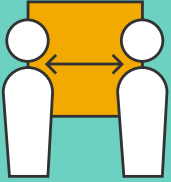


Safety of patients and surgical teams is paramount when undertaking elective surgery in the initial recovery phase from COVID-19. This tool lists key considerations to minimise risks of patients and surgical teams contracting COVID-19 in the hospital.



## A. INFECTION PREVENTION

- Every effort should be taken to avoid exposure to nosocomial infection for both patients and surgical teams. This should include measures such as:
  - frequent hand washing and social distancing within the hospital when not in the operating theatre;
  - isolation precautions for patients who are suspected of COVID-19, including creating COVID negative wards or otherwise preventing contact with other patients or staff;
  - local infection control policies should be set up and appropriate training provided to all staff.



## B. PREOPERATIVE TESTING AND INITIAL ASSESSMENT

- COVID-19 should be sought in all patients either directly via testing or through proxy indicators.
- The following factors can increase the level of confidence about the patient's status:
  - a period of at least 14 days' isolation prior to surgery;
  - no symptoms suggestive of COVID-19;
  - no recent contact (within 14 days) with confirmed COVID positive patient;
  - recent negative COVID antigen (swab) test, performed as close to surgery as practically possible;
  - prevalence of COVID-19 in the hospital's patient population (some cities may have higher prevalence of COVID positive patients).
- As all tests have false negative rates, a single negative test is not proof that the patient is COVID-19 free. When in doubt, it is recommended that all patients should be considered as potential COVID positive.
- Surgeons should consider alternative treatments to non-emergency surgery in COVID positive patients.
- Patients' comorbidities should be taken into account when evaluating the risk of surgery, and where relevant, patients' health should be optimised (eg in diabetic patients) to reduce the possibility of complications.



## C. PPE

- If the level of confidence in the patient's COVID-19 status is low (see factors above), surgeons should wear full PPE, as follows: disposable gloves, fluid repellent gown, eye/face protection and FFP2/3 mask.
- Full PPE should be worn particularly when carrying out aerosol generating procedures, including laparoscopic surgery.
- In case of PPE shortages, please refer to the College's COVID-19 Good Practice Guide for alternative options in line with the advice of Public Health England (PHE), World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC).
- It is imperative for the team to familiarise themselves with sterile donning and doffing of PPE, and take into account that procedural tasks take more time and can be more difficult when wearing full PPE.



## D. POSTOPERATIVE CONSIDERATIONS

- Appropriate infection prevention and control measures, as outlined in section A, should also be taken in recovery facilities (eg by ring-fencing COVID negative recovery beds) and in the rehabilitation environment (including physiotherapy, district nursing, occupational therapy) to ensure patients are not released to environments that may be high-risk from COVID-19.
- If a surgical patient converts to COVID-19 after surgery, arrangements should be in place for quick transfer to hospitals or facilities equipped to manage COVID-19 patients.