

Dear NORS leads,

We are aware of the potential for health care workers to be at increased risk of COVID 19 infection, given that we work in environments where COVID19 patients are more prevalent than in the community.

There is also the potential for direct contact with COVID19 patients in our work, as with so many of our colleagues working in the NHS.

With regard to retrieval, **we are now adding recommendations for the SNOD and the referring ITU medical team** to confirm that history, exam, swab test results and radiology **do not show evidence suspicious of COVID19**. This is to address the concern that patients who have contracted COVID-19 may still have negative swabs results. **FRM6439/2 – (COVID-19) SNOD Checklist** contains all relevant clinical information for each potential donor and can be provided by the SNOD as desired (<https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/18064/frm6439-covid-19-snod-checklist.pdf>).

Bear in mind that all potential donors will have tested negative for COVID19 and will not have a history suspicious of COVID19 as **BOTH** these are contraindications to taking the donation process any further. Currently available COVID19 laboratory tests **can be negative** even when the patient has contracted COVID19 infection, depending on the type of sample tested and the course of the disease in that individual. As you know we have agreed the type of sample to be tested in donors and that recommendation is [COVID-19 Assessment and Screening Flowchart](#)

With regards to Retrieval Teams and Retrieval Surgery, **NORS Leads should develop appropriate risk mitigation/PPE strategy for retrieval staff with their own employing authority's Infection Control, Occupational Health Department, or with other appropriate experts in the NORS base hospital, based on the applicable recommendations in the NORS team's trust or health board. Additional PPE equipment, over and above that available in any standard theatre, will need to be taken with the team on retrieval. You must alert the SNOD at the donor hospital if this is the case.**

Retrieval team members complying with their own employing authority's PPE recommendations will be working within recommended protocols for their trust, with locally available resources, with the minimum possible risk to their health.

Guidance, summarising risk assessment and PPE assessment, is provided overleaf.

Guidance for NORS Teams

No donor who is COVID+ or thought to have COVID will be progressed.

SNODS will confirm with ITU medical staff that COVID19 has been reasonably excluded in any potential donor prior to offering/retrieval.

Risk Assessment

1. All potential donors will have had **FRM6439/2 – (COVID-19) SNOD Checklist** completed.
2. If desired, this form can be requested by a retrieval team, so that a risk assessment may be performed relating to retrieval surgery.
3. You may wish to discuss with the SNOD +/- ITU team.
4. Consider that bronchoscopy and use of high-speed instruments (sternal saw) are considered aerosol-generating procedures (AGPs).
5. Use your hospital's Risk Assessment protocols to assess the risk of retrieval surgery for each donor on a case by case basis.

What would be the risk assessment for a test-ve, history -ve patient in your hospital?

PPE Assessment

The risk assessment should then be used, with your own hospital's PPE policy, to decide what PPE is felt appropriate for retrieval surgery.

What would be the PPE assessment for a test-ve, history -ve patient in your hospital?

PPE on Retrieval

Donor hospitals may have additional PPE. However, it may be felt inadequate by the visiting team, may need to be fitted (not possible out of hours), may not be approved by the NORS team's employer, or may be reserved for local staff use.

Therefore;

Additional PPE, over and above conventionally available PPE in any operating theatre, will need to be taken with the team.

If you plan additional PPE, **please inform donor hospital staff as they may need to source PPE/swap staff around**

Perform Risk assessment and PPE assessment as you normally would do in your hospital for major chest/abdominal surgery (+AGP)