Information for clinicians

Introduction

This information sheet provides interim guidance when patients with suspected or confirmed COVID-19 are accessing surgical / procedural healthcare services.

This document should be read in conjunction with the following:
- CDNA National Guidelines for Public Health - Coronavirus Disease 2019
- NSW Health COVID-19 webpage

Additional resources can also be found on the CEC Infection Prevention and Control web site.

Elective Surgery / Procedure

Refer to NSW Health elective surgery table at COVID-19: Interim guidance for elective surgery and outpatient clinics. Follow local procedures in line with Waiting Time and Elective Surgery Policy.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category A patients or where surgery is recommended to proceed</td>
<td>Consult with the lead medical officer and senior facility manager.</td>
</tr>
<tr>
<td></td>
<td>Refer to Emergency Surgery / Procedure guide below where surgery is indicated.</td>
</tr>
</tbody>
</table>

Emergency Surgery / Procedure

Refer to the general principles information for Infection Prevention and Control: Management of COVID-19 in Healthcare Settings.

If the patient is suspected or confirmed to have COVID-19 and the decision is to proceed with the procedure, then follow Transmission Based precautions for Contact & Droplet precautions with addition of airborne precautions for aerosol generating procedures (AGPs). When donning a P2/N95 mask refer to Principles of Fit checking chart.

Follow routine hospital procedures using Infection Prevention and Control: Management of COVID-19 in Healthcare Settings in addition to the specific considerations below.
<table>
<thead>
<tr>
<th>Criteria</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Booking of surgery/procedure</td>
<td>Medical Officer making booking to inform the Senior Nurse Manager/Patient Flow Coordinator, Anaesthetic Team and Procedural Charge Nurse of patients COVID-19 status.</td>
</tr>
<tr>
<td>Transfer to the procedural area</td>
<td>Sending department to inform receiving area and auxiliary staff responsible for transferring the patient of patient’s COVID-19 status. Patient to wear a surgical/procedural mask where possible.</td>
</tr>
<tr>
<td>Intubated patients for transfer</td>
<td>Contact/Droplet/Airborne precautions apply. Isolate and contain resuscitaire for post-operative transfer if remaining intubated post procedure.</td>
</tr>
<tr>
<td>*Non intubated patients with oxygen insitu transfer</td>
<td>Contact and Droplet precautions apply. Where possible consider using nasal prongs with a maximum O₂ flow of 4L under a surgical mask, instead of a simple oxygen mask where possible.</td>
</tr>
<tr>
<td>Arrival in procedural area</td>
<td>Identify the correct patient and procedure. Transfer the patient directly to the operating / procedural room then continue completion of the pre-operative checklist. Bypass holding and anaesthetic bays where these exist.</td>
</tr>
<tr>
<td>Arrival in operating/procedure room</td>
<td>Contact-droplet precautions apply. Complete pre-operative checklist and commence Clinical Procedure Safety Checklist. Review transmission-based precautions and anaesthesia plan during Sign In.</td>
</tr>
<tr>
<td>Anaesthesia – induction Aerosol Generating Procedure (AGP)</td>
<td>Staff MUST wear PPE for Contact/Droplet/Airborne precautions, also follow COVID19 airway management advice and resources.</td>
</tr>
<tr>
<td>Anaesthesia Regional/sedation - non AGP</td>
<td>Contact &amp; Droplet precautions apply. Airborne precautions are not required for regional anaesthesia however if there is a risk that intubation may be required during the procedure then staff need to be prepared and wearing PPE for Contact/Droplet/Airborne precautions. Refer above to *Non intubated patients with oxygen insitu transfer. If the patient is unable to tolerate or it is not appropriate for the patient to wear a surgical mask, anaesthetic and scrubbed staff will need to don Contact/Droplet/Airborne precautions</td>
</tr>
</tbody>
</table>


### Procedural room

Minimise equipment and items in the room prior to the patient arrival where possible. Avoid unnecessary entry and exiting of the procedural room following the patient’s arrival. Consider:
- Limiting the number of staff in the room
- Health workers who are involved in the procedure (scrub/scout) within 1.5 metres to wear PPE for Contact & Droplet precautions and follow local procedures for correct sequence of donning and doffing.

### Extubation – (AGP)

Staff to wear PPE for Contact/Droplet/Airborne precautions when they extubate (including LMA removal) in the procedural room.

### PACU (Recovery) – assess the risk

Depending on workload and resources recover the patient in the procedure room. If this is not possible use a negative pressure or isolation room in the PACU if available or single room with door closed.

Select PPE according to risk assessment - Contact and Droplet precautions.

If additional airway support required – follow routine procedures. For airway resources see [COVID-19 airway management](#).

Senior Nurse Manager/Patient Flow Coordinator to communicate to the post procedural receiving area.

### Bypassing PACU (assuming patient is intubated)

Contact & Droplet precautions apply.

### Transfer to receiving department from procedural area

Sending department to inform receiving area and auxiliary staff responsible for transferring the patient’s COVID-19 status. Contact & Droplet precautions apply.

Patient to wear a surgical/procedural mask where possible.

### Family/carers

Close contacts of COVID-19 should be in home isolation and limit visitors.

### Environmental cleaning

Apply routine procedures for PPE.


Disposing of all single use items and reprocess reusable items as per local procedure.

Following patient discharge, the procedural and PACU isolation room (where used) should be left vacant and allow for air exchange,
## Information for Clinicians

### Positive COVID-19: Infection Prevention and Control and Access to Surgery

| **Reprocessing of Reusable Medical Devices** | Follow routine procedures. **DO NOT LABEL USED RMDs as COVID-19 CASE.** |
| **Handling of linen** | Handle all used linen as per the [Infection Prevention and Control Practice Handbook](#) (section 4.7.1). |
| **Waste management** | Manage in accordance with routine procedures:  
- Clinical waste should be disposed of in clinical waste streams  
- All non-clinical waste should be disposed of into general waste stream. (PPE is considered general waste unless contaminated with bulk blood and or body substances). |

Further online information is available at:

- [CEC Infection Prevention and Control COVID-19 webpage](#)  
- [CDC Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency](#)  
- [NSW Health - COVID19 for Health Professionals](#)  

The Healthcare Associated Infections (HAI) Program provides expertise in Infection Prevention and Control and assists local health districts and specialty networks in NSW to manage and monitor the prevention and control of HAIs.
References


CDC-Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency