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சுகாதார மற்றும் சுதேச வைத்திய சேவைகள் அமைச்சு  
**Ministry of Health and Indigenous Medical Services**

All Provincial Directors / Regional Directors of Health Services  
All Directors of THs / PGHs and DGHs  
All Medical Superintendents of BHs  
All Heads of Institutions

**Interim guidance for surgical and medical procedures in relation to COVID-19:**

It is noted that in most hospitals non-urgent elective surgery and medical procedures have been temporarily curtailed to ensure adequate hospital capacity to respond to COVID-19. It is recommended that elective surgical and medical procedure should incrementally recommence safely, without increasing the risk of the COVID-19 outbreak.

For the smooth recommencement of surgical and medical procedures the following is recommended.

- Assess the patients' risk of having COVID-19 by use of COVID-19 screening tool below. In the case of a paediatric patient, screening of parents/guardians by getting their history is also recommended.
- Clinical diagnosis shall prevail prime importance.

**Screening tool for COVID-19 risk assessment in Surgical and Medical procedures:**

***If the patient is having fever ( $\geq 38^{\circ}\text{C}$ ) or history of fever with or without acute respiratory illness (e.g. cough, sore throat, shortness of breath) and any of the following features:***

***In the 14 days prior to procedure:***

- ***close contact/high-risk exposure with suspected/confirmed case of COVID-19***
- ***traveled internationally***
- ***travelled on a flight/ship as crew or a passenger***
- ***lived or travelled to an area of increased testing and surveillance for COVID-19***

***If any one of the above is present – High-risk  
All are absent – Low-risk***

- Every patient waiting for elective surgical/medical procedure must be assessed and decision to perform the surgery/procedure should be made by the relevant consultant.
- All health care institutions will continue to ensure that any patient in need of urgent attention will receive timely treatment.
- In the case of emergency procedures, the COVID-19 PCR test result should not delay the procedure. If the patient is considered high-risk or if the risk cannot be assessed, the procedure should be done wearing full PPE. If the patient is low risk, and the procedure is an Aerosol Generating Procedure (AGP), (**For list of AGPs - Refer text box in annexure 1**), the procedure may be done wearing full PPE or appropriate protection. The COVID-19 PCR test should be done in all high-risk patients, low-risk patients who will need subsequent aerosol generating procedures e.g. open suctioning of tracheostomy, and in those where COVID status of the patient is needed for post-operative care. The COVID-19 PCR test can be done before/during or after the procedure but without delaying the procedures. (**Refer to annexure 2 - Guidance on emergency surgical /medical procedures**)
- In case of an elective surgical / medical procedure, if the patient is considered high-risk, exclude COVID-19 by PCR and perform the necessary surgery/procedure **OR** postpone elective surgery/procedure for 14 days since last contact day **if it will not significantly impact patient outcome** – this decision will require a multidisciplinary team (MDT) discussion. (Any elective surgical/ medical procedure should be re-scheduled as soon as practically possible after the 14-day period has lapsed and/or COVID-19 status is excluded by a PCR test.) This procedure (in case of a high-risk patient) should be done wearing full personnel protective equipment (PPE) (which includes a N95 respirator). (**Refer to annexure 1 for guidance on performing elective procedures**)
- Further, when an unstable patient with life-threatening condition is referred to a sub-specialty for opinion, investigation or life-saving procedure, the receiving team should promptly attend to such request to ensure continuity of care.

Personal Protective Equipment (PPE): All health care facilities should follow the MoH recommendation for COVID-19 PPE. For AGP (regardless of COVID-19 status) N95 mask (or equivalent), should be considered (depending on the procedural risk) by healthcare staff directly involved in treatment. (**Refer Box 1 in annexure 1**). When COVID-19 status is not known at the time of an emergency surgery/procedure, a rational decision on appropriate PPE will depend on the risk assessment based on the procedure involved, spread of the disease in the presenting area and availability of PPE. Decision on how and what PPE to be used should be taken by the senior clinician in-charge of the unit (preferably Consultant).

By taking timely actions and collective hard work, the health system can stop the spread of coronavirus, while protecting and saving patients' lives. We should also remind ourselves to preserve vital resources including essential protective equipment (PPE) to help prepare health services for the continued role in combating the COVID-19 outbreak.

**All decisions regarding high risk patients for elective and emergency procedures should be in consensus with the clinicians and COVID -19 institutional cell led by the head of the institution.**

**All PDHS/RDHS and Heads of Institutions should make necessary arrangements according to this circular.**

Please note that this circular may be updated according to the condition of the country and will be informed accordingly.

  
**Dr. Anil Jasinghe**  
**Director General of Health Services**

**Cc: Hon. Minister of Health and Indigenous Medical Services**  
**Secretary, Ministry of Health and Indigenous Medical Services**  
**Additional Secretaries (Medical Service and Public Health)**  
**All DDGs**  
**Chief Epidemiologist**  
**All Directors**  
**Presidents of relevant professional colleges**

## Annexure 1: Guidance on performing elective procedure

Patients undergoing an elective surgical/medical procedure

Administer a COVID 19 screening questionnaire

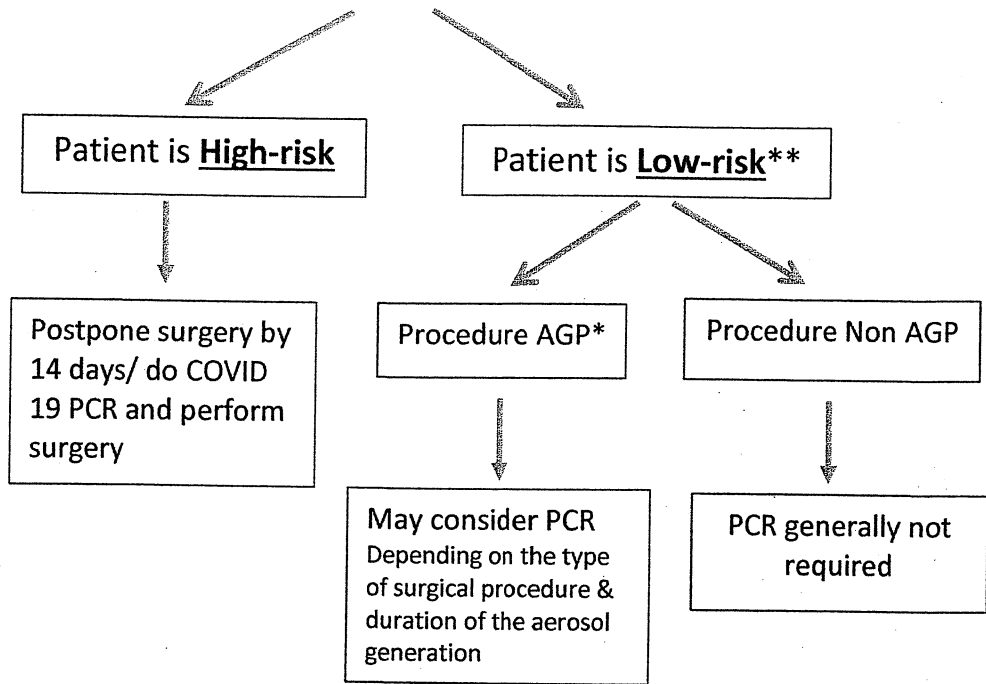
### Box 1 USE of Personal Protective Equipment

1. For low-risk AGPs –  
standard PPE

2. For all high-risk AGPs -  
consider full PPE (regardless  
of the COVID status) – N95  
equivalent mask,  
goggles/face shield, gloves,  
gown, caps, boots/shoe  
covers

3. For non AGPs –  
COVID positive – delay for 14  
days and reassess

COVID negative – surgical  
mask, gloves, gown, cap +/-  
goggles



For the use of PPE in above situations, refer **Box 1**

\*Aerosol Generating Procedures (AGPs) – AGPs are considered high-risk of COVID transmission, however risk varies from procedure to procedure and higher in procedures with longer duration and when done in “non-negative pressure” rooms or “positive pressure” environments such as theaters.

Examples of high-risk aerosol generating procedures (this is not a complete list)

- Bronchoscopy (FOB/rigid and ventilating) & ENT upper airway procedures and maxillo-facial procedures that involves suctioning
- Tracheostomy (open and percutaneous) or tracheostomy procedures (insertion, open suctioning, tube change or removal)
- Upper gastrointestinal endoscopy (where there is open suctioning of the upper respiratory tract)
- High speed drilling (dental drilling/middle ear mastoid drilling)
- Trans Oesophageal Echocardiogram (TOE)
- Intubation, extubation, Laryngeal Mask Airway (LMA) and related procedures (procedures where bag mask ventilation and /or open suctioning are required)
- All dental procedures except for examination and routine extraction are considered as AGPs

\*\* If the patient is considered low-risk, in performing general anesthesia, consider proceeding without the COVID PCR with full PPE.

## Annexure 2: Guidance on emergency procedure

Patients undergoing an emergency procedure  
PCR test result should not delay the procedure

Assess the patient's risk using a screening questionnaire

Patient is **High-risk** /the patient's **risk cannot be assessed**

Perform the procedure in full PPE  
N95 equivalent mask,  
goggles/face shield, gloves,  
gown, caps, boots/shoe covers

Patient is **Low-risk**

Procedure AGP\*

Perform the procedure in full/  
appropriate PPE  
(depending on degree of aerosol generation)

Procedure Non AGP

Perform in standard PPE  
surgical mask, gloves,  
gown, cap +/- goggles

In case the procedure is an emergency, PCR test result should not delay the procedure. PCR test should be done in the following categories, (this can be done before/during or after the procedure)

- All High-risk patients
- Low-risk patients:
  - Patients who will need subsequent aerosols generating procedures e.g. open suctioning of tracheostomy
  - COVID-19 status needed for post-operative care

