



## POSITION STATEMENT

### Reinstitution of Elective Operations following COVID-19

---

In the coming weeks healthcare facilities are anticipated to start increasing surgical volumes despite ongoing community spread and local outbreaks of COVID-19. While we recognize the impact that the reduction in elective/urgent surgical volume has had on patient care, the emphasis during the phase of increasing surgical volumes must remain on the safety of all patients and the health care team.

Therefore, CAS has endorsed the following recommendations:

#### **Prior to Admission to the Hospital**

- Every patient should be screened for active signs and symptoms of COVID-19 or a positive contact history prior to entrance to the facility. Patients who screen positive should be referred to an appropriate assessment centre.
- All patients from areas with ongoing community transmission, should undergo COVID-19 Polymerase Chain Reaction (PCR) testing during their pre-admission visit.
- All patients with a positive PCR test for COVID-19 or with signs and symptoms of respiratory infection should have their surgery deferred, if possible, until such time as they are cleared by Infection Prevention & Control Canada (IPAC). Emergent consultation with IPAC should occur if surgery cannot be delayed and a full perioperative plan with appropriate precautions should be instituted.
- Patients should be advised that physical isolation should be maintained from the time of testing until the surgical OR date, and that on the day of surgery the patient should be rescreened for signs and symptoms of respiratory infection. If the screen is positive, the patient should be delayed until they screen negative.

#### **Perioperative Management**

- Contact Precautions (surgical mask and level two or higher gown with gloves, and the Four Moments of Hand Hygiene) should be used for ALL patients given the possibility of a false negative test. <https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/medical-gowns>, <https://ipac-canada.org/hand-hygiene.php#PROCEDURES>
- Full Airborne Precautions (N95 respirator) should be available for all Aerosol Generating Medical Procedures (AGMPs) – Intubation/Extubation and high-risk surgeries. Should be based on an appreciation of the prevalence of COVID-19 in the recent geographical exposure of the patient served, and furthermore with consideration given to risks (such as age and comorbidities) and comfort, of the anesthesiologist and of any member of

the surgical team. Given the potential shortage of N95 masks, it may be warranted to use regional/local anesthesia as broadly as possible.

In regions and / or institutions where "universal" full airborne precautions for AGMPs have been a matter of policy, at some time point the community spread of COVID-19 may become low, and universal precautions for airborne spread maybe suspended. These decisions need to be made with the input of frontline health care workers well in advance of the implementation date and the final information must be clearly communicated to frontline health care workers. The decision on when airborne Personal Protective Equipment (PPE) is no longer needed must not be made based on availability of PPE, specifically N95 masks.

Daniel Bainbridge  
President

*I would like to acknowledge the contribution of Dr Paul Tenenbein, Assistant Professor, Anesthesia, UHN, Toronto, Past Chair, Ontario's Anesthesiologists, for assistance in the creation of this document.*