

## VDH COVID-19 Interim Guidance for Offering Inpatient or Outpatient Elective Procedures as of May 4, 2020

The [Centers for Disease Control and Prevention \(CDC\)](#) and the [Virginia Department of Health \(VDH\)](#) recommend that extensive activities be put in place to slow the spread of COVID-19 and other respiratory virus infections, minimize their impact and protect the most vulnerable populations. Individuals, communities, businesses, correctional facilities, and healthcare organizations all have key roles in this strategy. During the COVID-19 pandemic, surgeries and procedures for life-threatening conditions or those with a potential to cause permanent disability have been and continue to be allowed. Beginning on May 1, 2020, hospitals and outpatient facilities in Virginia may begin to perform elective procedures, provided that specific precautions are taken.

### Steps to Take Prior to Offering Elective Inpatient and Outpatient Procedures:

- Communicate with ALL staff about COVID-19 and facility response plans
  - Post [signage](#) about COVID-19 symptoms and prevention steps
  - Perform temperature and symptom screening of all staff at the beginning of each shift
    - People with these symptoms or combinations of these symptoms may have COVID-19:
      - Cough
      - Shortness of breath or difficulty breathing
    - *Or at least two of these symptoms:*
      - Fever
      - Chills
      - Repeated shaking with chills
      - Muscle pain
      - Headache
      - Sore throat
      - New loss of taste or smell
    - If staff are identified with fever  $\geq 100.0^{\circ}\text{F}$  or other signs and symptoms of COVID-19, send them home immediately
- Communicate with ALL patients about COVID-19 and what to expect during their procedure
  - Notify patients in advance that undergoing a procedure during a period of community transmission of COVID-19 increases their risk of exposure and potential infection
  - Notify patients in advance that they may be advised to quarantine for 14 days after their procedure prior to resuming normal activities due to potential exposure during their procedure, especially if they are returning to a congregate setting
- Require universal masking at the healthcare facility for staff and patients
  - Have cloth or surgical masks available to provide to arriving patients if they do not arrive with their own mask
  - As part of source control efforts, [healthcare personnel should wear a facemask at all times while they are in the healthcare facility](#). When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer.
- Take infection controls steps:
  - Ensure that the facility has adequate supplies of PPE and cleaning and disinfection supplies.

- Create non-COVID care zones for screening, temperature checks, and preoperative waiting areas.
- Minimize time in waiting areas, space chairs at least 6 feet apart, and maintain low patient volumes.
- Ensure HCPs are properly trained and monitored for applying sound infection prevention practices like hand hygiene, PPE donning and doffing, cleaning and disinfection of multi-use non critical patient care equipment etc.
- Ensure that cleaning policies in all areas along the continuum of operative care follow established infection control procedures.
  - Adhere to CDC’s [recommendations for cleaning and disinfection in healthcare settings](#)
  - Ensure that high-touch surfaces and multi-use non critical patient care equipment are frequently cleaned and disinfected (e.g., each shift).
  - Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for use against SARS-CoV-2

**Steps to Take When Providing Elective Inpatient and Outpatient Procedures:**

- Continue with actions outlined above
- Clinicians may prioritize pre-operative and/or pre-procedure testing for COVID-19 through private or commercial labs based on their best clinical judgment (e.g., for medical procedures)
- Perform pre-operative and/or pre-procedure screening of all patients, including a temperature check and symptom screening
  - People with these symptoms or combinations of these symptoms may have COVID-19:
    - Cough
    - Shortness of breath or difficulty breathing

*Or at least two of these symptoms:*

    - Fever
    - Chills
    - Repeated shaking with chills
    - Muscle pain
    - Headache
    - Sore throat
    - New loss of taste or smell
  - If a patient has signs or symptoms of COVID-19, provide the patient with a mask if not already masked and move the patient to a private room with a closed door for further evaluation.
- Visitors should generally be prohibited; if they are necessary for an aspect of patient care or as a support for a patient with a disability, they should be pre-screened in the same way as patients

**Steps to Take When Discharging Patients:**

- Perform discharge screening for all patients, including a temperature check and symptom screening as outlined above.
  - If a patient has signs or symptoms of COVID-19, provide the patient with a mask if not already masked and move the patient to a private room with a closed door for further evaluation.

- For asymptomatic patients discharged to home, encourage the patient to quarantine for 14 days and monitor for symptoms as they could have had exposure during their time in the healthcare facility. They should wear a cloth face covering if they need to leave their room or home and should practice social distancing in the home if they live with others.
- For asymptomatic patients discharged to a rehabilitation facility, long-term care facility, correctional facility, nursing home or other congregate setting, discuss with the facility their ability to safely accept the patient.
  - [It is not a requirement to test residents prior to admission](#)
  - [14 days of admission observation should be performed at the receiving facility](#)
    - Place the patient in a private room with a closed door during this time period, monitor at least every shift for temperature and symptoms of COVID-19, and restrict the patient to their room with necessities provided to them in the room (e.g., meals, therapy). If leaving the room or if staff enter their room, have the patient wear a surgical mask or cloth face covering.
    - Do not place a patient under admission observation with patients under quarantine after known exposure to a COVID-19 case.
    - Quarantined residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period might be considered to increase certainty that the resident is not infected.

**Ongoing Considerations:**

- Facilities should continue to evaluate and reassess internal processes using facility data and COVID-19 data from local and state government agencies to adapt guidance as indicated taking into account:
  - COVID-19 numbers (testing, positives, availability of inpatient and ICU beds, intubated, OR/procedural cases, new cases, deaths, health care worker positives, location, tracking, isolation and quarantine policy)
  - Facility bed, PPE, ICU, ventilator availability
  - Quality of care metrics (mortality, complications, readmission, errors, near misses, other – especially in context of increased volume).

**References:**

Centers for Medicare & Medicaid Services (CMS), Opening Up America Again: Recommendations – Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I, March 19, 2020, <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

Centers for Medicare & Medicaid Services (CMS), Center for Clinical Standards and Quality/Quality, Safety & Oversight Group, Nursing Home Five Star Quality Rating System updates, Nursing Home Staff Counts, and Frequently Asked Questions. April 24, 2020, <https://www.cms.gov/files/document/qso-20-28-nh.pdf>

American College of Surgeons, American Society of Anesthesiologists, Association of periOperative Registered Nurses, American Hospital Association, Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic. April 17, 2020, <https://www.facs.org/covid-19/clinical-guidance/roadmap-elective-surgery>

Preparing for COVID-19: Long Term Care Facilities, Nursing Homes. Last Reviewed April 15, 2020.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

VDH FAQs: Non-urgent Procedures and Surgeries. Last Reviewed April 29, 2020.

<https://www.vdh.virginia.gov/coronavirus/coronavirus/faq-non-urgent-procedures-and-surgeries/>