

Purpose:

To ensure that there is a regional, standardized process in place to assess patients pre-operatively for risk factors, screen for symptoms and test for COVID-19. The decision to proceed with an elective, urgent or emergent surgical procedure, including the selection of appropriate personal protective equipment (PPE), should be based on a patient’s COVID-19 risk assessment that is performed on the day of surgery as per the Ministry of Health and the British Columbia Center for Disease Control (BCCDC) guidance.

Note: The term “patient” is inclusive of caregiver/household member/support person, as applicable, throughout the remainder of this document.

Scope:

- Audience: Medical Executive and directors, clinical care staff and all physicians
- Environment:
 - Island-wide (all Island Health facilities where surgical procedures are performed)
 - Adult, pediatric and obstetrical surgical patients
- Exception: this guideline should only be used during specific designated timeframes

Outcomes:

The protection of health care providers and patients by providing safe and appropriate care to surgical patients during COVID-19.

1.0 Guideline

1.1 General Guideline for All Surgical Patients (Adult, Pediatric, Obstetrical)

- a. The Island Health *COVID-19 Pre-Procedure Assessment Form* (see [Appendix A](#)) will be used for pre-operative COVID-19 screening of all surgical patients (elective, urgent and emergent) upon admission/on the day of surgery and in the pre-operative area and will be included in the patient chart.
- b. COVID-19 testing should only be offered to patients based on criteria outlined in the [BCCDC COVID-19: Viral Testing Guidelines](#) for British Columbia in conjunction with clinical judgement.
- c. People who are scheduled for surgery and do not have risk factors for, or symptoms of, COVID-19 should not be considered suspect cases as per the BCCDC, the Office of the Provincial Health Officer (PHO) and the Provincial Infection Control Network of BC (PICNet) and **should not be referred for testing**.
 - NOTE: Island Health, under the guidance of Public Health, may choose to implement additional controls in select hospitals (e.g. management of surgical volumes, and testing of certain high-risk patient populations) based on local or regional COVID-19 epidemiology.
- d. For patients requiring an accompanying caregiver/support person (e.g. pediatrics, obstetrics, adults requiring a support person), the patient and caregiver/support person must be screened on the day of surgery and tested, where appropriate. The caregiver/support person must be screened using the same *COVID-19 Pre-Procedure Assessment Form* questions in [Appendix A](#); however, the caregiver/support person’s answers will not be documented on the form and will not be included in the patient’s chart.

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- e. The Island Health Infection Prevention and Control (IPC) Protocol for Surgical Procedures During COVID-19 will be used to provide appropriate direction for selection of PPE and to provide guidance for different anesthesia approaches and for surgeries with risk of aerosolization.

1.2 COVID-19 Immunization

- a. More evidence is needed on the full impact vaccines have on a patient’s risk of transmission, perioperative risk and long-term immunity prior to implementing any change in practice. Therefore, *all patients, regardless of immunization status, should continue to be screened based on the current patient risk assessment (see [Appendix A](#)).*
- b. Asymptomatic vaccinated persons who have had contact with a known case of COVID-19, including household contact, do not need to isolate or test as per Public Health guidance. These patients should be screened as Yellow.
- c. Vaccination status does not impact the risk-stratification in the symptom screening algorithm of this document.

1.3 Elective Adult Procedure Guidance

- a. Elective surgical patients should self-monitor for symptoms prior to surgery as per the [BCCDC's symptoms of COVID-19](#) webpage. Elective surgical patients who develop new symptoms or worsening chronic symptoms consistent with COVID-19 up to 10 days before surgery should contact their surgeon’s office to discuss options. High risk patients may require testing. See [BCCDC’s Viral Testing Guidelines](#) webpage for guidance.
- b. If patients develop COVID-19 while awaiting surgery, they should inform the surgeon’s office so that a decision on the timing to proceed with surgery can be discussed.
- c. Previous research suggested delaying elective surgical procedures for seven weeks post-COVID-19 infection. However, evidence is changing as COVID-19 continues to evolve. Under the current climate, care teams should use clinical judgement and consider a range of factors to determine whether/when to proceed with elective surgery, including:
 - Vaccinated: yes/no;
 - Booster: yes/no;
 - Severity of symptoms;
 - Comorbidities;
 - Type of procedure and type of anesthesia required and options for alternative anesthesia; and
 - Urgency of the procedure.
- d. Scheduling and proceeding with surgery is a clinical decision and all these considerations need to be balanced with the risks associated with delaying care. If required, care teams should consult with their perioperative and IPC colleagues for further guidance.

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- e. For elective surgical procedures, the Island Health *COVID-19 Pre-Procedure Assessment Form* ([Appendix A](#)) will be completed on admission and again upon arrival to the pre-operative area (Final Procedure Team Assessment). If upon screening a patient answers “yes” to any signs and symptoms of COVID-19, the surgeon, using clinical judgement, will determine if symptoms are likely attributed to the patient’s underlying condition or if testing is required.

1.4 Urgent and Emergent Adult Procedure Guidance

- a. Necessary urgent, oncology or emergent surgical procedures for COVID-19 testing or test results should not be delayed.
- b. The Island Health *COVID-19 Pre-Procedure Assessment Form* ([Appendix A](#)) will be used for pre-operative COVID-19 screening when the patient is admitted to hospital, and again upon arrival to the pre-operative area.
- c. The decision to test should be based on the risk factor assessment and symptom screening.

1.5 Pediatric Procedure Guidance

- a. Caregivers/household members of elective surgical pediatric patients should monitor their child and themselves for symptoms prior to surgery and phone the contact provided by their local site (e.g. surgeon) if they develop any signs or symptoms consistent with COVID-19 within 10 days of surgery.
- b. Asymptomatic children who have risk factors for COVID-19 (e.g. a household member has symptoms consistent with COVID-19 or has tested positive for COVID-19) should not be tested and should be flagged as Yellow risk category.

1.6 Obstetric Procedures Guidance

- a. The patient and support person should monitor themselves for symptoms prior to surgery and phone the contact provided by their local site (e.g. surgeon) if they develop any signs or symptoms consistent with COVID-19 within 10 days of surgery.
- b. The expectation is that the support person will be present during labour and delivery.
- c. All patients and support persons arriving at the birthing unit must be assessed for risk factors and symptoms of COVID-19 and tested when clinically indicated.
 - For a support person who is symptomatic of COVID-19 infection or within their infectious window, they are generally excluded from the delivery suite and operating room and should undergo testing.
 - For a support person under quarantine, or in a unique circumstance where a support person who is symptomatic or within their infectious window is necessary to be present, the Maternity Unit will contact the local IPC team for guidance on the presence of the support person. Every effort should be made to balance family-centred care.

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- d. If upon screening a patient answers “yes” to any signs or symptoms of COVID-19, the surgeon, using clinical judgement, will determine if symptoms are likely attributed to the patient’s underlying condition or if testing is required.

e. Urgent/emergent obstetric cases:

- The *COVID-19 Patient Assessment Form* ([Appendix A](#)) shall be completed upon arrival to the peri-operative area. A delay in the operating room (OR) procedure should not occur if the pre-surgical form (or equivalent) has not been performed due to the time-sensitive nature of obstetrical care.
- For the OB CODE patient where an appropriate history has been obtained and has not changed during the admission, patients can continue to be classified as either Green or Yellow. For the OB CODE patient where an appropriate history cannot be obtained but who develops symptoms consistent with COVID during labor, including peri-partum fever, the patient will be classified as Yellow.

1.7 Patient Waiting for Surgery in Hospital - Direct Admission to Hospital or Admitted Through the Emergency Department and Awaiting Surgery up to 72 hours in Advance of Procedure

- a. Admission: patients will be screened for COVID-19 symptoms on admission and once per shift. Screening results will be documented in the Island Health COVID-19 daily screener.
- b. Day of surgery: a unit nurse will perform the “Day of Procedure” assessment in the Island Health *COVID-19 Pre-Procedure Assessment Form* ([Appendix A](#)), prior to sending the patient to the OR.
- c. If upon admission or at any time during the pre-operative stay and including the day of surgery, the patient is identified as at risk for COVID-19:
 - The admitting/unit nurse will inform the surgeon.
 - The surgeon will order COVID-19 testing from the Island Health Lab, if clinically indicated.
 - If results are available before surgery and patient is COVID-19 negative (Green risk category), proceed to surgery.
 - If the results are not available before surgery or patient is COVID-19 positive Yellow or Red risk category), the surgeon will determine whether or not the surgery can safely be delayed.

1.8 Urgent Cases – Patients Waiting at Home for Surgery

- a. For patients that present to the emergency department (ED) and are deemed as requiring surgery but are sent home to wait for surgery, an initial COVID-19 screening to be completed by ED.
- b. If patient requires COVID-19 testing, ED will order test and tell patient how to access results.
- c. For test results ordered through an Island Health Lab, COVID-positive and pending swab results will alert in Cerner. The alert is automatically removed if the swab is negative.

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1.9 Day of Surgery – Admission to Hospital

- a. **If Ambassador available:** Ambassador, according to their existing established process, will conduct their regular initial screening of patient (and caregiver/support person as applicable) when the patient arrives at the hospital on the day of surgery.
- b. **If Ambassador identifies that patient is at risk for COVID-19:** Ambassador will supply patient with mask and will ask patient to wait in designated waiting area. Ambassador to call designated nurse from admitting unit. Designated nurse will don appropriate PPE, escort patient to isolated area on unit for further assessment. Designated nurse will inform surgeon and the surgeon will determine if surgery to proceed or not.
- c. **Admitting unit (e.g. surgical daycare, ED, inpatient unit):** Admitting nurse will perform the “Day of Procedure” portion of the Island Health *COVID-19 Pre-Procedure Assessment Form* ([Appendix A](#)).
- d. **If admitting unit identifies that patient is at risk for COVID-19:** Admitting nurse will inform surgeon and the surgeon will determine if surgery to proceed or not.
- e. **If admitting unit identifies that caregiver/support person is at risk for COVID-19:** Admitting nurse will phone the OR and alert them to same. Follow precautions as per the BCCDC and Ministry of Health Infection Prevention and Control (IPC) Protocols for Surgical Procedures During COVID-19.

1.10 Day of Surgery – Final Procedure Team Assessment (Pre-Surgical Procedure Huddle)

- a. The entire surgical team (e.g. anesthetist, surgeon, anesthesia assistant, circulating nurse and scrub nurse) will review and agree upon the Patient Risk Category based on information gathered from the *COVID-19 Pre-Procedure Assessment Form* ([Appendix A](#)).
- b. The nurse will document the Patient Risk Category in the Final Procedure Team Assessment section of the *COVID-19 Pre-Procedure Assessment Form* ([Appendix A](#)).
- c. If the patient is identified as a Green risk category, proceed with surgery.
- d. If the patient is identified as a Yellow or Red risk category, the surgical team to determine if surgery should proceed or can be safely delayed.
- e. If the patient’s caregiver/household member/support person has tested positive for COVID-19 within the last ten days but the patient is asymptomatic, the patient to be classified as Yellow risk category.
- f. If the patient is identified as Yellow or Red by the surgical team in the OR and patient proceeds to surgery:
 - The OR will notify post anesthesia care unit (PACU).
 - PACU to notify Site Director, Clinical Site Operations (CSO).
 - CSO to notify receiving unit.

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Pre-Operative COVID-19 Screening

GUIDELINE

Guidelines are recommended actions allowing for professional judgement



2.0 Related Island Health Standards

- This guideline replaces the Pre-Operative COVID-19 Screening Guideline dated May 22, 2020

3.0 References

- BC Center for Disease Control (BCCDC) [Symptoms of COVID-19 webpage](#), retrieved March 7, 2022.
- Island Health “Infection Prevention and Control (IPC) Protocol for Surgical Procedures During COVID-19”, released 3 June, 2020. Adapted from 6 May, 2020 BCCDC/BC Ministry of Health Infection Prevention and Control (IPC) Protocol for Surgical Procedures During COVID-19.
- Ministry of Health and the BC Center for Disease Control (BCCDC) guidance, “[COVID-19: Viral Testing Guidelines for British Columbia](#)”, released January 17, 2022.
- Ministry of Health and the BC Center for Disease Control (BCCDC) guidance, “Infection Prevention and Control (IPC) Protocol for Obstetrical Procedures During COVID-19”, released May 24, 2020.
- Ministry of Health and the BC Center for Disease Control (BCCDC) guidance, “Infection Prevention and Control (IPC) Protocol for Surgical Procedures During COVID-19: Adult”, released May 6, 2020.
- Ministry of Health and the BC Center for Disease Control (BCCDC) guidance, “Infection Prevention and Control (IPC) Protocol for Surgical Procedures During COVID-19: Pediatrics”, released May 24, 2020.

4.0 Resources

- COVID-19 Pre-procedure Assessment Form, revised April 2022

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Appendix A: COVID-19 Pre-Procedure Assessment Form



COVID-19 Pre-Procedure Assessment Form

Patient Label

- Surgical
 Ambulatory
 Obstetrics
 Pediatric

DAY OF PROCEDURE

Date/Time: _____ Able to obtain patient history? Yes No ***If No, promptly notify physician***

RISK FACTORS FOR COVID-19 EXPOSURE

Have you had a COVID-19 test within last 10 days? No Yes Most recent test? Date: _____
 Positive Negative
 Pending
 Date of any previous positive COVID tests: _____

In the last 10 days have you been in close contact with anyone diagnosed with lab confirmed or suspected COVID-19? No Yes

If you are 18 years of age or younger, or if you are pregnant, do you have a caregiver or household member who has tested positive for COVID-19 within the last 10 days? No Yes When? Date: _____
 Unknown

DOES THE PATIENT HAVE ANY OF THE FOLLOWING SYMPTOMS?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Fever or chills | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Body aches |
| <input type="checkbox"/> Cough (either new onset or worsening of chronic cough) | <input type="checkbox"/> Loss of sense of smell or taste | <input type="checkbox"/> Extreme fatigue or tiredness | <input type="checkbox"/> Diarrhea |
| | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Headache | <input type="checkbox"/> Nausea or vomiting |

If Yes to any Risk Factor or COVID-19 like symptoms questions, promptly notify the OR or appropriate Clinic.

Physician/Office notified?
 Yes No

Patient referred for testing?
 Yes No

_____	_____	_____
Printed Name	Signature	Designation

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FINAL PROCEDURE TEAM ASSESSMENT

COVID-19 risk factor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
COVID-19 like symptoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Patient COVID-19 test results in the last 10 days?	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Pending <input type="checkbox"/> N/A
Positive caregiver/household member COVID-19 test results in the last 10 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown <input type="checkbox"/> N/A
CONFIRM PATIENT RISK CATEGORY (Refer to table below)			
<input type="checkbox"/>	GREEN	<input type="checkbox"/>	YELLOW
		<input type="checkbox"/>	RED
_____	_____	_____	_____
Printed Name	Signature	Designation	

Step one			Step two (If COVID-19 PCR results available)*	
Must have this information prior to surgery			COVID -19 test results	COVID-19 risk category
Told to self-isolate by public health	COVID-19 symptoms	COVID-19 risk category		
No	No	Green	Negative	Green
No/unknown	Yes/unknown	Yellow		Green
Yes	No	Yellow		Yellow
Yes	Yes/unknown	Yellow		Yellow
			Positive	Red
No	No	CRGV/HSGLD POSITIVE WITHIN THE LAST 10 DAYS	NA	Yellow

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