

## COVID-19

### Provincial Guidance on Management of Elective Surgery

Following discussion with the Provincial Specialty Leads for Surgery and Anesthesia and with the input of Infection Prevention and Control, updated direction on the management of elective procedures has been developed.

Note: “Elective Surgery” is **NOT** defined by a procedure being included on an “elective slate”. “Elective Surgery” is defined as NOT being Urgent or Emergent and includes those surgical procedures for which a delay of three (3) months or longer would not result in any significant adverse effect for the patient.

**All** regional health authorities and service delivery organizations are reminded that Manitoba’s response to COVID-19 is being **provincially coordinated** and jointly managed by Manitoba Health, Seniors and Active Living and Shared Health. **Organizations should not proceed with decisions or direction beyond the provincially-endorsed measures below without the involvement of regional leadership AND provincial specialty leadership, as required.**

In addition to the direction previously provided and which remains in place, the following recommendation is now in place.

Effective March 23, 2020, surgery programs across Manitoba began suspending elective (non-urgent) surgical procedures as efforts continue to ensure the province’s health system is making the allocation of staff, beds, equipment and supplies both efficient and flexible as our province continues to prepare its response to COVID-19.

The rationale for doing this now is to maximize the efficient use of our staff, bed, equipment and supply resources going forward as we face mounting pressures in a number of areas, including:

- Preservation of acute care capacity for any anticipated surge in COVID-19 patients presenting to hospital and requiring admission to inpatient and/or ICUs
- Concerns raised by Canadian Blood Services about reduced donations and the resulting impact on blood supply
- Abiding by the principles of social distancing with a goal to slow transmission
- Human resource risks associated with school closures and/or staff affected by COVID-19
- Identifying resources that may be available (e.g. anesthesia ventilators, MDR staff/equipment) for redeployment if it becomes necessary.

Slate maps will be redrawn to ensure capacity for the essential and time-sensitive work, including cancer and trauma activity.

Surgical activity will decrease but continue to ensure essential and time-sensitive procedures (i.e. cancer, trauma, etc.) are available. Scheduled, elective surgeries will continue whenever possible, considering risk to patients and availability of staff. Surgical and Anesthesia Leadership Teams across the province will assess all scheduled surgical cases to ensure

appropriateness and safety prior to determining whether to cancel or proceed.

After hours and weekend on-call services would remain status quo at all sites.

Should an organization or individual site experience staffing challenges that require further discussion, they should escalate these to regional leadership. Should an organization or individual site experience challenges in achieving consensus related to the definition of “Elective”, those discussions should be escalated to regional leadership and then to Provincial Specialty Leadership if consensus is still not achieved.

#### **Clinics:**

Based on the elective surgery postponements above and the recommended social distancing principles, surgeons should be adjusting their clinic practices as follows:

- No new consults that will not require surgery within 90 days
- All clinics, including post-operative clinics need to be scheduled with principles of social distancing. Options may include more frequent or longer clinics with fewer patients i.e. spreading out time and/or distance
- Optimize use of telephone/telehealth/virtual visits where possible

#### **Recovery:**

- The recovery plan for resumption of elective services and rescheduling of postponed cases will be communicated on a go forward basis as the health system stabilizes.
- We appreciate your contributions in the service of patients and families.

#### **Elective Surgeries**

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### Update to Previous Guidance (Updated March 20 & 23, 2020)

- Any patient who has returned to Manitoba from travel, including travel within Canada, should not have their procedure in the first 14 days following their return even if asymptomatic, except in emergency circumstances.
- Any patient who has been in direct contact with a known positive COVID-19 patient should not have their procedure within 14 days of the contact even if asymptomatic, except in emergency circumstances.
- Any patient who has been in direct contact with a person who is undergoing testing for COVID-19 should not have their procedure until the results are confirmed negative even if asymptomatic, except in emergency circumstances.
- Any patient who has an influenza-like illness at the time they show up for their procedure should not have their procedure until they have recovered, except in emergency circumstances;
- Any patient who has an unexplained new cough should have their procedure delayed until it has been investigated, even if they do not have a fever, except in emergency circumstances.