be documented within the appropriate patient documents.
- Supplies sugammadex, which is a reversal for nerve block agent rocuronium, will be stored in each operating department. The allocated

coordinator in Trelawny, Tower and Newlyn theatres will be responsible for checking stock levels and replacements each day. There is a key for this cupboard on each set of anaesthetic room / operating theatre drug key ring.

- Universal precautions for infection control are applied correctly.
- Emergency alarms in specific theatres are to be checked for an audible alarm and a visual sign on the appropriate safety panel on a weekly basis and recorded in the handover diary / DAT diary as compliant or non-compliant. Escalate to the anaesthetic manager / Deputy anaesthetic manager with the non-compliant issues and report on the estate help desk platform via the RCHT intranet.
- Document any issues through the Datix system as soon as possible. Escalate any concerns to your line manager.
- Ensure all relevant staff attends the ILS course. That the need for immediate life support is identified correctly with relevant medical assistance is summoned immediately within the anaesthetic services areas - theatre and outlying.

2.12.2. Arterial cannulation

- Safely assist in arterial cannulation during clinical procedures for both adult and paediatric patients. After a briefing with the anaesthetist ensures that the required materials & equipment are available for use before the arterial cannulation procedure is started.
- Ensure the anaesthetist / practitioner has the specified cannulation site prepared & cleaned effectively, and in a way which optimises the patient's comfort, dignity & safety and that the site is prepared to provide optimal conditions to facilitate cannulation.
- Ensure the cannula/line is secured adequately & safely, to facilitate access, minimise patient discomfort and any potential pressure areas are documented.
- Ensure the transducer line and 500ml bag IV Sodium Chloride 0.9% is clearly labelled, dated, signed and identifiable as an arterial invasive pressure monitoring line.
- Ensure universal precautions for infection control are applied correctly and that waste & sharps are disposed of safely within the correct waste receptacle ie clinical waste, sharps bin.

2.12.3. Materials:

- Invasive arterial transducer pack. Red line with labels included.
- Patient monitor transducer cable.
- Sonosite or other ultrasound device. Probe cover and gel.
- 500ml pressure bag.
- 500ml IV Sodium chloride 0.9% bag.
- Arterial cannula (flow switch, Vygon leader catheter, Abbocath).
- Inco pad.
- Gauze or dressing pack.
- Local anaesthetic with labelled syringe and appropriate hypodermic needle.

- Chloroprep preparation stick or chlorhexidine spray.
- Sterile gloves.
- Suture - if needed to secure for long term or positioning needs.
- IV cannula dressing, clear dressing, steri-strips, tape.
- Sharps bin and clinical waste bin.
- Arterial cannula care plan and anaesthetic record chart.

2.12.4. Central venous cannulation

- Safely assist in central venous cannulation during clinical procedures for both adult and paediatric patients.
- Ensure that the required materials & equipment are made available & ready for use.
- Ensure the transducer line is clearly labelled and identifiable as a central venous line. Dated and signed by the practitioner.

2.12.5. Materials:

- Invasive central venous catheter transducer pack (CVC). Blue line with labels included.
- Patient monitor transducer cable.
- Sonosite or other ultrasound device. Probe cover and gel.
- 500ml pressure bag.
- 500ml IV Sodium chloride 0.9% bag.
- CVC procedure pack
- Inco pad.
- CVC catheter – quad lumen line.
- Local anaesthetic with labelled syringe and appropriate hypodermic needle.
- Sodium chloride 0.9% IV ampoules.
- Chloroprep preparation stick or chlorhexidine spray.
- Sterile gloves.
- Suture - to secure CVC catheter.
- Clear dressings.
- Sharps bin and clinical waste bin.
- CVC insertion care plan and anaesthetic record chart.

2.12.6. Clinical emergency guidelines

There are multiple clinical emergency guidelines available within each anaesthetic service area. Anaesthetic rooms and outlying area trollies will have a selection of laminated information sheets or a quick guide folder. The following guidelines will be available:

- Malignant Hyperpyrexia.
- Local anaesthetic toxicity.
- Anaphylaxis.
- Difficult intubation – can't intubate, can't ventilate.

- Cardiac arrest
- Suxamethonium apnoea
- Major haemorrhage.

Compliance – 100%

Exceptions – None

Reference:

HCPC/NMC Guidelines/Standards

<https://www.hcpc-uk.org/resources/standards/standards-of-proficiency-operating-department-practitioners/>

<https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>

<http://intranet-rcht.cornwall.nhs.uk/services/resuscitation/>

<http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Haematology/BloodTransfusionPolicy.pdf>

<http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Anaesthetics/PeriOperativeBloodTransfusionsInAdultsClinicalGuideline.pdf>

<https://anaesthetists.org/Home/Resources-publications/Guidelines/Malignant-hyperthermia-crisis>

<https://anaesthetists.org/Home/Resources-publications/Guidelines/Management-of-severe-local-anaesthetic-toxicity>

<https://anaesthetists.org/Home/Resources-publications/Safety-alerts/Anaesthesia-emergencies/Quick-Reference-Handbook>

<https://anaesthetists.org/Home/Resources-publications/Safety-alerts/Anaesthesia-emergencies/Anaphylaxis-and-allergies>

<https://www.rcoa.ac.uk/documents/novice-guide/anaesthetic-emergencies>

<https://www.rcoa.ac.uk/>

3. Monitoring compliance and effectiveness

Element to be monitored	Practice compliance against all practice standards will be monitored.
Lead	Anaesthetic Manager / Deputy Anaesthetic Manager.
Tool	The revised theatre safety audit tool will be used to monitor compliance monthly. Each senior auditor will assess practice observed at each audit.
Frequency	Each member of the theatre senior team will audit 10 observations of practice each month. The observations will be submitted to the Divisional Nurse by the 2nd of the following month for collation and reporting at Theatre Management Group. Compliance with the WHO SSC standard 16 will be reported monthly to TMG and TMCG.
Reporting arrangements	DGMM monthly, TMG monthly TMCG monthly. Responses and actions agreed will be recorded in meeting minutes.
Acting on recommendations and Lead(s)	It will be the responsibility of the Divisional Nurse to action any recommendations from the report and report back to DGMM, TMG on the outcomes.
Change in practice and lessons to be shared	This document consolidates and defines current practice; no changes to current practice are required. The documentation implementation will be led by the theatre managers in each area. All staff will have discussions on the local practice standards at yearly IPR. Any shortfalls by individuals identified will be dealt with by the appropriate manager in line with trust policy. Lessons learned will be shared with all stakeholders at theatre safety briefings and theatre managers meeting.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Anaesthetic Services Practice Standards Clinical Guideline V3.1		
This document replaces (exact title of previous version):	Theatre Practice Standards - Anaesthetics Clinical Guideline V3.0		
Date Issued/Approved:	February 2021		
Date Valid From:	February 2021		
Date Valid To:	July 2023		
Directorate / Department responsible (author/owner):	Kelly O'Toole – Anaesthetic Services Manager		
Contact details:	01872 25 3196		
Brief summary of contents	Defined clinical practice standards for anaesthetic practitioners		
Suggested Keywords:	Anaesthetic, anaesthetics, standards		
Target Audience	RCHT	CFT	KCCG
	✓		
Executive Director responsible for Policy:	Medical Director		
Approval route for consultation and ratification:	Care Group Governance		
General Manager confirming approval processes	Doug Riley		
Name of Governance Lead confirming approval by specialty and care group management meetings	Matthew Body		
Links to key external standards	None required		
Related Documents:	Included in Section 2 where relevant.		
Training Need Identified?	No – this document supersedes other practice policies and does not implement new practice		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Clinical / Theatres		

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
24 Feb 14	V1.0	Initial Issue	Sue Preston, Senior Matron, Theatres
May 2017	V2.0	Compliance with Natsips	Cathy Edwards
May 2020	V3.0	Full review with content updated and transposed to the latest Trust template	Kelly O'Toole Anaesthetic Manager RCHT
February 2021	V3.1	Updated title of document, added paragraph to 1.1 reflecting that four guidelines make up the Theatre Standards	Matthew Body, Interim Theatre Service Manager

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment Form						
Name of the strategy / policy /proposal / service function to be assessed Anaesthetic Services Practice Standards Clinical Guideline V3.1						
Directorate and service area: Theatres			Is this a new or existing Policy? Existing			
Name of individual/group completing EIA Matthew Body, Theatre Service Manager			Contact details: Via switch			
1. Policy Aim Who is the strategy / policy / proposal / service function aimed at?		The aim of this policy is to outline the standards of care that must be delivered to each individual patient to ensure a high quality of care is provided to patients entering all Trust Operating Theatres.				
2. Policy Objectives		To standardise care and practice within theatres				
3. Policy Intended Outcomes		Standardisation of care and practice				
4. How will you measure the outcome?		Continuous Audit				
5. Who is intended to benefit from the policy?		Patients and staff				
6a). Who did you consult with?		Workforce	Patients	Local groups	External organisations	Other
		X				
b). Please list any groups who have been consulted about this procedure.		Please record specific names of groups: Theatre Senior Team				
c). What was the outcome of the consultation?		Acceptance				

7. The Impact

Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.

Are there concerns that the policy **could** have a positive/negative impact on:

Protected Characteristic	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		X		
Sex (male, female non-binary, asexual etc.)		X		
Gender reassignment		X		
Race/ethnic communities /groups		X		
Disability (learning disability, physical disability, sensory impairment, mental health problems and some long term health conditions)		X		
Religion/ other beliefs		X		
Marriage and civil partnership		X		
Pregnancy and maternity		X		
Sexual orientation (bisexual, gay, heterosexual, lesbian)		X		

If all characteristics are ticked 'no', and this is not a major working or service change, you can end the assessment here as long as you have a robust rationale in place.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment:

Matthew Body, Theatre Service Manager

If you have ticked 'yes' to any characteristic above OR this is a major working or service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

For guidance please refer to the Equality Impact Assessments Policy (available from the document library) or contact the Human Rights, Equality and Inclusion Lead debby.lewis@nhs.net