

Date:	May 26, 2020
To:	All Staff and Physicians in Maternity Units and Surgical Units Specialists: Obstetricians/Gynecologists and Surgeons
From:	Dr. Bill Kingston, Medical Lead, Perinatal Program; Vanessa Salmons, Executive Lead, Perinatal Program; Dr. Jim Dunfield, Medical Lead, Surgical Program Kim Ewen, Executive Lead, Surgical Program Kelly Gunn, VP Primary & Community Care and Chief Nursing Executive Fraser Bell, VP Planning, Quality and Information Management
CC:	Penny Anguish, Northern Interior Chief Operating Officer (NI COO); Angela De Smit, NE COO; Ciro Panessa, NW COO; NH EOC
Re:	Infection Prevention and Control (IPC) Protocols for Surgical and Obstetrical Procedures during COVID-19 - New and Updated BCCDC Clinical Guidance

Issue:

To provide information on clinical guidance updated on the BC Centre for Disease Control Clinical webpages (Pregnancy and Hospital/Critical Care) regarding surgical and operative procedures in the context of the COVID-19 pandemic.

- UPDATED Guideline: [Infection Prevention and Control \(IPC\) Protocol for Surgical Procedures during COVID-19: Adult](#) (May 21, 2020)
- NEW Guideline: [Infection Prevention and Control \(IPC\) Protocol for Obstetrical procedures during COVID-19](#) (May 21, 2020)

Background:

- Northern Health continues to work with provincial counterparts and the BC Centre for Disease Control (BCCDC) to develop clinical guidance for COVID-19 for pregnancy/birth and surgical/obstetrical areas
- New obstetrical procedures guidance aligns with the updated surgical procedures guidance
- Both guidance documents outline that pre-surgical patient assessment is completed 24-72 hours prior to the scheduled surgery and then repeated at the hospital on the day of surgery
 - Includes a patient screening tool and classification of patients based on a Patient Risk Categorization into green, yellow and red categories (Form: [COVID-19 Surgical Patient Assessment Form 10-800-5009](#))
- A pre-surgical procedure huddle with the full surgical team, including anesthesiologist, surgeon, assistant, nurses, etc., must agree and decide the Patient Risk Category together
- Risk categorization guides PPE use before, during and after a surgical procedure

UPDATED Guideline: [Infection Prevention and Control \(IPC\) Protocol for Surgical Procedures during COVID-19](#) (May 21, 2020)

- This protocol does not apply to maternity or pediatric patient populations
- Minor changes in wording and formatting for improved clarity with guidance including:
 - Procedures performed under local or regional anesthesia should be performed under droplet precautions. For cases where a patient is classified as yellow or red, the risk of conversion to general anesthesia must be discussed at the huddle to help guide appropriate PPE under section D;
 - The AGMP should be performed with the door(s) closed;
 - At the discretion of the surgical team, surgical masks may be used in place of N95 respirators after appropriate air exchanges.

NEW Guideline: [Infection Prevention and Control \(IPC\) Protocol for Obstetrical procedures during COVID-19](#) (May 21, 2020)

- This protocol applies to the obstetrical population
- The current recommendations are based on the low prevalence within the pregnancy population and the current understanding of risk
- Obstetrical patients who do not have risk factors or symptoms of COVID-19 should not be considered suspect cases
- All patients and support persons arriving to a maternity unit must be assessed for risk factors and symptoms of COVID-19, and where appropriate tested
- Obstetrical cases should not be delayed while COVID-19 test results are pending
- For urgent or emergent procedures, the COVID-19 Surgical Patient Assessment Form shall be completed on arrival to the peri-operative area
- Code Pink patients are classified as “yellow” where a history cannot be obtained due to the emergent nature of care
- Recommended PPE to be used during the surgical procedure is provided in Section D: Algorithm for Management of Obstetrical Surgical Patients

Recommendations:

1. Obstetrical teams and Surgical teams to review the new and updated content and apply to the local facility context
2. Utilize the [COVID-19 Surgical Patient Assessment Form 10-800-5009](#) for both Surgical and Obstetrical Procedures
3. Surgical teams must agree on the Patient Risk Category from the completion of the COVID-10 Surgical Patient Assessment Form

For more information, please contact:

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