

## Jonathan Irish Synopsis of the Toronto Approach

Here is a quick synopsis of what we have employed (see below). Significantly, we are doing C19 testing before any aerosolization surgical procedure for those patients requiring oral cavity, sinus, or nasopharyngeal oncological ablative procedures.

1. All procedures that include any instrumentation of the upper airway including the oral cavity and nasopharynx should be treated as high risk procedures and all staff in the operating room should be protected with PPE. The procedures should be deferred unless absolutely medically necessary (diagnosis or treatment of malignancy)
  1. For nursing and surgical staff this includes N95 masks, eye protection, gowns and gloves
  2. Surgical staff may use loops if required for surgical procedure
2. All other procedures should be managed as per operating room standard
3. Where possible we should work to minimize the number staff in the room during the aforementioned procedures, this includes residents and fellows who are not required for performance of the surgical procedure.
4. All patients that are scheduled for surgical procedures of the upper airway including the oral cavity will undergo COVID-19 screening 48hrs prior to the planned surgical procedure. At the time of testing the patient should go into quarantine. Should the patient test positive, their procedures will be deferred until screened negative.
5. COVID-19 screening can take place at a regional COVID-19 testing centre closest to the patient or take place in the Otolaryngology Clinic on the 7th floor for the Otolaryngology H&N Surgery patients, detailed process to follow.
6. For high risk procedures as defined above; the department recommends that oral cavity and nasal sites be separated from the remainder of the surgical sites for procedures such as neck dissection and parotidectomy. Techniques include the application of adhesive and sterile drapes

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