



Calle O'Donnell, 16. 1o Izq
28009, Madrid
+34 913 190 400
aec@asociacioncirujanos.es
www.aecirujanos.es

**GENERAL RECOMMENDATIONS FOR ACTION AND BASIC
ORGANIZATION OF SURGERY UNITS IN AREAS
HIGHLY AFFECTED
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 and daily needs and the recommendations of the Ministry of Health and Autonomous Communities.*
- *Each surgical service will consider implementing them according to their particular circumstances.*

Goal

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

General guidelines

1. Establish a communication channel for the entire Service (Specialists and Residents) so that the Chief of Service or COVID coordinator, who is in contact with the Board, can provide updates on the current situation to both the Service and the Hospital on a daily basis.
2. Assess reprogramming work shifts for the next two weeks (the incubation period of the disease).
3. The usual activity of the service will be reduced by the decrease in ordinary activity, so the surgeon who does not have an assigned activity or has completed it **will remain at home** to reduce exposures and transmissions and will be available for any emergency. This distribution must be coordinated by the person designated for this purpose (Head of Service or COVID-19 coordinator).

4. PPE Training: All staff must receive practical training in PPE as established in each center.
5. Work areas, offices, and classrooms must be ventilated and the safety distance between doctors and other hospital personnel must be maintained.

Elective Surgery

1. Suspension of all ambulatory surgical activity and non-oncological (some cases can be individualized) is recommended and case-by-case prioritization of oncological cases should be done (weigh Covid19 mortality ratio against oncological mortality, especially in patients with high risk).
2. Preference will be given to patients who do not require ICU admission after surgery.

Hospitalization

1. Daily Rounds: Maintain all the protection measures established by each Preventive Medicine Service of the hospital.
2. Wearing a surgical mask is mandatory in the entire hospital environment and gloves have to be worn both in patients with or without respiratory symptoms.
3. Attention to admitted patients with + Covid19: Assessment by a **single surgeon** and with protective measures established by the corresponding entity.
4. All hospitalized surgical patients with respiratory symptoms will wear a surgical mask and will be reported to the designated hospital team (ID, epidemiology, ect).
5. In the case of a patient who is confirmed POSITIVE, a strict record of all personnel who have been in contact with the patient has to be kept and has to be communicated to the designated hospital team.

Outpatient Clinics / Outpatient Consults

1. Suspension or reprogramming after a case-by-case review by the surgeon in charge and individually evaluating cancer cases, following the guidelines of each center. Consider Telemedicine.
2. In patients with neoplastic pathology who must be seen, they will be treated taking into account all personal protective measures. The doctor/surgeon must wear a mask. Increase the distance with the patient and family for the interview. We recommend that only one relative is allowed with the patient.
3. The areas of the consultation will be cleaned and disinfected (tables, keyboards, etc.).

On Call

1. Given the reduction of the ordinary activity during call shifts, in-house location of the staff on call should be reassessed.

2. 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.
3. Consider bringing food and drink to the call shifts (given the possibility of closure of the cafeteria/physician's lounge) and, if possible, a spray to disinfect common areas and call material (pagers and telephones) (virucidal wipes or bleach dissolved in water to 1% prepared each day with disposable paper towels).

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

1. Suspension of all sessions. The intra-service and inter-service relationship will be maintained by telephone or other telematic means.

Research and communication

Participate in the Covid19 study to improve knowledge about this pathology worldwide.

(<https://docs.google.com/forms/d/e/1FAIpQLScTc7m9OkxK-6YuJsVmQppgwd1nthIFK1snBjrqspl72IIA/viewform>) In this link, they have a worldwide registration

1. Prospective collection of epidemiological data in each service, in collaboration with the Epidemiology Service.
2. Staying communicated and connected through social networks and media.