

## **Phase 1 Guidance** **Coronavirus 2019 (COVID-19) Guidance for Elective Surgery**

During Phase 1, 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 resume elective procedures and non-emergency services during Phase 1. When providing these services, **the following measures are recommended to help reduce the risk of COVID-19 transmission amongst medical staff, patients and visitors.** For additional information, visit [coronavirus.dc.gov/phaseone](https://coronavirus.dc.gov/phaseone).

### **Patient Considerations**

- Prioritize elective medical and surgical care that is essential, based on the urgency for care and the necessity of face-to-face medical care.
- Performing of outpatient and some short-stay surgeries and procedures that have a low impact on resources may begin. Continue efforts to preserve inpatient capacities; it is important to ensure the ability of healthcare facilities to quickly respond to a surge in COVID-19 cases if necessary.
- Consider use of telemedicine and other alternative medical services when available and clinically appropriate to reduce demand for inpatient and outpatient services.
- Telephone screen all patients for symptoms consistent with COVID-19. If the patient reports symptoms of COVID-19, avoid non-emergency surgery until the patient has recovered, if possible.
- Assess all patients and visitors upon arrival for symptoms of COVID-19 (e.g., temperature check, symptom questionnaire).
- Ensure patients and visitors are wearing face coverings upon arrival to the facility.

### **Facility Considerations**

- Facilities should provide adequate access to soap and water and alcohol-based hand rub with 60-95% alcohol.
- Facilities should minimize time in waiting areas, space chairs at least 6 feet apart, and maintain low patient volumes.
- Visitors should generally be prohibited. If visitors are necessary, they should also be screened for symptoms of COVID-19.
- 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.
- Staff should be asked to regularly monitor themselves for fever and symptoms consistent with COVID-19.
- Staff should not come to work when they are sick. If they become sick at work, they should immediately stop providing care, notify their employer, leave the facility, and consult with their healthcare provider.
- Facility should implement sick leave policies for staff that are flexible, non-punitive, and consistent with public health guidance.
- Patients should be requested to notify the facility if they are diagnosed with COVID-19 within 14 days of their visit.

## Infection Control and Personal Protective Equipment

- Facilities may resume 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 should wear surgical facemasks at all times.
- Staff should use appropriate respiratory protection, such as N95 respirators, and 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.
- Staff should wear PPE as per facility policy before, during, and after the procedure.
- Staff should 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 should 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.
- Areas for donning and doffing PPE and trash receptacles for PPE should be established.

## Cleaning and Disinfecting

- Ensure environmental cleaning and disinfection procedures are followed consistently and correctly after each patient and per facility policy.
- If performing a procedure for a patient with suspected or confirmed COVID-19, ensure adequate room closure time to allow enough air changes to remove potentially infectious particles.
- 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

- Flush water systems to clear out stagnant water and replace it with fresh water. This will remove any metals (e.g. lead) that may have leached in to 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](https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html).

The guidelines above will continue to be updated. Please visit [coronavirus.dc.gov](https://coronavirus.dc.gov) regularly for the most current information.