

North Oaks Surgical Policy during the COVID-19 Pandemic

Effective Monday, June 28, 2021 the **North Oaks Surgical Policy during the COVID-19 Outbreak Procedural Cases**, is no longer active. The following will serve as the updated guidance through the foreseeable remainder of the pandemic providing that supplies continue to remain adequate. COVID-19 testing prior to surgical procedures is no longer mandatory at NOHS but may be done at the discretion of the individual provider.

Vaccination definitions:

- **Fully vaccinated*1** is defined as either:
 - Individual who has been fully vaccinated for COVID-19 for two weeks or longer after receiving the second dose in a two-dose series (i.e., Pfizer-BioNTech or Moderna)
OR
 - Individual who has been fully vaccinated for COVID-19 for two weeks or longer after receiving a single-dose vaccine (i.e., Johnson & Johnson/Janssen)
OR
 - Individual who has been fully vaccinated for COVID-19 after completion of other approved vaccines required series, as they become available, and the allotted time period with guidance from the CDC and FDA.

- **Unvaccinated*2** includes those that have not completed the fully vaccinated definitions above or the documentation of vaccination status cannot be verified before planned surgical procedure.

Surgical COVID-19 Testing & PPE Guidance:

Surgical patients will be considered to have COVID-19 immunity for purposes of NOHS surgical procedures if the individual meets the following requirements. A copy of the result record or completed vaccination must be confirmed in EPIC and verified by the provider.

- **Fully vaccinated*1**, asymptomatic surgical patients at NOHS healthcare facilities may be exempt from COVID-19 testing. Each surgical patient will need to provide documentation at check in or confirmed in EPIC (via LINKS Database).

- **Unvaccinated*2**, asymptomatic surgical patients at NOHS healthcare facilities that can provide documentation of prior COVID-19 infection, either by COVID-19 PCR or antibody test, can be exempt from COVID-19 testing.

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| Scenario | Anesthesia Provider PPE | Surgery/Nursing/Scrub PPE | Notes |
|--|--|--|--|
| 1 – Symptomatic PUI or Confirmed COVID-19 for ANY Surgery | <ul style="list-style-type: none"> • Single-use N95 + face shield/goggles or PAPR • Gown • Gloves | <ul style="list-style-type: none"> • Single-use N95 + face shield/goggles or PAPR • Gown • Gloves | <ul style="list-style-type: none"> • Minimize number of providers present. |
| 2 – Asymptomatic, unvaccinated, no COVID-19 immunity, and untested patient with HIGH-RISK surgery *3 | <ul style="list-style-type: none"> • Single-use N95 + face shield/goggles or PAPR • Gown • Gloves | <ul style="list-style-type: none"> • Single-use N95 + face shield/goggles or PAPR • Gown • Gloves | <ul style="list-style-type: none"> • PPE worn by all members throughout procedure. • Minimize number of providers present. |
| 3 – Asymptomatic, unvaccinated, no COVID-19 immunity, and untested patient for surgery WITH general anesthesia | <ul style="list-style-type: none"> • Single-use N95 + face shield/goggles or PAPR • Gown • Gloves | <ul style="list-style-type: none"> • Standard PPE if NOT present for airway placement, otherwise same as anesthesia providers | <ul style="list-style-type: none"> • During intubation and extubation minimize number of providers present. |
| 4 – Asymptomatic, unvaccinated, no COVID-19 immunity, and untested patient for surgery WITHOUT general anesthesia | <ul style="list-style-type: none"> • Standard PPE | <ul style="list-style-type: none"> • Standard PPE | <ul style="list-style-type: none"> • If risk of conversion to GA is likely, follow Scenario 3 from start. |
| 5 – Asymptomatic patients, fully vaccinated, have COVID-19 immunity, or a negative COVID-19 PCR less than or equal to 72 hours before surgical procedure | <ul style="list-style-type: none"> • Standard PPE | <ul style="list-style-type: none"> • Standard PPE | |

HIGH-RISK surgery*3 is defined as surgeries which are aerosol-generating and include any upper airway endoscopy (i.e., bronchoscopy, ENT endoscopy, gastroscopy, ERCP, NPL, etc.), tracheostomy, laparoscopic cases requiring insufflation, colonoscopy, TEE, >5L O2 supplementation via nasal cannula or mask, BIPAP, or Vapotherm/Nebulizer treatments.

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