



<b>Purpose:</b>	To ensure that there is a regional, standardized process in place to assess patients pre-operatively for risk factors, screen for symptoms and to refer for testing for COVID-19 if clinically indicated. The decision to proceed with surgery should be based on individual COVID-19 risk assessment that is performed within 24-72 hours prior to surgery and again on the day of surgery as per the Ministry of Health and the British Columbia Center for Disease Control (BCCDC) guidance, “Infection Prevention and Control (IPC) Protocol for Surgical Procedures During COVID-19: Adult”, “Infection Prevention and Control (IPC) Protocol for Surgical Procedures During COVID-19: Pediatric” and “Infection Prevention and Control (IPC) Protocol for Obstetrical Procedures During COVID-19”.
<b>Scope:</b>	<ul style="list-style-type: none"> <li>• Audience: Medical Executive &amp; Directors, Clinical Care staff and all Physicians</li> <li>• Environment: Island-Wide (All Island Health facilities where surgical procedures are performed)</li> <li>• Indications: This procedure is effective as of May 22, 2020 until cancelled</li> <li>• Inclusion: Adult, Pediatric and Obstetrical surgical patients</li> <li>• Exception: This Guideline should only be used during specific designated timeframes</li> </ul>
<b>Outcomes:</b>	To protect health care providers and provide safe and appropriate care to surgical patients during extraordinary circumstances such as during COVID-19.

## 1.0 Guideline

- This guideline provides a standardized approach for pre-operative COVID-19 risk assessment for scheduled and unscheduled surgical patients\* including: assessing risk factors, screening for symptoms, a consistent referral process for COVID-19 testing (if clinically indicated) and determination to proceed with surgery.
- 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 to testing**.
- 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 24- 72 hours prior to surgery and on the day of surgery and where appropriate tested
- Elective surgical procedures for confirmed COVID-19 patients who have had contact with, or an exposure to, a COVID-19 patient (known and being followed by public health officials) should be delayed until the patient is deemed recovered and non-infectious according to the provincial protocol, or the surgical procedure becomes urgent or emergent
- If screening for elective pediatric procedure:**
  - 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 or have contact with any confirmed COVID-19 individuals

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

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# Pre-Operative COVID-19 Screening

Guidelines are recommended actions allowing for professional judgement



- f. For urgent or emergent surgical procedures, patients reporting new symptoms consistent with COVID-19 should undergo pre-operative COVID-19 testing, however, urgent or emergent surgical procedures should proceed as *medically indicated*, regardless of the patient’s COVID-19 status and should not be delayed for testing or test results
- g. **For obstetrics patients:** For women who are confirmed cases of COVID-19, please see the latest BCCDC recommendations for guidance on self-isolation and management during pregnancy
- h. The Island Health *COVID-19 Pre-Procedure Assessment Form* (see Appendix A) will be used for preoperative COVID-19 screening of all surgical patients and will be included in the patient chart until such time as an electronic form is implemented
- i. The caregiver/support person must be screened using the same *COVID-19 Pre-Procedure Assessment Form* questions both 24-72 hours pre- procedure and again on the day of surgery, however; the caregiver/support person’s answers will not be documented on the form and will not be included in the patients chart
- j. If *COVID-19 Pre-Procedure Assessment Form* is not on the patient’s chart on day of surgery: Complete day of surgery or delay surgery
- k. For scheduled surgical procedures, the Island Health *COVID-19 Pre-Procedure Assessment Form* should be completed by the preadmission clinic (PAC) 24 - 72 hours prior to the scheduled surgical procedure
- l. The “*COVID-19 Testing Requisition Form 09.04.2020*” (see Appendix B) will be used for all referrals to Island Health COVID-19 Testing Centers
- m. 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 Personal Protective Equipment (PPE) and to provide guidance for different anesthesia approaches and for surgeries with risk of aerosolization

## 1.1 For scheduled surgical procedures – Pre-Admission Clinic (PAC) screening 72 hours in advance of surgery:

- a. Screening may be performed by a nurse, clerk or anesthesiologist. Refer to Appendix C- Pre-Admission Clinic Telephone Script
- b. The Pre-Admission Clinic will phone the patient and caregiver/household member (for pediatric cases) and complete the risk factor and symptom section of the *COVID-19 Pre-Procedure Assessment Form* 24 - 72 hours in advance of surgery
- c. It is preferable to complete the risk assessment 72 hours prior to surgery - this will ensure that, in the event that a referral for testing is required, there is enough time for the testing centre to schedule the patient’s testing appointment and lab results will be available prior to surgery
- d. The Island Health *COVID-19 Pre-Procedure Assessment Form* must be included in the patient chart
- e. **If a clerk performs the risk assessment and the patient answers “Yes” to any of the risk factors or COVID-19 symptom questions:**
  - The clerk will alert a PAC nurse or anesthesiologist and the PAC nurse or anesthesiologist will review and follow up with the patient and refer for testing as appropriate

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- f. **If a patient answers “Yes” to any of the risk factors or COVID-19 symptom questions that are not directly related to patient’s underlying condition (and has not already been referred by their surgeon):**
  - A nurse or physician will complete, sign and fax a referral to a testing centre as per the instructions in section 1.6 below, “**Patients who require referral for COVID-19 Testing at COVID-19 Testing Centres**”, and will phone the surgeon or on-call surgeon directly and notify her/him that a referral has been submitted
  - In the event that the patient’s caregiver/support member is identified as at risk for COVID-19, PAC will notify surgeon and
  - If the accompanying caregiver/support person is identified as at risk for COVID-19, PAC will notify the surgeon and tell that person that they must self-refer to a COVID testing centre
  - For Statutory Holidays: It is acceptable to screen patients on Friday who are scheduled for surgery on Tuesday due to a statutory holiday
  - \*If there is a question as to whether signs and symptoms are related to the patient’s underlying condition, confirm with surgeon
- g. **If a patient is identified as not at risk for COVID-19:**
  - Instruct the patient to self-monitor for symptoms prior to surgery and phone their surgeon’s office if they develop any signs or symptoms consistent with COVID-19, or have contact with any confirmed COVID-19 individuals
  - Scheduled surgical patients reporting new symptoms consistent with COVID-19 should be tested as per provincial testing guidelines

## 1.2 Patient waiting for surgery in hospital - Direct admission to hospital or admitted through the Emergency Department (ED) and awaiting surgery up to 72 hours in advance of procedure:

- a. **Admission:** The admitting nurse will perform the initial COVID-19 risk assessment and document in the Island Health COVID-19 *Pre-Procedure Assessment Form* and place in patient chart
- b. **Day of surgery:** A unit nurse will perform the “Day of Surgery” assessment in the Island Health COVID-19 *Pre-Procedure Assessment Form*, prior to sending the patient to the operating room (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 testing from the Island Health lab, if clinically indicated (i.e., symptoms unrelated to underlying condition)
  - If results are available before surgery and patient is COVID-19 negative (*green risk category*): Proceed to surgery
  - If 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 is to proceed or can safely be delayed
- d. The Island Health COVID-19 *Pre-Procedure Assessment Form* must be included in the patient chart

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### 1.3 Urgent cases - patients waiting at home for surgery:

- a. Patients that present to the ED and are deemed as requiring surgery but are sent home to wait for surgery: Initial COVID-19 screening to be completed by ED and document in the *COVID-19 Pre-Procedure Assessment Form*
- b. If patient requires COVID-19 testing: ED to order swab and inform patient they will be informed of results
- c. If patient waiting at home greater than 72 hours, and based on resources available at each site, either:
  - OR desk will screen patient when they call patient with surgery date/time
  - Surgeon who is booking the case will perform screening
- d. If results are available before surgery and patient is COVID-19 negative (*green risk category*): Proceed to day of surgery
- e. If 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 is to proceed or can safely be delayed

### 1.4 Obstetrics Urgent/Emergent cases:

- a. For urgent or emergent procedures, the *COVID-19 Patient Assessment Form* shall be completed upon arrival to the peri-operative area. A delay in the 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.
- b. For the CODE OB/CODE PINK patient where an appropriate history has been obtained and has not changed, for example, fever in labour, during the admission, patients can continue to be classified as either green or red. For CODE OB/CODE PINK patients where a history cannot be obtained due to the emergent nature of care they are classified as yellow.

### 1.5 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 Personal Protective Equipment (PPE), pick patient up, and 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 Surgery” portion of the Island Health *COVID-19 Pre-Procedure Assessment Form*
- d. **If Admitting Unit identifies that patient is at risk for COVID-19:** Admitting nurse will inform surgeon and the surgeon will determine if patient requires COVID-19 testing and 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 and will notify the person that they should self-refer for COVID-19 testing in the community. Follow precautions as per BCCDC and Ministry of Health *Infection Prevention and Control (IPC) Protocols for Surgical Procedures During COVID-19*.

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## 1.6 Day of surgery - physician screening and final surgical team assessment (pre-surgical procedure huddle):

- a. The surgeon or physician will complete the Physician Screening portion of the *COVID-19 Patient Risk Assessment Form* as part of, or prior to, the Final Surgical Team Assessment (see Appendix 1)
- b. The surgical team (e.g., anesthetist, surgeon, anesthesia assistant, circulating nurse and scrub nurse) will all review and agree upon the Patient Risk Category based on information gathered from the *COVID-19 Patient Risk Assessment Form*
- c. Surgical team members must all agree on the Patient Risk Category
- d. The nurse will document the final surgical team assessment in the *COVID-19 Patient Risk Assessment Form*
- e. If the patient is identified as a green risk category: Proceed with surgery
- f. If the patient is identified as a Yellow or Red risk category: Surgical team to determine if surgery should proceed or can be safely delayed
- g. If the patient’s caregiver/household member/support person has tested positive for COVID-19: Patient to be classified as Red risk category
- h. 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 anesthetic recovery room (PACU)
  - PACU to notify Site Director, Clinical Site Operations (CSO)
  - CSO to notify receiving unit
- i. Ensure that *COVID-19 Patient Risk Assessment Form* stays in patient chart

## 1.7 Patients who require referral for COVID-19 Testing at an Island Health COVID-19 Testing Centre:

- a. Only a nurse or physician can complete, sign and fax a referral to a testing centre as this is not within scope of practice for a clerk
- b. Submit the “COVID-19 Testing Requisition Form 09.04.2020” (see Appendix B)
- c. **Ensure that the following information is documented:**
  - Tick the “Other” box in the “How do they meet current testing criteria” section
  - Clearly indicate signs and symptoms
  - Document “Surgical Patient” and “Surgical Date”
  - Write the Surgeon’s name as the ordering physician (this will ensure surgeon is copied on swab results)
  - Provide the Surgeon’s Medical Services Plan (MSP) number if possible
  - Fax to 1.855.755.6206
- d. Inform the patient that the testing centre will phone them with appointment date/time and that they will be informed of the results
- e. **If results are negative:** Proceed to surgery
- f. **If results are positive:** Surgeon to determine if surgery can be delayed safely
- g. **For referrals made by the Pre-admission Clinic:** The surgeon is to alert the OR in advance if the patient is identified as being COVID-19 positive

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## 2.0 Definitions

- BCCDC: British Columbia Centre for Disease Control
- CSO: Clinical Site Operations
- ED: Emergency Department
- IPC: Infection Prevention and Control
- MSP: Medical Services Plan
- OR: Operating Room
- PAC: Pre-Admission Clinic
- PACU: Post Anesthetic Recovery Room
- PHO: Provincial Health Officer
- PICNET: Provincial Infection Control Network
- PPE: Personal Protective Equipment


## 3.0 Resources

- 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, “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.
- 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.

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## Appendix A: COVID-19 Pre-Procedure Assessment Form

	<b>COVID-19 Pre-Procedure Assessment Form</b>	Patient Label
<input type="checkbox"/> Surgical	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Obstetrics
<input type="checkbox"/> Pediatric		
<b>24-72 HOURS PRIOR TO PROCEDURE</b>		
Date/Time:	Able to obtain patient history? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, promptly notify physician</i>	
<b>RISK FACTORS FOR COVID-19 EXPOSURE</b> In the last 14 days:		
Has patient been in close contact with anyone diagnosed with lab confirmed COVID-19?	<input type="checkbox"/> No <input type="checkbox"/> Yes	When? Date: _____
Has patient lived or worked in a setting that is part of a COVID-19 outbreak?	<input type="checkbox"/> No <input type="checkbox"/> Yes	When? Date: _____
Has patient been advised to self-isolate or quarantine at home by public health?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Contact info: _____
Has patient returned from travel outside of Canada or from an area within Canada that is experiencing a COVID-19 outbreak?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Return date: _____ Travel location: _____
<b>DOES THE PATIENT HAVE NEW ONSET, COVID-19 LIKE SYMPTOMS?</b>		
<input type="checkbox"/> Fever	<input type="checkbox"/> Runny nose/nasal congestion	<input type="checkbox"/> Loss of appetite
<input type="checkbox"/> Cough	<input type="checkbox"/> Loss of sense of smell	<input type="checkbox"/> Nausea and/or vomiting
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat or painful swallowing	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Headache		<input type="checkbox"/> Muscle aches
		<input type="checkbox"/> Fatigue
		<input type="checkbox"/> Chills
<i>If Yes to any Risk Factor or COVID-19 like symptoms questions, promptly notify the Physician or appropriate Clinic</i>	Physician/Office notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient referred for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____
Printed Name	Signature	Designation
<b>DAY OF PROCEDURE</b>		
Date/Time:	Able to obtain patient history? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, promptly notify physician</i>	
<b>RISK FACTORS FOR COVID-19 EXPOSURE</b> In the last 14 days:		
Has patient been in close contact with anyone diagnosed with lab confirmed COVID-19?	<input type="checkbox"/> No <input type="checkbox"/> Yes	When? Date: _____
Has patient lived or worked in a setting that is part of a COVID-19 outbreak?	<input type="checkbox"/> No <input type="checkbox"/> Yes	When? Date: _____
Has patient been advised to self-isolate or quarantine at home by public health?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Contact info: _____
Has patient returned from travel outside of Canada or from an area within Canada that is experiencing a COVID-19 outbreak?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Return date: _____ Travel location: _____
<b>DOES THE PATIENT HAVE NEW ONSET, COVID-19 LIKE SYMPTOMS?</b>		
<input type="checkbox"/> Fever	<input type="checkbox"/> Runny nose/nasal congestion	<input type="checkbox"/> Loss of appetite
<input type="checkbox"/> Cough	<input type="checkbox"/> Loss of sense of smell	<input type="checkbox"/> Nausea and/or vomiting
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat or painful swallowing	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Headache		<input type="checkbox"/> Muscle aches
		<input type="checkbox"/> Fatigue
		<input type="checkbox"/> Chills
<i>If Yes to any Risk Factor or COVID-19 like symptoms questions, promptly notify the OR or appropriate Clinic.</i>	Physician/Office notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient referred for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____
Printed Name	Signature	Designation
Order Number: 01-01-125351-5 V.1 May 2020	<i>If you have questions or would like to suggest changes to this form, please contact</i> <a href="mailto:RegionalClinicalForms@vth.ca">RegionalClinicalForms@vth.ca</a>	1 of 2


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PHYSICIAN SCREEN					
COVID-19 NP test performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	
COVID-19 NP test performed on Caregiver/Household member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	
If test has not been performed, do you recommend testing patient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reason: _____		
Unable to perform swab?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reason: _____		
Type of anesthesia to be used	<input type="checkbox"/> General	<input type="checkbox"/> Local/Regional			
<div style="display: flex; justify-content: space-between;"> <span>_____ Printed Name</span> <span>_____ Signature</span> <span>_____ Designation</span> </div>					
FINAL PROCEDURE TEAM ASSESSMENT					
COVID-19 risk factor (travel, contact, outbreak)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
COVID-19 like symptoms that cannot be explained by another medical or surgical diagnosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
Are COVID-19 test results available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A	
If Caregiver/household member tested, are COVID-19 test results available?	<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"/> <span style="background-color: #4CAF50; color: white; padding: 2px 10px;">GREEN</span> <input type="checkbox"/> <span style="background-color: #FFEB3B; color: black; padding: 2px 10px;">YELLOW</span> <input type="checkbox"/> <span style="background-color: #F44336; color: white; padding: 2px 10px;">RED</span>					
<div style="display: flex; justify-content: space-between;"> <span>_____ Printed Name</span> <span>_____ Signature</span> <span>_____ Designation</span> </div>					
PATIENT RISK CATEGORY TABLE					
COVID-19 Symptoms/ Signs*	COVID-19 Exposures/ Contacts*	Testing Required	COVID -19 Test Results (if applicable)**	Risk Category	Proceed with Scheduled Procedure
NO	NO	NO	NOT REQUIRED	GREEN	YES
NO	NO	NO	NEGATIVE	GREEN	YES
NO	YES	YES	NEGATIVE	GREEN	YES
UNKNOWN	NO	YES	NEGATIVE	GREEN	YES
YES	NO	YES	NEGATIVE	GREEN	YES
YES	YES	YES	NEGATIVE	GREEN	YES
UNKNOWN	UNKNOWN	YES	UNKNOWN/PENDING	YELLOW	YES
NO	YES	YES	UNKNOWN/PENDING	RED	ONLY IF URGENT, EMERGENT
YES	NO	YES	UNKNOWN/PENDING	RED	ONLY IF URGENT, EMERGENT
YES	YES	YES	UNKNOWN/PENDING	RED	ONLY IF URGENT, EMERGENT
-	-	-	POSITIVE	RED	ONLY IF URGENT, EMERGENT
-	-	-	CRGV/HSOLD POSITIVE	RED	ONLY IF URGENT, EMERGENT
*If a caregiver/household member is symptomatic or has risk factors, that household member should be tested as well. **Interpret the negative test in terms of the clinical context. If there is a confirmed COVID-19 exposure within the household, and a strong clinical suspicion of COVID-19 despite negative testing, treat as RED.					
Order Number: 01-01-125351-5		If you have questions or would like to suggest changes to this form, please contact			2 of 2
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## Appendix B: Island Health Requisition for COVID-19 Testing




### REQUISITION FOR COVID-19 TESTING

ISLAND HEALTH WIDE FAX 1-855-755-6206

**CRITERIA AND [GUIDELINES FOR COVID-19 TESTING](#) ARE PROVIDED BY BCCDC.**

In addition to the priority populations identified in the guidelines, health care providers can order a COVID-19 test for any patient based on their clinical judgement, where it will change management. Health care workers do not need a requisition; they can self-refer for testing.

Once the requisition is received, individuals will be contacted and booked for an appointment at their local testing site.

 **This referral form is not for individuals requiring a medical assessment. If that is required, see referral form for your local COVID-19 Assessment Clinic for access and criteria.**

PATIENT INFORMATION	ORDERING PROVIDER
Last name:	Name:
First name:	MSP #:
Date of birth: (YYYYMMDD)	Clinic Name:
Address:	Street Address:
	Fax:
	Phone:
PHN:	Primary Care Provider:
Primary contact number:	<input type="checkbox"/> Same as ordering provider
Email:	Copy to (full name):
	Public Health Nurse (full name):

HOW DO THEY MEET CURRENT TESTING CRITERIA	
<input type="checkbox"/> Requires admission to hospital or likely to be admitted <input type="checkbox"/> Pregnant, in 3 <sup>rd</sup> trimester <input type="checkbox"/> On hemodialysis <input type="checkbox"/> Cancer patient receiving radiation or chemotherapy <input type="checkbox"/> Part of an investigation of a cluster or outbreak <input type="checkbox"/> Resident of remote, isolated or Indigenous community <input type="checkbox"/> Living and working in congregate settings <input type="checkbox"/> Homeless or has unstable housing <input type="checkbox"/> Returning traveler identified at a point of entry to Canada <input type="checkbox"/> Clinical judgement/test will change management <input type="checkbox"/> Other _____	Please indicate if the need for testing is time-sensitive:

Current symptoms which may represent COVID-19		
<input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Nasal congestion	<input type="checkbox"/> Loss of sense of smell <input type="checkbox"/> Sore throat <input type="checkbox"/> Odynophagia <input type="checkbox"/> Headache <input type="checkbox"/> Muscle aches	<input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Chills <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhoea

V.1 Apr 2020 If you have questions or would like to suggest changes to this form, please contact [RegionalClinicalForms@vhiwa.ca](mailto:RegionalClinicalForms@vhiwa.ca) 1 of 1

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## Appendix C: Pre-Admission Clinic Telephone Script

\*Pre-admission calls to be made 24 – 72 hours prior to booked procedures. It is **preferable to complete the risk assessment 72 hours prior to surgery**. This will ensure that, in the event that a referral for testing is required, there is enough time for the testing centre to schedule the patient’s testing appointment and lab results will be available prior to surgery.

*Preamble:* Hello my name is \_\_\_\_\_ and I am calling from the Pre-Admission Clinic at the hospital. As you are aware, we are in the midst of the COVID-19 pandemic. We need to ask you the following questions which will help us plan your course of care. It is important that we accurately identify patients at risk of having COVID-19 in order to best care for them and minimize the risk to other patients and our health care team. Please answer the following questions honestly and as accurately as you can. This will help us plan for your upcoming surgery that is scheduled for \_\_\_\_\_.

### **Does the patient have a risk factor for COVID-19 exposure?**

In the last 14 days have you:

- Been in close contact with anyone diagnosed with lab confirmed COVID-19?
- Lived or worked in a setting that is part of a COVID-19 outbreak?
- Been advised to self-isolate or quarantine at home by public health?
- Returned from travel outside of Canada or from an area within Canada that is experiencing a COVID-19 outbreak?

### **Does the patient have new onset COVID-19 like symptoms\*?**

Can you please tell me if you are experiencing any of the following symptoms (**new onset**):

- Fever
- Cough (new onset or worsening cough)
- Shortness of breath (new onset)
- Diarrhea
- Nausea and/or vomiting
- Headache
- Runny nose/nasal congestion
- Sore throat or painful swallowing
- Loss of sense of smell
- Loss of appetite
- Chills
- Muscle aches
- Fatigue

**Option 1- Patient answers ‘Yes’ to any of the questions and has not been has not already been referred for COVID-19 testing by their surgeon:** Follow directive as per Section 1.1 of this guideline. Note: Only a nurse or physician can refer a patient for COVID-19 testing.

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