California Society of Anesthesiologists (CSA) and California Ambulatory Surgery Association (CASA) Joint Statement on Resuming Elective Scheduled Surgeries in California Ambulatory Surgery Centers

As of April 24, 2020

The California Society of Anesthesiologists (CSA), representing more than 3,000 physicians who specialize in anesthesiology and pain medicine, and the California Ambulatory Surgery Association (CASA), representing over 400 ambulatory surgery centers throughout California providing same-day surgery and outpatient procedures, support Governor Gavin Newsom's recent announcement for hospitals and health systems to resume scheduled and elective procedures such as heart valve replacements, angioplasty and tumor removals, as well as essential preventive care services – which were deferred as the California healthcare delivery system prepared for a surge of COVID-19 patients. The decision was based on the progress in preparing California hospitals and health systems for a surge in COVID-19 patients, and the ability for health systems to manage the COVID-19 pandemic alongside the provision of other healthcare procedures.

As ambulatory surgery centers (ASCs) also begin resuming similar elective and scheduled procedures there are important issues these facilities and their physicians need to consider as they look at phasing in these procedures and assess how to prioritize them, how to ensure they are adequately prepared and how they will put into place new protocols to best protect the public health and safety of patients and staff. We recognize that each county will have different ramping up timelines based on the level of COVID-19 prevalence, and we encourage all facilities to properly shape their operations planning based on that localized information as it evolves.

CSA and CASA jointly endorse and support the guidance issued by the Centers for Medicare & Medicaid Services on how and when to resume elective procedures that have been paused due to the COVID-19 outbreak, as well as similar joint guidance issued by the American Society of Anesthesiologists, American College of Surgeons, Association of periOperative Registered Nurses, and the American Hospital Association and the recent statement from the Society for Ambulatory Anesthesia.

We endorse the concept of step-wise resumption of cases, which provides adequate evaluation of the effectiveness of both facility and community efforts to mitigate infection.

Major points of consideration for resuming elective and scheduled procedures in California include:

- **Direction from local public health officials or county health departments:** ASCs in California should only resume elective and scheduled procedures where county health departments have indicated the region is adequately prepared with medical facilities, equipment and personnel to manage the anticipated numbers of COVID-19 patients.
- **Prioritization in scheduling:** CSA and CASA recommend gradually reintroducing surgical procedures by implementing strategies for prioritization and starting with those delayed elective and scheduled procedures that have now become urgent. Until further state or local county or clinical guidance becomes available, ASCs should refrain from restarting traditional cosmetic surgery for purely aesthetic purposes.
- **Appropriate staggering of patient arrivals and prolonged turnover time:** It is important for facilities to plan for and integrate into scheduling appropriate turnover times between cases that will allow for adequate room sanitation and air exchanges per CDC Guidelines for Environmental Infection Control in Health Care Faculties. For high risk procedures such as all GI procedures, ENT, head and neck, intubation, extubation, and laparoscopy surgery that have a high degree of aerosolization, it is important to institute an appropriate wait time for anyone without appropriate PPE to enter the room. Staggered patient arrival and case turnover times should be modified to allow adequate spacing in pre-op and post-op areas for patients and staff.
- **Proper screening protocols:** Facilities should implement commonsense approaches to COVID-19 testing and screening. Lab testing using a PCR test should be done 48-72 hours in advance of scheduled surgery. Telephone screening for symptoms should be done prior to the patient presenting to the facility. Patients should be screened with a temperature check on arrival to the facility. Medical personnel must take the necessary precautions based on those individual patient assessments. Patients who test positive should most likely be rescheduled or shifted to an inpatient facility depending on urgency of procedure.
- **Availability of PPE, medical equipment, and medications**: ASCs need to ensure an adequate supply of personal protective equipment (PPE) for staff and physicians for 14 days of anticipated procedures and the ability to readily replenish the supply of PPE without relying on state OR county health departments. This should include the ability to identify, inventory and document such availability of PPE from vetted sources. Facilities will need to establish internal protocols that conserve PPE while providing the high-level of protection to patients and healthcare personnel. Additionally, facilities must consider and plan for potential drug shortages in the coming weeks and months.
- **Ongoing coordination with health officials:** ASCs should continue to communicate with county and state health departments and monitor guidance from the local, state, and county level to inform adjustments in their operations. They must be prepared to once again limit these procedures if needed based on an unanticipated or unmanageable rise in

COVID-19 cases in their community. Additionally, they should look for indicators about the decline in COVID-19 cases to inform their implementation of more complex procedures or increase their volume of patients.

- **Infection control:** In addition to patient screening and proper use of PPE, ASCs need to implement clear policies and protocols for minimizing the risk of infection from COVID-19 through data collection, cleaning protocols, proper staggering of cases and arrivals of patients and staff, and the continued practice of social distancing. Patient scheduling should take this into account, and lower than usual volumes should be anticipated as centers reopen. Visitor policies should be revised as necessary for ASCs to minimize the number of people who do not need to be present at the facility, in most cases limiting presence of any visitor to pediatric patients.

CSA and CASA intend for these considerations to help to inform the decision-making processes as each facility determines their safest and most appropriate next steps. Both organizations are fully committed to the health and well-being of patients and healthcare providers, and are eager to resume the provision of much-needed patient care and surgical procedures with these new protections in place. With careful implementation, it is possible for hospitals and ASCs to safely ramp up provision of certain surgical procedures and medical care while they continue to address the unique needs of the COVID-19 pandemic and mitigate risks against a "second wave".

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