

Updated guidance for the management of surgery

during COVID-19

This guideline outlines updated advice for the management of surgical services in NSW during the COVID-19 pandemic.

Objectives

1. Maintain staff, patient and visitor safety.
2. Maintain emergency surgery capability and capacity to ensure patients receive optimal care, while continuing to deliver elective surgery.

1. Staff safety

- Promote staff vaccination.
 - Ensure all staff have completed donning/doffing training and follow infection control advice provided by the Clinical Excellence Commission [COVID-19-IPAC-manual](#).
 - Ensure all staff who are required to wear P2/N95 respirators have undergone fit testing and know how to do a user seal check. Further information is available in the Clinical Excellence Commission's [Respiratory Protection Program resources](#).
 - Reinforce physical distancing (including at staff breaks), hand hygiene and requirements under any [public health orders](#).
- Local processes must be aligned to the statewide [Response and Escalation Framework](#) and the current risk status rating.
 - Ensure staff adhere to the [guidance on the use of personal protective equipment in the operating theatre and procedural areas](#), according to the state risk status rating.
 - Regardless of the risk rating, use airborne precautions and eye protection when in direct contact with the following patients:
 - Patients who meet criteria for suspected or confirmed COVID-19 (further information regarding patient screening is provided in the 'Maintain surgical capability and capacity' section below).
 - Patients who have been notified by NSW Health they are a contact and need to be tested and isolate.
 - Patients with an acute respiratory infection without an alternative explanation (and results of respiratory virus testing must be checked; for example, RSV, Flu, Parainfluenzae).
 - If a patient is a close contact or is confirmed as having COVID-19, the local health district (LHD) must have an end-to-end pathway, which includes all stages of their hospital journey.

2. Maintain surgical capability and capacity

- Ensure all patients are screened for risk of COVID-19, considering the following:
 1. Patient screening should seek information on whether they have:
 - symptoms, as per [Communicable Diseases Network Australia Series of National Guidelines](#)
 - recently travelled overseas or have been in contact with someone recently returned from travel overseas
 - attended a [venue of concern and are a close/casual contact](#) (including interstate) or have been informed they are at epidemiological risk
 - been notified by a NSW Public Health Unit that they are a close/casual contact.
 2. If a patient (or their proxy/carer on their behalf) answers yes to any of the above, they should be assessed for testing. Testing may include:
 - rapid testing if surgery is urgent
 - polymerase chain reaction (PCR) testing if surgery is not urgent
 - a risk assessment as to whether ongoing testing is required; for example, if they are a close/casual contact.
 3. Procedures need to be in place to capture those who have English as a second language and/or those who may not access NSW Health websites.
 4. The [COVID-19 Perioperative Screening Checklist](#) is available in paper form and the electronic medical record should be used by LHDs.
- Current advice for surveillance testing can be found within [Recommendations for COVID Surveillance Testing in NSW Healthcare Facilities](#).
- Patients requiring surgery do not need to self-isolate prior to surgery.
- Surgery should only be deferred for patients who have a high risk of COVID-19 and where clinically appropriate.
- Patients can defer their surgery if they are concerned about COVID-19, as per [Advice during the COVID-19 pandemic for elective surgery waitlist managers v1.1](#) document (accessible via the NSW Health intranet only).
- People who have recovered from a COVID-19 infection should be assessed for surgery on a case-by-case basis.
- Each LHD/hospital should convene a small group, chaired by the Director of Surgery (or equivalent), for oversight of decision-making in relation to surgery.
- Living evidence in the form of high-level summaries of key studies and emerging evidence has been made available by the [NSW Health Critical Intelligence Unit](#).

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