

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

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
- NSW [Infection Prevention and Control Practice Handbook](#).

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](#).

Criteria	Action
Category A patients or where surgery is recommended to proceed	Consult with the lead medical officer and senior facility manager. Refer to Emergency Surgery / Procedure guide below where surgery is indicated.

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.

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Criteria	Action
Booking of surgery/procedure	Medical Officer making booking to inform the Senior Nurse Manager/Patient Flow Coordinator, Anaesthetic Team and Procedural Charge Nurse of patients COVID-19 status.
Transfer to the procedural area	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.
Intubated patients for transfer	Contact/Droplet/Airborne precautions apply. Isolate and contain resuscitaire for post-operative transfer if remaining intubated post procedure.
*Non intubated patients with oxygen insitu transfer	Contact and Droplet precautions apply. Where possible consider using nasal prongs with a maximum O ₂ flow of 4L under a surgical mask, instead of a simple oxygen mask where possible.
Arrival in procedural area	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.
Arrival in operating/procedure room	Contact-droplet precautions apply. Complete pre-operative checklist and commence Clinical Procedure Safety Checklist . Review transmission-based precautions and anaesthesia plan during Sign In.
Anaesthesia – induction Aerosol Generating Procedure (AGP)	Staff MUST wear PPE for Contact/Droplet/Airborne precautions, also follow COVID19 airway management advice and resources .
Anaesthesia Regional/sedation - non AGP Risk assessment required Risk assessment is the individual assessment of the anticipated likelihood and amount of exposure to blood and or body substances through spray/splash resulting in the need for a barrier protection.	Contact & 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

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Procedural room	<p>Minimise equipment and items in the room prior to the patient arrival where possible.</p> <p>Avoid unnecessary entry and exiting of the procedural room following the patient's arrival. Consider:</p> <ul style="list-style-type: none"> • 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	<p>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.</p> <p>Select PPE according to risk assessment - Contact and Droplet precautions.</p> <p>If additional airway support required – follow routine procedures. For airway resources see COVID-19 airway management.</p> <p>Senior Nurse Manager/Patient Flow Coordinator to communicate to the post procedural receiving area.</p>
Bypassing PACU (assuming patient is intubated)	Contact & Droplet precautions apply.
Transfer to receiving department from procedural area	<p>Sending department to inform receiving area and auxiliary staff responsible for transferring the patient of patient's COVID-19 status. Contact & Droplet precautions apply.</p> <p>Patient to wear a surgical/procedural mask where possible.</p>
Family/carers	Close contacts of COVID-19 should be in home isolation and limit visitors.
Environmental cleaning	<p>Apply routine procedures for PPE.</p> <p>Follow Infection Prevention and Control: Management of COVID-19 in Healthcare Settings for cleaning.</p> <p>Disposing of all single use items and reprocess reusable items as per local procedure.</p> <p>Following patient discharge, the procedural and PACU isolation room (where used) should be left vacant and allow for air exchange,</p>

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	based on the air change per hour (ACH/hour) as per CDC Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency . Confirm air exchange rates for the procedure room for maximum room vacancy times with: <ul style="list-style-type: none">• engineering department• local ICP.
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: <ul style="list-style-type: none">• 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](#)
- Surgical Services Taskforce; NSW Health: Emergency Surgery Guidelines https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2009_009.pdf

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

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