

Surgical Protocols During COVID-19

Summary Document

GENERAL CONSIDERATIONS

Inquiries and Feedback: info@myorthoevidence.com
COVID-19 Resources Center: www.myorthoevidence.com/covid19

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Subsection of:
Best Practices for Surgeons
COVID-19 Evidence-Based Scoping Review

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The COVID-19 pandemic is a rapidly evolving situation. Surgeons' should stay updated on local indicators of pandemic severity, as well as best practices, policies and protocols.



Ensure patient and staff safety. Provide psychological support for the healthcare personnel and promote initiatives for their well-being.



Individuals and institutions should follow general hygiene and social/physical distancing measures to limit disease spread*.



Be prepared for supply shortages and develop contingency plans and policies to preserve personal protective equipment (PPE).



Clear and effective leadership is crucial. Experienced surgeons should take leading roles to guide their teams.



Establish rotating teams that can work in isolation of each other. Plan for redundancy as some personnel might need to be quarantined due illness or exposure*.



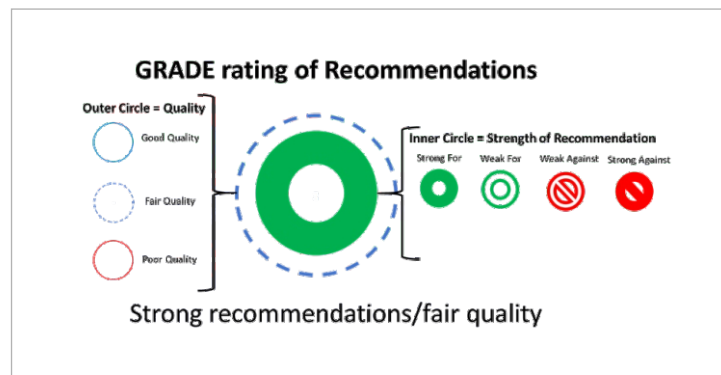
During surge stages, surgeons may be asked to redeploy into unfamiliar (non-orthopaedic) roles. Prepare for this scenario, be willing to collaborate and stay updated on COVID-19 patient management recommendations.



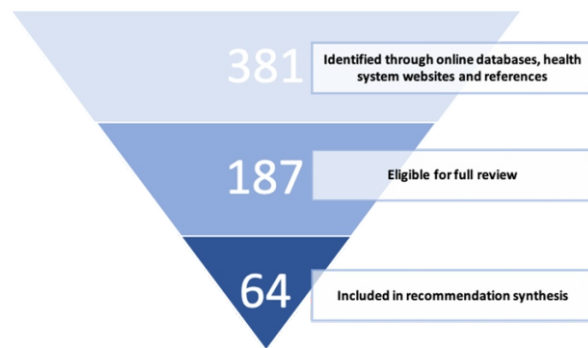
Tele-health should be used where possible to limit exposure risk. Tele-health can be used for new consultations, follow-ups, and/or provide rehabilitation guidance*.



Surgical training programs should implement technology to help trainees engage in remote knowledge and skill acquisition*.



RECOMMENDATION SOURCES



64 Guidelines Reviewed in Evidence Synthesis

19 | Orthopaedic or Surgical Associations / Societies

6 | Academic Institutions / Hospitals

39 | International / National / Local Public Health Authorities

268 | Clinical Expert Authors

Method of guideline formulation

