Supporting Information

Supplement to: COVID-19 Risk in Elective Surgery during a Second Wave: a Prospective Cohort Study

Victorian elective surgery collaboration - contributors at each site

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Western Health (n=582)
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Date of procedure:	Patient label
Procedure planned:	

Screening checklist for patients for theatre not known to be COVID-19 positive

Elective surgery patients – to be asked before the day of surgery and re-checked on the day of surgery
Emergency surgery patients – to be asked preoperatively

Preoperative screening checklist	**Yes**	**No**
Recent overseas travel in the past 2 weeks?		
Reside in or visited a known high-risk area with a cluster of cases?*		
Had CLOSE contact with a confirmed case of COVID-19? Defined as: • spending > 15 minutes face-to-face OR sharing a closed space > two hours with a person who is a confirmed case 48 hours before they showed symptoms or once they showed symptoms.		
Had CASUAL contact with a confirmed case of COVID-19? Defined as: • spending < 15 minutes face-to-face OR sharing a closed space for < two hours in any setting with a person who is a confirmed case AND they had symptoms at the time		
Recently tested for COVID-19? If YES: Date: Time: Result:		
Does the patient have:		
• Fever or chills?		
• A cough?		
• A sore throat?		
• Shortness of breath?		
• Other respiratory symptoms including runny nose?		
• A recent loss of the sense of smell or taste?		
• If the patient answered 'Yes' to any of the above, notify the anaesthetist and surgical team • If a patient scheduled for elective surgery has a positive or pending COVID-19 test result, notify the anaesthetist and surgical team • If a patient has a negative COVID test result but answers 'Yes' to having symptoms on the day of surgery, notify the anaesthetist and surgical team		

Preoperative vulnerability checklist	**Yes**	**No**
Pregnant		
Age >65 years		
Respiratory comorbidity		
Immunocompromised		
Frail		
Other comorbidities (e.g. CCF, diabetes, obesity, renal insufficiency)		

ICU need and availability checklist	**Yes**	**No**
Is ICU likely to be needed post-op?		
Is ICU aware of the case?		
If ICU admission required post op, is an ICU bed available?		
Expected ICU length of stay (in days)?	days	
Have goals of management been defined?		

Perioperative team checklist (at time out)	**Yes**	**No**
Are there significant aerosolisation risks with this procedure?		
Is everyone wearing the appropriate level of PPE for this procedure?		
Are there non-essential staff in the theatre or procedure room?		
Are there vulnerable perioperative team members?		
Advise: re-deploy vulnerable staff and non-essential staff in high-risk or aerosolising procedures. Discuss with proceduralist/surgeon, anaesthetist and/or NUM.		

This checklist can be modified and locally adapted by individual hospitals and health services. It can be used for both elective and emergency surgery and should accompany the patient from peri-op to theatre, and from there to the ward or ICU.

*Health information management teams at health services will have up to date information on the high-risk suburbs in Victoria

Prevalence of Asymptomatic SARS-Cov-2 Infection in Elective Surgical Patients in Victoria

DEMOGRAPHICS

PLEASE USE BLACK PEN

Sex ☐ Male ☐ Female

Age ☐☐☐ years

ASA physical status ☐

Ethnicity ☐ White ☐ Black / African ☐ Aboriginal/TSI ☐ Asian ☐ Other

Postcode of residence ☐☐☐☐

COVID TESTING - Clinical screening before and on admission

Pre-admisson screening checklist 1-3 days before surgery: ☐ Yes ☐ No

RT-PCR test result ☐☐ ☐☐☐ 2020 (d d m m m y y y y) ☐ Positive ☐ Negative ☐ Not done/refused

Preoperative screening checklist on admission for surgery: ☐ Yes ☐ No

Temperature check on admission for surgery: ☐ Yes ☐ No

PRE-EXISTING MAJOR MEDICAL CONDITIONS

CV disease (HT, HF, CAD,etc) ☐ Yes ☐ No

Diabetes (treated) ☐ Yes ☐ No

COPD/asthma ☐ Yes ☐ No

Recent travel (2020) ☐ Yes ☐ No If Yes: ☐ ≤ 2 weeks ☐ > 2 Weeks

Recent COVID-19 contact ☐ Yes ☐ No If Yes: ☐ ≤ 2 weeks ☐ > 2 Weeks

Is the patient a healthcare worker (e.g Nurse, Doctor, Allied health, Aides)? ☐ Yes ☐ No

SURGERY

Surgical procedure: ☐ Ortho ☐ Vascular ☐ GI ☐ Gynae ☐ ENT ☐ Opthal ☐ Other

☐ Neuro ☐ Cardiac ☐ Urol ☐ Plastics ☐ Oral/FM ☐ Endo

Surgery date: ☐☐ ☐☐☐ 2020 (d d m m m y y y y)

Surgery admission ☐ Day Case ☐ Overnight Stay

Length of Hospital Stay ☐☐☐ Days

Unplanned ICU/HDU admission ☐ Yes ☐ No

In-hospital mortality ☐ Yes ☐ No

Did the patient test positive for COVID-19 postoperatively? ☐ Yes ☐ No

Date of positive test result ☐☐ ☐☐☐ 2020 (d d m m m y y y y)

Table S1. Ethics and Quality Assurance (QA) approvals.

VICTORIAN COVID prevalence July - August 2020					
Health Service	**Site Lead**	**Ethics Number**	**QA approver**	**Address**	**Date approved**
Alfred Health	Paul Myles	64558 (339/20)	n/a	Human Research Ethics Committee, Melbourne, Vic 3004	16/07/20
Austin Health	David Story	Audit/20/Austin/88	n/a	Human Research Ethics Committee, Heidelberg, Vic 3084	20/07/20
Epworth Richmond	Niki Tan	n/a	Dr Luis Prado	Chief Medical Officer, Epworth Hospital, Richmond, Vic 3121	25/07/20
Northeast Health Wangaratta	Jade Radnor	n/a	Mr Tim Griffiths	Chief Executive Officer, Northeast Health Wangaratta, Vic 3676	10/09/20
Northern Health	Russell Hodgson	ALR 52.2020	n/a	Human Research Ethics Committee, Level 3, NCHER building, Epping, Vic 3076	14/07/20
Royal Children's Hospital	Andrew Davidson	HREC/67330/RCHM-2020	n/a	Research Ethics and Governance, The Royal Children's Hospital Melbourne, Vic	24/08/20
St Vincent's Hospital	David Scott	20071	n/a	Research Governance Unit, St Vincent's Melbourne, Fitzroy, Vic 3065	23/07/20
Western Health	Andrew Jeffries	n/a	Dr Paul Eleftheriou	Chief Medical Officer, Western Health, , Footscray, Vic 3011	13/07/20

Table S2. STROBE Statement—Checklist of items that should be included in reports of ***cohort studies***

	Item No	Recommendation	Page No
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	1
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	1,2
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	3,4
Objectives	3	State specific objectives, including any prespecified hypotheses	4
Methods			
Study design	4	Present key elements of study design early in the paper	4
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	4
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	4
		(*b*) For matched studies, give matching criteria and number of exposed and unexposed	n/a
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	5
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	5
Bias	9	Describe any efforts to address potential sources of bias	5
Study size	10	Explain how the study size was arrived at	6
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	6
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	6
		(*b*) Describe any methods used to examine subgroups and interactions	n/a
		(*c*) Explain how missing data were addressed	n/a
		(*d*) If applicable, explain how loss to follow-up was addressed	n/a
		(*e*) Describe any sensitivity analyses	n/a
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Supp F2
		(b) Give reasons for non-participation at each stage	
		(c) Consider use of a flow diagram	
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Box 2
		(b) Indicate number of participants with missing data for each variable of interest	Box 2
		(c) Summarise follow-up time (eg, average and total amount)	5,6
Outcome data	15*	Report numbers of outcome events or summary measures over time	6

Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included (*b*) Report category boundaries when continuous variables were categorized (*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	6 n/a n/a
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	6
Discussion			
Key results	18	Summarise key results with reference to study objectives	7
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	7
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	7
Generalisability	21	Discuss the generalisability (external validity) of the study results	7
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	8

Figure S1. Australian Government Department of Health, reported SARS-coronavirus-2 cases as of 31 August, 2020.

Source: https://www.health.gov.au/sites/default/files/documents/2020/09/coronavirus-covid-19-at-a-glance-31-august-2020.pdf

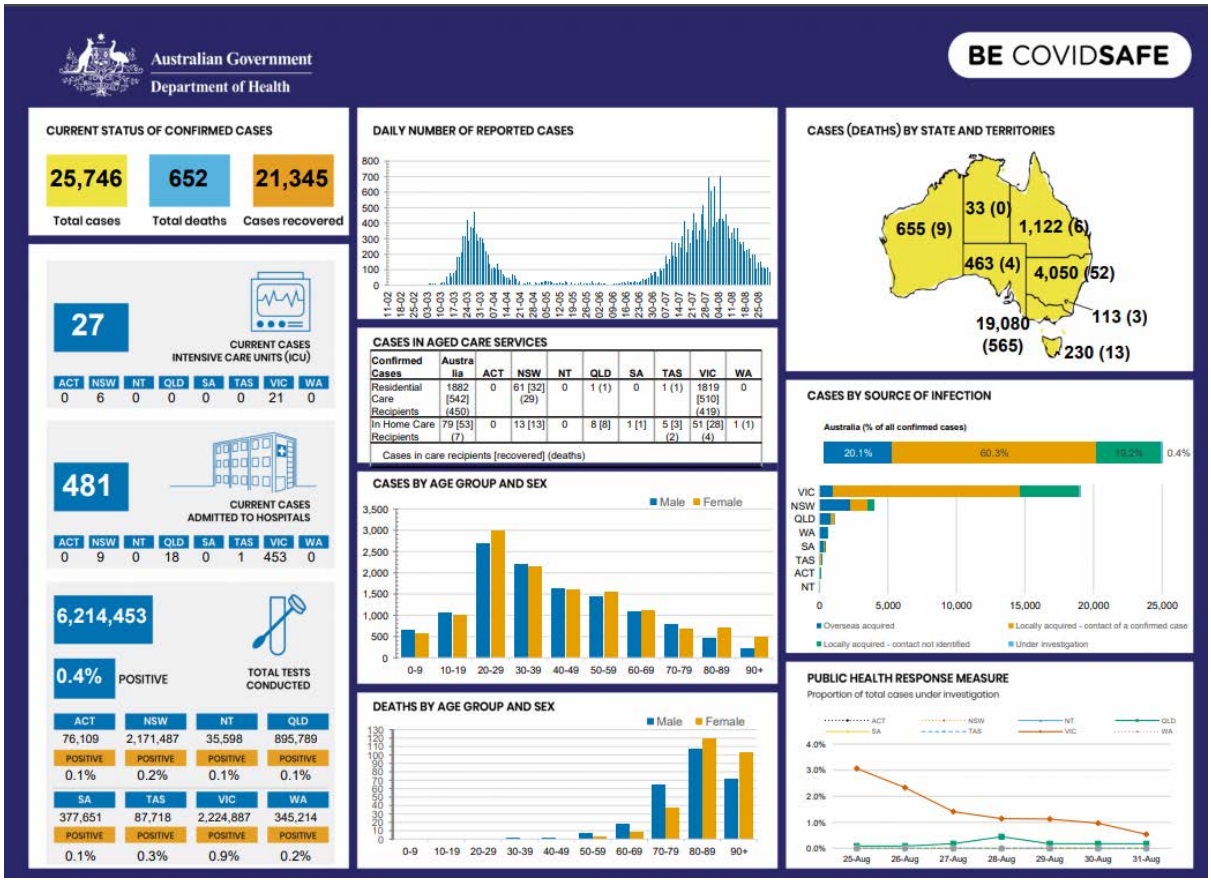

Figure S2. Patient flow: details of elective surgical patients screened for eligibility and inclusion.