BC's—Approach to Surgical Procedures during COVID-19

Kelly Mayson May 24th, 2020





100

50

Northern

All

Laboratory Confirmed Cases

42,507

Currently Hospitalized



Total to Date: 488

Currently Admitted to ICU



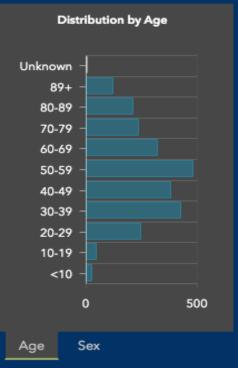
Confirmed Deaths



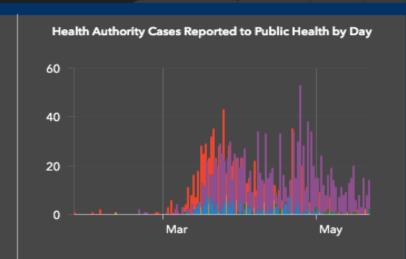
Recovered

№2,042

Last Update 5/22/2020, 4:30 PM

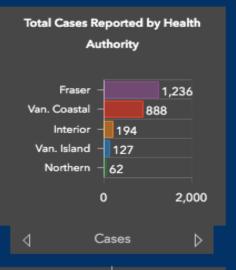






New Cases

218





New Tests 1,919

B.C. Testing Rate 21,660

37,288

Terms of use, disclaimer and limitations of liability

Although every effort has been made to provide accurate information, the





Mar

Note: Y-axis varies between graphs.

Cases by Day

B.C. Cases Reported to Public Health by Day

May

Incident and prevalent cases of COVID-19 in hospital and critical care across VCH/PHC

Reporting from 3/12/2020 to midnight of 5/21/2020

	New Cases (Since Yesterday)	Today's Total Cases	Cumulative Cases
Hospitalized Patients	New hospitalized cases	17 Total hospitalized cases	158 Cumulative total hospitalized cases
Critical Care Patients	O New critical care cases	4 Total critical care cases	71 Cumulative total critical care cases
Critical Care Patients on Ventilator	O New ventilation cases	4 Total ventilation cases	43 Cumulative total ventilation cases
Discharge		Discharged case(s) from yesterday	114 Cumulative total discharged cases
		CHOCKER MATTER CONTRACTOR A PROTOCOLOR	
Readmission		1 Current hospitalized readmitted cases	6 Cumulative readmitted cases



Testing in BC –March 13th to May 19th

- Retrospective review of surgical patients until the end of April –5% of surgical cases tested, all negative (cardiac, high risk surgical procedures)
- 10 positive "surgical & interventional radiology, endoscopy patients" (
 7 days prior to OR 30 days post) 4 hospitals
- For one week period of time April 19-25th 4956 tests performed. 587 were done in patients presenting to ER
 - 10 positive tests—incidence 1.7%
 - 6 large tertiary hospital
 - 3 at one community hospital
 - 1 at another community hospital







Coronavirus COVID-19



BC Centre for Disease Control | BC Ministry of Health

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

May 21, 2020

Guiding Principles:

Provider Safety
Patient Safety
PPE Conservation

Approach to IPC Includes:

Patient COVID-19 Assessment Surgical Risk Assessment PPE Recommendation PPE Allocation Framework¹

Background/Current Status



Pediatrics: bccdc.ca/Health-Professionals-

Site/Documents/COVID19_IPCProtocolSurgicalProcedures/Pediatric

s.pdf

Obstetric: bccdc.ca/Health-Professionals-



Working Group

Appendix 2: Key Informants





Appendix 1: COVID-19 Surgical Patient Assessment Form

Health Authority LOGO	Patient Information
	Name:
NURSE OR MEDICAL OFFICE ASSISTANT SCREEN:	Date of Birth:
 Able to obtain patient history? ☐ Yes ☐ No If No, got to Physician Screen section below. 	PHN:
 2. Does the patient have a risk factor for COVID-19 exposure?* In the last 14 days has the patient: ➤ Returned from travel outside of Canada? □ Yes □ No When? Date: □ Yes □ No When? Date: □ Yes □ No When? Date: □ Lived or worked in a setting that is part of a COVII □ Yes □ No When? Date: 	n lab confirmed COVID-19? _ D-19 outbreak?
 Been advised to self-isolate or quarantine at hom 	e by public health?
□ Yes □ No By who? Contact info:	

3. Does the patient have new onset COVID-19 like symptom:

Before surgery – Date/Time:		Day of surgery – Date/Time:	
Fever	□ Yes □ No	Fever	□ Yes □ No
Cough	□ Yes □ No	Cough	□ Yes □ No
Shortness of breath	□ Yes □ No	Shortness of breath	□ Yes □ No
Diarrhea	□ Yes □ No	Diarrhea	□ Yes □ No
Nausea and/or vomiting	□ Yes □ No	Nausea and/or vomiting	□ Yes □ No
Headache	□ Yes □ No	Headache	□ Yes □ No
Runny nose/nasal congestion	□ Yes □ No	Runny nose/nasal congestion	□ Yes □ No
Sore throat or painful swallowing	□ Yes □ No	Sore throat or painful swallowing	□ Yes □ No
Loss of sense of smell	□ Yes □ No	Loss of sense of smell	□ Yes □ No
Loss of appetite	□ Yes □ No	Loss of appetite	□ Yes □ No
Chills	□ Yes □ No	Chills	□ Yes □ No
Muscle aches	□ Yes □ No	Muscle aches	□ Yes □ No
Fatigue	□ Yes □ No	Fatigue	□ Yes □ No
Screened by: Initial:	•	Screened by: Initial:	





PHYSICIAN SCREEN:				
COVID-19 NP test performed If test has not been performed, do you recommend testing patient? Unable to perform swab? Type of anesthesia to be used		□ Yes □ No	Date:	
		□ Yes □ No		
		□ Yes □ No		
		□ General		
Screened by:	reened by: Signature:		Date/Time:	
FINAL SURGICAL TEAM	ASSESSMENT:			
COVID-19 risk factor (travel, contact, outbreak)?			□ Yes □ No □ Unknown	
COVID-19 like symptoms another medical or surgi	that cannot be explained by cal diagnosis?		□ Yes □ No □ Unknown	
COVID-19 test result?			□ Yes □ No □ Unknown □ N/A	

PATIENT RISK CATEGORY TABLE:

COVID-19 Risk Factors	COVID-19 Symptoms	COVID -19 Test Results	COVID-19 Risk Category
NO	NO	NOT REQUIRED	GREEN
NO	NO	NEGATIVE	GREEN
YES	NO	NEGATIVE	GREEN
NO	UNKNOWN	NEGATIVE	GREEN
NO	YES	NEGATIVE	GREEN
YES	YES	NEGATIVE	GREEN
UNKNOWN	UNKNOWN	UNKNOWN/PENDING	YELLOW
YES	NO	UNKNOWN/PENDING	RED
NO	YES	UNKNOWN/PENDING	RED
YES	YES	UNKNOWN/PENDING	RED
-	-	POSITIVE	RED

PATIENT RISK CATEGORY (CIRCLE ONE):

GREEN YELLOW RED

Pre-Surgical Huddle



E. Protocol for Management of Surgical Patients - Adult

Infection Prevention & Control Risk Category			
	Green	Yellow	Red
Intubation Team Recommended PPE Limit personnel in the OR to anesthesiologist, RN +/- AA	All staff in OR suite don: Surgical mask Eye protection Gown/Gloves	All staff in OR suite don: • fit-tested N95 respirator • Eye protection • Gown/Gloves	All staff in OR suite don: • fit-tested N95 respirator • Eye protection • Gown/Gloves
Surgical Team	All staff in OR suite don: Surgical mask Eye protection Gown/Gloves	All staff in OR suite don: • fit-tested N95 respirator* • Eye protection • Gown/Gloves	All staff in OR suite don: • fit-tested N95 respirator • Eye protection • Gown/Gloves
Extubation Team Limit personnel in the OR to anesthesiologist, RN +/- AA	All staff in OR suite don: Surgical mask Eye protection Gown/Gloves	All staff in OR suite don: • fit-tested N95 respirator • Eye protection • Gown/Gloves	All staff in OR suite don: • fit-tested N95 respirator • Eye protection • Gown/Gloves
Phase 1 Recovery	In the post-anesthesia recovery (PAR) droplet/contact precautions No need to delay moving patient to PAR following extubation.	In the post-anesthesia recovery (PAR) using droplet/contact precautions Patient may be moved to PAR after appropriate air exchanges.	Recover in the OR suite until ready to move to appropriate isolation room. Patient may be moved to PAR after appropriate air exchanges.
Air Exchange	No need to wait to begin cleaning	No need to wait to begin cleaning	Begin cleaning and disinfection after period of appropriate air exchanges
Cleaning and Disinfection Staff	All cleaning staff in OR don: Surgical mask Eye protection Gown/Gloves	All cleaning staff in OR don: Surgical mask Eye protection Gown/Gloves	All cleaning staff in OR don: Surgical mask Eye protection Gown/Gloves
Disposition	Return patient to appropriate inpatient unit.	Return patient to appropriate inpatient unit based on further patient risk assessment.	Return patient to appropriate COVID-19 ward if confirmed positive or isolation room if unknown.



SOLITATION OF THE STORY OF THE

^{*}At the discretion of the surgical team, surgical masks may be used in place of N95 respirators after appropriate air exchanges.

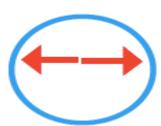




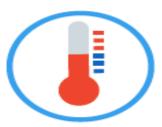
Safety for ALL is our priority

PRE-SURGERY and COVID-19

What to do once you have a surgery date



Practice COVID-19 risk prevention measures - avoid non-essential errands, practice physical distancing, and good hand hygiene. http://www.vch.ca/covid-19/about-covid-19/prevention



Monitor for COVID-19 symptoms as this can increase your surgical risk - for a full list of symptoms check: http://www.vch.ca/covid-19/about-covid-19/symptoms or take the COVID-19 self assessment tool: https://bc.thrive.health/



Report any COVID-19 symptoms to your surgeon - you may be asked to be COVID-19 tested. If you are experiencing any symptoms of COVID-19 or think you have it, find out what you should do at: http://www.vch.ca/covid-19/about-covid-19/if-you-are-sick



Elective surgery cancellations due to the COVID-19 pandemic: global predictive modelling to inform surgical recovery plans

CovidSurg Collaborative, Dmitri Nepogodiev, Aneel Bhangu First published:12 May 2020 | https://doi.org/10.1002/bjs.11746

BC Government Wish list

- --May18th-June 15th, increasing capacity over 4 weeks to "near normal levels"
- --Jun 28th—utilize private contracted facilities
- --June 15-Oct 15th: incrementally bringing on additional capacity through:
 - -Extended daily hours of operation
 - -Adding elective slates to Saturday and Sunday
 - -Full capacity over July & August
 - -Opening "new operating rooms" where available





COVIDSurg

Methodology



- International multicenter cohort study.
- Inclusion criteria:
 - Perioperative SARS-CoV-2 infection (within 7 days before or 30 days after surgery).
 - Laboratory, radiological, or clinical diagnosis of SARS-CoV-2.
- Outcomes:
 - Primary: 30-day mortality.
 - Secondary: 30-day pulmonary complications (pneumonia, ARDS, unexpected postoperative ventilation).

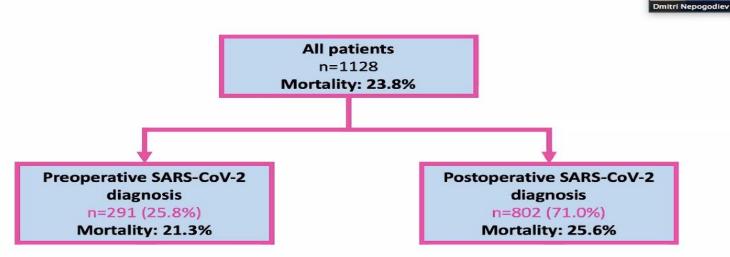






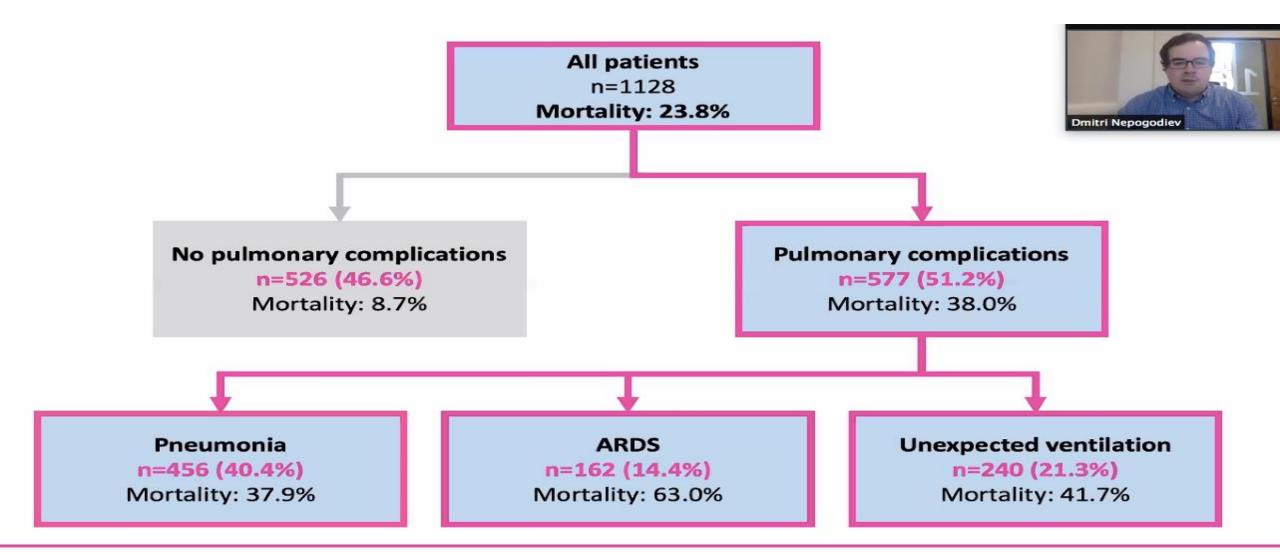
All patients n=1128 Mortality: 23.8% Elective surgery n=280 (24.8%) Mortality: 18.9% Emergency surgery n=835 (74.0%) Mortality: 25.6%

30-day mortality rates













Take home points re Surgical Risk during COVID-19

- In patients with perioperative SARS CoV-2 infections
 - High mortality (24%) and pulmonary complications (51%).
 - Most deaths (83%) follow pulmonary complications
 - Elective surgery associated with substantial risk 19% mortality
 - Men age over 70 years undergoing emergency or elective major surgery are at particular risk.
 - Adjusted Odds Ratio 2.3 (1.65-3.22)













May 21, 2020

Prevalence and Clinical Presentation of Health Care Workers With Symptoms of Coronavirus Disease 2019 in 2 Dutch Hospitals During an Early Phase of the Pandemic

Marjolein F. Q. Kluytmans-van den Bergh, PhD^{1,2,3}; Anton G. M. Buiting, PhD^{4,5}; Suzan D. Pas, PhD⁶; et al

Author Affiliations | Article Information

JAMA Netw Open. 2020;3(5):e209673. doi:10.1001/jamanetworkopen.2020.9673

86 cases, most mild disease, 93% had fever +/-coughing +/-SOB, extending to severe myalgia, +/- general malaise. Tested 1353 HCW – 6% incidence

Original Investigation | Infectious Diseases

May 21, 2020

Coronavirus Disease 2019 (COVID-2019) Infection Among Health Care Workers and Implications for Prevention Measures in a Tertiary Hospital in Wuhan, China

Xiaoquan Lai, MD¹; Minghuan Wang, MD, PhD²; Chuan Qin, MD, PhD²; <u>et al</u>

» Author Affiliations | Article Information

JAMA Netw Open. 2020;3(5):e209666. doi:10.1001/jamanetworkopen.2020.9666



