

FSRH guidance on planning for LARC Procedures following the publication of the NICE COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services

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Nationally, non-urgent procedures are beginning to resume and we are adapting our practice to deliver SRH in a different way to minimise risks associated with COVID-19. NICE have recently published 'COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services'. Clinicians working in community settings have requested clarification of the Faculty of Sexual and Reproductive Healthcare's stance in light of this document.

After consideration of the 'NICE COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services' the FSRH make the following recommendations for those working in community services.

Minimising the risks associated with COVID-19

- Patients are not required to self-isolate for 14 days or undertake COVID-19 testing prior to attending clinics or surgeries for a LARC procedure. Clinicians should reiterate the importance of social-distancing and hand-hygiene measures to reduce transmission risk prior to their procedure date.
- Consider the prevalence of COVID-19 in your area and follow local guidance on the use of appropriate PPE
- Minimise face to face consultations and time spent with patients by using remote methods such as telephone or video link to pre-assess and consult with patients. There is practical advice in the [FSRH & BASHH standards document for remote and online methods of consultation.](#)
- During the pre-assessment consultation assess whether the patient or a household member has or has had symptoms of COVID-19.
- Advise the patient not to attend the LARC appointment if they develop COVID-19 symptoms or they need to self-isolate in the 10 days leading up to the clinic appointment.
- Assess all patients for symptoms of COVID-19 on the day of their procedure either by phone, email or prior to entry to the clinic or surgery.
- Minimise the time patients are waiting in the surgery or clinic. For example, patients may be able to wait in their car/outside the building until they are phoned, receive a text to gain entry to the building/clinic room
- Use the largest clinical room available to you with good ventilation for face-to-face consultations
- A chaperone should be offered in line with guidance, while maintaining a 2 metre distance between them and the patient. Where this cannot be maintained PPE should be worn by the chaperone

- Prepare your room before seeing the patient to limit movement between rooms and time spent together e.g. prepare trolley for implant fitting
- Keep clinical rooms clutter free to facilitate cleaning
- Minimise conversation between you and the patient especially when you are within 2 metres.
- Use appropriate PPE.
- Ensure your clinic is clear on patient flow, waiting areas, and timing of booked slots to minimise overlap. Preferably there should be separate entrance and exits into your clinics.

Explain to patients that their planned care is likely to be postponed if they:

- have symptoms of COVID-19 in the last 10 days.
- have tested positive for COVID-19 in the last 10 days.
- need to self-isolate after contact with someone with COVID-19 (for example, as identified by the NHS Test and Trace system).
- need to self-isolate/quarantine for 14 days after returning in the UK unless you are arriving from an exempt country.