sonoma county
DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH DIVISION

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Guidance Relating to Non-Urgent, Non-Essential or Elective Hospital Procedures Relative to the 2019-Novel Coronavirus (COVID-19)

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On April 27, 2020, CPDH issued guidance for "Resuming California's Deferred and Preventive Health Care." The Health Officer is issuing this guidance to assist hospitals in resuming elective procedures. The Health Officer recommends that, prior to scheduling elective procedures, hospitals develop and implement COVID-19 elective procedure guidelines that addresses the considerations spelled out this in guidance. The Health Officer recommends all hospital regularly review and amend all evaluations in their COVID elective procedure guidelines to make sure that their guidelines remains reliable.

The COVID-19 elective procedure guidelines should address:

General Considerations:

- An evaluation of the incidence and trends for COVID-19 in Sonoma County, including: COVID-19 infection rates, COVID-19 hospitalizations, COVID-19 emergency room admissions, COVID-19 Intensive Care Unit (ICU) utilization, Skilled Nursing Facilities COVID-19 outbreaks, and Other COVID-19 factors that could increase the spread of COVID-19.
- An evaluation of how quickly the provider is able to cease all elective procedures in anticipation of a COVID 19 hospitalization surge, when or what thresholds will trigger the provider to cancel all scheduled elective procedures.
- An elective surgery prioritization scheduling guidelines, which should consider:
    - Objective priority scoring (e.g., MeNTS instrument).
    - List of previously cancelled and postponed cases with priority scoring.
    - Specialties' prioritization (cancer, organ transplants, cardiac, trauma).
    - Strategy for allotting daytime "OR/procedural time" (e.g., block time, prioritization of case type [i.e., potential cancer, living related organ transplants, etc.]).
    - Identification of essential health care professionals and medical device representatives when necessary for procedures.
    - Plan for phased opening of operating rooms.
        - Identify capacity goal prior to resuming.
        - All operating rooms and post-operative beds simultaneously – will require more personnel and material.
    - Strategy for increasing "OR/procedural time" availability (e.g., extended hours before weekends).
    - Issues associated with increased OR/procedural volume.
        - Ensure primary personnel availability commensurate with increased volume and hours (e.g., surgery, anesthesia, nursing, housekeeping, engineering, sterile processing, etc.).
        - Ensure adjunct personnel availability (e.g., pathology, radiology, etc.).

        - Ensure supply availability for planned procedures (e.g., anesthesia drugs, procedure-related medications, sutures, disposable and non-disposable surgical instruments).
        - Ensure adequate availability of inpatient hospital beds and intensive care beds and ventilators for the expected postoperative care.
        - New staff training.
- Provision for screening all elective surgery patients for COVID-19 testing prior to surgery and/or hospital admission. Patient testing should include timing considerations to provide useful preoperative information as to COVID-19 status of surgical patients. Providers should use their judgment on advising preoperative patients (after testing) on isolating at home until the date of surgery. If there is uncertainty about patients' COVID-19 status, PPE appropriate for the clinical tasks should be provided for physicians and nurses.
- Non-COVID Care (NCC) zones should be established to temperature and symptom screen all patients for COVID-19. Staff should be routinely screened as would others who will work in the facility (physicians, nurses, housekeeping, delivery and all people who would enter the facility).
- An evaluation of resources available to the provider across phases of care, including Personal Protective Equipment (PPE), healthy workforce, facilities, supplies, testing capacity, and post-acute care, without jeopardizing surge capacity.

Personal Protective Equipment:

- All healthcare personnel should wear medical-grade PPE per standard and transmission-based precautions.
- Procedures on the mucous membranes in the respiratory tract, with a higher risk of aerosol transmission, should be done with great caution, and staff should utilize appropriate respiratory protection such as N95 respirators with a face shields.
- All patients should wear facial covering; hospital providers may require that patients wear facial coverings provided by the provider, or the provider may allow patients to bring their own facial coverings.
- An evaluation of PPE capacity, and how the provider will conserve PPE supply in the event of a surge.

Workforce Availability:

- Staff should be routinely temperature and symptom screened for COVID-19 and if symptomatic, they should be tested and quarantined according to CDC guidelines. Staff who are working in NCC zones should be limited to working in these areas and not rotate into "COVID-19 Care zones" (e.g., they should not have rounds in the hospital and then come to an NCC facility) as much as possible.
- Staffing levels in the community should remain adequate to cover a potential surge in COVID-19 cases.

Facility Considerations:

- Facilities should have patient flow systems and infection control precautions in place to

minimize exposure and spread while caring for both COVID positive and non-COVID patients.

- Facilities should create areas of NCC which have in place steps to reduce risk of COVID-19 exposure and transmission; these areas should be separate from other facilities to the degree reasonably possible (i.e., separate building, or designated rooms or floor with a separate entrance and minimal crossover with COVID-19 areas).
- Within the facility, administrative and engineering controls should be established to facilitate social distancing, such as minimizing time in waiting areas, spacing chairs at least 6 feet apart, and maintaining low patient volumes.
- Visitors should be prohibited, unless the healthcare provider deems them necessary for any aspect of patient care or comfort; they should be pre-screened in the same way as patients.

Sanitation Protocols:

- A plan for thorough cleaning and disinfection prior to using spaces or facilities for patients with non-COVID-19 care needs.
- Ensure that equipment such as anesthesia machines used for COVID-19 (+) patients are thoroughly decontaminated, following CDC guidelines.

Supplies:

- An evaluation of what equipment, medications, and supplies are necessary in the event of a surge, and how quickly the provider is able to use them to respond to a potential surge.

Testing Capacity:

- All patients should be temperature and symptom screened for COVID-19 prior to entering the NCC facility, and staff should be routinely screened as noted above.
- When adequate testing capability is established, patients should be screened by laboratory testing before care, and staff working in these facilities should be regularly screened by laboratory test as well.

By following the above recommendations, flexibility can allow for safely extending in-person non-emergent care in select communities and facilities.