



# British Orthopaedic Association casting committee guidance for casting practice in the current COVID-19 pandemic

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**Background:** The widespread nature of COVID-19 has led to concern about the safety of cast removal and discussion of the best strategies to adopt during that procedure. During COVID-19 there is also a need to reduce hospital attendances, so home management and fewer clinic visits are preferable where this is possible.

These guidelines are written to be in alignment with the Public Health England publications<sup>(1)</sup>. They apply to the situations where the patient's COVID status is either known positive or unknown (since PHE guidelines currently indicate the same infection control processes should be in place for both groups). PHE guidance may change over time and all practitioners should keep up-to-date on this.

Although PHE guidelines are not specific for use of a cast saw, the BOA has confirmed with NHS England that use of a cast saw is not considered an 'Aerosol generating procedure' (advice received 24/3/20). A cast saw is an oscillating device that if used correctly, will not produce any soft tissue injury and therefore is not an Aerosol Generating Procedure (AGP) from the airways or from blood / soft tissue. The survival of the COVID-19 virus on casting materials has not been determined<sup>(2)</sup>.

## Recommendations

### *Cast application*

1. Where possible, use techniques that will not require the subsequent use of a plaster saw and encourage home management. Such techniques should only be used if the practitioner fully understands the principles, evidence and is competent in the use of these materials and include:
  - Removable splints and braces
  - Non-circumferential casts or Soft Cast that can be removed with scissors
  - When a plaster of paris cast has been used consider soaking and unwinding, as used with Ponsetti casts
2. Where home management is advised, ensure the patient/parent/carer is aware of the correct technique for removing the cast. The British Society for Childrens Orthopaedic Surgery (BSCOS) have produced helpful videos<sup>(3)</sup>.

### *Cast removal*

3. Individuals due for cast removal who are ill with Covid-19 or self-isolating due to a member of the household having Covid-19:
  - These individuals should follow current guidance on 'Self-isolation' and may contact the fracture service to ask whether they should attend. Cast removal appointments should be delayed until the patient has completed their period of self-isolation if this is possible without detriment to the patient's health condition.
  - Such patients should be reminded to be aware of the signs and symptoms of complications such as pressure sores, wounds and swelling and seek medical attention if these occur.
4. Be aware of and adhere to local hospital policies and procedures in relation to cast removal.
5. A cast saw does generate fine dust and so use of a cast saw with an attached vacuum is recommended at all times.
6. Use of cast shears should be considered as an alternative to a cast saw.
7. As cast removal (both with and without a saw) is not considered an AGP, the PPE for cast removal should be that recommended for patient encounters within 2 metres. PHE guidance states that for both COVID positive and COVID unknown this should be:
  - Mask, single or sessional use, fluid resistant IIR type;
  - Single use apron and gloves (with disposal and hand hygiene after each patient contact);
  - Protective eye wear, single or sessional use.
8. After use
  - Clean equipment and surfaces in contact with patient as per local hospital guidance.



## References

(1) Public Health England publications:

‘COVID-19: infection prevention and control guidance’ Version 2. 27 April 2020.

Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/881489/COVID-19\\_Infection\\_prevention\\_and\\_control\\_guidance\\_complete.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf)

“Recommended PPE for primary outpatient community and social care by setting” (available as Table 2 in the above document or standalone at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/878750/T2\\_poster\\_Recommended\\_PPE\\_for\\_primary\\_outpatient\\_community\\_and\\_social\\_care\\_by\\_setting.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary_outpatient_community_and_social_care_by_setting.pdf))

The relevant section of this poster/Table 2 format is extracted below:

## Recommended PPE for primary, outpatient, community and social care by setting, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type II) surgical mask	Filtering face piece respirator	Eye/face protection <sup>1</sup>
Any setting	Performing an aerosol generating procedure <sup>2</sup> on a possible or confirmed case <sup>3</sup>	✓ single use <sup>4</sup>	✗	✓ single use <sup>4</sup>	✗	✗	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>
Primary care, ambulatory care, and other non emergency outpatient and other clinical settings e.g. optometry, dental,	Direct patient care – possible or confirmed case(s) <sup>2</sup> (within 2 metres)	✓ single use <sup>4</sup>	✓ single use <sup>4</sup>	✗	✗	✓ single or sessional use <sup>4,5</sup>	✗	✓ single or sessional use <sup>4,5</sup>

(2) Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1. New England Journal of Medicine. 2020 Mar 17.

(3) BSCOS videos: <https://youtu.be/epkJ5r1Ozvl> (removing soft cast) and <https://www.youtube.com/watch?v=5UseusBEqE0&t=2s> (removing backslab).