



Infection Prevention & Control Guidance: Operating Room Theatres and OR Decision Pathway for Horizon Facilities in a **Red Phase**

OR Decision Pathway – For Horizon Facilities in a **RED PHASE** – COVID-19 is no longer controlled Emergency, Category 1– 4 Surgeries

Preoperative Instructions

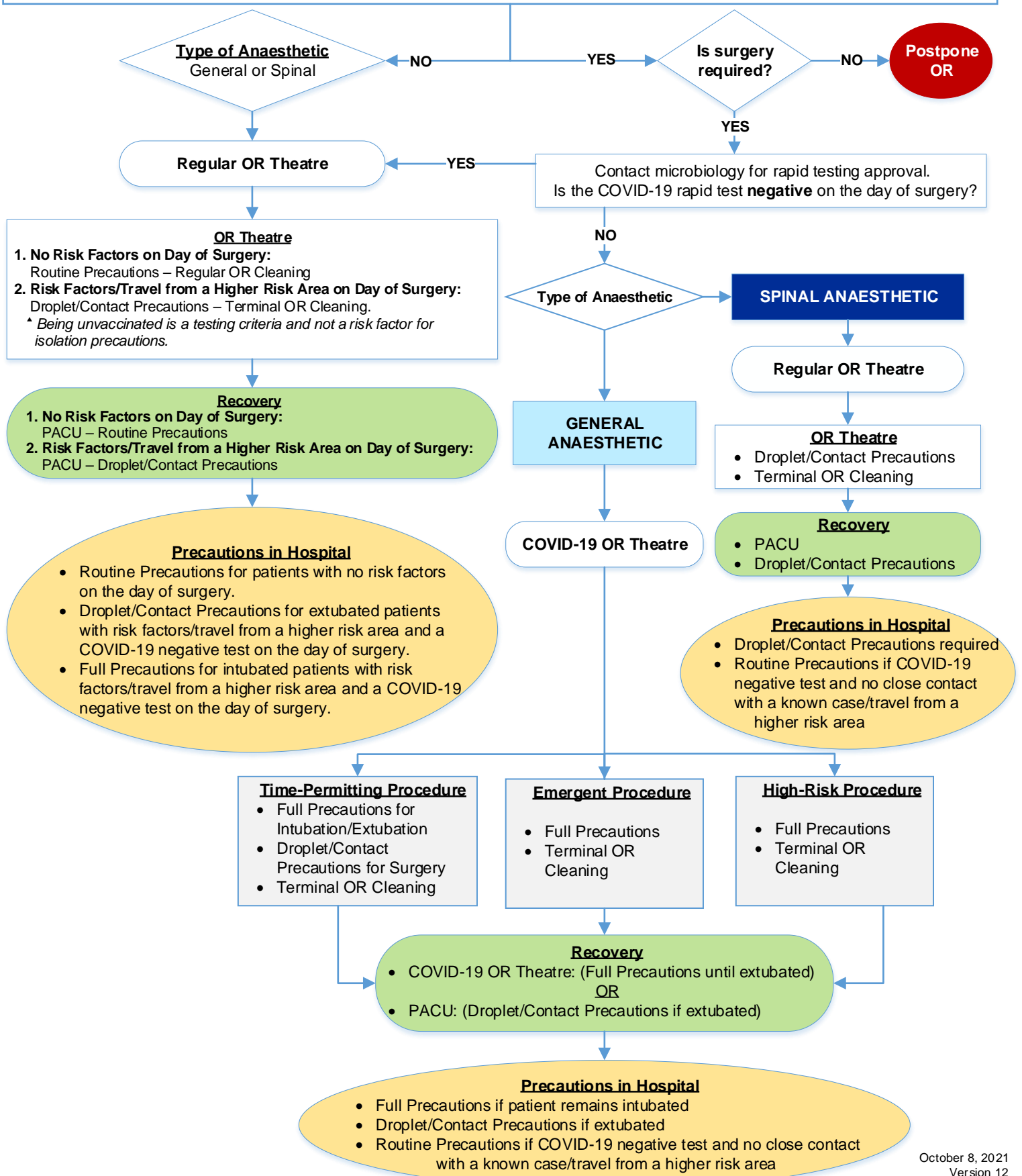
- Routine PCR testing is not recommended for screening asymptomatic, fully vaccinated patients with no risk factors due to the high uptake of COVID-19 vaccine in New Brunswick.
- Obtain COVID-19 swab for patients who meet the following testing criteria*: those who are not fully vaccinated [^], those who are symptomatic, those with close contact with a known case/travel from a higher risk area, and/or those from a facility cluster. Preoperative COVID-19 testing should occur no more than 4 days prior to surgery. These patients will be required to self-isolate between COVID-19 test dates and surgery dates. This testing is to determine if it is safe to proceed to surgery.
- A PCR test will be performed by the provincial laboratory at the Dr. Georges-L.-Dumont University Hospital Centre.
- Patients will be actively screened at the time of booking, upon entrance to the hospital, and in pre-op area prior to surgery.

Risk Factors on Day of Surgery

Patient will be considered suspect or COVID-19 positive if he/she answers yes to one or more of the following:

- Is this patient COVID-19 positive? (If yes, the procedure is done in the COVID-19 OR Theatre) **OR**
- Was preoperative COVID-19 testing indicated for the patient (as per testing criteria* listed above) but not obtained? **OR**
- Was the tested patient **unable** to isolate? **OR**
- Does the patient have **2 or more** of the following symptoms:
Fever (signs of fever), a new cough or worsening chronic cough, sore throat, runny nose, headache, a new onset of fatigue, a new onset of muscle pain, diarrhea, loss of sense of taste, loss of sense of smell, in children purple markings on the fingers and toes? **OR**
- Has the patient had close contact with a known case (without the use of appropriate personal protective equipment if a healthcare worker)? **OR**
- Has the patient been instructed to self-isolate by Public Health?

[^] Being unvaccinated is a testing criteria and not a risk factor for isolation precautions.



**Infection Prevention & Control Guidance:
Operating Room Theatres and OR Decision Pathway for Horizon Facilities in a Red Phase**

1. Priorities

The main priority is to reduce the risk of COVID-19 exposure to all Healthcare Workers (HCWs) when performing Emergency, Category 1-4 surgeries during the pandemic when COVID-19 is no longer controlled. The secondary priority is to optimize PPE use.

2. OR Theatre

Hospitals should make every effort to ensure that the operating rooms are ventilated in such a way as to prevent airflow from the COVID-19 OR Theatre into adjacent areas.
Traffic in areas adjacent to the COVID-19 OR Theatre need to be reduced to a minimum for essential services only.

3. Surgical Workload

Each hospital will establish a process to ensure their surgical workload is appropriate.

The use of spinal/regional anaesthesia will be the preferred method for surgical anaesthesia unless there is a medical indication for general anaesthesia.

4. COVID-19 Testing

Routine PCR testing is not recommended for screening asymptomatic, fully vaccinated patients with no risk factors due to the high uptake of COVID-19 vaccine in New Brunswick.

Obtain COVID-19 swab for patients with the following criteria*: those who are not fully vaccinated[^], those who are symptomatic, those with close contact with a known case/travel from a higher risk area, and/or those from a facility cluster. Preoperative COVID-19 testing should occur no more than 4 days prior to surgery.

These patients will be required to self isolate between COVID-19 test dates and surgery date. This testing is to determine if it is safe to proceed to surgery.

A PCR test will be performed by the provincial laboratory at the Dr. Georges-L.-Dumont University Hospital Centre.

NOTE: New Brunswick accepts any COVID-19 vaccine accepted by the Government of Canada. Currently, this includes 2 doses of the vaccines manufactured by Pfizer, Moderna, AstraZeneca / COVISHIELD (Can be any combination of vaccines approved by the Government of Canada) or 1 dose of the Janssen (Johnson & Johnson) vaccine.

Recommendation for vaccinating those with COVID-19 vaccines not authorized by Health Canada for those staying in New Brunswick to live, work or study include 1 or 2 doses of a non-Health Canada vaccine with one dose of a mRNA vaccine (Pfizer/Moderna) administered 28 days after the last dose of the non-Health Canada vaccine.

Fully vaccinated patients and must be at least 14 days post second dose.

NOTE: A patient who lives in an area in Yellow Phase and who comes to a Horizon Facility in an Orange/Red Phase for surgery does not represent a higher risk due to travel and does not require routine preop testing. Preop testing is indicated only for those who are not fully vaccinated**, those who are symptomatic, those with close contact with a known case/travel from a higher risk area, and/or those from a facility cluster.

NOTE: Testing once per week is satisfactory for inpatients who meet testing criteria and require multiple surgeries during the week.

Repeat COVID-19 rapid test:

The results of the GeneXpert Rapid Tests are valid for the same period as PCR tests performed by the provincial laboratory at the Dr. Georges L. Dumont University Hospital Centre. There is no need to repeat the COVID-19 rapid test when the patient's surgery is delayed. The COVID-19 test should be obtained no more than 4 days pre-procedure.

If an additional rapid test is requested because the procedure was not performed on the scheduled date, another rapid test will not be authorized as it is not required unless it is determined the patient is symptomatic or has risk factors on the day of surgery.

5. Active Screening

Patients will be actively screened at the time of booking, upon entrance to the hospital, and in pre-op area prior to surgery.

6. Risk Factors on Day of Surgery

Patient will be considered suspect or COVID-19 positive if he/she answers yes to one or more of the following questions:

- a. Is this patient COVID-19 positive? (If yes, the procedure is done in the COVID-19 OR Theatre) **OR**
- b. Was preoperative COVID-19 testing indicated for the patient (as per testing criteria* listed above) but not obtained? **OR**
- c. Was the tested patient unable to isolate **OR**
- d. Does the patient have 2 or more of the following symptoms: Fever (signs of fever), a new cough or worsening chronic cough, sore throat, runny nose, headache, a new onset of fatigue, a new onset of muscle pain, diarrhea, loss of sense of taste, loss of sense of smell, in children purple markings on the fingers and toes? **OR**
- e. Has the patient had close contact with a known case (without the use of appropriate personal protective equipment if a healthcare worker)? **OR**
- f. Has the patient been instructed to self-isolate by Public Health?

Note: [^] Being unvaccinated is a testing criteria and not a risk factor for isolation precautions.

COVID-19 Negative PCR Test (No Risk Factors on the Day of Surgery)**For General or Spinal Anaesthesia**

1. Regular OR Theatre will be set up as per OR standards following Routine Precautions.
2. Patients will be managed as per Routine OR Precautions during anaesthesia and surgery.
3. The regular OR cleaning protocol will be followed
4. Patient will then be taken to PACU for recovery following Routine Precautions.
5. Routine Precautions will be followed during hospital stay.

COVID-19 Negative PCR Test with No Risk Factors except Travel from a Higher Risk Area for Surgery:**For General or Spinal Anaesthesia**

1. Regular OR Theatre will be set up as per OR standards following Routine Precautions.
2. Patients will be managed with Droplet/Contact Precautions during anaesthesia and surgery
3. Patient will then be taken to PACU for recovery following Droplet/Contact Precautions.
4. Terminal cleaning as per OR protocol will be followed
5. The transferring service and receiving unit are notified ahead of transfer of the type of isolation precautions required.
6. If extubated, Droplet/Contact Precautions will be followed during hospital stay.
7. If patient remains intubated, Full Precautions will be followed during transport and hospital stay.

COVID-19 Suspect (with Risk Factors) AND a Negative Rapid Test on Day of Surgery:

For General or Spinal Anaesthesia

1. Regular OR Theatre will be set up as per OR standards following Routine Precautions.
2. Patients will be managed with Droplet/Contact Precautions during anaesthesia and surgery
3. Patient will then be taken to PACU for recovery following Droplet/Contact Precautions.
4. Terminal cleaning as per OR protocol will be followed
5. The transferring service and receiving unit are notified ahead of transfer of the type of isolation precautions required.
6. If extubated, Droplet/Contact Precautions will be followed during hospital stay.
7. If patient remains intubated, Full Precautions will be followed during transport and hospital stay.

COVID-19 Positive or Suspect (NO Negative Rapid Test on The Day of Surgery)

For Spinal and General Anaesthesia

A. Spinal Anaesthesia

1. Regular OR Theatre will be set up as per OR standards following Routine Precautions. If patient is COVID-19 positive, the procedure is done in the COVID-19 OR Theatre.
2. Patient will be managed with Droplet/Contact Precautions during anaesthesia and surgery.
3. Terminal cleaning as per OR protocol will be followed.
4. Patient will be taken to PACU for recovery following Droplet/Contact Precautions.
5. The transferring service and receiving unit are notified ahead of transfer of the type of isolation precautions required.
6. Droplet/Contact Precautions will be followed during hospital stay.
Note: Routine Precautions will be followed during hospital stay if the patient is COVID-19 negative and no close contact with a known case/travel from a higher risk area.

B. General Anaesthesia

Time-Permitting Procedure

1. OR will be setup in designated COVID-19 OR Theatre as per OR standards following Routine Precautions.
2. All HCWs directly involved in the intubation, including the Scrub Nurse will be permitted in the COVID-19 OR Theatre. All HCWs will follow Full Precautions.
3. Once intubation is complete, the room will remain closed for the appropriate time frame to allow required air exchanges.
4. Surgeon and remaining surgical team will enter following Droplet/Contact Precautions during surgical case.
5. During surgery, HCWs may enter and exit the COVID-19 OR Theatre following Droplet/Contact Precautions.
6. Following completion of the surgery, all HCWs will exit the room, except those directly involved in extubation and immediate postoperative care of the patient. These HCWs will follow Full Precautions.
7. Post extubation, patient and HCWs will remain in the closed COVID-19 OR Theatre for the appropriate time frame to allow required air exchanges.
8. If intubated, patient will recover in the COVID-19 OR Theatre on Full Precautions. If extubated, will be taken to PACU for recovery following Droplet/Contact Precautions.
9. Terminal cleaning as per OR protocol will be followed.
10. The transferring service and receiving unit are notified ahead of transfer of the type of isolation precautions required.
11. If patient remains intubated, Full Precautions will be followed by HCWs during patient transport and during hospital stay.
12. If extubated, Droplet/Contact Precautions will be followed during hospital stay.
Note: Routine Precautions will be followed during hospital stay if patient is COVID-19 negative and no close contact with a known case/travel from a higher risk area.

Emergent Procedure

1. OR will be setup in designated COVID-19 OR Theatre as per OR standards following Routine Precautions.
2. The patient and all staff involved in the surgery and intubation will enter the COVID-19 OR Theatre. All staff will follow Full Precautions.
3. Intubation will occur, and surgery will proceed. All HCWs will remain in the COVID-19 OR Theatre with the doors closed for the appropriate time frame to allow required air exchanges.
4. After required air exchanges, traffic into the COVID-19 OR Theatre will be kept to an absolute minimum and all HCWs will follow Full Precautions during the entire case.
5. Following completion of the surgery, all HCWs will exit the COVID-19 OR Theatre, except those directly involved in extubation and immediate postoperative care of the patient. These HCWs will follow Full Precautions.
6. Post extubation, patient and HCWs will remain in the closed COVID-19 OR Theatre for the appropriate time frame to allow required air exchanges.
7. If intubated, patient will recover in the COVID-19 OR Theatre on Full Precautions. If extubated, will be taken to PACU for recovery following Droplet/Contact Precautions.
8. Terminal cleaning as per OR protocol will be followed.
9. The transferring service and receiving unit are notified ahead of transfer of the type of isolation precautions required.
10. If patient remains intubated, Full Precautions will be followed by HCWs during patient transport and during hospital stay.
11. If extubated, Droplet/Contact Precautions will be followed during hospital stay.
Note: Routine Precautions will be followed if patient is COVID-19 negative and no close contact with a known case/travel from a higher risk area.

High-Risk Procedure (Surgery Entering the Respiratory System from Sinus to Diaphragm)

1. OR will be setup in designated COVID-19 OR Theatre as per OR standards following Routine Precautions.
2. The patient and all staff involved in the surgery and intubation will enter the COVID-19 OR Theatre. All staff will follow Full Precautions.
3. Intubation will occur, and surgery will proceed. All HCWs will remain in the COVID-19 OR Theatre with the doors closed for the appropriate time frame to allow required air exchanges.
4. After required air exchanges, traffic into the COVID-19 OR Theatre will be kept to an absolute minimum and all HCWs will follow Full Precautions during the entire case.
5. Following completion of the surgery, all HCWs will remain in the COVID-19 OR Theatre during extubation and for the immediate postoperative care of the patient. These HCWs will follow Full Precautions.
6. Post extubation, patient and HCWs will remain in the closed COVID-19 OR Theatre for the appropriate time frame to allow required air exchanges.
7. If intubated, patient will recover in the COVID-19 OR Theatre on Full Precautions. If extubated, will be taken to PACU for recovery following Droplet/Contact Precautions.
8. Terminal cleaning as per OR protocol will be followed.
9. The transferring service and receiving unit are notified ahead of transfer of the type of isolation precautions required.
10. If patient remains intubated, Full Precautions will be followed by HCWs during patient transport and during hospital stay.
11. If extubated, Droplet/Contact Precautions will be followed during hospital stay.
Note: Routine Precautions will be followed if patient is COVID-19 negative and no close contact with a known case/travel from a higher risk area.