nova scotia health

Decision & Management Protocol for Surgical Procedures Requiring Anesthesia during COVID-19 Pandemic

Version 14.3
December 7, 2023

	Operating Room
No identified COVID-19 Risk → → →	• For patients who have recovered from COVID within 7 weeks, see Appendix B. If possible, delay at least 2 weeks. • No pre-procedure/pre-op COVID testing required • Proceed using **Routine Practices** • Additional precautions may be required for non-COVID reasons or based upon point-of-care risk assessment • Cleaning: routine
→ → → **IDENTIFIED COVID-19 Risk SYMPTOMATIC (with respiratory symptoms)**	• If no swab has been done, order a **NP swab (PCR) for COVID /other respiratory infections** (eg influenza) **NEXT… REVIEW RESULTS:** • **If COVID positive,** discuss risks/benefits of proceeding with case. If case proceeds, follow BLUE (COVID positive) pathway below • If **COVID Negative (PCR) and symptomatic with respiratory symptoms** then **DROPLET/CONTACT precautions only.** Staff may choose to don a N95 respirator based on individual point-of-care risk assessment but it is not required for AGMP • **If COVID result not available AND symptomatic with respiratory symptoms** discuss risks/benefits of proceeding with case. If case proceeds, follow BLUE (COVID positive) pathway below • Cleaning: As per **Droplet/Contact precautions policy**
IDENTIFIED COVID-19/ Influenza/RSV Risk **ASYMPTOMPATIC with Exposure Considerations** • **Close Contact within 7days** **or** • **Patient is from a care or nursing unit (or entire facility) with a known COVID/Influenza/RSV Outbreak** → → →	• Patient with **exposure considerations (ORANGE)** are at risk of developing COVID. If surgery would be delayed if they had COVID, then consider delaying until day 4 and the patient is determined to be low risk (GREEN). If the surgery would not be delayed regardless of COVID result, then proceed down the BLUE (COVID positive) pathway. • If **Asymptomatic with exposure considerations (regardless of recent negative COVID test),** discuss risks/benefits of proceeding with case. If case proceeds, follow BLUE (COVID positive) pathway below • Cleaning as per **Airborne Precautions Policy** (refer to policy for time required to close room to clear airborne particles)
Confirmed COVID Positive → → →	• Patients with COVID are ideally postponed at least two weeks (see appendix B) • Proceed using **Droplet & Contact & Airborne Precautions** • Cleaning as per **Airborne Precautions Policy** (refer to policy for time required to close room to clear airborne particles)

Appendix A

Consult COVID-19 Hub for latest version of COVID-19 Risk Assessment and for guidance on Airborne Precautions, Droplet Precautions, Contact Precautions and Routine Practices.
Consult NS Health Admission Pathway: Acute Viral Respiratory Infection for further guidance.

Appendix B – Considerations for the recently COVID-19 positive patient

- Consider consulting IPAC if there are questions about infectivity risk posed by a specific patient.

Recommendations:

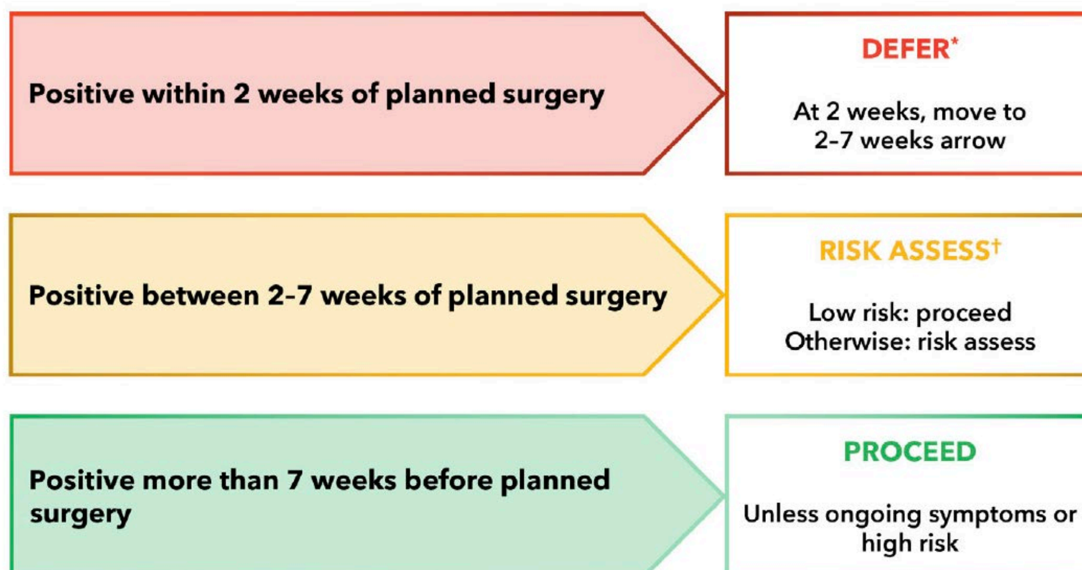
1. Elective/scheduled surgery should be avoided for AT LEAST 2 weeks following a positive COVID test.

2. Anesthesiologists and surgeons should conduct a risk assessment on their patient and should consider the following:
   - Patient factors: age, comorbidities, functional or frailty status of the patient
   - Severity of recent COVID infection, ongoing symptoms, and vaccination status
   - Complexity of surgery or surgical risk
   - Potential deleterious effect of delayed surgery upon the patient's health.

3. After 2 weeks, surgery can proceed if the patient and surgery are low risk.

4. All other patients may proceed between 2 and 7 weeks based on the risk assessment.
   - In most circumstances, surgery should proceed unless the risk assessment indicates the risk of proceeding exceeds the risk of delay.

COVID Decision Making Graphic from *Anaesthesia 2023, 78, 1147–1152*



Additional Information (See Statements linked below for Full Details):

- Mortality:
    - "More recent data have suggested that risks associated with surgery within 7 weeks of infection may be more modest than in previous phases of the pandemic. In the Omicron post-vaccination era, a population-based data platform analysis in England showed that surgery 2 weeks, 2–4 weeks, 4–7 weeks and > 7 weeks after SARS-CoV-2 infection was associated with a 30-day mortality rate of 1.1%, 0.5%, 0.3% and 0.2%, respectively."
        - Note pre-vaccine data = 4.1%, 2.3%, 1.3% and 0.9%, respectively

- Major adverse cardiovascular and cerebrovascular events (MACE)
    - "Compared with patients who did not have pre-operative COVID-19 (incidence of MACE 5.9%), surgery within 4 weeks, between 4 and 8 weeks and beyond 8 weeks was associated with an incidence of MACE of 7.5%, 6.1% and 5.5%, respectively."

- Recommendations are based on two statements from major institutions in the United States and the United Kingdom. Both documents were updated in June of 2023 and reference data from the post-vaccine era.

    - **American Society of Anesthesiologists and Anesthesia Patient Safety Foundation Joint Statement on Elective Surgery/Procedures and Anesthesia for Patients After COVID-19 Infection**

    - **Timing of elective surgery and risk assessment after SARS-CoV-2 infection: 2023 update A multidisciplinary consensus statement on behalf of the Association of Anaesthetists, Federation of Surgical Specialty Associations, Royal College of Anaesthetists and Royal College of Surgeons of England**