

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

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This guidance summary highlights key points of the pediatric IPC Protocol and is intended for health-care providers. It is based on known evidence as of April 9, 2021. For the complete protocol, see [Infection Prevention and Control \(IPC\) Protocol for Pediatric Surgical Procedures During COVID-19](#). [Adult](#) and [obstetrical](#) procedures have their own guidance.

 For supporting evidence, see appendix 2 in the protocol.

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

COVID-19 & the Pediatric Population

- > **The incidence of COVID-19 in children is higher than previously estimated.** This is unlikely to change in the short term as vaccinations among adults are rolled out.
- > **A significant number of children with COVID-19 will be asymptomatic.** One Canadian study has shown that approximately one third are asymptomatic.¹
- > **At this time, there is no change to protocols based on immunization status.** The immunization status of a health-care worker, patient or patient's family should not influence infection prevention and control precautions or a patient's risk stratification.

Considerations for Pre-Operative COVID-19 Testing

- 🏠 **All pediatric patients and their caregiver/household members should continue to be assessed for risk factors and symptoms prior to surgery.** They should be tested if there are ANY symptoms or contact with a confirmed or suspected case of COVID-19.
- > **Asymptomatic children who have risk factors for COVID-19 should be tested.** For example, they should be tested if a household member has symptoms consistent with COVID-19, or the patient is part of a cluster investigation.
- > **Testing asymptomatic children with risk factors for COVID-19 may minimise the risk of transmission to protect staff and improve patient safety,** although transmission of COVID-19 from asymptomatic patients to health-care workers has not been reported.
- > **Interpret a negative COVID-19 test in terms of the clinical context** (see [pg.14](#) patient risk category table for guidance). A negative test result may facilitate downgrading the risk category of a patient, if they have no known COVID-19 contact.
- > **Universal pre-operative testing of all patients may be triggered** by health authority leadership in areas with high COVID-19 prevalence (*recommendation: If the proportion of positive test results are consistently above 5%, universal testing of children pre-operatively can be justified. If the proportion of positive tests is ≥ 10%, universal pre-operative testing should be implemented*).
 - During these times, the patient's essential visitor will be assessed for risk factors, with the



recommendation to test if indicated.

- Because BC Children's Hospital (BCCH) patients come from across the province, BCCH will implement universal pre-operative testing when any region in the province is doing pre-operative testing.

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Summary of Updates: Infection Prevention and Control (IPC) Protocol for Pediatric Surgical Procedures During COVID-19

Proceeding with Surgery in Children 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 for testing or test results.**
- > **Elective surgery should be delayed for a child who has had COVID-19 infection (regardless of severity) and/or MIS-C for at least four weeks from full resolution of symptoms or positive PCR test.** Evidence is evolving around the optimal delay; there appears to be a higher risk of respiratory complications and mortality for major surgery (see [pg.6](#)).
- > **Prior to surgery (regardless of urgency), determine the patient's infectivity** to help decide surgical timing and protocols.
 - Refer to guidance for [community](#) and [acute care](#) settings (also see [decision tree tool](#)). Evidence continues to evolve.
 - Considerations for determining infectiousness for discontinuing additional precautions:
 - **A test-based strategy is not recommended for the majority of patients post-COVID-19 infection.** Patients may continue to test positive for many weeks after their illness, but they are no longer infectious.
 - **< 60 days post-positive COVID-19 test**, the likelihood of reinfection is low. In general, testing should not be performed for healthy children with mild infection, and surgery can proceed as indicated on an asymptomatic, recovered patient.
 - **From 60 days post infection**, screen as usual with risk assessment form.
- ! **The period of communicability may be longer due to the severity of COVID-19 illness or degree of immunocompromise.** A test-based strategy might be needed, in consultation with IPC teams.

1. See: King, J. Whitten., T. Bakal, J. and McAlister., A. (2021). Symptoms associated with a positive result swab for a SARS-CoV-2 infection among children in Alberta. CMAJ, 193 (1): E1-E9. <https://doi.org/10.1503/cmaj.202065>



Please email the BCCDC's Clinical Reference Group at CRG@bccdc.ca with questions or feedback.

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