

Resuming Elective Surgeries

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The Minnesota Department of Health (MDH) recognizes that many elective surgeries and procedures, including dental procedures and veterinary care, cover a wide range of conditions and are necessary to treat chronic conditions, prevent disease, cure disease, prevent its progression, relieve chronic pain, and meet other subacute needs where there is a substantial risk in extended delays to providing care.

Postponement of elective surgeries and procedures (hereafter collectively referred to as “procedures”) has allowed health care facilities to decrease inpatient census and preserve resources to successfully respond to requirements for patients with COVID-19.

Because Minnesota is managing a continuously evolving COVID-19 pandemic, changes resulting from reopening of businesses and community services may result in fluctuations that will impact the capacity of the health care system. These requirements and the guidance below are subject to change, as deemed appropriate by the Commissioner of Health and based on evolving conditions in the COVID-19 pandemic. Elective procedures may be restricted or suspended again as recommended by the Minnesota Commissioner of Health in the event of a surge in COVID-19 cases.

New Guidance

Beginning on May XX, 2020, hospitals, ambulatory surgical centers (ASCs) and clinics may resume elective procedures, provided the following criteria are met:

Oversight

Each hospital, ambulatory surgical center and clinic (hereafter referred to as “facility” or “facilities”) is expected to maintain an internal oversight structure and to develop and implement a written plan that includes a protocol for determining which procedures may be conducted. This protocol will consider protection and maintenance of capacity for treatment of possible COVID-19 cases. The protocol will include an overview of the prioritization strategy as well as a description of how each of the criteria below will be met. Guidance issued by MDH, the CDC and CMS as well as professional licensing boards regarding appropriate prioritization of procedures should also be incorporated. This written protocol must be provided to MDH or the provider licensing authority upon request.

Community Considerations

- Hospitals, ambulatory surgery centers (ASCs), and clinics must collaborate with facilities within their service areas to facilitate a community wide approach and maintain capacity for a potential surge in COVID-19 cases
- Facilities must include in their written protocol a plan to reduce or stop elective procedures in the event of a surge/resurgence of COVID-19 cases in their region or if they are unable to maintain sufficient capacity, including the appropriate number of ICU

and non-ICU beds, PPE, ventilators, staffing, blood, medications and other supplies, to be prepared in the event of a surge

- Facilities should ensure adequate PPE supplies that do not rely on accessing publicly available reserves from state inventories
- Facilities are safely able to treat all patients requiring hospitalization or services without resorting to crisis standards of care

Screening and Testing

- Facilities conduct active health screening of all staff (e.g., providers, medical assistants, support staff, environmental services staff) at the beginning of each shift to assess for signs and symptoms of COVID-19. Screening should include assessment for fever and symptoms associated with infection, as recommended in [CDC: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
- Staff must not work while sick, even if presenting with mild signs or symptoms
- Facilities should conduct screening for couriers, delivery persons, and other visitors who enter the facility. Ill visitors are not allowed to enter the facility
- All patients should undergo active screening for fever and symptoms of COVID-19, including measurement of body temperature
- Patients, and any accompanying visitors, should come to the facility wearing a cloth face covering or facemask, or are provided one by the facility if needed
- Facilities may use RT-PCR testing of patients prior to elective procedures to help inform infection prevention and control practices to protect staff and patient safety, with the understanding that a negative RT-PCR test represents a single point in time and patients may be infected in the interim prior to the procedure
- If developing a protocol for RT-PCR or other diagnostic test prior to elective procedures, facilities should consider testing within the shortest time window available (e.g., 24-72 hours) preceding the procedure, based on laboratory turnaround time
- If no protocol for patient testing is implemented, facilities consider all patients potentially COVID-19 positive and take appropriate precautions when conducting aerosol-generating procedures
- Facilities should consider the availability, accuracy and current evidence regarding tests when developing their testing protocols

Patient Information

- A facility's decision to proceed with any procedure during the COVID-19 pandemic must include an assessment of the risks and benefits, and informed consent by patients regarding those risks including potential COVID-19 infection
- The decision to perform a procedure is based on medical judgement, prioritizing cases that, if deferred, pose a high risk of disease progression or refractory severe symptoms, using criteria such as the Elective Surgery Acuity Scale (ESAS) referenced by the [American College of Surgeons](#)

- Considerations regarding procedures undertaken should include planning for, and availability of, pre and post-operative services required, and enhancing safety and infection prevention measures of these services and may include transportation, medical appointments, rehabilitation, prescriptions, and durable medical equipment services
- Facilities must inform patients that scheduled procedures may be canceled with very short notice should a patient's test be positive for SARS-CoV2, the facility's health care capacity changes, or caseloads in the community change

Personal Protective Equipment and Supplies

- Follow MDH and [CDC recommendations](#) for health care professionals, providers and staff for appropriate PPE use and staff are trained accordingly, with routine compliance audits
- Current recommendations for universal masking and routine use of eye protection are incorporated from [MDH: Responding to and Monitoring COVID-19 Exposures in Health Care Settings](#)
- Procedures on the mucous membranes with a higher risk of aerosol transmission, including the mouth, respiratory tract, and intubation, are conducted cautiously, and staff should utilize appropriate respiratory protection such as N95 or higher-level respirator and face shield. These procedures should be provided with great caution, and by utilizing guidance from the CDC, along with the Minnesota Board of Dentistry related to dental procedures.
- Policies are developed for PPE conservation methods (e.g., dedicated intubation team to reduce number of N95 respirators and other PPE used) for extended use, consistent with [MDH](#) and [CDC guidance](#)
- There is adequate PPE supply that accounts for a surge of COVID-19 including sufficient number of days' supply on hand and an open supply chain that is adequate to maintain it; this excludes reliance on non-commercial or public reserve supplies

Infection prevention

- The facility monitors employees, doing everything possible to assure they are well before they enter the workplace and also to manage potential exposures to COVID-19 during their workday
- The facility has created areas or protocols for non-COVID-19 care which have in place steps to reduce risk of exposure and transmission; these include separation from other facilities to the degrees possible (e.g., separate building, or designated rooms or floor with a separate entrance and minimal crossover with COVID-19 areas)
- Providers and facilities make every effort to minimize patient contact to the extent possible, including means such as telehealth, phone consultation, and physical barriers between providers and patients
- The facility must follow evidence-based standards for infection prevention and control, including a disinfection/cleaning procedures plan as well as adequate training and routine auditing of practices

- Policies for visitation and rules regarding anyone accompanying a patient must ensure reduce exposure and limit unnecessary interactions, including prohibiting visitors except in end-of-life circumstances and when assisting vulnerable populations. Visitors must be screened in the same way as patients entering a facility
- Patients, and any accompanying visitors, should wear a source control mask when entering the facility or are provided one by the facility if needed
- Within the facility, administrative and engineering controls should be established to facilitate social distancing, such as minimizing time in waiting areas, spacing chairs at least six feet apart, and maintaining low patient volumes
- Ensure that there is an established plan for thorough cleaning and disinfection prior to using spaces or facilities for patients with non-COVID-19 care needs

Resources:

1. CDC guidance on universal source control
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
2. CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
3. Minnesota Department of Health Patient Care Strategies for Scarce Resources Situations
<https://www.health.state.mn.us/communities/ep/surge/crisis/standards.pdf>
4. Joint Statement from the American College of Surgeons, American Society of Anesthesiologists, Association of Perioperative Registered Nurses, and American Hospital Association: *Roadmap for Resuming Elective Surgery after COVID-19 Pandemic*
<https://www.aorn.org/guidelines/aorn-support/roadmap-for-resuming-elective-surgery-after-covid-19>
5. Patient Care Strategies for Scare Resource Situations
<https://www.health.state.mn.us/communities/ep/surge/crisis/standards.pdf>
6. CMS Guidance on Resuming Elective Procedures
<https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>
7. Guidance for Triage of Non-Emergent Surgical Procedures
<https://www.facs.org/about-acs/covid-19/information-for-surgeons/triage>
8. Recommendations for Management of Elective Surgical Procedures
<https://www.facs.org/about-acs/covid-19/information-for-surgeons/elective-surgery>

9. Centers for Medicare and Medicaid Services (CMS) Adult Elective Surgery and Procedures Recommendations

<https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf>

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