

417 COVID-19 and the Return to Head and Neck Outpatient Activity in The United Kingdom: What Is the New Normal?

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Background: We aim to investigate current head and neck outpatient practices across the United Kingdom during the COVID-19 pandemic.

Method: A cross-sectional study comprising of an online 20-item survey was emailed to members of the British Association of Head and Neck Oncologists (BAHNO). Topics covered included safety measures, protective equipment used and protocols around the use of flexible nasendoscopy (FNE) in clinic.

Results: 117 participants completed the survey covering 66 Trusts across the UK. There was a significant reduction in face-to-face clinic patients compared to pre-pandemic numbers. Room down-time after FNE ranged from 0-6 hours and there was a significant increase in allocated down-time after the patient had coughed or sneezed. Natural ventilation existed in 36% of clinics and the majority of responders didn't know the calculated Air Change Per Hour (ACPH) of the room (77%). Where ACPH was known, it often did not match the allocated room down-time.

Conclusions: Adaptations are being made across the UK to maintain staff and patient safety, but more can still be done by liaising with hospital infectious diseases and the hospital estates team to clarify outpatient protocols. Outpatient activity will likely remain limited and alternative strategies will need to develop to manage the backlog in face-to-face clinics.