RESUMING ELECTIVE, NON-URGENT SURGICAL PROCEDURES DURING THE COVID-19 PANDEMIC

As parts of the US begin to resume elective, non-urgent surgical services, the following are considerations to help facilities and clinicians determine whether the timing of reopening and the safety of the working environment are appropriate prior to return to work. The following recommendations are based on available evidence and documents.*

AANA’s position statement, Resuming Elective, Non-Urgent Surgical Procedures during the COVID-19 Pandemic, supports three additional elements lacking from these resources*:

1. REGIONAL, STATE, AND LOCAL TRENDS
   - Has there been a decrease in incidence for at least two weeks?
   - Are elective surgeries allowed in your state?
   - Is diagnostic testing accessible?
   - What is the impact on the local medical system?

2. GOVERNANCE
   - Is there a multidisciplinary committee, with CRNA representation, established to develop policies and procedures for reopening the facility?
   - Are all providers utilized to their full scope of practice?

3. PATIENT SCHEDULING
   - Can telehealth be used for patient screening, pre-op, and post-op consultations?
   - Are social distancing measures put in place (e.g., physical distancing, patients and staff wearing masks, chairs 6 ft apart)?
   - Can schedules and hours of operation be modified to limit number of patients in waiting rooms?
   - Is there a transfer of care plan if escalation of care is required to a higher acuity facility?
   - What visitor restrictions and required PPE protections are in place?

4. INFECTION CONTROL
   - Are there masks, tissue, and hand sanitizer available in waiting rooms?
   - Are there additional protections (e.g., Plexiglas) between staff and patients?
   - Are there protocols and adequate, reliable, and consistent supplies for thorough cleaning and disinfection of all surfaces and between visits/procedures?

5. ESSENTIAL SUPPLIES
   - Is there an adequate, reliable, and consistent supply of PPE for all staff?
   - Is there potential for drug shortages and mitigation strategies in place?
   - Are there adequate anesthesiology and other surgical supplies?
   - Are there adequate, reliable, and consistent cleaning and disinfection supplies?
   - Is there adequate availability of inpatient and ICU beds?

6. STAFFING
   - Is there adequate staff to cover procedures?
   - Are there policies in place for:
     - Staff screening and testing
     - Staff who test COVID-19 positive
     - Minimizing exposure and PPE
     - Staff stress and fatigue
   - Is there staff education and communication of all new policies and changes before they return to work?
   - Is there a contingency plan if a second COVID-19 surge occurs?

7. SURGERY PRIORITIZATION
   - Is the procedure emergent/urgent?
   - Will a delay negatively impact the patient?
   - What are the patient’s comorbidities and risk for COVID-19 morbidity/mortality?
   - What are the risks of surgery? Consider the following:
     - Surgical complications
     - Prolonged time in the OR (e.g., complex case)
     - The need for postoperative long-term care

8. PHASES OF SURGICAL CARE
   - Are standardized protocols followed to reduce risk of COVID-19 transmission?
   - Pre-operative
     - Are patients screened within 72 hours prior the scheduled procedure and ensure COVID-19 negative status?
     - Has the patient self-quarantined until the day of surgery?
     - Has the patient’s temperature been taken prior to the surgery?
     - Are there policies for COVID-19 positive patients? Consider postponing the surgery if patient is COVID-19 positive.
   - Intraoperative
     - Does pre-surgical timeout need to be revised to include COVID-19 status?
     - Is exposure minimized in the OR, especially during intubation/extubation?
     - Are unnecessary staff/equipment/supplies minimized in the OR?
   - Postoperative
     - Are post-acute care facilities available and safe to use?

QUESTIONS OR CONCERNS? PLEASE CONTACT THE AANA
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*Resources include the White House Guidelines for Opening Up America Again, the Centers for Medicare and Medicaid Services recommendations on Re-opening Facilities to Provide Non-Emergent Non-COVID-19 Healthcare, the American College of Surgeons Local Resumption of Elective Surgery Guidance, and the Roadmap for Resuming Elective Surgery after COVID-19 Pandemic.