### Decision Making Guidance

#### SYMPTOMATIC

<table>
<thead>
<tr>
<th>Patient is symptomatic</th>
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<tbody>
<tr>
<td>• unexplained fever</td>
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<tr>
<td>• OR new or worsening cough</td>
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<tr>
<td>• OR two or more symptoms (new or worsening):</td>
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<tr>
<td>• sore throat, runny nose, headache, shortness of breath) / other acute respiratory illness consistent with infection</td>
</tr>
<tr>
<td>or Physician has a high clinical suspicion or CXR is consistent with COVID-19</td>
</tr>
</tbody>
</table>

| Swab patient within 24 hrs for patients residing and/or having surgery in CZ, or up to 48 hrs for patients residing and having surgery outside of CZ |
| If negative and there is low clinical suspicion, patient may proceed to the OR according to the SYMPTOMATIC OR EXPOSURE RISK column |
| If negative swab with a high clinical suspicion and/or CXR consistent with COVID-19: |
| • Delay surgery 14 days where possible |
| • Order repeat swab for 72 hrs |
| • For surgery that can not wait 14 days, proceed to OR according to SYMPTOMATIC OR EXPOSURE RISK column, even if swab negative |

#### Exposure Consideration

<table>
<thead>
<tr>
<th>Resides in NS, NB, PEI or NFLD</th>
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<tbody>
<tr>
<td>Patient lives in NS, NB, PEI or NFLD and has</td>
</tr>
<tr>
<td>• no close contacts with COVID-19 AND</td>
</tr>
<tr>
<td>• no symptoms.</td>
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</tbody>
</table>

| For 14 days before planned surgery, where possible, patients should be encouraged to minimize trips outside their home to those that are essential and minimize non-household visitors |
| Patients residing in CZ and/or having surgery in CZ - Swab within 24 hours prior to surgery (even if an inpatient) |
| Patients residing and having surgery outside of CZ, ideally swab within 24 hours but may accept swab within 48 hrs prior to surgery (even if an inpatient) |
| If possible, wait for negative swab result. If swab negative, patient may proceed according to ASYMPTOMATIC column |
| If a patient cannot be delayed for the COVID-19 swab result, the patient shall have surgery as specified under SYMPTOMATIC OR EXPOSURE RISK column |

#### Exposure Considerations

<table>
<thead>
<tr>
<th>Close Contact or Facility Cluster or Self-Isolating for exposure risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient is a CLOSE CONTACT (within 14 days) of a Known or Suspected Case</td>
</tr>
<tr>
<td>Patient lives in a facility cluster</td>
</tr>
<tr>
<td>Patient is self-isolating for exposure risk (includes public health alert or travel outside the Atlantic Provinces in last 14 days)</td>
</tr>
<tr>
<td>Patient is a household/close contact with someone who has travelled outside the Atlantic Provinces for any reason in the last 14 days</td>
</tr>
</tbody>
</table>

| For elective surgery, patient must self-isolate pre-op for 14 days (ie. Delay surgery) |
| Swab patient within 24-48 hrs |
| For surgery that can not wait 14 days, proceed to OR according to SYMPTOMATIC OR EXPOSURE RISK column, even if swab negative and within the 14 day period of self-isolation |

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Prior to assigning patient to pathway, clinicians should use clinical judgement supported by the above decision-making guidance and the NS HEALTH COVID-19 RISK ASSESSMENT GUIDANCE FOR PATIENTS REQUIRING ADMISSION. The guidance provided below assumes the patient is not on specific precautions for other reasons (i.e., C. diff, MRSA, etc.). If a patient is on precautions for other reasons, these are not overridden by the guidance below and should be followed as per Infection Prevention and Control guidelines.

### Known or Suspect COVID-19 Positive

**Blue Zone Patient**

- **COVID-19 positive or designated high risk due to symptoms and exposure**

<table>
<thead>
<tr>
<th>Screening &amp; Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Review/reconfirm COVID-19 Risk Assessment</td>
</tr>
<tr>
<td>• Determine surgical urgency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patient will likely have been swabbed already; confirm swab results if available.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SYMPTOMATIC* OR EXPOSURE RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yellow Zone Patient</strong></td>
</tr>
<tr>
<td>or if symptoms cannot be assessed or Asymptomatic with Exposure Risk</td>
</tr>
</tbody>
</table>

*This presumes source of symptoms not attributable to another diagnosis

| Review/reconfirm COVID-19 Risk Assessment |
| Determine surgical urgency |
| Plan testing, OR destination, and disposition. |

<table>
<thead>
<tr>
<th>ASYMPTOMATIC or Low Risk Probability for COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only risk factor is residing in NS, NB, PEI of NFLD</td>
</tr>
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</table>

| Review/reconfirm COVID-19 Risk Assessment |

*If a swab is pending follow Symptomatic or Exposure risk column*

Prior to assigning patient to pathway, clinicians should use clinical judgement supported by the above decision-making guidance and the NS HEALTH COVID-19 RISK ASSESSMENT GUIDANCE FOR PATIENTS REQUIRING ADMISSION. The guidance provided below assumes the patient is not on specific precautions for other reasons (i.e., C. diff, MRSA, etc.). If a patient is on precautions for other reasons, these are not overridden by the guidance below and should be followed as per Infection Prevention and Control guidelines.

### Known or Suspect COVID-19 Positive

#### Blue Zone Patient

- **Swabbed COVID-19 positive or designated high risk due to symptoms** and exposure

#### SYMPTOMATIC* OR EXPOSURE RISK

- **Yellow Zone Patient** or if symptoms cannot be assessed or Asymptomatic with Exposure Risk

  - Airborne & Droplet & Contact Precautions
  - Cupboards/drawers must remain closed except to retrieve items
  - Minimize cupboard and door opening during and after AGMP complete until ventilation removes 99.9% of airborne particles
  - Always enter cupboards and drawers with clean hands followed by handwashing

- **Airborne & Droplet & Contact Precautions in any OR**
  - Cupboards/drawers must remain closed except to retrieve items
  - Minimize cupboard and door opening during and after AGMP complete until ventilation removes 99.9% of airborne particles
  - Always enter cupboards and drawers with clean hands followed by handwashing

#### Airborne & Droplet & Contact Precautions

- Limit personnel in the OR to anesthesiologist, RN or AT or Anes Resident
- All staff in the OR don appropriate PPE for airborne/droplet/contact

- **Airborne & Droplet & Contact Precautions**
  - All staff in the OR don appropriate PPE for airborne/droplet/contact

- **Airborne & Droplet & Contact precautions**
  - May change to Contact & Droplet Precautions after AGMP complete until ventilation removes 99.9% of airborne particles (assuming no risk for ongoing AGMP during case)
  - Procedures entering the respiratory tract are considered an ongoing AGMP

- **Contact & Droplet Precautions in any OR**
  - Cupboards/drawers must remain closed except to retrieve items
  - Minimize cupboard and door opening during and after AGMP complete until ventilation removes 99.9% of airborne particles
  - Always enter cupboards and drawers with clean hands followed by handwashing

### Intubation & Extubation

- **Airborne & Droplet & Contact Precautions**
- All staff in the OR don appropriate PPE for airborne/droplet/contact

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### Intra-operative

- **Airborne & Droplet & Contact precautions**
- May be stepped down to Droplet & Contact Precautions after ventilation removes 99.9% of airborne particles post aerosol generating medical procedure (AGMP).
- Place surgical mask on patient when able to tolerate
- Recover in the OR until ready to move to designated unit

- **Post AGMP/extubation, recover patient in the OR for the period of time until ventilation removes 99.9% of airborne particles (room specific) [if general anesthesia]**
- Place a surgical mask on the patient when able to tolerate
- Proceed to PACU under Droplet & Contact Precautions once ventilation time completed
- Patient should be physically distanced from other pts (isolation room if possible but otherwise 2 m apart with curtain separations)
- For ASYMPTOMATIC patients without exposure risks (“orange” patients) who proceeded down this pathway ONLY because of no timely swab, they do NOT require contact/droplet precautions or socially distancing in PACU. Treat with UPP

- **Routine Practices and UPP**

### Phase 1 Recovery

- **Consult NS HEALTH COVID-19 RISK ASSESSMENT GUIDANCE FOR PATIENTS REQUIRING ADMISSION to aid decision making**
- **Droplet & Contact Precautions**
- If COVID-19 positive/suspected, to COVID-19 unit (ward or ICU)

- **Consult NS HEALTH COVID-19 RISK ASSESSMENT GUIDANCE FOR PATIENTS REQUIRING ADMISSION to aid decision making**
- **Transfer to inpatient unit under droplet/contact precautions**

- **Consult NS HEALTH COVID-19 RISK ASSESSMENT GUIDANCE FOR PATIENTS REQUIRING ADMISSION to aid decision making**
- **Transfer to inpatient unit under droplet/contact precautions**

- **Routine Practices and UPP**
- **Patient remains an “Orange” patient for the duration of their stay in hospital**

### Disposition

- **Routine Practices and UPP**

### Notes

- Airborne & Droplet & Contact Precautions
  - Cupboards/drawers must remain closed except to retrieve items
  - Minimize cupboard and door opening during and after AGMP complete until ventilation removes 99.9% of airborne particles
  - Always enter cupboards and drawers with clean hands followed by handwashing

- **Airborne & Droplet & Contact precautions**
  - All staff in the OR don appropriate PPE for airborne/droplet/contact

- **Contact & Droplet Precautions in any OR**
  - Cupboards/drawers must remain closed except to retrieve items
  - Minimize cupboard and door opening during and after AGMP complete until ventilation removes 99.9% of airborne particles
  - Always enter cupboards and drawers with clean hands followed by handwashing

- **Routine Practices and UPP**
  - Anesthesiologist RN/AT/Resident/other assistant to don gown, mask, face shield, gloves (Routine Practices) for AGMP.
  - Always enter cupboards and drawers with clean hands followed by hand hygiene

- **Routine Practices and UPP**
  - Anesthesiologist RN/AT/Resident/other assistant don gown, mask, face shield, gloves; no N95 mask required

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- **Routine Practices and UPP**
  - Anesthesiologist RN/AT/Resident/other assistant don gown, mask, face shield, gloves; no N95 mask required
Appendix A


Appendix B – Considerations for the Management of Patients Proceeding under Conscious Sedation and/or Neuraxial, Regional or Local Anesthesia

- Patients having surgery under neuraxial or regional anesthesia (including retrobulbar/peribulbar block) shall proceed to the OR using the same considerations noted above. For both neuraxial and regional anesthesia there is a remote possibility of converting to general anesthesia and therefore the above considerations are applicable. Therefore, all cases with planned regional and neuraxial anesthesia in the OR (involving anesthesiology staff) should proceed according to the Decision & Management Protocol for Surgical Procedures Requiring General Anesthesia during COVID-19 Pandemic.

- Patients having surgery under local anesthesia, generally, have a low risk of requiring airway management. Therefore, the above protocol does not generally apply to such patients
  - To illustrate: cataract surgery, cystoscopy without anesthesia present/without sedation, carpal tunnel release without sedation are examples where the above protocol may not apply).

- The only EXCEPTION is if there are concerns of local anesthesia failure and/or need for heavy sedation such that there is a risk that the patient will require airway management. In these patients, the case should proceed to the OR using the same considerations noted above. ie. Follow the Decision & Management Protocol for Surgical Procedures Requiring General Anesthesia during COVID-19 Pandemic.

- For patients having conscious sedation, the risk for needing any sort of airway management must be assessed. If there is moderate-high risk of requiring airway management including bag mask ventilation then the patient shall be managed according to the Decision & Management Protocol for Surgical Procedures Requiring General Anesthesia during COVID-19 Pandemic.

Appendix C – Considerations for previously COVID-19 positive patient

- Consider consulting Infectious Diseases if there are questions about infectivity risk posed by a specific patient
- For elective surgery, patients should be delayed at least 14 days from the onset of their symptoms of acute COVID-19. Some recent evidence suggests better outcomes if patients can be delayed at least 7 weeks and longer if there are persistent symptoms.
- **Patients >90 days** from COVID-19 diagnosis/symptom onset should follow the usual decision making guidance
- **Patients who are <90 days from COVID-19 diagnosis/symptom onset:**
  - Do not re-test an asymptomatic patient
    - Patients will generally continue to test positive for up to 90 days
    - There is clear evidence that after 8-10 days, immunocompetent people, with mild to moderate illness who have recovered, generally do not shed viable virus.
  - Patients who have recovered and have no symptoms of an acute respiratory infection and no exposure risks, may proceed to the OR under routine practices (ASYMPTOMATIC or low risk column)
  - If the patient has symptoms of an acute respiratory infection, retest the patient and investigate for other causes of the illness
  - If the patient has exposure risks (other than living in a Atlantic Canada) within 14 days of surgery and is within 90 days since testing positive, consult ID
### Appendix D – Cleaning and Disinfection

<table>
<thead>
<tr>
<th>KNOWN or SUSPECT COVID-19 POSITIVE</th>
<th>SYMPTOMATIC or EXPOSURE RISK</th>
<th>ASYMPTOMATIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Zone Patient swabbed COVID-19 positive or designated high risk due to symptoms and exposure</td>
<td>Yellow Zone Patient or if symptoms cannot be assessed or Asymptomatic with Exposure Risk</td>
<td>Green Zone Patient swabbed COVID-19 negative OR on droplet/contact precautions pending swab results not meeting COVID Screening Criteria Deemed low risk of COVID.</td>
</tr>
</tbody>
</table>

**Cleaning & Disinfection**

- **KNOWN or SUSPECT COVID-19 POSITIVE**
  - Contact precautions after time elapsed for 99.9% of airborne particles to be removed
  - Cleaning staff to clean & disinfect OR wearing universal mask, gown, heavy duty gloves, & face shield or goggles if sprays or splashes from cleaning materials anticipated
  - Cleaning to include touched surfaces including exterior of cupboards
  - AT cleans anesthesia cart including drawers.
  - Requires terminal cleaning after initial clean by patient attendant/AT

- **SYMPTOMATIC or EXPOSURE RISK**
  - Contact precautions after time elapsed for 99.9% of airborne particles to be removed
  - Cleaning staff to clean & disinfect OR wearing universal mask, gown, heavy duty gloves, & face shield or goggles if sprays or splashes from cleaning materials anticipated
  - Cleaning to include touched surfaces including exterior of cupboards
  - AT cleans anesthesia cart including drawers.
  - Requires terminal cleaning after initial clean by patient attendant/AT

- **ASYMPTOMATIC**
  - Routine Practices or Contact (if patient was designated as such prior to the OR)