

# Guidance: Requiring Facilities to Prioritize Surgeries and Procedures and Provide Safe Environment during COVID-19 Peacetime Emergency

**MAY 5, 2020**

In [Executive Orders 20-09 and 20-17 \(https://mn.gov/governor/news/executiveorders.jsp\)](https://mn.gov/governor/news/executiveorders.jsp), consistent with guidance from the Centers for Disease Control and Prevention (“CDC”) and the Centers for Medicare and Medicaid Services (“CMS”), Governor Tim Walz delayed non-essential and elective surgeries and procedures that utilize PPE or ventilators. While the postponement of these surgeries and procedures has allowed healthcare facilities to decrease inpatient census and preserve resources to successfully respond to requirements for patients with COVID-19, 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.

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. Certain procedures may be restricted or suspended again as recommended by the Commissioner of Health in the event of a surge in COVID-19 cases. Providers who are in specialties or practice settings that may not experience a surge in COVID-19 patients may be required by the Governor to contribute supplies as necessary in the event of a surge.

## New Guidance

After May 10, 2020, at 11:59 p.m., hospitals, ambulatory surgical centers and clinics, including dental, veterinary, mobile and other facilities (hereafter “facilities” or “facility”) performing procedures that utilize PPE or ventilators must complete the requirements in this guidance document and [Executive Order 20-51](#).

## Oversight and Written Plan

Each facility 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 during the COVID-19 pandemic. This protocol must 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, CMS and professional licensing boards regarding appropriate prioritization of procedures and infection control should also be incorporated. This written protocol must be provided to MDH or the provider licensing authority upon request. The written protocol must include the following elements:

## Community Considerations

- A facility must collaborate with other facilities and stakeholders in their community, including their regional health care coalition, 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 low- and medium-priority procedures in the event of a surge or resurgence of COVID-19 cases in their region or if they are unable to maintain sufficient capacity to address a potential surge including the appropriate number of ICU and non-ICU beds, PPE, ventilators, staffing, blood, medications and other supplies. Facilities should ensure that they are not requesting or relying upon PPE from state reserves for additional non-COVID-19-related procedures provided as a result of this guidance or [Executive Order 20-51](#).
- Facilities must ensure they are safely able to treat all patients requiring hospitalization or services without resorting to crisis standards of care.

## Screening and Testing

- Facilities must conduct active health screening of all staff (e.g., providers, medical assistants, support staff, environmental services staff) at the beginning of each shift, patients, and visitors entering the facility, to assess for signs and symptoms of COVID-19. Screening must include assessment for 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](#).
- If staff screen positive for signs and symptoms of COVID-19, facilities must immediately remove them from work even if presenting with mild signs or symptoms.
- Except for patients seeking care on an emergency basis or for COVID-19, facilities must not allow patients or visitors who screen positive for signs and symptoms of COVID-19 to enter the facility. Facilities should also conduct screening of couriers, delivery persons, vendors and other visitors who enter the facility.
- Facilities must require patients and visitors to wear a source-control mask when entering the facility, and the facility must be prepared to provide such masks if needed.
- Facilities may use RT-PCR testing of patients prior to performing procedures to help protect staff and patient safety by informing infection prevention and control practices, with the

understanding that a negative RT-PCR test represents a single point in time and patients may be infected in the period between the test and the procedure.

- If the facility chooses to develop a protocol for RT-PCR tests or other diagnostic testing prior to performing procedures, facilities should consider testing within the shortest time window available (e.g., 24-72 hours) prior to the procedure, based on laboratory turnaround time.
- If the facility does not implement a protocol for patient testing, the facility must consider all patients potentially COVID-19 positive and take appropriate precautions. Facilities should consider the availability, accuracy and current evidence regarding tests when developing their testing protocols.

## Patient Considerations

- A facility's decision to proceed with any procedure during the COVID-19 pandemic must include an assessment of risks and benefits and informed consent by patients regarding those risks, which includes potential COVID-19 infection.
- A facility's decision to perform a procedure must be based on medical judgement, prioritizing procedures that, if deferred, pose a high risk of disease progression or refractory severe symptoms, using professionally accepted criteria.
- When deciding whether to proceed with a procedure, the facility should consider and plan for required pre- and post-operative services, including the availability of the services and the measures that can be taken to enhance safety and infection prevention aspects of the services. Pre- and post-operative services may include, but are not limited to, transportation, medical appointments, rehabilitation, medicine and prescription availability, and durable medical equipment services.
- Facilities must inform patients that scheduled procedures may be canceled with very short notice should a patient test positive for, or experience signs or symptoms of, COVID-19, the facility's health care capacity change, or COVID-19 caseloads in the community change.

## Personal Protective Equipment and Supplies

- Facilities must follow CDC recommendations for health care professionals, providers and staff for appropriate PPE use, ensure staff are trained accordingly, and conduct routine compliance audits.
- The facility must incorporate current recommendations for universal masking and routine use of eye protection from [MDH: Responding to and Monitoring COVID-19 Exposures in Health Care Settings](#).
- Procedures on the mucous membranes (e.g., the mouth or respiratory tract) with a higher risk of aerosol transmission (e.g., intubation or dental procedures) are conducted with great caution, utilizing guidance from the CDC, along with the Minnesota Board of Dentistry related to dental procedures. Facilities should require that staff conducting such procedures

utilize appropriate respiratory protection, such as N95 or higher-level respirator and face shield.

- Facilities must develop policies for the conservation and extended use of PPE (e.g., dedicated intubation team to reduce number of N95 respirators and other PPE used) consistent with [MDH](#) and [CDC guidance](#).
- Facilities must ensure adequate PPE supply that accounts for a potential surge of COVID-19, including sufficient number of days' supply on hand and an open commercial supply chain that is adequate to maintain PPE supply without reliance on public PPE reserves for non-COVID-19 procedures that are offered as a result of this guidance and [Executive Order 20-51](#). The facility's supply should be sufficient to care for all patients without resorting to crisis standards of care.

## Infection prevention

- The facility must monitor employees and take all possible measures to ensure they are well before they enter the workplace and manage potential exposures to COVID-19 during their workday.
- The facility must create designated areas and protocols to provide care to patients not diagnosed with COVID-19, including steps to reduce risk of exposure and transmission. These measures and protocols include separation of staffing, and separation from other facilities or areas of facilities that provide care to patients with COVID-19, to the degree possible (e.g., separate building, or designated rooms or floor with a separate entrance and minimal crossover with COVID-19 areas).
- Providers and facilities must make every effort to minimize direct contact with patients, to the greatest extent possible, including utilization of 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 cleaning and disinfection procedures plan, adequate training, and routine auditing of practices.
- Facilities must take appropriate measures to provide for patient and staff safety. Facility policies for visitation, if allowed, and rules regarding persons accompanying patients, must ensure reduced exposure and eliminate unnecessary contact and interactions. For example, the facility may prohibit visitors except in end-of-life circumstances or when assisting pediatric or vulnerable populations.
- 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.
- Facilities must 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 Scarce 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-acsc/covid-19/information-for-surgeons/triage>
8. Recommendations for Management of Elective Surgical Procedures  
<https://www.facs.org/about-acsc/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/cms-non-emergent-elective-medical-recommendations.pdf>

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3/25/20

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