

Principles for Transitionally Resuming Non-Urgent Procedures during COVID-19

In response to the COVID-19 pandemic, the New Hampshire Medical Society on March 16, 2020 in conjunction with the NH Hospital Association, US Surgeon General, CMS and many national medical specialty societies recommended the [postponing of non-urgent surgery and procedures](#). Physicians and health care organizations have responded appropriately and postponed non-essential cases across the Granite State. Many patients have had their clinically needed, but not urgent, surgeries and medical procedures postponed to help New Hampshire flatten the curve of the COVID-19 spread.

While the timing remains uncertain as to when the first wave of this pandemic recedes, the pent-up patient demand for surgical and procedural care may be considerable. Physicians and health care organizations must be prepared to meet this demand with COVID-19 still present in communities. The following is a list of principles to guide physicians and local facilities in their resumption of care in operating rooms and all procedural settings. As always, clinical judgement must drive individual care and treatment decisions in partnership with patients. Please consult national specialty guidance (below) for specific considerations and conditions for physicians and practice sites.

Timing for Resuming of Non-Urgent Surgery and Procedures

Non-urgent surgeries and procedures can be considered beginning May 4, 2020 with COVID data for the region stabilized and not showing signs of imminent exponential growth. Practices or facilities in the locality should be able to treat both patients requiring hospitalization and the non-elective patients as appropriate to the site of care – including appropriate number of available intensive care unit (ICU) and non-ICU beds, trained staff, personal protective equipment (PPE), and other necessary equipment, supplies and medications – without the [NH Crisis Standards of Care](#) being in effect, or compromising patient or staff safety and well-being to perform the planned procedures.

Safety and Risk Mitigation

Practices and facilities should have and implement COVID-19 physical distancing policy for staff, patients and patient visitors in non-restricted areas in the practice or facility which meets then-current state recommendations for community isolation practices. Universal infection prevention techniques, including respiratory spread, access control, workflow and distancing processes must be in place to create a safe environment in which non-urgent procedures can occur, particularly for vulnerable patients. Environmental cleaning and sterilization processes should be in place according to evidence-based information.

Screening and Testing

Practices and facilities should use available testing to protect staff and patient safety and should implement a policy addressing requirements and frequency for patient and staff testing, including the turnaround time for test results. If unable to confirm a patient's COVID-negative status, then appropriate PPE should be utilized. Protocols should be in place outlining how a practice or facility will screen patients and respond to a COVID-19 positive worker, COVID-19 positive patient (identified preoperative, identified postoperative), person under investigation (PUI) worker, or PUI patient.

Personal Protective Equipment

Practices and facilities should not resume non-urgent procedures until they have adequate PPE, as well as medical and surgical supplies appropriate to the number and type of procedures to be performed. Policies should be developed for PPE conservation and any extended use or reuse of PPE per CDC and FDA guidance.

Case Prioritization and Scheduling

Practices and facilities should establish an objective prioritization strategy which may account for factors such as risk from further delay, expected length of stay, patient comorbidities, number of required medical personnel and availability of regional inpatient and intensive care beds. Perioperative planning, for both COVID-19 and non-COVID-19 issues, should incorporate a preoperative assessment process, checks for availability of appropriate supplies and essential healthcare professionals and post discharge care planning.

Patient Messaging and Communication

It is critical to ensure patients and community members understand that the prioritization of the safety of patients and healthcare team members is paramount as non-urgent surgeries and procedures are resumed. Clear communication needs to be reinforced in all messaging to patients and the public for plans to resume non-urgent surgery and procedures, as well as considerations for ensuring their safety.

Data-Based Continuing Re-Evaluation

Practices and facilities should re-evaluate and reassess policies and procedures frequently, based on infection data, resources, testing and other clinical information, and be prepared to flex back to postponing non-urgent surgery and procedures upon any early indication of secondary COVID-19 waves or surges locally.

COVID-19 National Specialty Guidance

[American Medical Association](#)

[American Academy of Allergy Asthma & Immunology](#)

[American Academy of Child & Adolescent Psychiatry](#)

[American Academy of Dermatology](#)

[American Academy of Family Physicians](#)

[American Academy of Neurology](#)

[American Academy of Pain Medicine](#)

[American Academy of Pediatrics](#)

[American Academy of Ophthalmology](#)

[American Academy of Orthopaedic Surgeons](#)

[American Academy of Otolaryngology - H & N Surgery](#)

[American Academy of Pain Medicine](#)

[American Academy of Physical Medicine & Rehabilitation](#)

[American Association of Clinical Endocrinologists](#)

[American Association of Neurological Surgeons](#)

[American College of Emergency Physicians](#)

[American College of Cardiology](#)

[American College of Chest Physicians](#)

[American College of Gastroenterology](#)

[American College of Obstetricians & Gynecologists](#)

[American College of Physicians](#)

[American College of Preventive Medicine](#)

[American College of Radiology](#)

[American College of Rheumatology](#)

[American College of Surgeons](#)

[American Osteopathic Association](#)

[American Psychiatric Association](#)

[American Society for Therapeutic Radiology & Oncology](#)

[American Society for Dermatologic Surgery](#)

[American Society for Gastrointestinal Endoscopy](#)

[American Society of Addiction Medicine](#)

[American Society of Anesthesiologists](#)

[American Society of Clinical Oncology](#)

[American Society of Plastic & Reconstructive Surgeons](#)

[American Society of Reproductive Medicine](#)

[American Thoracic Society](#)

[American Urological Association](#)

[College of American Pathologists](#)

[Endocrine Society](#)

[Radiological Society of North America](#)

[Society for Breast Imaging](#)

[Society of Interventional Radiology](#)

[Society of Thoracic Surgeons](#)

[American Hospital Association](#)

[American Ambulatory Surgery Centers](#)

[American Health Care Association](#)

[Medical Group Management Association](#)

[National Association of Community Health Centers](#)