

FAQ: Non-urgent Procedures and Surgeries

1. Is the Order of Public Health Emergency Two prohibiting non-urgent procedures and surgeries still in effect?

No, the Order was issued on March 25, 2020 and expired at 11:59 p.m. on April 30, 2020.

2. Why was the Order needed?

The rapid spread of COVID-19 and evolving situation required that our health care system rapidly increase surge capacity and be strategic in their use of medical resources, specifically personal protective equipment (PPE), to ensure we would be able to continue the strong response efforts that are underway across the Commonwealth over the long-term.

This historic COVID-19 pandemic necessitated the need to make this difficult decision and until surge capacity could be established and supplies were adequately replenished, there were no alternatives available.

3. What surgeries and procedures can be performed as of May 1, 2020?

From March 25, 2020 until 11:59 p.m. April 30, 2020, the Order of Public Health Emergency Two prohibited procedures and surgeries that required PPE, which if delayed, were not anticipated to cause harm to the patient by negatively affecting the patient's health outcomes, or leading to disability or death.

As of May 1, 2020, the Virginia Department of Health (VDH) recommends that all healthcare professionals refer to CMS guidelines, CDC guidelines and specialty society recommendations, such as the American Dental Association, American College of Surgeons, and the American College of Radiology for guidance on what non-urgent procedures and surgeries to resume.

4. What factors should I consider before resuming non-urgent procedures and surgeries?

The Virginia Department of Health recommends that all healthcare professionals refer to CMS guidelines and specialty society recommendations, such as the [Joint Statement Roadmap for Resuming Non-urgent Surgery After COVID-19 Pandemic](#) for guidance on how to safely resume non-urgent procedures and surgeries that require PPE.

5. What considerations should clinicians or licensed facilities undertake before resuming non-urgent procedures and surgeries?

Decisions to resume non-urgent procedures and surgeries that require PPE will be specific to each licensed inpatient and outpatient surgical hospital, free-standing endoscopy center, physicians' office, and dental office. The following considerations should be in place by the facility:

- Ensure that performing the procedure, in accordance with the commonly accepted standard of clinical practice, will not deplete facility or hospital capacity or the PPE needed to cope with the COVID-19 disaster
- Adequate staffing and supplies are available throughout the entire patient journey (presurgical, intra- and post-operative and during recovery in and out of the hospital), not detracting from local surge needs
- For hospitals, the ability to reserve at least 25% of its hospital capacity during Phase 1 of the Governor's Forward Virginia Blueprint (beds, ventilators, staff, supplies, medications) for treatment of COVID-19 patients, accounting for the range of clinical severity of COVID-19 patients, and increasing that capacity to ensure all COVID-19 patients presenting to the facility are able to receive appropriate evaluation and/or care.
- Ensure at least a 30 day supply of PPE both for universal precautions as per CDC guidance and appropriate to the number and type of procedures to be performed and ability to maintain supply without requiring routine or frequent requests from any public source, whether federal, state, or local, for the duration of the COVID 19 disaster
- Adherence to CDC guidelines to healthcare facilities for preparing and responding to community spread (e.g., all health system personnel and patients wear masks; limited visitation; promoting use of telehealth as an alternative to face-to-face visits where available or appropriate, etc.)
- Ensure a preoperative testing policy is developed and implemented
- Ensure sufficient testing capacity, including sample collection supplies and PPE, to perform diagnostic COVID-19 testing that adheres to the facility's preoperative testing policy
- Ensure sufficient supply of pharmaceuticals related to the care of patients with COVID-19
- Establish an objective method to prioritize non-urgent procedures and cases that addresses immediate patient needs and allows for surge response, similar to the approach described in the [Joint Statement: Roadmap for Resuming Non-urgent Surgery After COVID-19 Pandemic](#)

6. What COVID-19 testing should be performed prior to a surgery or procedure?

VDH recommends that clinicians and health care facilities reference CMS guidelines, CDC guidelines, and the [Joint Statement: Roadmap for Resuming Non-urgent Surgery After COVID-19 Pandemic](#) for guidance on developing a facility level policy for preprocedural COVID-19 testing.

Clinicians and healthcare facilities should consider making diagnostic COVID-19 testing available for patients undergoing sedation or anesthesia either through pre-op testing or through education to physician staff on specimen collection and guarantee of adequate PPE.

7. How should facilities prioritize non-urgent procedures and surgeries?

VDH recommends that clinicians and health care facilities consider the Medically Necessary Time Sensitive (MeNTS) method to prioritize non-urgent procedures as described by the [University of Chicago](#) and recommended in the [Joint Statement: Roadmap for Resuming Non-urgent Surgery After COVID-19 Pandemic](#).

The University of Chicago research and clinical team identified 21 factors that were associated with greater perioperative risk, greater resource utilization and risk of Covid-19 transmission with higher scores on a 5 point scale conveying this risk. These 21 risk factors are divided into 3 categories: procedure-related, disease-related and patient-related.

Procedure Factors consider perioperative outcomes, risk of infection transmission and resource utilization including length of stay.

Disease factors consider harm to the patient through surgery as opposed to non-surgical treatment options as well as the impact of delayed surgery at 2- and 6- week time intervals.

Patient factors include the risk of severe Covid-19 complications in the event patients are a- or pre-symptomatic at the time of surgery.

Facility level prioritization policy committee consisting of surgery, anesthesia and nursing leadership can determine MeNTS threshold scores, below which, procedures could proceed, and above which, procedures would not move forward.

Given the dynamic nature of COVID-19 infection, facilities should continuously evaluate whether their region remains an area of low incidence with lower likelihood of local surges - all in conjunction with public health authorities. All facilities should be prepared to cease non-essential procedures if there is a local surge.

8. Do current COVID-19 patients count in the 25% of reserved capacity consideration?

Yes, current COVID-19 patients would count towards the recommended minimum 25% reserved capacity.

9. Is the 25% capacity on a per-hospital basis, or can it be across a hospital system?

The recommendation for reserving at least 25% capacity during Phase 1 should be applied on a per-hospital basis, unless the hospital is part of a system that for quality, safety, or patient care purposes balances COVID-19 patients across facilities in a particular region in which case the reserve capacity threshold will apply to that facility or facilities included within that system.

10. What does it mean for a hospital to “reserve at least 25% of its hospital capacity”?

It is expected that a hospital’s utilization of its capacity to treat COVID 19 patients will change frequently as COVID-19 patients come into and leave the facility. It is therefore reasonable to interpret that a hospital begins by committing at least 25% of its capacity to treating COVID-19 patients, to include capacity already dedicated to COVID-19 care, as well , for future influx of COVID19 patients; however, the actual capacity may increase or decrease over time, with the expectation that the hospital will have in place a surge plan (including space, supply, and staffing needs) to ensure that the hospital would be able to provide capacity at a later time to assure that all COVID-19 patients presenting to the facility are able to receive appropriate evaluation and/or care. In calculating capacity, the hospital should count all approved licensed beds, including those approved under Executive Order 52, that have already been added to capacity or that are subsequently added to capacity at a later time.

11. Can an ambulatory surgery center adhere to these considerations and resume surgeries and procedures?

Ambulatory surgery centers are licensed in Virginia and therefore should ensure the aforementioned considerations are in place prior to resuming non-urgent procedures and surgeries. One exception is the recommendation to reserve at least 25% of its hospital capacity for treatment of COVID-19 patients.

12. If I resume non-urgent procedures, am I barred from requesting PPE if the situation at my facility unexpectedly becomes critical?

Clinicians and healthcare facilities are strongly encouraged to carefully review the aforementioned list of considerations when planning to resume non-urgent procedures and surgeries. Prior to resuming non-urgent procedures and throughout the course of providing non-urgent procedures, each facility should ensure adequate supply of PPE appropriate to the number and type of procedures to be performed, without requiring routine or frequent requests from any public source, whether federal, state, or local, to maintain PPE supplies for the duration of the COVID 19 disaster.

Healthcare professionals in need of PPE should identify private sources from which to acquire PPE. Visit the links below for lists of vendors provided by the Virginia Department of General Services:

<https://eva.virginia.gov/eva-emergency-notices.html>

<https://dgs.virginia.gov/procurement/resources/eva-emergency-vendor-list/>

Personal protective equipment is being procured by VDH and the Virginia Department of Emergency Management (VDEM). Based on the rapidly evolving COVID-19 response, VDH and

VDEM are prioritizing PPE allocations to support public health response to outbreaks, infection control efforts, and public health response in state direct care agencies.

It is expected that entities requesting PPE have exhausted all efforts to privately procure PPE before contacting VDH for assistance. Healthcare facilities should work with their regional healthcare coalitions and community providers can reach out to [local health departments](#), respectively, in order to let them know of their PPE needs, specific to COVID-19 care.

13. I don't perform surgeries or procedures. How should I safely reopen my clinical practice?

The Virginia Department of Health recommends all healthcare professionals refer to CMS guidelines and specialty society recommendations, such as the American Academy of Pediatrics, American College of Physicians, American Academy of Family Physicians, American Dental Association, and American College of Radiology, for examples of essential healthcare procedures and services.

In addition to exercising best clinical judgment, healthcare professionals should also consider current and projected COVID-19 cases in the facility and surrounding area; supplies of PPE; staffing availability; and urgency of procedures when making decisions about essential healthcare services.

The Centers for Disease Control and Prevention provides guidance for clinicians on how to get clinics ready during this COVID19 pandemic [here](#) and guidance on safe use of PPE when caring for patients with COVID-19 [here](#).

14. My clinical practice doesn't have sufficient personal protective equipment (PPE). What should I do? Can I safely reopen my practice?

VDH advises clinicians and healthcare facilities to refer to CMS guidelines, CDC guidance, and specialty society guidance for up to date recommendations on PPE use for specific procedures and clinical settings. The CDC provides guidance on use of PPE when caring for patients with COVID-19 [here](#).

If the appropriate guidelines for use of PPE cannot be met, providers should not resume non-urgent care or non-urgent procedures.