

Intercollegiate Green Theatre Checklist v2.0

Below is a list of recommendations to reduce the environmental impact of operating theatres. Interventions in the **green** rows can be implemented on the day without prior preparation and can be used as part of a daily pre-operative checklist. Interventions in the **white** rows are those requiring wider stakeholder engagement and planning and may be suitable for monthly review or to help identify areas for quality improvement projects. Relevant guidance and academic literature supporting this checklist is included in the Compendium of Evidence, available at this link:



Anaesthesia	
1	Limit Nitrous Oxide (N ₂ O) to specific cases where there is evidence of clinical benefit <input type="checkbox"/>
	<i>Decommission manifolds and switch to N₂O cylinders at point of use (or repair pipe leaks if centralized delivery still used)</i>
2	Consider TIVA and ensure that all drug waste and giving sets are disposed of through the pharmaceutical waste stream <input type="checkbox"/>
3	If using inhalational anaesthesia: <input type="checkbox"/>
	▶ use low-flow anaesthesia (via end-tidal anaesthetic gas control, if available)
	<i>Remove desflurane from formulary</i>
4	Reduce waste: <input type="checkbox"/>
	▶ avoid unnecessary equipment and opt for reusables (e.g. laryngoscopes, body warmers, slide sheets, trays, soda lime canisters) <input type="checkbox"/>
	▶ transfer single-use objects with the patient if still needed (e.g. facemasks, suction) <input type="checkbox"/>
	<i>Review and rationalise pre-prepared single-use equipment packs and PPE requirements for standard procedures</i>
5	Minimise drug waste (“Don’t open unless needed”, pre-empt propofol use, titrate O ₂) and dispose in correct pharmaceutical waste stream <input type="checkbox"/>
	<i>Use air instead of oxygen as the ventilator drive gas</i>
Preparing for Surgery	
6	Evaluate PPE and sterile field requirements: <input type="checkbox"/>
	▶ rationalise use of non-sterile single-use gloves and PPE and opt for reusables when possible <input type="checkbox"/>
	▶ limit sterile field to necessary areas only <input type="checkbox"/>
	<i>Ensure availability of reusable textiles, including theatre hats, sterile gowns, patient drapes, and trolley covers</i>
7	Reduce water and energy consumption: <input type="checkbox"/>
	▶ ‘rub don’t scrub’: after first water scrub of day, you can use alcohol rub for subsequent cases
	<i>Install automatic or pedal-controlled water taps</i>
8	Avoid clinically unnecessary interventions (e.g. antibiotics, urinary catheterisation, histology examinations) <input type="checkbox"/>
Intraoperative Equipment	
9	REVIEW AND RATIONALISE: <input type="checkbox"/>
	▶ clarify necessary kit for case and specify what should be available to open only if needed: “Just in time” <input type="checkbox"/>
	▶ take the opportunity to review instrument sets and identify any targets for overage reduction <input type="checkbox"/>
	<i>- Review pre-prepared single-use surgical packs and engage with suppliers to remove surplus items and identify those that can be replaced with reusable options (to be included in instrument sets)</i>
	<i>- Review reusable instrument sets, remove overage, integrate supplementary items into sets, consolidate sets only if it allows smaller/fewer sets (please see guidance)</i>
10	REDUCE: unnecessary waste and single-use equipment, “don’t open it unless you need it”, limit CO ₂ insufflation <input type="checkbox"/>
11	REUSE: opt for reusables, hybrid, or remanufactured equipment instead of single-use (e.g. gallipots, light handles, staplers, energy devices) <input type="checkbox"/>
	<i>Consider sourcing reusable, hybrid or remanufactured alternatives for single-use equipment</i>
12	REPLACE: switch to low carbon alternatives (e.g. skin sutures vs. clips, “loose” antiseptic solutions in reusable gallipots) <input type="checkbox"/>
After the Operation	
13	POWER OFF: Heating, Ventilation, Air conditioning (HVAC), AGSS, lights, computers and equipment out-of-hours <input type="checkbox"/>
	<i>- Switch off AGSS when theatres are not in use or volatile anaesthesia is not being utilised</i>
	<i>- Introduce “shut-down” and “power on” checklists</i>
	<i>- Install occupancy sensors and automatise “set-back” modes HVAC systems</i>
14	RECYCLE/use lowest carbon appropriate waste streams: <input type="checkbox"/>
	▶ use recycling waste streams for packaging or, if not available, domestic waste stream (prior to patient entering the room) <input type="checkbox"/>
	▶ use non-infectious offensive waste streams (yellow/black tiger) unless clear risk of infection (orange) <input type="checkbox"/>
	▶ ensure only appropriate contents in sharps bins (sharps/drugs) <input type="checkbox"/>
	<i>- Switch to low impact sharp bins e.g. reusable or cardboard boxes</i>
	<i>- Arrange metals/battery collection where possible</i>
15	REPAIR: ensure damaged reusable equipment is repaired, encourage active maintenance <input type="checkbox"/>