4/18/2022

UPDATE: COVID-19 Elective Surgical Procedure Guidance

Applicability
This updated guidance is intended to provide hospitals and ambulatory surgical treatment centers (ASTCs) with a general framework for performing the recommended COVID-19 testing prior to non-emergency surgeries and procedures (collectively referred to as “procedures”).

Non-discrimination Statement
It is essential that health care institutions operate within an ethical framework and are consistent with civil rights laws that prohibit discrimination in the delivery of health care. Specifically, in allocating health care resources or services during public health emergencies, health care institutions are prohibited from using factors including, but not limited to, race, ethnicity, sex, gender identity, national origin, sexual orientation, religious affiliation, age, and disability. For additional information, refer to Guidance Relating to Non-Discrimination in Medical Treatment for Novel Coronavirus 2019 (COVID-19).

Current Status
Since May 11, 2020, Illinois hospitals and ASTCs have been permitted to perform non-emergency procedures when specific regional, facility, and testing criteria were met. Hospitals and ASTCs should implement policies and procedures consistent with this guidance for screening of patients prior to performing non-emergency procedures to ensure the safety of patients and health care workers.

Policy and Procedures Should Address the Following:
1. Screening & Risk Assessments - Written policies and procedures should, at a minimum, address pre-procedural screening and risk assessments for COVID-19 and other high consequence infectious diseases based on the transmission risk from the planned procedure.
2. Case setting and prioritization – In the event of a sudden increase of COVID-19 cases to the level that it starts impacting hospital operations, each facility should convene a surgical review committee, composed of representatives from surgery, anesthesia, nursing, epidemiology/infection control, and administration, to provide oversight of non-emergency procedures. This committee should address guidelines to ensure sufficient capacity to respond to a COVID-19 surge or increased community transmission levels in a manner that is fair, transparent, and equitable. Further information can be found in IDPH’s guidelines for *Emergency Preparedness for Hospitals* during COVID-19.

3. Personal Protective Equipment (PPE) –Facilities should maintain adequate supply of PPE sufficient for daily operations and enough to ensure adequate supply for protection against COVID-19. IDPH recommends that healthcare facilities ensure there are adequate supplies of PPE, including procedural masks and NIOSH-approved respirators are readily available (at least a 10-week supply). This is further explained in the recently distributed guidance to healthcare facilities: *Preparing for Subsequent Surges of SARS-CoV-2 Infections and COVID-19 Illness*.
4. Infection Control Practices
   - Regardless of community levels, hospitals and ASTCs should continue to follow the Centers for Disease Control and Prevention's (CDC) infection prevention and control recommendations.
   - Refer to CDC for recommendations regarding universal screening procedures at health care facilities.
   - Place visual alerts, such as signs and posters in appropriate languages, at entrances and in strategic places providing instructions on hand hygiene, respiratory hygiene, and cough etiquette (Stop the Spread of Germs).
   - Hospitals and ASTCs should evaluate waiting areas and determine if designated areas, partitions, or signage are necessary.
5. Pre-procedural Screening and Testing – Pre-procedural testing is recommended, but not required, for patients not up to date with their COVID-19 vaccination.
   - IDPH recommends that hospitals and ASTCs follow the CDC guidance for pre-procedural testing: "Performance of pre-procedure or pre-admission viral testing is at the discretion of the facility. The yield of this testing for identifying asymptomatic infection is likely low when performed on vaccinated individuals or those in counties with low- or moderate- transmission. However, these results might continue to be useful in some situations (e.g., when performing higher risk procedures on people who are not up to date with all recommended COVID-19 vaccine doses) to inform the type of infection control precautions used (e.g., room assignment/cohorting, or PPE used)."
   - Pre-procedural testing considerations should be made for those recently diagnosed with COVID-19 and are within the 90 days post-infection. Clinical discretion is advised during the screening process in such circumstances.

Criteria for Performing Non-Emergent Procedures during Subsequent Surges of COVID-19
The decision for a hospital or ASTC to perform non-emergent procedures in the event of a surge of COVID-19 should be informed by regional COVID-19 epidemiologic trends, regional hospital utilization, and facility-specific capacity. A hospital or ASTC's decision to perform non-emergent inpatient and outpatient procedures should be dependent upon ensuring the appropriate number of staffed ICU and non-ICU beds, PPE, testing reagents and supplies, ventilators, and trained staff are available to treat all patients without resorting to a crisis standard of care. Hospitals and ASTCs must ensure capacity to respond to a surge of patients needing care if COVID-19 activity increases in the region.

Experience during the Covid-19 pandemic has shown that health systems nationally become seriously stressed, resulting in excess deaths, when regional staffed adult med-surge bed or intensive care unit (ICU) bed availability drops due to an influx of Covid-19 patients.

Regardless of whether a hospital or ASTC decides to perform non-emergent inpatient and outpatient procedures, the monitoring of regional trends, community transmission rates, and bed availability should continue.

The CDC's new COVID-19 Community Levels do NOT apply in health care settings, such as hospitals and ASTCs. Instead, hospitals should continue to use CDC's community transmission rates for identifying areas of low, moderate, substantial, and high transmission.

References:

Centers for Disease Control and Prevention. (n.d.). *Infection control: Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2)*. Centers for Disease Control and Prevention. Retrieved April 11, 2022, from https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

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