

DYNAMIC SCALE FOR SURGICAL ACTIVITY DURING THE PANDEMIC COVID19

• Phase I. Almost normal scenario

- *Census* - <5% COVID-19 related admissions without ongoing urgent necessities
- *Resources* - no impact on hospital resources
- *Surgical activity*: no impact on normal activity

• Phase II. Low level alert scenario

- *Census* - 5-25% COVID-19 related admissions to ward and ICU
- *Resources* - no impact on hospital resources but with pandemic alertness in the hospital with appropriate separate triage in the ER for respiratory symptoms vs non respiratory symptoms
- *Surgical activity*: activity limited to:
 - o Oncology
 - If an increase in the infection curve is suspected, use phase 3 scenario for oncological surgical activity
 - o Urgencies

• Phase III. Medium level alert scenario

- *Census* - 5-25% COVID-19 related admissions to ward and ICU
- *Resources* - impact on hospital resources with pandemic alertness in the hospital with appropriate separate triage in the ER for respiratory symptoms vs non respiratory symptoms. ICU beds and wards reserved for COVID-19 patients
- *Surgical activity*: activity limited to:
 - o Oncologic patients where a lack of treatment would compromise their 3 month's survival
 - o Oncologic patients who cannot receive neoadjuvant treatment to slow progression of disease
 - o Oncologic patients who will not require prolonged ICU stay
 - o Urgencies

• Phase IV. High level alert scenario

- *Census* – 50-75% COVID-19 related admissions to ward and ICU
- *Resources* – Significant impact on hospital, healthcare workers and ICU beds.
- *Surgical activity*: activity limited to:
 - o Urgencies

• Phase V. Emergency scenario

- *Census* – >75% COVID-19 related admissions to ward and ICU
- *Resources* – Significant impact on hospital, healthcare workers and ICU beds. Limited ICU and ventilation resources, limited OR resources or a rapid infection increase in the hospital.
- *Surgical activity*: activity limited to:
 - o Urgencies where the patient will not survive unless intervened within the next few hours after a preoperative triage is done by the ethics committee.