

**GENERAL RECOMMENDATIONS FOR ACTION AND BASIC
ORGANIZATION OF SURGERY UNITS IN AREAS
WITH LOW AFFECTATION
BY THE COVID-19 PANDEMIC (SARS COV-2)
FROM THE SPANISH ASSOCIATION OF SURGERY (AEC)**

- *These measures are subject to revision, according to the global situation of the hospital, daily needs and the recommendations of the Ministry of Health.*
- *Each surgical service will consider implementing them according to their particular circumstances.*

Objective

- To protect hospitalized patients and health personnel from the risks of SARS Cov-2 infection and to ensure vital healthcare activity.

General guidelines

- 1- Provide training on the use of the safety measures recommended for patients with COVID-19 to all General Surgeons, for the evaluation of all patients and for possible urgent surgeries that are necessary for patients who are COVID-19 +.
- 2- All off duty attendings and residents must be readily available to collaborate if needed, and if necessary, to cover a colleague for unexpected withdrawal or quarantine.
- 3- Consider dividing the service into groups that do not coincide with each other or even establish work shifts in periods of 7-15 days to avoid the rapid spread of transmission among the service personnel.

Elective surgery

- 1- Review all scheduled elective surgeries to minimize, postpone, or cancel nonessential interventions until the peak of the epidemic has passed.
- 2- Cancel all minor surgery or non-cancer outpatient major surgical interventions.

- 3- Only program procedures that, if postponed, would immediately endanger the life of the patient or cause significant sequelae (oncology, recurrent cholecystitis/pancreatitis, obstructive symptoms...).

Hospitalization

1. Daily rounds: Maintain all the protection measures established by the Infectious Disease Service of the hospital.
2. Minimize inpatient stays by avoiding unnecessary admissions; minimizing the census on the surgical ward.
3. Minimize gathering of doctors in the same room and encourage the same small group of doctors visit all patients admitted for at least one week and the rest do not come into contact with hospitalized patients.

Outpatient Clinics/ Outpatient Consults

- 1- Review all outpatient appointments to minimize in-person patient attendance in the consultation waiting room. Assess the telemedicine consultations of all possible appointments and postpone appointments that require face-to-face care in cases where such delay does not endanger the patient's life or may cause sequelae.
- 2- Contact the patients by telephone to give the results of pathological results, laboratory tests or radiological tests, and avoid unnecessary patient visits to the hospital.
- 3- In cases where face-to-face consultation is essential, it is recommended to contact the patient before going to the hospital to confirm that they have no symptoms (fever or respiratory symptoms), confirm that they have not been in contact with a diagnosed case of COVID-19 or that they do not come from a high incidence area; confirm that face-to-face consultation is essential. Treat the patient in an area away from the hospitalization area using PPE in the case of explorations or wound healing. Patients must enter the clinic alone, unaccompanied.

On Call

1. It is recommended to designate a call shift coordinator, in such a way that he/she will check the availability of the call team and the backup team list daily. Each service will have a weekly list of call and another parallel list, with the back up team.

Clinical sessions, morning report, coffee breaks, and multidisciplinary committees

- 1- Suspension of clinical sessions and multidisciplinary committees. The relationship with other services by telephone or telematics means will be maintained.
- 2- The call sign out is made between two people.
- 3- Avoid coincidence of doctors in coffee breaks

Research and communication

1. Participate in the Covid19 study to improve knowledge about this pathology worldwide. (<https://docs.google.com/forms/d/e/1FAIpQLScTc7m9OkxK-6YuJsVmQppgwlD1nthIFK1snBjrqspl72IIA/viewform>) In this link, they carry the registration worldwide
2. Prospective collection of epidemiological data in each service, in collaboration with the Epidemiology Service.
3. Staying communicated and connected through social networks and media.