

Resuming Elective, Non-Urgent Surgical Procedures during the COVID-19 Pandemic

Position Statement

Certified Registered Nurse Anesthetists (CRNAs) play a vital role in the delivery of safe, cost-effective, high-quality anesthesia services and critical care patient management. CRNA services will be essential, as the nation begins to conduct elective surgical procedures during and after the COVID-19 pandemic. The American Association of Nurse Anesthetists (AANA) supports lifting the prohibition of elective, non-urgent surgical procedures as outlined in the White House *Guidelines for Opening Up America Again*. We believe that it is essential for all provider groups to be included in developing local, regional, and national guidelines to ensure the safety of all frontline healthcare workers.

In addition to federal guidance, variability in state, local, and facility-level readiness should be considered when developing a plan to begin elective surgical services. For elective surgeries to resume, the community and facility must demonstrate readiness and that all providers have the resources necessary to assume the care of an increased volume of patients safely.

Documents such as the joint statement by the American Hospital Association and the American College of Surgeons, *Roadmap for Resuming Elective Surgery after COVID-19 Pandemic*, and the Centers for Medicare & Medicaid Services (CMS) recommendations on *Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare* outline criteria that should be met for a facility to begin elective, non-emergent surgical care. While these represent criteria that help ensure provider and patient safety, the AANA believes these resources lack three important elements. In the presence of any local, state, or federal emergency proclamation:

1. Individual providers are entitled to safe working conditions and reserve the right to assess that facilities adhere to safety standards. No frontline healthcare workers should be forced to return to work until they are comfortable with their environment, satisfied that safety measures have been met, and have access to supplies and resources needed to deliver care without an increased risk of exposure.
2. All frontline healthcare providers should receive recognition for their contributions and receive an increase in compensation due to the risk of exposure. Funding should be secured to offset additional burdens placed on frontline providers who may need to self-quarantine, or who may become sick after exposure to COVID-19 during this transition.
3. Temporary removal of barriers to the scope of practice on the facility, state, and federal level should be made permanent. This permanent change ensures that healthcare systems are best positioned to deliver care and respond to any future healthcare crisis, including a potential resurgence of COVID-19 cases.

As the country begins its long road to recovery from the COVID-19 pandemic, the AANA stands committed to ensuring that CRNAs receive the resources and support needed to provide the highest quality care. We believe that all providers have a voice in the process of re-opening our country to ensure successful outcomes. We implore all stakeholders to consider this as a guiding principle for the future of our healthcare system and the patients and communities we serve.