# **University Health Network Algorithm for Managing COVID-19 Surgical Patients**



### PRE-SCREENING FOR SURGERIES

Scheduled: Scheduled surgical patients must be tested for COVID-19 by nasopharyngeal swab within 72 hours before planned surgery. For patients who have tested COVID +ve, refer to Guidelines for Surgical Patients with COVID+ Result. Outpatients must be advised to self-isolate at home until their surgery. In addition, all patients arriving to the surgical admission unit will undergo syndromic surveillance to identify the presence of fever, upper respiratory tract infection symptoms and new gastrointestinal symptoms.

**Emergency:** All cases booked as Level 5 through to Level 8 require COVID testing as above. Where medically possible, the case will not proceed until result is available. For Level 1-4, the case will proceed in the absence of COVID result. Consideration for accepting results outside this window requires approval by the Medical Director, Anesthesia Site Lead, or Nurse Manager.

### SURGERY

Based on both the COVID-19 swab results and symptoms follow the algorithm below.

COVID +ve or symptom +ve with COVID pending



# **CANCEL SURGERY UNLESS LIFE OR LIMB**

See accompanying document: **COVID +ve/ Symptomatic Patients** 

#### **PPE**

All staff in OR don:

- Fit-tested N95 mask
- Faceshield or goggles
- Gown and gloves

### Intubation/Extubation

Must be done in OR, with PPE above.

# **Patient Recovery**

Recover in the OR by OR/Anesthesia team then transfer to ICU or ward (when usual PACU discharge criteria met). Recovery may need to be moved to PACU (if isolation available) after 30 minutes if a post-operative bed is not available. Contact and droplet precautions required.

# Air Clearance

OR cannot be used until room has had 30 minutes for air exchanges followed by a terminal clean.

Symptom –ve and COVID status pending



# **Consider DELAYING SURGERY** until SWAB OBTAINED

See accompanying document: **Unknown COVID Patients** 

#### **PPE**

Anesthesia/assistant for intubation/extubation:

- Fit-tested N95 mask
- Faceshield or goggles
- Gown and gloves
- All other staff:
- <u>Droplet & contact precautions for</u> standard ORs.

### **For Aerosol Generating Medical Procedures\***

All staff don:

- Fit-tested N95 Respirator
- · Faceshield or goggles
- Isolation gown and gloves

# Intubation/Extubation

Leave during intubation and extubation. Can enter after intubation if uneventful; otherwise wait 30 mins. Do not enter after extubation unless needed.

### **Patient Recovery**

Post extubation, recover in the OR for 30 mins then transfer to PACU for continued recovery or ICU. If no intubation/extubation (i.e. conscious sedation or regional block), transfer to PACU immediately following surgery.

COVID -ve and symptom -ve



# **PROCEED** TO **SURGERY**

### **PPE**

No droplet precautions necessary. Anesthesia/assistant can choose not to wear N95 during routine intubation (faceshield or goggles still needed), but extubations are considered an aerosol generating procedure (as per below).

### For Aerosol Generating Medical **Procedures\***

All staff don:

- Fit-tested N95 Respirator
- · Faceshield or goggles
- Isolation gown and gloves

# Intubation/Extubation

Extubation done in OR where possible. Staff can remain in room during intubation and extubation but stay 6-feet away from patient's head of bed.

### **Patient Recovery**

Transfer to PACU or ICU.

\*Aerosol Generating Medical Procedures: Bronchoscopy, Naso/Oropharyngeal surgery, Skull Base Surgery, Lung and Tracheal surgery.