**PPNO List Serv Query Summary Template**

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Last Name First Name Institution Info email

Contact for further information:

June 2020

Date of Summary:

Abbreviated Question (as it will appear on search results page)

In preparation to ramp up surgical services, have any facilities have developed specific policies around screening/testing/isolating surgical patients and PPE requirements during COVID-19 that you are able to share.

Policy/Procedure  Practice  Program Info  Committee Structure info  Role  Students

Model/Structure  Care Delivery  Collaboration  Regulation/Legislation  Pt. Safety

Quality/Outcome/Indicator  PP Culture/Leadership  Other:

Keyword(s)

Check 1 or 2

Required

for website

archiving

Responses: Please cut and paste responses from emails into the table, save and send summary table to PPNO List Serv. Allow 3 weeks for responses to filter in before sending final version.

| Responder Info | Has your organization developed policies around surgical patients during COVID-19? | Attachment(s)\* |
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| Bodie, Kelly <kbodie@lacgh.napanee.on.ca> | We are prescreening patients before booking their surgical date with the standard ministry questions, we are then swabbing all patients 48 hours before their surgery and asking them to self isolate until their day of surgery. Patients are then screened again at our front door and walked to the pre surgical prep area. |  |
| Cathy Goacher  Director, Professional Practice  Halton Healthcare  3001 Hospital Gate  Oakville, ON  L6M 0L8  905-845-2571 ext. 6801 | With regards to our surgical patients, we’re trying to test as many patients preoperatively as possible. If we’re not able to test, or wait for the results they are treated as COVID-19 suspect with PPE as per a COVID positive patient. Patients are currently being screened by phone prior to preoperative visits although we realize that may become a challenge as volumes increase. |  |
| Jennifer Bent RN, BScN  Interim Clinical Manager – Medicine B8  ACLS Co-ordinator  Brant Community Healthcare System  200 Terrace Hill St.  Brantford, ON  N3R 1G9  PH: (519) 751-5544 x2466  EMAIL: jennifer.bent@bchsys.org | I have reached out to our Clinical Manager of Surgical Services and she said at this time she has nothing to share as they are in the process of developing documents based on guidelines from Health Ontario. |  |
| Amanda Mathur **BScPhm. PharmD. RPh**  SAH Collaborative Practice Specialist  Sault Area Hospital | 750 Great Northern Road | Sault Ste. Marie, ON P6B 0A8  Phone: 705.759.3434 x5535 |  Email [Mathura@sah.on.ca](mailto:Mathura@sah.on.ca) | We are in the process of drafting a policy based on the BC CDC IPC protocol for surgical procedures during COVID-19; it will require a review of our AGMP policy. See attached reference link | <http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCProtocolSurgicalProceduresAdult.pdf> |
| Beth Davis RN, BSN, MSN  Director of Professional Practice  Northumberland Hills Hospital  1000 DePalma Drive  Cobourg ON K9A 5W6  Office: 905-372-6811 Ext. 3030  Cell: 905-373-2898  bdavis@nhh.ca | We are currently in the planning stage and don’t have anything to share at this point. |  |
| Heather Hartley, RN, BScN, MScN  Professional Practice Specialist- Surgical Specialty  BGH, TMH & PECMH  Quinte Health Care  Office: (613) 969-7400 x2044 | 1. We plan to do a COVID screening with our Pre-Surgical Assessment Call or visit. This call/visit will occur approximately 10 days before surgery. If the patient meets any of the Ontario public health criteria for a swab they will be referred by our PSA clinic staff to an assessment centre. If they have high risk symptoms (cough, SOB, fever) their surgery would be delayed until the results of the swab were made available (as long as patient condition would allowed- if not, they would be treated as COVID suspected and our algorithm would be followed). Patients who screen positive for atypical symptoms (e.g., vomiting, diarrhea, confusion, etc.) would also be referred for a pre-op swab. 2. Our region does not currently plan on mandating isolation for a period of time pre-op, rather just encouraging people to follow the public health guidelines.   This is our current plan- and process (we have been following this for our urgent cases if time permits). If our community spread increases we may have to look at the efficacy of the screening process.  We are currently universal masking (but I suspect that will be changing because we haven’t had a case in our community in 3 weeks). The plan is to continue to universally mask in high risk areas (ICU, ‘hot’ ED, DI, L&D, OR, Endo) and treat emergency cases that we are unable to screen or assess as Droplet/Contact until test results come back.  For some time now we have been testing ‘low risk’ patients (atypical symptoms) but not isolating as COVID. We haven’t yet had one come back positive. |  |
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\*Imbedding Attachments: When in a document, with the cursor in the place where you wish to insert another document as an icon, Go to Insert, choose "Object" (not 'file') choose "Create from File" browse for the file name from your directory, once found, check off "Display as Icon" select "OK” The document Icon now appears in this document where your cursor was positioned. Save the document you are working in and the imbedded icon with the document they relate to attached will also be saved to this document.