

# Guidance Summary: Infection Prevention and Control (IPC) Protocol for Adult Surgical Procedures During COVID-19

This guidance summary highlights key points of the IPC surgical protocol for adults and is intended for health-care providers. It is based on known evidence as of March 16, 2021. For the complete protocol, see [Infection Prevention and Control \(IPC\) Protocol for Adult Surgical Procedures During COVID-19](#). [Obstetrical](#) and [pediatric](#) procedures have their own guidance.

*Risk assessment and risk categorization should be agreed upon by surgical team. Consult the updated symptom list and patient risk category table in the COVID-19 surgical patient assessment form. Regardless of risk category, individual team members may choose to wear an N95 respirator.*

## Considerations for Pre-Operative COVID-19 Testing

- > **Test patients with any signs or symptoms of COVID-19 infection**, even if a symptom can be explained by their surgical diagnosis.
- > The following **asymptomatic pre-operative patients** should be tested for COVID-19:
  - Those from outbreak units/facilities (or those with enhanced surveillance).
  - Those who have been instructed by public health to self-isolate.
- > **Universal pre-operative testing of all patients may be triggered** by health authority leadership in areas with high COVID-19 prevalence (*recommendation: If test positivity rate exceeds 5% for a sustained period of time, incidence rate is greater than 10.1/100,000, and there are more than two COVID-19 acute care outbreaks in the health authority*).
- > **Interpret a negative COVID-19 test in terms of the clinical context** (see [pg.11](#) patient risk category table for guidance). A negative test result may facilitate downgrading the risk category of a patient, if they have no known COVID-19 contact.
- > **At this time, there is no change to protocols based on immunization status.** The immunization status of a health-care worker or patient should not influence infection prevention and control precautions or a patient's risk stratification.

## Proceeding with Surgery with COVID-19 Infection

Decision-making about the timing of surgery requires consideration of many factors to balance the urgency, infectivity and complication risk for each individual patient.

- ! **Do not delay urgent or emergent surgery for testing or test results.**
- > **Elective surgeries should be delayed until seven or more weeks post infection.** The patient must also be symptom-free. Studies have confirmed that there is a higher risk of respiratory complications and mortality for major surgery within six weeks of a COVID-19 infection (see [pg.5](#)).
- > **Prior to surgery (regardless of urgency), determine the patient's infectivity** to help decide surgical timing and protocols.
  - Refer to guidance for [community](#) and [acute care](#) settings (also see [decision tree tool](#)). Evidence continues to evolve.
  - Considerations for determining infectiousness for discontinuing additional precautions:
    - **A test-based strategy is not recommended for the majority of patients post-COVID-19 infection.** Patients may continue to test positive for many weeks after their illness, but they are no longer infectious.
    - **< 60 days post-positive COVID-19 test**, the likelihood of reinfection is low. In general, testing should not be performed and surgery can proceed as indicated on an asymptomatic, recovered patient.
    - **From 60 days post infection**, screen as usual with risk assessment form.
- ! **The period of communicability may be longer due to the severity of COVID-19 illness or degree of immunocompromise.** A test-based strategy might be needed, in consultation with IPC teams.

Please email the BCCDC's Clinical Reference Group at [CRG@bccdc.ca](mailto:CRG@bccdc.ca) with questions or feedback.

