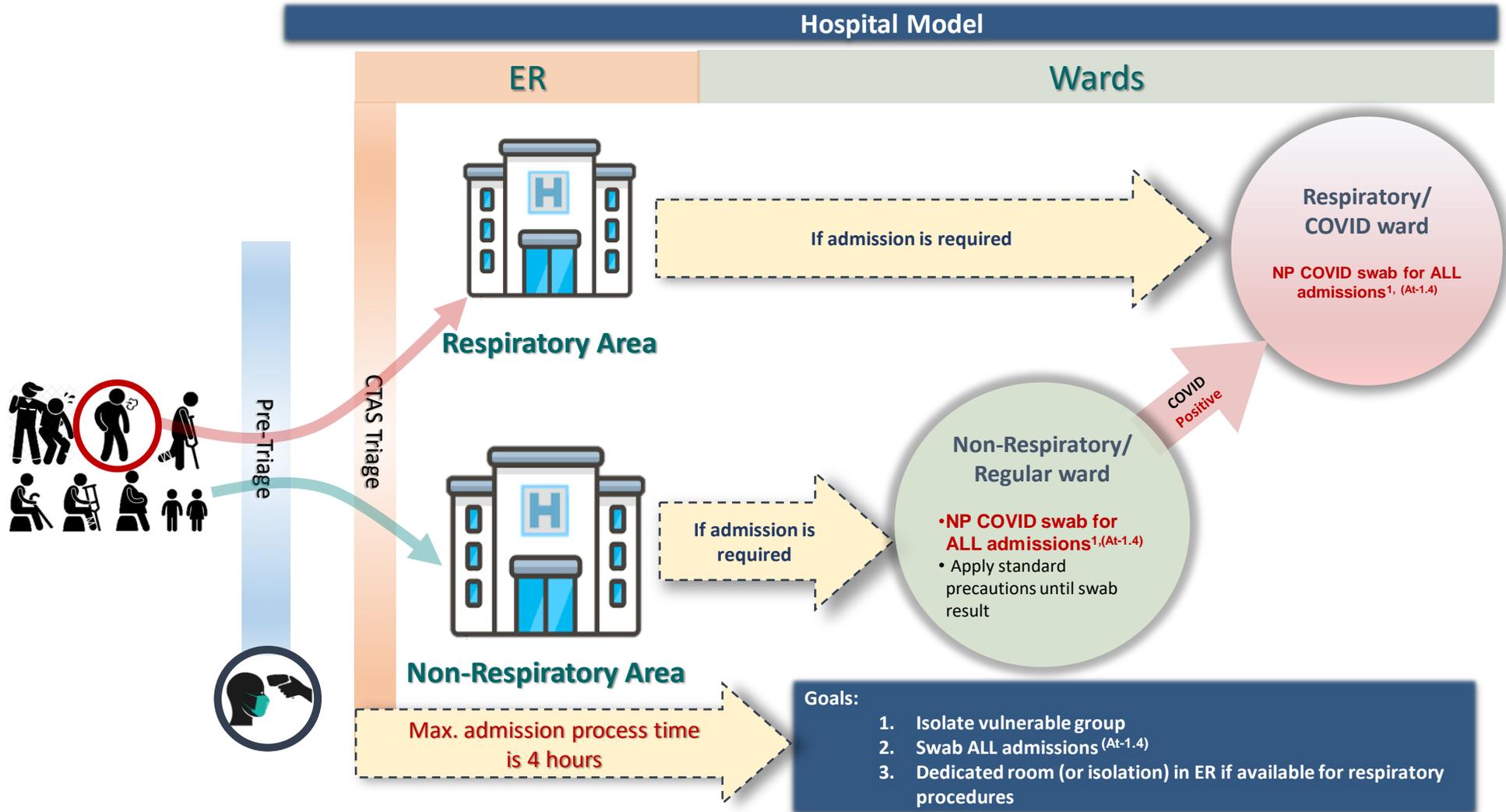
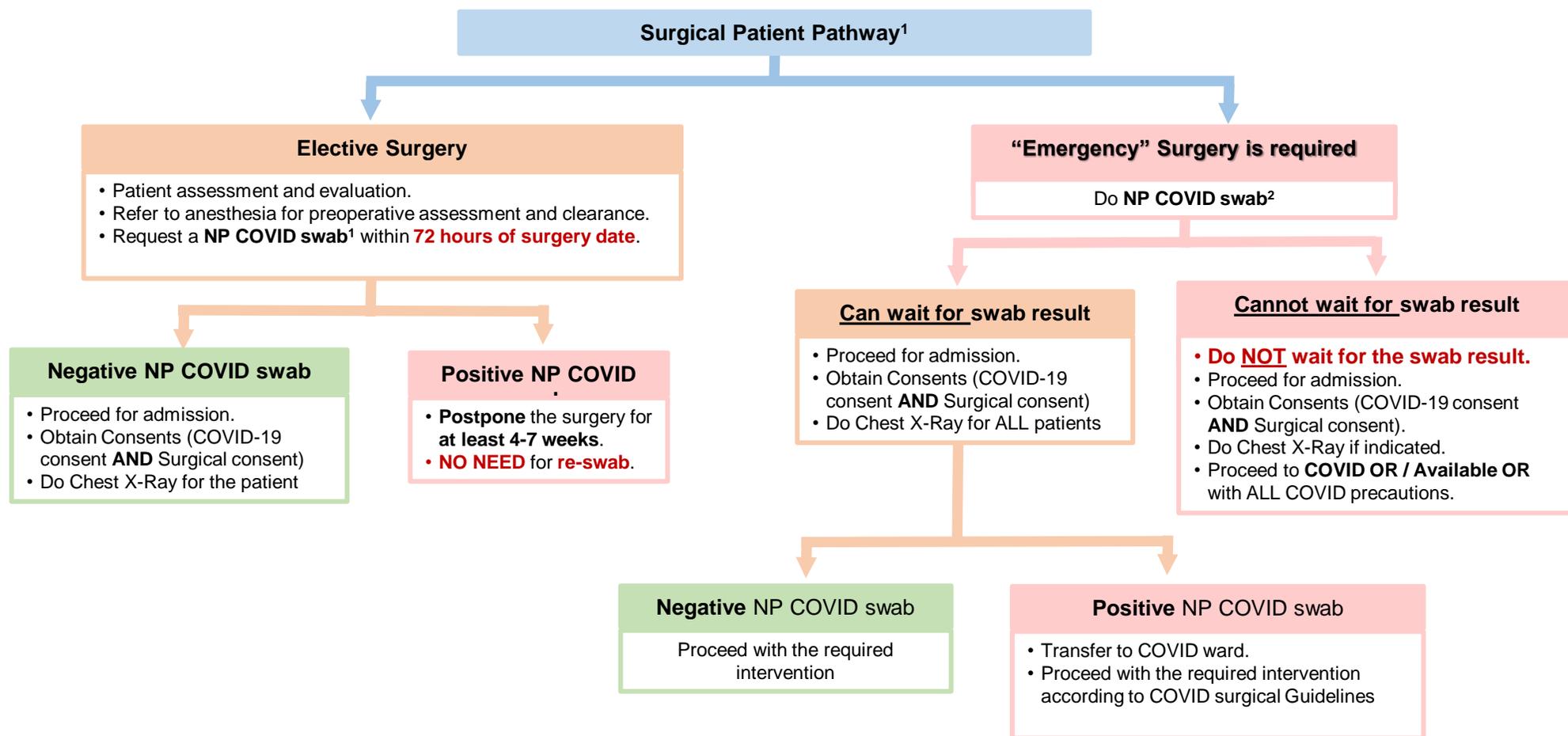


Flow Diagram of COVID-19 Pandemic (Diagram A1)



¹ Swabs to be done in the receiving ward by admitting team **NOT** in ER.

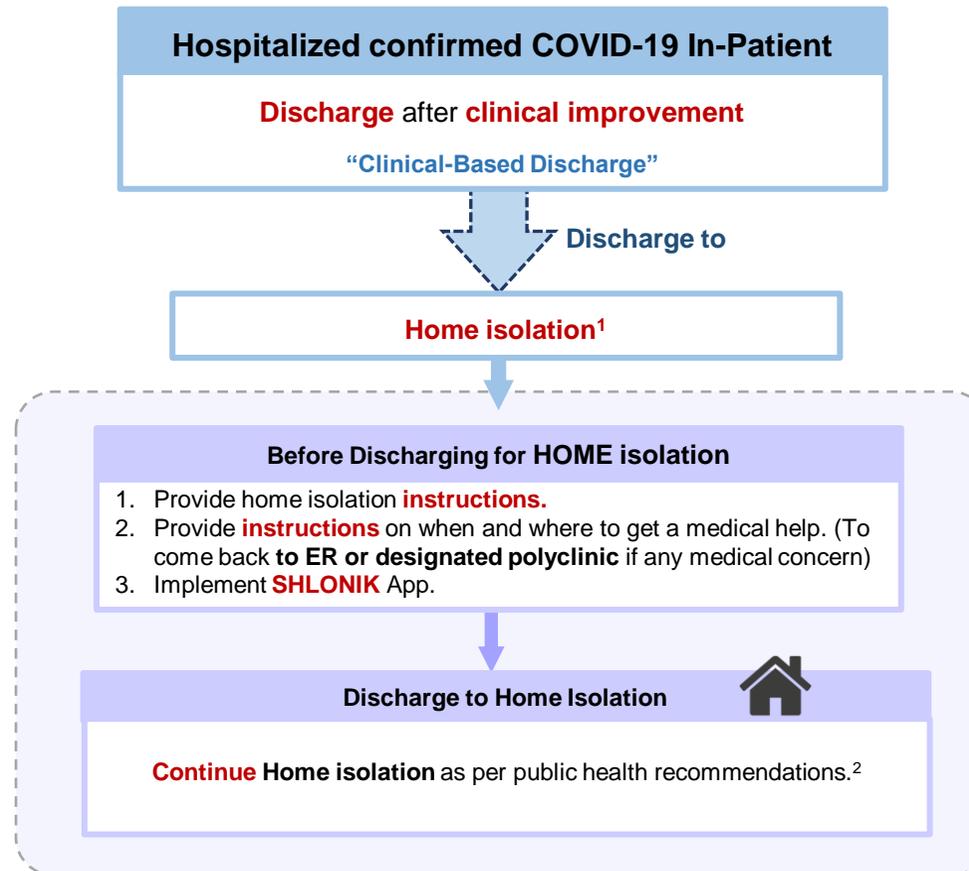
Surgical patient flow diagram during COVID-19 pandemic (Diagram-Surg 1)



¹ No need to re-do SARS-CoV-2 swabbing for hospitalized patients (hospitalized in less than 7 days **AND** initial admission swab is negative)

² Swabs to be done in the receiving ward by admitting team not in ER. To swab **ALL** patients **Except** who had been tested positive for SARS-CoV-2 **within 90-day-period**.

Flow Diagram for Discharging Confirmed Adult COVID-19 Patient (Diagram-Surg 2)



¹ If unsuitable home for isolation, arrange with dispatch team for possible institutional isolation

² MOH criteria for **discontinue Transmission-Based Precautions** (Based on CDC, Sep. 2021):

1. **Symptoms-based strategy (for symptomatic):** At least **1 days (24 hours)** have passed since recovery is defined as resolution of fever without the use of fever-reducing medications and improvement of symptoms; **AND** at least 10 days have passed since symptoms first appeared.
2. **Time-based strategy (for asymptomatic):** 10 days have passed since the date of their first positive COVID-19 diagnostic test.

Disposition and Discontinuation of Isolation Precautions for Confirmed COVID-19 Cases (Diagram-Surg 3)

Disposition (Intra-Hospital or Inter-Hospital)

- **Discharge** or **disposition** decision from medical COVID wards to other facilities **is based on clinical improvement**.
- **Discontinuation of isolation precaution** is **NOT a pre-requisite** for the decision of **discharge** or **disposition**.
- **Isolation rooms** in the receiving facility can be used for the following cases without deferring patient's management.



Hospitalized Confirmed COVID-19 patient

- **Is the patient under the following list?** (this list is subjected to be updated based on future data)
 1. **Patients with severe to critical illness** (At-1.5)
 2. **Patients who are severely immunocompromised** (At-1.5)

“Time-Based Strategy”

Yes

**Discontinue Isolation precautions
when Passed > 20 days period^{1,2}**

“Symptom-Based and Time-Based Strategy”

NO

Follow MOH criteria³ for
discontinuation of isolation precautions

¹ Since **symptoms first appeared** OR date of first positive swab if patient was asymptomatic for COVID-19.

² Test-based strategy (starting from day 10) could be considered **if earlier** Disposition and Discontinuation of Isolation Precautions is required.

³ **MOH criteria for discontinue Transmission-Based Precautions** (Based on CDC, Sep. 2021):

1. **Symptoms-based strategy (for symptomatic): At least 1 days (24 hours)** have passed since recovery is defined as resolution of fever without the use of fever-reducing medications and improvement of symptoms; **AND** at least 10 days have passed since symptoms first appeared.

2. **Time-based strategy (for asymptomatic):** 10 days have passed since the date of their first positive COVID-19 diagnostic test.

OPD Surgery flow diagram for Elective Surgeries during COVID-19 pandemic (Diagram-Surg 4)

OPD CLINIC

Initial Preoperative Outpatient Clinic (virtual or in-person visit)

- Health care practitioner (HCP) should wear **Surgical Mask**.
- **ALL** patient entering OPD **MUST** be wearing a **Mask**.

Screening questions And Temperature check:

1. Do you have **ANY respiratory symptoms** (Cough, fever, Shortness of breath)?
2. Have you been **Tested positive for SARS-CoV-2 (COVID-19) RECENTLY¹** (within 20 days from the positive swab)? Or Are you currently in **Home isolation**?
3. Are you in **Home QUARANTINE**? Or Did you come recently from **TRAVEL (within the last 14 days)** ?

“NO” for “ALL” screening questions **AND** patient is afebrile

- Patient assessment and evaluation. Decide on elective surgery.
- Refer to anesthesia clinic for preoperative assessment and clearance.
- Request a NP COVID swab² to **be done 72 hours prior to surgery date**.

“YES” for “ANY” screening questions **OR** confirmed **FEVER** by screening check

- Re-book a second visit **after 2 weeks**.
- Follow MOH protocols for symptomatic and asymptomatic COVID-19 patients

¹ if the patient has **passed 20-day-period** since the positive-swab result, then consider the **answer for this question as “No”**.

² Swabs to be done in the receiving ward by admitting team not in ER. To swab **ALL** patients **Except** who had been tested positive for SARS-CoV-2 **within 90-day-period**.

General Rules

- At 1.1** Admit the patient with **respiratory symptoms**, who requires admission, to isolation room in **respiratory ward** (if possible) or general room with maintaining **contact and droplet precautions** until COVID swab results.
- At 1.2** Admit **quarantine patient with non-respiratory** symptoms, who requires admission, to **isolation room** in **non-respiratory ward** (if available) or general room with maintaining **contact and droplet precautions until completion of quarantine period**.
- At 1.3** **Positive COVID-19 patient** must be admitted to designated COVID ward (or **isolation room in respiratory ward**)
- At 1.4** NP COVID swab for **ALL admissions EXCEPT** for people **who had been tested positive for SARS-CoV-2 within 90-day-period**. If a person becomes symptomatic during this 90-day period **AND an evaluation FAILS to identify other diagnosis** (e.g., influenza), then the person may warrant evaluation for SARS-CoV-2 reinfection.
- At 1.5** **Definitions:**
- **Severe illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%.
 - **Critical illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.
 - **Severely immunocompromised:** being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.