

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

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This guidance summary highlights key points of the IPC surgical protocol for adults and is intended for health-care providers. It is based on known evidence as of March 8, 2022. For the complete protocol, see [Infection Prevention and Control \(IPC\) Protocol for Adult Surgical Procedures During COVID-19](#). [Obstetrical](#) and [pediatric](#) procedures have their own guidance documents.

Risk assessment and risk categorization should be agreed upon by the surgical team. Consult the symptom list and patient risk category table in the COVID-19 surgical patient assessment form. Regardless of a patient's risk category, individual team members may choose to wear an N95 respirator.

Considerations for All Adult Surgical Procedures

- > Emphasis should be placed on institutional knowledge, experience and clinical decision-making.
- > Continue to test patients with any signs or symptoms of COVID-19 infection.
- > There are many other infectious diseases which should continue to be vigilantly managed using established institutional protocols and clinical decision-making.
- > Interpret a negative COVID-19 test in terms of the clinical context (see patient risk category table on pg. 10 for guidance).
- > There is no change to protocols based on COVID-19 vaccination status.

Testing for COVID-19

- > Testing all asymptomatic patients prior to surgery to mitigate the risk of exposure to staff has not proven to significantly increase the margin of safety. Testing of inpatients may be considered by the health authority to prevent transmission to other patients and prevent outbreaks.
- > A negative test result may facilitate downgrading the risk category of a patient, if they have no known COVID-19 contact. For any respiratory symptoms, management should be based on clinical assessment.

Proceeding with Surgery on Patients 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.

- > Scheduling elective surgeries on recovered COVID-19 infected patients must be based on each patient's pre-operative risk assessment and current health status, while factoring in surgical invasiveness, patient co-morbidities and the risk/benefit of further delaying surgery.
- > Patients for elective surgeries must be symptom-free. Studies have confirmed that there is a higher risk of respiratory complications and mortality for major surgery within six weeks of a COVID-19 infection (see [pg. 4](#)). Studies are ongoing and health authorities and institutions may develop further guidelines based on experience and as new evidence comes forward.

COVID-19 Immunization

- > There is emerging evidence that immunization against COVID-19 may reduce the risk of perioperative morbidity and mortality. Therefore, it is important to discuss with patients the recommendations of getting vaccinated for COVID-19, especially prior to surgery.



- > The COVID-19 vaccination status of a health-care worker or patient should not influence IPC precautions or a patient's risk category.

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