Recommendations for Surgeries and Procedures during the COVID-19 Pandemic

7/9/2021

This guidance document provides recommendations for health care facilities and providers that conduct surgeries and procedures during the COVID-19 pandemic. Facilities must also continue to follow applicable federal, state, and local legal and regulatory requirements, which may address some of the elements in this guidance.

Recommendations for developing a facility plan

Each facility is encouraged to maintain an internal oversight structure and to develop and implement a written plan that includes a protocol based on risk stratification for determining which procedures to conduct during the COVID-19 pandemic. This protocol should consider:

- Protection and maintenance of capacity for treatment of possible COVID-19 cases, including case prioritization and limitation of lower priority care when facing capacity shortages.
- Screening and visitation.
- Pre-procedure COVID-19 testing.
- PPE conservation strategies.
- Infection prevention strategies.
- Relevant guidance issued by MDH, the CDC, CMS, and professional licensing boards.

Community and capacity considerations

- Facilities are strongly encouraged to 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. Refer to CDC COVID Data Tracker (covid.cdc.gov/covid-data-tracker/#cases_community).
- Facilities should develop 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 (e.g., PPE, ventilators, ICU and non-ICU beds, staffing, blood, medications, staff) to address a potential surge.
When possible, facilities should ensure they are safely able to treat all patients requiring hospitalization or services without resorting to crisis standards of care.

- For more information about crisis standards and recommendations for facilities that need to resort to crisis standards, refer to the section on “prioritization of procedures” below and Patient Care Strategies for Scarce Resources Situations (www.health.state.mn.us/communities/ep/surge/crisis/standards.pdf).

### Screening and visitation

- Facilities are encouraged to conduct health screening of all staff (e.g., providers, medical assistants, support staff, environmental services staff, contractors, volunteers) at the beginning of each shift, and all others (including visitors and patients) upon entering the facility. For more information, refer to:

- Facilities are also strongly encouraged to develop a plan for patients who screen positive for signs and symptoms of COVID-19. This plan should consider possibilities for postponing care when safe and appropriate, and ways to address and isolate COVID-19 positive patients that need care that cannot be safely postponed. For more information, refer to:

- Facilities are encouraged to develop a plan for visitation that follows CDC guidance. Refer to
  - Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic (www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360738701)

### Testing

- Facilities may use RT-PCR testing of patients prior to performing procedures to protect staff and patient safety and inform 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.

- In addition to the use of PPE and source control, SARS-CoV-2 testing of patients without signs or symptoms of COVID-19 can be a useful tool to identify those with asymptomatic or pre-symptomatic SARS-CoV-2 infection and further reduce risk for exposures in some healthcare settings.
The yield of this testing for identifying asymptomatic infection might be lower among vaccinated patients because a growing body of evidence suggests that fully vaccinated people are less likely to have asymptomatic infection. However, test results—including on asymptomatic people can inform decisions about rescheduling elective procedures or about the need for additional transmission-based precautions when caring for the patient.

Depending on guidance from MDH and local public health departments, testing availability, and how rapidly results are available, facilities could also consider implementing pre-admission or pre-procedure screening testing with authorized nucleic acid or antigen detection assays for SARS-CoV-2.

Limitations of this testing strategy include obtaining negative results in patients during their incubation period who later become infectious and false negative test results, depending on the test method used.

Develop a plan to address patients who test positive for COVID-19.

- Consider postponing elective procedures, surgeries, and non-urgent outpatient visits when appropriate based on professional medical judgment.
- Facilities should balance the need to provide necessary services while minimizing risk to patients and staff. Facilities should consider the potential for patient harm if care is deferred when making decisions about providing elective procedures, surgeries, and non-urgent outpatient visits.

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 universal pre-procedure testing, the facility is encouraged to consider patients who are not tested potentially COVID-19 positive and take appropriate precautions. Facilities should also consider the availability, accuracy, and current evidence regarding tests when developing their testing protocols.

**Prioritization of procedures**

A facility’s decision to perform a procedure should 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. For more information, visit:

- Patient Care Strategies for Scarse Rescources Situations (www.health.state.mn.us/communities/ep/surge/crisis/standards.pdf)


▪ Recommendations for Management of Elective Surgical Procedures (www.facs.org/about-acs/covid-19/information-for-surgeons/elective-surgery)


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.

If short supply of PPE, beds, staff, and other critical resources and supplies requires resort to crisis standards of care, the facility is strongly encouraged to limit procedures in order of priority when safe and possible.


Facilities should inform patients that scheduled procedures may be canceled with very short notice if:

▪ A patient tests positive for or experience signs or symptoms of COVID-19;

▪ The facility’s health care capacity changes; or

▪ The COVID-19 cases in the community change.

**Personal protective equipment and supplies**

▪ Facilities are encouraged to follow MDH and CDC recommendations for health care professionals, providers, and staff for appropriate PPE use. Facilities should also ensure staff are trained and conduct routine compliance audits. For more information, visit:


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- 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) should be conducted with great caution and follow guidance from the CDC for health care facilities, and the Minnesota Board of Dentistry related to dental procedures. Facilities should require that staff conducting such procedures use appropriate respiratory protection, such as N95 or higher-level respirator and face shield.


- Facilities should ensure they have an adequate PPE supply that accounts for a potential surge of COVID-19. This includes maintaining a 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.

- Facilities should develop policies for PPE optimization strategies when needed, consistent with MDH and CDC guidance.

  - Patient Care Strategies for Scarce Resources Situations (www.health.state.mn.us/communities/ep/surge/crisis/standards.pdf)

Infection prevention

- Facilities are encouraged to develop infection prevention strategies (including but not limited to social distancing, source control, and administrative and engineering measures) that address patients, visitors, and workers. These strategies should be consistent with CDC and MDH guidance, including:

  - CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination (www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html) when developing infection prevention strategies, including but not limited to the use of source control face coverings and social distancing.

- The facility should 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).
Facilities should do a risk assessment to determine when it is necessary to minimize direct contact with patients including utilization of means such as telehealth, phone consultation, and physical barriers between providers and patients.