NEW YORK STATE OF OPPORTUNITY. Department of Health

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TO: Ambulatory Surgery Centers, Office-Based Surgery Practices, and Diagnostic & Treatment Centers

COVID-19 - Resumption of Elective Outpatient Surgeries and Non-Urgent Procedures (Deferred Procedures) in Ambulatory Surgery Centers, Office-Based Surgery Practices and Diagnostic and Treatment Centers in Counties Without a Significant Risk of COVID-19 Surge

This Guidance is directed at Ambulatory Surgery Centers (ASC) Office Based Surgery practices (OBS), and Diagnostic and Treatment Centers (DTC) that are located in counties without a significant risk of COVID-19 surge and are deemed eligible to perform Deferred Procedures, (i.e., elective surgeries and non-urgent procedures). These centers and practices are required to meet the same provisions required of hospitals in these eligible counties that are also resuming deferred procedures.

Any ASC, OBS, or DTC that fails to comply with this Guidance may be subject to civil penalties.

Eligibility to Resume Deferred Procedures

ASCs, OBSs and DTCs will be able to resume Deferred Procedures in accordance with the following methodology.

Eligible County: In order for an ASC, OBS, or DTC to be eligible to resume Deferred Procedures, it must be located in an eligible county.

Requirements for Ambulatory Surgery Centers, Diagnostic and Treatment Centers and Office Based Surgery Practices Performing Deferred Procedures

Standards of care at a minimum should be based upon relevant specialty society specific Covid recommendations, and in accordance with the same requirements of hospitals in these Eligible Counties that are also resuming deferred procedures for testing, protective patient equipment (PPE), and prioritization of procedures protocol.
In addition, ASCs, OBSs, and DTCs must adhere to the following requirements:

1. Patient Testing. All patients receiving deferred procedures must test negative for COVID-19 using a molecular assay for detection of SARS-CoV-2 RNA prior to any such surgery or procedure. Outpatient elective surgeries and non–urgent procedures will not be performed for patients refusing testing. The test must be administered no more than 3 days prior to the surgery or procedure.
    a. Patients with history of positive test for COVID – 19: recommend performing surgery a minimum of 21 days after testing positive for COVID-19 and symptom free, and only after testing has been performed as described above.
    b. Patients testing positive for COVID-19:
        i. Acutely ill patients/staff should be immediately sent to the emergency room at a COVID-19 ready hospital / facility.
        ii. Symptomatic patients/staff that are not acutely ill (sniffles, congestion, cough etc.) or asymptomatic positive testing patients/staff should be referred home, self-isolate, and discuss options with their primary care physician.
    c. Consider self-isolation/self-quarantine of all preoperative patients from the time of testing until the time of the procedure. Patients should be counseled to do the following for 14 days prior to procedure;
        i. Maintain the current social distancing recommendations,
        ii. Follow preventative measures such as wearing a cloth face covering in public when social distancing might not be possible,
        iii. Minimize trips away from the home as much as possible,
        iv. Inform the healthcare provider performing the surgery or procedure if there is any contact with a suspected or confirmed case of COVID-19 or a person with symptoms consistent with COVID-19, and
        v. Inform the healthcare provider of any symptoms consistent with COVID-19 or a positive test for COVID-19.

2. Preparedness and Screening: All staff and patients should be screened for symptoms of COVID-19 during the scheduling and preoperative period, and upon arrival to the practice/facility.
    a. Scheduling Considerations / Prioritization of Cases and Procedures:
        i. Identify risk based upon type and length of procedure and potential need for post-acute care facility use (i.e. observation, admission, potential need for a ventilator)
        ii. Case length (i.e. less than 1 hour, 1 hour – 3 hours, greater than 3 hours)
        iii. Necessity of procedure
        iv. Identify patients at higher risk of adverse outcomes from COVID-19.
        v. Schedule patients at intervals that allow for social distancing based on the number of providers working and the total patient volume.
    b. Surgical Capacity Considerations:
        i. Maintain ongoing confirmation of local hospital capacity (bed census, ICU census, ventilator availability).
    c. Preoperative Patient Evaluation:
        i. Strict adherence to preoperative evaluation guidelines for testing and preoperative clearance.
        ii. Assess patients for symptoms (i.e. cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat or new loss of taste or smell)) and/or if known COVID-19 positive at the time of scheduling.
        iii. Provide clear pre-procedure instructions to patients/caregivers regarding need to report to the practice, symptoms of COVID-19 prior to day of procedure.
    d. Staffing Considerations:
        i. Staff are to monitor/screen themselves daily for signs and/or symptoms of COVID-19 illness prior to reporting to work each day.
        ii. Staff are to report any positive signs and/or symptoms of illness to practice/facility director immediately and are not to report to the practice or facility.
    e. Daily Screening: All patients and staff should be screened (temperature of 100.4 and a focused history) immediately upon entering the practice/facility.
        i. Symptomatic patients should be referred home, self-isolate, and discuss options with primary care physician.
        ii. Symptomatic staff should self-isolate and expeditiously be tested for COVID-19.

3. PPE Supplies: ASC, OBS and DTC must have adequate PPE and medical surgical supplies appropriate to the number and types of procedures to be performed, including at all stages of care (pre-operative through post-discharge) associated with the procedure and the needs of the patient and healthcare personnel. Adequate PPE means a 7–day supply on hand and the ability of the practices supply chain to maintain that level.

4. Infection Prevention and Control:
    a. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
        i. Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including all patient-care areas, check in, and waiting areas (e.g. using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label).
        ii. Maintain all infection prevention and control written policies and procedures of the OBS practice and their accrediting organization.
    b. Implement social distancing guidelines throughout office operations.
        i. Schedule patients at intervals that allow for social distancing based on the number of providers working and the total patient volume.
        ii. Reconfigure check in and waiting areas to allow for distances of 6 feet between each waiting patient and visitor. Any waiting should be kept to a minimum.
        iii. Instruct patients to wear a mask to the practice day of procedure. If not wearing a mask on arrival, one will be provided.
        iv. Limit points of entry for all patient/visitor arrivals.
    c. Consider staggered scheduling;
        i. Schedule patients at intervals, allowing for one patient arriving at a time,
        ii. Limit family members to a single individual, consider directing family members to wait off premises, in the car/outside of the office/facility until called,
        iii. Consider separate scheduling/timing for potentially high-risk patients
        iv. Limit all non-essential visitors; encourage patients to engage only those family members/ individuals responsible for transport who have been practicing social distancing and are wearing masks during pick-up and drop-off of patients.
        v. No sales representatives should be allowed in the office/facility
        vi. Strongly consider telehealth visits where feasible
        vii. Consider utilizing minimal staffing levels to the extent possible
    d. Post-Operative Considerations:
        i. The patient/provider/family member or responsible adult discharge discussion should occur to allow for distances of 6 feet between persons and use of protective measures (i.e. use of masks when distancing is not possible).
        ii. Discharge instructions should include monitoring for COVID-19 symptoms and include instructions for calling the provider immediately if symptoms develop within 14 days of the procedure. Follow -up phone calls should continue per practice/facility policy. Evaluation of patient for signs of COVID-19 symptoms should be incorporated into these follow up calls.

Interpretative Guidance on Procedures that May Still Be Performed Under the March 23 Directive

The March 23 Directive to suspend all non-essential elective surgeries and non-urgent procedures did **not** preclude ASCs, OBSs, or DTCs from performing essential and urgent procedures such as those related to the diagnosis of cancer (e.g., lumpectomies, biopsies), the treatment of intractable pain, or other diagnostic or treatment services for highly symptomatic patients. The Department considers such surgeries or procedures to be "Tier 3a" as defined by CDC rules for urgent and emergency surgeries and procedures (see Attachment A). Therefore, such surgeries or procedures should not be postponed or otherwise delayed and should be scheduled and performed in accordance with the medical judgment of the treating physician.

ASCs, OBSs, and DTCs located in counties that are **not** deemed eligible, and are performing these essential, non-elective and urgent procedures should also adhere to this Guidance.

Attachment A

Tiers	Action	Definition	Locations	Examples
Tier 1a	Postpone surgery/procedure in counties that are not eligible	**Low acuity surgery/healthy patient –** Outpatient surgery Not life-threatening illness	HOPD*, DTC** ASC*** OBS**** Hospital with low/no COVID-19 census	-Carpal tunnel release -Colonoscopy for routine screening -Cataracts - Hysteroscopy -Cosmetic surgery
Tier 1b	Postpone surgery/procedure in counties that are not eligible	**Low acuity surgery/unhealthy patient**	HOPD, DTC ASC, OBS, Hospital with low/no COVID-19 census	-Endoscopies -Cosmetic surgery
Tier 2a	Consider postponing surgery/procedure in in counties that are not eligible	**Intermediate acuity surgery/healthy patient** Not life threatening but potential for future morbidity and mortality. Requires in-hospital stay	HOPD, DTC, ASC, OBS, Hospital with low/no COVID-19 census	-Non urgent spine& ortho: including hip, knee replacement and elective spine surgery -Stable ureteral colic
Tier 2b	Postpone surgery/procedure if possible, in counties that are not eligible	**Intermediate acuity surgery/unhealthy patient**	HOPD, DTC, ASC, OBS, Hospital with low/no COVID-19 census	
Tier 3a	Do not postpone	**High acuity surgery/healthy patient**	Hospital, DTC, ASC, OBS or HOPD, as appropriate to the procedure performed	-Most cancers -Neurosurgery -Intractable Pain -Highly symptomatic patients
Tier 3b	Do not postpone	**High acuity surgery/unhealthy patient**	Hospital, DTC, ASC, OBS or HOPD, as appropriate to the procedure performed	-Transplants -Trauma -Cardiac w/ symptoms -Limb threatening vascular surgery -Dialysis Vascular Access

* HOPD: Hospital Outpatient Department
**DTC: Diagnostic and Treatment Center
***ASC: Ambulatory Surgery Center
**** OBS: Office-Based Surgery