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AHA, Others Issue Roadmap for Safely Resuming Elective Surgery as COVID-19 Curve Flattens

Roadmap provides principles and considerations for when and how to resume safely

As the COVID-19 surge wanes in different parts of the country, patients' pent up demand to resume their elective surgeries will be immense. To ensure patients can have elective surgeries as soon as safely possible, the AHA, American College of Surgeons (ACS), American Society of Anesthesiologists (ASA) and Association of periOperative Registered Nurses (AORN) developed a roadmap to guide readiness, prioritization and scheduling.

In response to the COVID-19 pandemic, the groups joined the Centers for Medicare & Medicaid Services and praised its thoughtful tiered approach to postponing elective procedures – ranging from cancer biopsies to joint replacement – that could wait without putting patients at risk. Readiness for resuming these procedures will vary by geographic location depending on local COVID-19 activity and response resources. **A [joint statement](#), developed by AHA, ACS, ASA and AORN provides key principles and considerations to guide health care professionals and organizations regarding when and how to do so safely.**

The statement notes facilities should not resume elective procedures until there has been a sustained reduction in the rate of new COVID-19 cases in the area for at least 14 days. The facility also should have adequate numbers of trained staff and supplies, including personal protective equipment, beds, intensive care units and ventilators to treat non-elective patients without resorting to a crisis-level standard of care.

The timing for resuming elective surgery is one of the eight principles and considerations to guide facilities, physicians and nurses in their resumption of elective surgery care, for operating rooms and all procedural areas, factoring in: timing, testing, adequate equipment, prioritization and scheduling, data collection and management, COVID-19-related safety and risk mitigation surrounding a second wave, and other issues, including the mental health of health care workers, patient communications, environmental cleaning and regulatory issues.

Some highlights include:

- Implement a policy for testing staff and patients for COVID-19, accounting for accuracy and availability of testing and a response when a staff member or patient tests positive.
- Form a committee – including surgery, anesthesiology and nursing leadership – to develop a surgery prioritization policy, which factors in previously canceled and postponed cases, and allot block time for priority cases, such as cancer and living donor organ transplants.
- Adopt COVID-19-informed policies for the five phases of surgical care, from preoperative to post-discharge care planning.
- Collect and assess COVID-19 related data that will be used to frequently re-evaluate and reassess policies and procedures.
- Create and implement a social distancing policy for staff, patients and visitors in non-restricted areas in anticipation of a second wave of COVID-19 activity.

For questions, please contact the AHA at 800-424-4301.