



# Elective Surgeries and Procedures

May 6, 2020

## Frequently Asked Questions

(clarifies and supersedes previous guidance related to elective surgeries)

**Q: When may elective procedures begin?**

A: May 11, 2020

**Q: What is “operational capacity”?**

A: It is the number of beds (medical/surgical or intensive care) the organization can staff.

**Q: How do you define patients requiring testing for the purposes of this guidance?**

A: Anyone admitted for a procedure in the operating room or a procedure requiring anesthesia, including, but not limited to, procedures of the upper respiratory/GI tracts with potential for aerosol generation and

Anyone planned for an outpatient procedure in the operating room with the potential to involve general anesthesia or other aerosol generating procedures, such as procedures of the upper respiratory or GI tracts.

**Q: Is testing asymptomatic patients recommended by the Centers for Disease Control and Prevention (CDC)?**

A: Testing asymptomatic patients for COVID-19 is not currently an official CDC recommendation, but it is recommended in IDPH's continued efforts to curb the spread of COVID-19 and keep patients and health care workers as safe as possible.

**Q: Is the only test allowed a RT-PCR test?**

A: No. The test should be a nucleic acid-based test.

**Q: Where should the preoperative testing specimens be analyzed?**

A: Hospitals and practices should have access to nucleic acid-based SARS-CoV-2 testing (e.g., via an in-house or commercial laboratory). IDPH laboratory capacity is prioritized for high-risk congregate care sites, outbreak investigations, and other priorities identified by the director.

**Q: My patient has recovered from a recent COVID-19 infection. Should he/she be tested again?**

A: No. According to CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>), the decision to discontinue *Transmission-Based Precautions* for patients with confirmed COVID-19 should be made using either a test-based strategy or a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or time-based strategy.

**Q: What if my patient had a test at an outside lab?**

A: Documented reverse-transcriptase polymerase chain reaction (RT-PCR) or other nucleic acid-based tests from outside labs are acceptable if done within the recommended time frame.

**Q: What if my patient has a pending COVID-19 test but needs an emergency procedure?**

A: Pending tests should not delay needed care. Procedural PPE policies should reflect the possibility of unknown infection and protect health care workers regardless of whether a patient is later found to be infected. Urgent or emergent procedures should proceed even if the COVID test is pending or has not been collected.



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**Q: Do I need to do nucleic acid-based testing on staff, visitors, or other non-patients who are occasionally in the facility?**

A: *No. Actual testing should only be performed on the patient. Facilities should routinely temperature and symptom screen all staff and others who work in the facility.*

**Q: Do we need to do testing of the accompanying driver or care provider of a patient?**

A: *No. Actual testing should only be performed on the patient. Temperature and symptom screenings are recommended for staff and other individuals (such as persons accompanying the patient) before they enter the premises.*

**Q: How should we think about elective endoscopic procedures?**

A: *See professional guidance. American College of Gastroenterology, American Gastroenterological Association, American Association for the Study of Liver Diseases and the American Society for Gastrointestinal Endoscopy. GASTROENTEROLOGY PROFESSIONAL SOCIETY GUIDANCE ON ENDOSCOPIC PROCEDURES DURING THE COVID-19 PANDEMIC. March 31, 2020. [https://webfiles.gi.org/links/media/Joint\\_GI\\_Society\\_Guidance\\_on\\_Endoscopic\\_Procedures\\_During\\_COVID19\\_FINAL\\_3312020.pdf](https://webfiles.gi.org/links/media/Joint_GI_Society_Guidance_on_Endoscopic_Procedures_During_COVID19_FINAL_3312020.pdf)*

**Q: Do I still need to have a history and physical documented within the past 30 days before a procedure that has been rescheduled?**

A: Yes.

**Q: My organization does not have enough temporal thermometers. Can we continue self-screening of staff with heavy emphasis on communication, with an option for staff to have their temperature taken if they have a concern?**

A: *Temporal thermometers are available from some sellers. Temperature screening by employees prior to leaving home is acceptable if allowed by facility policy.*