Guidance Summary: Infection Prevention and Control (IPC) Protocol for Adult Surgical Procedures During COVID-19

This guidance summary highlights key points of the IPC surgical protocol for adults and is intended for health-care providers. It is based on known evidence as of March 16, 2021. For the complete protocol, see *Infection Prevention and Control (IPC) Protocol for Adult Surgical Procedures During COVID-19*. Obstetrical and pediatric procedures have their own guidance.

Risk assessment and risk categorization should be agreed upon by surgical team. Consult the updated symptom list and patient risk category table in the COVID-19 surgical patient assessment form. Regardless of risk category, individual team members may choose to wear an N95 respirator.

Considerations for Pre-Operative COVID-19 Testing

> **Test patients with any signs or symptoms of COVID-19 infection**, even if a symptom can be explained by their surgical diagnosis.

> The following **asymptomatic pre-operative patients** should be tested for COVID-19:
  - Those from outbreak units/facilities (or those with enhanced surveillance).
  - Those who have been instructed by public health to self-isolate.

> **Universal pre-operative testing of all patients may be triggered** by health authority leadership in areas with high COVID-19 prevalence *(recommendation: If test positivity rate exceeds 5% for a sustained period of time, incidence rate is greater than 10.1/100,000, and there are more than two COVID-19 acute care outbreaks in the health authority).*

> **Interpret a negative COVID-19 test in terms of the clinical context** (see pg.11 patient risk category table for guidance). A negative test result may facilitate downgrading the risk category of a patient, if they have no known COVID-19 contact**.**

> **At this time, there is no change to protocols based on immunization status.** The immunization status of a health-care worker or patient should not influence infection prevention and control precautions or a patient's risk stratification.

Proceeding with Surgery with COVID-19 Infection

Decision-making about the timing of surgery requires consideration of many factors to balance the urgency, infectivity and complication risk for each individual patient.

⚠ **Do not delay urgent or emergent surgery for testing or test results.**

> **Elective surgeries should be delayed until seven or more weeks post infection.** The patient must also be symptom-free. Studies have confirmed that there is a higher risk of respiratory complications and mortality for major surgery within six weeks of a COVID-19 infection (see pg.5).

> **Prior to surgery (regardless of urgency), determine the patient's infectivity** to help decide surgical timing and protocols.
  - Refer to guidance for community and acute care settings (also see decision tree tool). Evidence continues to evolve.
  - Considerations for determining infectiousness for discontinuing additional precautions:
    - **A test-based strategy is not recommended for the majority of patients post-COVID-19 infection.** Patients may continue to test positive for many weeks after their illness, but they are no longer infectious.
    - **< 60 days post-positive COVID-19 test,** the likelihood of reinfection is low. In general, testing should not be performed and surgery can proceed as indicated on an asymptomatic, recovered patient.
    - **From 60 days post infection**, screen as usual with risk assessment form.

⚠ **The period of communicability may be longer due to the severity of COVID-19 illness or degree of immunocompromise.** A test-based strategy might be needed, in consultation with IPC teams.

Please email the BCCDC's Clinical Reference Group at CRG@bccdc.ca with questions or feedback.

British Columbia Ministry of Health
BC Centre for Disease Control