

Frequently Asked Questions for Providers: Surgeries and Medical Procedures During COVID-19

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The following information is for providers that offer surgeries and procedures that use personal protective equipment (PPE) or ventilators in Minnesota after May 10 at 11:59 p.m. Please also review [Guidance: Requiring Facilities to Prioritize Surgeries and Procedures and Provide Safe Environment during COVID-19 Peacetime Emergency](#) for additional information.

What do providers offering surgeries and procedures that use PPE or ventilators need to do?

After May 10 at 11:59 p.m., providers that offer surgeries and procedures that utilize PPE or ventilators need to take steps related to oversight, procedure prioritization, community and patient considerations, screening and testing, personal protective equipment, and infection prevention. See [Guidance: Requiring Facilities to Prioritize Surgeries and Procedures and Provide Safe Environment during COVID-19 Peacetime Emergency](#) for more information.

What do providers need to do to meet oversight requirements?

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.

The plan must contain a protocol that includes the following:

- Protection and maintenance of capacity for treatment of possible COVID-19 cases.
- An overview of the prioritization strategy as well as a description of how each of the criteria included will be met.
- Incorporation of guidance issued by MDH, CDC, CMS, and professional licensing boards regarding appropriate prioritization of procedures and infection control.

Do providers have to send their protocol or plan to MDH or a licensing authority?

If requested by the appropriate provider licensing board or MDH, the plan must be provided.

What community aspects must providers consider so they can still respond to COVID-19?

- A facility must collaborate with other facilities and other 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.

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- 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 adequate PPE supplies are available that do not rely on accessing publicly available reserves from state inventories.

What must providers do regarding personal protective equipment (PPE) and supplies?

- Facilities must follow MDH and 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](#).
- 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:
 - MDH: [Patient Care Strategies for Scarce Resource Situations](#)
 - CDC: [Strategies to Optimize the Supply of PPE and Equipment](#)
- 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 offered as a result of Executive Order 20-51 and related MDH guidance.

What must providers do related to 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, and patients 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](#).

For other requirements, review [Guidance: Requiring Facilities to Prioritize Surgeries and Procedures and Provide Safe Environment during COVID-19 Peacetime Emergency](#).

What if staff or a patient has symptoms of COVID-19?

- If staff screen positive for COVID-19, facilities must immediately remove them from work, even if presenting with mild signs or symptoms.

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- 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 people, vendors, and other visitors who enter the facility.

Do patients have to wear masks?

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.

Do providers have to use real-time RT-PCR testing to detect the virus?

The COVID-19 RT-PCR test is a real-time reverse transcription polymerase chain reaction (RT-PCR) used for detecting the virus associated with COVID-19 infection.

- Facilities may use RT-PCR testing of patients prior to providing 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 providing 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.

How should providers decide whether to perform a procedure?

- A facility's decision to perform a procedure must be based on medical judgement, prioritizing cases 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.

What sort of informed consent is required?

- 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.

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- Facilities must inform patients that scheduled procedures may be canceled with very short notice should a patient test positive for or experience symptoms of COVID-19, the facility's health care capacity changes, or COVID-19 caseloads in the community change.

What infection prevention measures must providers take?

Providers and facilities must do the following:

- Monitor employees and take all possible measures to assure they are well before they enter the workplace and manage potential exposures to COVID-19 during their workday.
- Create areas or protocols for non-COVID-19 care that include steps to reduce risk of exposure and transmission. These measures and protocols include separation from other facilities or areas of facilities that provide COVID-19 care, to the degrees possible (e.g., separate building, or designated rooms or floor with a separate entrance and minimal crossover with COVID-19 areas).
- Make every effort to minimize patient contact to the extent possible, including through utilization of means such as telehealth, phone consultation, and physical barriers between providers and patients.
- Follow evidence-based standards for infection prevention and control, including a disinfection and cleaning procedures plan, adequate training, and routine auditing of practices.
- Take appropriate measures to protect 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.
- Establish administrative and engineering controls to facilitate social distancing, such as minimizing time in waiting areas, spacing chairs at least 6 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.

Where can providers find additional resources?

1. [CDC: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html\)](http://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)
2. [MDH: Patient Care Strategies for Scarce Resources Situations \(www.health.state.mn.us/communities/ep/surge/crisis/standards.pdf\)](http://www.health.state.mn.us/communities/ep/surge/crisis/standards.pdf)
3. [Joint Statement from the American College of Surgeons, American Society of Anesthesiologists, Association of Perioperative Registered Nurses, and American Hospital](#)

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[Association: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic \(www.aorn.org/guidelines/aorn-support/roadmap-for-resuming-elective-surgery-after-covid-19\)](http://www.aorn.org/guidelines/aorn-support/roadmap-for-resuming-elective-surgery-after-covid-19)

4. [Centers for Medicare & Medicaid Services \(CMS\) Recommendations: Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare \(www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf\)](http://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf)
5. [American College of Surgeons: COVID-19: Guidance for Triage of Non-Emergent Surgical Procedures \(www.facs.org/about-acscovid-19/information-for-surgeons/triage\)](http://www.facs.org/about-acscovid-19/information-for-surgeons/triage)
6. [American College of Surgeons: COVID-19: Recommendations for Management of Elective Surgical Procedures \(www.facs.org/about-acscovid-19/information-for-surgeons/elective-surgery\)](http://www.facs.org/about-acscovid-19/information-for-surgeons/elective-surgery)
7. [Centers for Medicare and Medicaid Services \(CMS\) Adult Elective Surgery and Procedures Recommendations \(www.cms.gov/files/document/cms-non-emergent-elective-medical-recommendations.pdf\)](http://www.cms.gov/files/document/cms-non-emergent-elective-medical-recommendations.pdf)

More information

- [MDH: Health Care: Coronavirus Disease 2019 \(COVID-19\) \(www.health.state.mn.us/diseases/coronavirus/hcp/index.html\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/index.html)
- If you have questions or comments about the Executive Order, email electivesurgeries@state.mn.us.
- If you have health questions about COVID-19, call the health department's hotline at 651-201-3920 or 1-800-657-3903 from 8 a.m. to 6 p.m.

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To obtain this information in a different format, call: 651-201-5414.