This guidance summary highlights key points of the pediatric IPC Protocol and is intended for health-care providers. It is based on known evidence as of April 9, 2021. For the complete protocol, see Infection Prevention and Control (IPC) Protocol for Pediatric Surgical Procedures During COVID-19. Adult and obstetrical procedures have their own guidance.

For supporting evidence, see appendix 2 in the protocol.

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.

### COVID-19 & the Pediatric Population

- **The incidence of COVID-19 in children is higher than previously estimated.** This is unlikely to change in the short term as vaccinations among adults are rolled out.
- **A significant number of children with COVID-19 will be asymptomatic.** One Canadian study has shown that approximately one third are asymptomatic.¹
- **At this time, there is no change to protocols based on immunization status.** The immunization status of a health-care worker, patient or patient’s family should not influence infection prevention and control precautions or a patient’s risk stratification.

### Considerations for Pre-Operative COVID-19 Testing

- **All pediatric patients and their caregiver/household members should continue to be assessed for risk factors and symptoms prior to surgery.** They should be tested if there are ANY symptoms or contact with a confirmed or suspected case of COVID-19.
- **Asymptomatic children who have risk factors for COVID-19 should be tested.** For example, they should be tested if a household member has symptoms consistent with COVID-19, or the patient is part of a cluster investigation.
- **Testing asymptomatic children with risk factors for COVID-19 may minimise the risk of transmission to protect staff and improve patient safety,** although transmission of COVID-19 from asymptomatic patients to health-care workers has not been reported.
- **Interpret a negative COVID-19 test in terms of the clinical context** (see pg. 14 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.
- **Universal pre-operative testing of all patients may be triggered** by health authority leadership in areas with high COVID-19 prevalence (recommendation: If the proportion of positive test results are consistently above 5%, universal testing of children pre-operatively can be justified. If the proportion of positive tests is ≥ 10%, universal pre-operative testing should be implemented).
  - During these times, the patient’s essential visitor will be assessed for risk factors, with the recommendation to test if indicated.
  - Because BC Children’s Hospital (BCCH) patients come from across the province, BCCH will implement universal pre-operative testing when any region in the province is doing pre-operative testing.
Proceeding with Surgery in Children 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 surgery should be delayed for a child who has had COVID-19 infection (regardless of severity) and/or MIS-C for at least four weeks from full resolution of symptoms or positive PCR test. Evidence is evolving around the optimal delay; there appears to be a higher risk of respiratory complications and mortality for major surgery (see pg.6).

- 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 for healthy children with mild infection, 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 with questions or feedback.