

Elective Surgery Recommendations

ArMA recognizes the enormous economic impact COVID19 has had on our healthcare system, hospitals, community physicians / practices, and everyone on the health care team. We applaud the Governor for taking the time to hear from stakeholders on the best ways to potentially restart elective surgeries. As representatives of the AZ medical community, we appreciate the opportunity to provide input in this important area.

On the healthcare side of things, we need to make sure our workforce is protected. The way to do that is as follows:

- 1) Need to be able to test ALL surgery cases pre-operatively, ideally. If not, need to prioritize - cancer cases, any abdominal cases, any cases where there could be aerosolization (can give you a list), any intubations. They should be tested before the OR, but also need to have a protocol on how to test these people, and what to do given their results.
- 2) If no testing, then we need to ramp up PPE to protect the operative team, and that means if we cannot test, then we need to treat everyone as positive.

From an institutional perspective, the following considerations are requested:

- 1) There should be due consideration to the needs of all hospitals with regard to the distribution of federal or state-supplied PPE, masks, swabs, ventilators, and access to testing. They all have a reasonable chance to re-start their elective surgeries around the same time.
- 2) Need to prioritize urgency, slowly restart elective cases based on urgency, with the last group should be the pure elective cases.

Bringing patients back onto hospital campuses and surgery centers may cause some uneasiness for patients and staff. To assure patients, a number of safety measures should be taken to reduce the risk of transmission, including a robust screening process; universal masking for all patients, visitors and staff; and enhanced cleaning of surfaces, equipment, and patient care areas.