COVID CARE PRINCIPLES FOR SURGICAL PATIENTS
Joint statement from the Queensland Clinical Senate and Statewide Clinical Networks

7 January 2022
23.00 hours

This advice is given in the context of rapidly changing resource availability and clinical considerations associated with the COVID-19 pandemic response phase. Our prime concern remains the safety and welfare of our patients and the teams that care for them.

IT IS CURRENT NATIONAL POLICY THAT COVID-19 TESTING WILL NOT BE REQUIRED BEFORE PATIENTS PRESENT TO HOSPITAL. TESTING SHOULD NOT PRECLUDE ANY PERSON FROM ACCESSING CLINICALLY REQUIRED CARE.

These principles provide high-level advice on patient management peri-procedurally and supports clinical judgement and decision making. The principles give consideration to different operating contexts including resources, clinical services, and community COVID-19 prevalence.

Pre-surgical COVID-19 testing is recommended when this can be obtained within a clinically appropriate timeframe during admission.

This advice is for pre-surgical patients including obstetric patients.

Key points

• We are aware of poor outcomes in adults undergoing surgery who are COVID-19 positive. We do not yet have specific information with regards the Omicron variant, but until we do know, we should not assume that the situation will be otherwise.

• Decisions as to whether to operate or not and the processes involved, are influenced by:
  1. the patient’s condition and whether surgery can safely be delayed, and
  2. the safety of staff with access to fully appropriate PPE in the context of the increasing prevalence of COVID-19 in the community.
  3. COVID-19 risk factors (clinical and epidemiological) including information gained through testing.

• During this period, a Rapid Antigen Test (RAT) on the day of surgery, where available, may be the only practical option, an understanding of the limitations of RAT testing should be incorporated into clinical decision making when considering clinical management.

• In some cases, it may not be possible to complete a pre-surgical COVID-19 test for a variety of reasons.

• It is appropriate for very high-risk procedures (e.g. transplants, cardiothoracic, base of skull, head and neck), to obtain urgent PCR in a clinically appropriate timeframe.

• If surgery must proceed, whether the result is unknown, negative, or positive, HHSs should apply clinically based decision making in this regard, ensuring that appropriate COVID-19 related procedures and PPE are adopted in the context of the above risk assessment.

• All patients referred for an ICU admission require a COVID-19 RAT to be completed and the results reported prior to the patients’ admission, subject to the following exclusions:
  o Inpatients who have already tested positive to and/or being treated for COVID-19, and not yet cleared the infection.
Emergency admissions to ICU - these patients will be treated as suspected COVID-19 positive patients until a RAT test has been completed (ideally on or shortly after arrival to ICU).

- This advice is given in the context of rapidly changing resource availability and clinical considerations associated with the COVID-19 pandemic response phase.

- As the COVID-19 response continues and dynamics change, HHSs may need to re-prioritise elective care to an emergent COVID response, including in alignment with the Pandemic Plan tiered approach.
Pre-procedural COVID-19 testing is recommended for all surgical patients including obstetric patients. An understanding of the limitations of RAT testing should be incorporated into clinical decision making when considering clinical management. This advice is given in the context of rapidly changing resource availability and clinical considerations associated with the COVID-19 pandemic response phase, and will be reviewed weekly.

Suggested pre-surgical COVID-19 testing pathways

Known COVID-19 positive? or COVID like symptoms?

- NO

  *COVID diagnostic test completed?

    - YES
      - Result?
        - NEGATIVE
          - GREEN pathway
        - POSITIVE
          - RED pathway
      - **NO
        - AMBER pathway
    - **NO
      - RED pathway
Flowchart Notes:
* The SARS-CoV-2 diagnostic test that is most appropriate will be determined by pre-test probability, community prevalence, surgical or patient factors, turn-around time of available tests and relevant public health directions

**Reasons for test non completion may include:

- Testing resource limitations
- Lack of clinically appropriate time for testing

In the setting of an indeterminate RAT result, repeat the RAT (or conduct PCR if time allows), if the second RAT or PCR is negative, utilise the amber pathway. If the result is indeterminate again or positive, utilise the red pathway.

This flowchart relates primarily for testing. Other factors such as “patients in isolation as close contacts”, screening for clinical and epidemiological risk factors should be also incorporated into decisions when determining local pathways.

<table>
<thead>
<tr>
<th>COVID-19 Care Surgical Pathways should be developed locally in the context of the local clinical setting. Subject to the clinical context of the pandemic some pathways may need to change or merge. Considerations / suggestions for COVID-Care Surgical Pathways include:</th>
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</thead>
<tbody>
<tr>
<td><strong>Green Pathway</strong></td>
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<tr>
<td>• PPE as per Pandemic Response PPE Guidelines- risk levels for all staff</td>
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<tr>
<td>• Anaesthesia and surgery in general theatres</td>
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<tr>
<td>• Recovery in general recovery unit</td>
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<tr>
<td><strong>Amber Pathway</strong></td>
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<tr>
<td>• Consideration should be given to deferral where clinically appropriate</td>
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<tr>
<td>• PPE Airborne Precautions Plus for all staff</td>
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<tr>
<td>• Anaesthesia and surgery in general theatres</td>
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<tr>
<td>• Recovery in single room or cohorted area of recovery unit</td>
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<tr>
<td><strong>Red Pathway</strong></td>
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<td>• Consideration should be given to deferral where clinically appropriate</td>
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<tr>
<td>• PPE Airborne Precautions Plus for all staff</td>
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<tr>
<td>• Anaesthesia and surgery in negative pressure theatres where available</td>
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<tr>
<td>• Recovery in theatres</td>
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</tbody>
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07/01/2022

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07/01/2022