

May 31, 2021

COVID-19 Bulletin for Perioperative Services

The updated [IPC Recommendations for Suspected or Confirmed COVID-19 Patients Requiring Surgery](#) have been released. Key messages from the updated guidelines:

- 1. All patients must be screened for symptoms and risk factors at each encounter with a healthcare worker.** Staff/physicians should wear additional personal protective equipment (PPE) based on the symptom and risk assessment (e.g., Contact and Droplet PPE versus continuous masking and eye protection).
- 2. Maintain good practices during the COVID-19 pandemic.** All healthcare workers (HCWs) should complete the [Fit for Work](#) assessment, self-monitor for the development of any new symptoms (core respiratory, gastrointestinal, expanded), follow continuous masking and eye protection direction, practice regular hand hygiene, and practice good preventive health practices both in and out of work.
- 3. COVID-19 Vaccine and Surgery:**
 - It is not a requirement for patients to be vaccinated prior to surgery. Any required surgeries should not be cancelled or denied if a patient is not vaccinated.
 - Surgeries should not be re-scheduled or delayed based on vaccination dates.
 - All initial and ongoing symptom and risk factor assessments and all PPE recommendations must be followed, regardless of patient or HCW COVID-19 vaccination status.
 - From a clinical perspective, COVID-19 can be associated with worse clinical outcomes and/or a more complicated post-operative course. Therefore, it may be beneficial for patients to be fully vaccinated if there are any concerns about patients acquiring COVID-19 infection during the peri-operative period.
 - Any changes to IPC management based on patient vaccination status are being incorporated into the suite of patient assessment and monitoring tools and resources, as indicated.
- 4. COVID-19 Designated OR Theatres:**
 - Any OR theatre should be capable of managing a patient on additional precautions regardless of the indication.
- 5. For all patients undergoing surgery:**
 - **The number of staff/physicians in the Operating Room should be kept to an absolute minimum during intubation and extubation at all times, not only for patients with suspected or confirmed COVID-19.**
 - Members of the intubation/extubation team should always **don surgical mask, eye protection, yellow gown, and gloves** to protect against inadvertent exposure. Replace surgical mask with a N95 respirator for patients with suspected or confirmed COVID-19.

6. Post-Operative Symptoms:

- Patients may develop post-operative symptoms that are similar to COVID-19 symptoms. Recent anesthetic may not be sufficient to explain symptoms.
- Patients with core respiratory or GI symptoms should be placed on Contact and Droplet Precautions.
- Patients with any COVID-19 symptom (core respiratory, GI or expanded) should be tested for COVID-19 (plus any other clinically indicated investigation).
- Use Form #21624 to discontinue Contact and Droplet Precautions: [Discontinuation of Contact and Droplet Precautions for Suspected or Confirmed COVID-19](#)

7. Personal Protective Equipment:

- Refer to the [PPE Table for Surgical Suites during COVID-19](#) and the [Point-of-care Risk Assessment for Surgery during COVID-19 \(albertahealthservices.ca\)](#)
- Use of an N95 respirator should be considered if there is the potential for an [Aerosol Generating Medical Procedure \(AGMP\)](#).

8. Interval between COVID-19 infection and scheduled surgery

- There have been multiple requests throughout the province for guidance regarding the logistics, timing and scheduling of elective surgical procedures.
- The timing of surgical procedures for patients who have previously had a COVID-19 infection (and are now considered recovered) will need to be individually weighed for the benefits and risks by the involved providers. This includes the potential of delay-related disease progression versus potential increased complications of proceeding with surgery in a post-COVID state.
- Although not originally the purview of the Surgical Services IPC Working Group, given the overlap of literature and studies in this field and the multiple requests by Surgery and Anesthesia departments, currently available guidance regarding recommended timing of surgery following a COVID-19 diagnosis is currently being reviewed to develop province-wide recommendations.

For more details, the current COVID-19 OR guidelines and additional information are available [here](#).