Phase Two Guidance
Coronavirus 2019 (COVID-19): Guidance for Elective Surgery

During Phase Two, the public and businesses will be required to adopt new behaviors and rigorous safeguards to reduce risk for all. This guidance provides recommendation for healthcare providers that will provide elective procedures and non-emergency services during Phase Two.

When providing these services, the following measures are required to help reduce the risk of COVID-19 transmission amongst healthcare personnel (HCP), patients and visitors. For additional information see, coronavirus.dc.gov/phasetwo.

Patient Considerations

- Ambulatory surgery centers and hospitals (provided adequate inpatient capacity exists) can perform all procedures which can be performed safely from clinical and environmental control perspectives.
- Restarting such surgeries and procedures should continue to be predicated on minimizing adverse patient outcomes associated with delayed care, minimizing surgical risk to patients, minimizing community and iatrogenic transmission, and ensuring adequate personal protective equipment (PPE) supply.
- Continue to prioritize procedures that minimize adverse patient outcomes associated with delayed care and with minimal transmission risk.
- Continue use of telemedicine and other alternative medical services when available and clinically appropriate to reduce demand for inpatient and outpatient services.
- All patients should be telephone screened for symptoms consistent with COVID-19. If the patient reports symptoms of COVID-19, avoid non-emergency surgery until the patient has recovered.
- Patients and visitors must be requested to notify the facility if they are diagnosed with COVID-19 within 14 days of their visit.

Facility Considerations

- Facilities who continue to experience PPE shortages and are unable to operate under conventional capacity[1] must not resume normal elective surgery volumes.
- All patients and visitors must be assessed for symptoms of COVID-19 upon arrival (e.g., temperature check, symptom questionnaire). Symptoms of COVID-19 may include: fever (subjective or 100.4 degrees Fahrenheit), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or otherwise feeling unwell.
  - For **Screening Tool Guidance**, visit coronavirus.dc.gov/healthguidance.
- Implement source control by requiring patients and visitors to wear face coverings upon arrival to the facility. If a visitor or patient arrives to the healthcare facility without a cloth face covering, a face mask must be provided for source control, supplies permitting.
- Place visual alerts, such as signs and posters in appropriate languages, at entrances and in strategic places for hand hygiene, respiratory hygiene (including the requirement of mask or cloth face coverings), and cough etiquette.
- There must be a written policy in place to ensure that visitors to the facility are limited to

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[1] Conventional capacity includes PPE controls that should already be implemented in general infection prevention and control plans in healthcare settings. This does not include extended use of facemasks and respirators.

only those essential for the patient's well-being and care, and restricted to the patient's room or other designated facility areas.

- Facilities must provide adequate access to soap and water and alcohol-based hand rub with 60-95% alcohol.
- Facilities must minimize time in waiting areas, and use visual cues to help prevent congregating in waiting areas or checkout areas. Space chairs in waiting areas at least 6 feet apart to ensure people do not sit close together or wait in groups.
- Other areas of the facility that support perioperative services, such as sterile processing, the laboratory, and diagnostic imaging, must be ready to operate per facility policy.

Employer Considerations

- There must be a written policy in place to instruct staff to not come to work when they are sick, and for staff to regularly monitor themselves for fever and symptoms consistent with COVID-19.
- If a staff member becomes sick at work, the ill staff member must immediately stop providing care, notify their employer, and leave the facility. Employers must immediately identify a replacement provider and recommend that the ill staff consult with their healthcare provider for evaluation.
- Implement leave policies that are flexible and non-punitive, and that allow sick employees to stay home. Leave policies are recommended to account for the following:
  - Employees who report COVID-19 symptoms
  - Employees who were tested for COVID-19 and test results are pending
  - Employees who tested positive for COVID-19
  - Employees who are a close contact of someone who tested positive for COVID-19
  - Employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members
- Keep abreast of current law, which has amended both the DC Family and Medical Leave Act and the DC Sick and Safe Leave Law and created whole new categories of leave, like Declared Emergency Leave.
- Learn about and inform your employees about COVID-related leave provided through new federal law, the Families First Coronavirus Response Act (FFCRA) and all applicable District law relating to sick leave.
- Staff break times must be staggered as much as possible to ensure appropriate social distancing can be maintained, such as when staff are eating or drinking.
- Provide employee education about COVID-19. Refer to coronavirus.dc.gov for more information.

Infection Control and Personal Protective Equipment

- Facilities may offer procedures only if there is adequate personal protective equipment (PPE) with respect to the number and type of procedures that will be performed, and enough to ensure adequate supply if COVID-19 activity increases in the community.
- Healthcare providers and staff must wear surgical facemasks at all times. Healthcare providers and staff must wear eye protection when they are in patient care areas, or in staff areas where social distancing is unable to be maintained.
- Staff must use appropriate respiratory protection (e.g., N95 respirators), and eye protection (e.g., face shields), when performing procedures with a higher risk of aerosol transmission.
  - Respirators should be used in the context of a respiratory protection program, which includes medical evaluations, training, and fit testing.
  - Fit testing should be performed on ALL staff including vendors.

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- o A user seal check is necessary each time an N95 respirator is worn.
  - o Respirators with valves must not be worn.
- Staff must wear PPE as per facility policy before, during, and after the procedure.
- Staff must change PPE between patients and perform hand hygiene before donning and after doffing PPE to remove any pathogens that might have been transferred to bare hands during the removal process.
- Staff must practice strict hand hygiene, particularly before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves.
- Facilities must establish areas for donning and doffing PPE with trash receptacles for PPE.

Cleaning and Disinfecting

- Ensure environmental cleaning and disinfection procedures are followed consistently and correctly after each patient and per facility policy.
- 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.

Building Considerations

- Water systems should be flushed to clear out stagnant water and replace it with fresh water. This will remove any metals (e.g. lead) that may have leached into the water and minimize the risk of Legionnaires' disease and other diseases associated with water. Steps for this process can be found on the CDC website: cdc.gov/coronavirus/2019-ncov/php/building-water-system.html.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov regularly for the most current information.