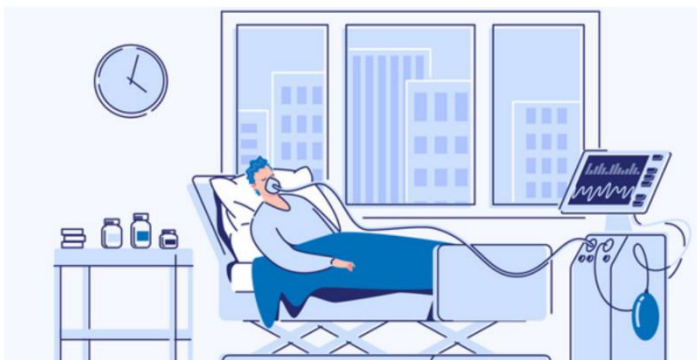




# SOP ON IPC MEASURES THAT SHOULD BE FOLLOWED WHEN CARRYING OUT URGENT SURGERIES ON SUSPECTED OR CONFIRMED CASES OF COVID-19







Ministry of Health and Wellness  
MAURITIUS

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## Approval Form

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SOP ON IPC MEASURES THAT SHOULD BE FOLLOWED WHEN CARRYING OUT URGENT SURGERIES ON SUSPECTED OR CONFIRMED CASES OF COVID-19			
	NAME	SIGNATURE	DATE
<b>AUTHROIZED BY</b>	Senior Chief Executive <i>Mrs. D. Seewooruthun</i>		<i>25/7/22</i>
	Director General Health Services <i>Dr. B. Ori</i>		<i>11/7/22</i>
<b>APPROVED BY</b>	National IPC Committee <i>Dr. A. Dinassing</i>		<i>7/7/22</i>
<b>PREPARED BY</b>	IPC Writing Committee <i>Dr. D. Nuckchady</i>		<i>26/6/22</i>

### AUTHOR

Dr. D. Nuckchady. This document was vetted by the IPC Writing Committee.

### PEER REVIEW

Dr. K. Azmutally (Registered Medical Officer).

**Date of next review:** July 2024

## Updates

### **June 2022**

- The standard operating procedure has been expanded to include confirmed cases of COVID-19.
- Rapid antigen tests can be done before surgeries instead of PCR tests.
- Confirmed COVID-19 cases can have surgery, if needed, in their respective hospitals instead of in a COVID-19 Treatment Center.
- Contact tracing is no longer being carried out since the end of 2021.

### **Version history**

<b>Version</b>	<b>Date</b>
Version 1.0: Created	20 July 2021
Version 1.0: Approved	10 August 2021
Version 2.0: Revised	26 June 2022
Version 2.0: Approved	25 July 2022

## **Standard Operating Procedure on Infection Prevention and Control Measures that Should be Followed when Carrying Out Urgent Surgeries on Suspected or Confirmed Cases of COVID-19**

### **Progress since the last version**

Due to the rise in the number of COVID-19 cases in the country at the end of 2021, regional hospitals started admitting confirmed cases of COVID-19. Confusion regarding which protocol to follow when performing surgeries on such patients appears to have dissipated over time.

Of note, due to the evolving nature of the COVID-19 pandemic, protocols remain dynamic and may require adaptations from time to time.

### **Purpose**

This document details the infection prevention and control measures that should be in place when conducting surgeries on patients suspected or confirmed of having COVID-19.

This standard operating procedure pertains to urgent or emergency surgeries only; all routine procedures should be postponed. The decision to proceed with urgent or emergent surgical procedures in a patient with suspected or confirmed COVID-19 infection requires careful consideration of the following factors by the treating Specialist and the Consultant-in-Charge of the concerned department:

- a. Potential for COVID-19 transmission to healthcare workers and other patients;
- b. Increased risk of patient morbidity and mortality in the context of active or recent infection;
- c. The risk associated with delaying surgery; and
- d. Options for alternative anesthesia (e.g., local / regional vs general).

Always consider whether non-surgical interventions or treatments could be an alternative.

### **Standard operating procedure**

1. Patients who are suspected of being infected with the SARS-CoV-2 virus (based on symptoms, signs or contact), should have a PCR or a rapid antigen test done within the last 24 hours before the surgery.
  - a. **Under no circumstances should life-saving procedures be delayed while awaiting the results of the PCR.**
2. Theatres must be informed in advance that they may receive a patient with COVID-19.
3. Only staff who are fully vaccinated against COVID-19 should attend to such patients.
4. Each regional hospital should have a roster that clearly states which staff will deal with suspected cases whenever an emergency arises e.g., a nursing officer, an anesthetic nurse, a nursing assistant, an attendant, the surgeon on call and the anesthetist on call can be picked in advance.
5. Patients should wear a medical mask while being transported to the operating room, if tolerated.
6. All staff should follow airborne and contact precautions during the surgery i.e., they should wear gowns (with aprons in case of splashes), face shields or goggles, N95 / FFP-2 / FFP-3 respirators and gloves:
  - a. As per the hospital policy, other surgical attire should also be worn i.e., caps and crocks or overshoes.

- b. All personal protective equipment (PPE) that may come into contact with patients during surgery should be sterile.
7. Use a dedicated operating theater (OT) and dedicated staff to operate on COVID-19 cases. The OT should be in an area where there is a low flux of staff.
8. If possible, carry out the surgery at a time when there are few people present e.g., after working hours or at the end of the day.
9. Surgical staff in the OT should be limited to essential personnel only.
10. Always close the OT doors during surgery.
11. Ideally, the OT should be fitted with negative pressure ventilation (for anesthesia and intubation) and high efficiency particulate air filters; moreover, it should have  $\geq 15$  air changes per hour (ACH):
  - a. If this is absent, the risk of cross-contamination with SARS-CoV-2 can be raised.
  - b. However, note that negative pressure ventilation may increase the risk of surgical site infections.
12. In case multiple COVID-19 cases have to undergo surgery during the same time period:
  - a. Surgery can be carried out with routine cleaning in between each patient.
  - b. Ensure that the disinfection steps followed are in line with the document entitled “Standard operating procedure for the environmental cleaning of healthcare facilities where suspected or confirmed COVID-19 cases are present”.
  - c. Terminal cleaning should also be in line with the above document.
13. Decide whether local or regional anesthesia can be used (instead of general anesthesia which will require intubation of the patient).
14. For intubation, if available, a video laryngoscope should be used for the first attempt by the most experienced provider to minimize failure to capture the airway.
  - a. Use in-line suctioning if necessary.
  - b. Laryngoscope handle and blade should be single-use if available.
  - c. In order to minimize the areas contaminated, intubate, extubate and await recovery in the same room if possible. Do not transition the patient through the recovery room.
15. Ensure that the path to and from the OT does not have a high flux of people; this will help to reduce exposure:
  - a. If the patient has to go through a lift, ascertain that the lift is properly decontaminated after the patient leaves it.
  - b. Transport staff should wear contact and droplet precautions as appropriate. See the “Standard operating procedure on the rational use of PPE in the context of the COVID-19 outbreak” for details.
  - c. If possible, the distance between the OT and the isolation ward (or the waiting area where the patient is situated) should be minimized.

16. All surgical instruments should undergo standard transport, cleaning and sterilization procedures. Medical masks, eye protection, gloves and gowns should be worn by personnel responsible for cleaning these instruments prior to sterilization.
17. If the patient requires ICU care after surgery, ensure ICU personnel are informed in advance and that a proper isolation room is available.
18. There is no need for staff to self-isolate or to go to quarantine after performing surgeries on COVID-19 cases.

**References:**

1. World Health Organization. Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed. 29 June 2020.
2. Ministry of Health, British Columbia. Infection Prevention and Control (IPC) Protocol for Adult Surgical Procedures During the COVID-19 Pandemic. 25 May 2021.
3. Alberta Health Services. IPC Recommendations for Suspected or Confirmed COVID-19 Patients Requiring Surgery. 23 June 2021.
4. Public Health England. Highlights for Surgeons from PHE COVID-19 IPC guidance. 16 March 2020.