

## COVID-19 Checklist for Resuming Surgeries and Procedures – SAMPLE

Please refer to [Reopening Ambulatory Practices](#) for general guidance about opening practices, documentation, navigating patient grievances, and potential claims.

This checklist offers risk management guidance to support re-entry into the surgical and procedural areas. The checklist is not intended to be all-inclusive, but to prompt consideration for aspects of care outside of the normal surgical and procedural clinical operations continuum.

<b>General Considerations for Resuming Surgeries and Procedures</b>	
Monitor CDC, federal, state, and local public health authorities <b>daily</b> for updates and new legislation. Review <a href="#">CMS Recommendations for Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase 1</a> .	<input type="checkbox"/>
Consult with local and state public health officials for resources, established recommendations, and guidelines for providing elective and nonemergent surgeries and procedures.	<input type="checkbox"/>
Conduct an environmental assessment if the facility has been closed to ensure that exit signs, alarms, smoke detectors, fire extinguishers, and sprinkler systems function and adhere to local fire codes. Refer to OSHA's <a href="#">Guidance on Preparing Workplaces for COVID-19</a> .	<input type="checkbox"/>
Determine what resources and methods will be utilized for COVID-19 training for staff and providers. Consider outside educational sources such as the CDC's <a href="#">Clinical Care Guidance for Healthcare Professionals about Coronavirus (COVID-19)</a> or other resources found in the <a href="#">Coverys COVID-19 Resource Center</a> .	<input type="checkbox"/>
<b>Perioperative/Procedural Environment of Care Considerations</b>	
Evaluate the facility's and surrounding facilities' capacities for the following: <ul style="list-style-type: none"> <li>• ICU beds.</li> <li>• Non-ICU beds.</li> <li>• Post-recovery options, including acute care rehab and skilled nursing facilities.</li> </ul>	<input type="checkbox"/>
Check equipment inventory with focus on respiratory care: <ul style="list-style-type: none"> <li>• Ventilators.</li> <li>• Anesthesia machines – to include HEPA filters for COVID-19 positive or suspected patients. See guidance from the American Society of Anesthesiologists (ASA) <a href="#">when performing procedures on patients with known or suspected COVID-19 infection</a>.</li> <li>• If anesthesia machines were utilized as ventilators during COVID-19 surge, refer to <a href="#">FAQ on anesthesia machine use protection and decontamination guidance</a>.</li> </ul>	<input type="checkbox"/>

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Perioperative/Procedural Environment of Care Considerations	
<ul style="list-style-type: none"> <li>• Intubation equipment, including fiber optic, DL, CMAC, bronchoscopes, glidescopes.</li> <li>• Transport monitors.</li> </ul>	<input type="checkbox"/>
<p>Manage inventory of supplies and implants:</p> <ul style="list-style-type: none"> <li>• Check intubation-focused supplies, including single and double lumen endotracheal tubes (ETT) ambubags.</li> <li>• Monitor all supplies utilized during surgery/procedures. Affected supply chains and vendors may not be able to readily supply at the previous rate. Check with vendors as to availability and substitutions to avoid shortages.</li> <li>• Check all supplies and implants for package integrity and expiration.</li> <li>• Determine availability of durable medical equipment (DME) that will be needed post-surgery and order DME early to facilitate timely discharge.</li> </ul> <p>Plan for potential shortages of common supplies used for procedures and investigate alternatives.</p>	<input type="checkbox"/>
<p>Check inventory of medications and fluids:</p> <ul style="list-style-type: none"> <li>• Ensure adequate amounts of medications and fluids.</li> <li>• Confirm with vendors as to availability and substitutions to avoid such shortages.</li> <li>• Check all medications and vaccines to ensure they are not outdated.</li> <li>• Plan for potential shortages of medications/drugs used for procedures and investigate alternatives. Review with pharmacy options for substitutions for medications in short supply.</li> </ul> <p>Review temperature logs of warmers, medications, fluids, and vaccines stored in refrigerators and freezers to verify maintenance of appropriate temperatures.</p>	<input type="checkbox"/>
<p>Perform autoclave and sterilization equipment (e.g., Steris, Sterrad) test runs with quality control checks prior to sterilizing reusable patient instruments and equipment if they have not been utilized on a daily basis.</p>	<input type="checkbox"/>
<p>Perform quality control checks and test runs on all high-level disinfection (HLD) equipment (e.g., OER Pro, Medivators) if they have not been utilized on a daily basis. This may include exchanging all chemical disinfectants.</p> <p>Ensure ample supplies of detergents and accessories for HLD.</p>	<input type="checkbox"/>
<p>Determine the “hang time” of endoscopes and reprocess as needed.</p> <p>Check that all routine maintenance is up to date.</p>	<input type="checkbox"/>
<p>Check all biomedical equipment to ensure inspections are up to date and working properly.</p>	<input type="checkbox"/>

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Perioperative/Procedural Environment of Care Considerations	
Check and verify all supplies, medications, and equipment used for code carts and emergency carts.	<input type="checkbox"/>
Infection Prevention	
Modify, as needed, the patient flow through the surgical/procedural setting to minimize congestion and promote physical distancing. <ul style="list-style-type: none"> <li>• Consider separate routes for entering and leaving.</li> <li>• Ensure flow can accommodate patients in wheelchairs.</li> </ul>	<input type="checkbox"/>
Review inventory and ensure adequate supply of PPE and hand hygiene products for use in waiting room entry, clinic exam rooms, OR, and procedural rooms. <ul style="list-style-type: none"> <li>• Estimate PPE needs based on number of patient visits and procedures performed.</li> <li>• Ensure PPE inventory is adequate to avoid any shortages.</li> <li>• Develop policies for conserving PPE (e.g., extended use or reuse of PPE per CDC and FDA guidance) as needed.</li> <li>• Consider that PPE recommendations for <a href="#">aerosol-generating procedures and the risk of transmission</a> are increased in the surgical and procedural environment of care.</li> </ul>	<input type="checkbox"/>
Train/retrain staff to follow increased infection prevention precautions and safety measures. <ul style="list-style-type: none"> <li>• Review PPE use, donning and doffing, and adherence of wearing PPE.</li> <li>• Consider using full-face shield/goggles for all procedures.</li> </ul>	<input type="checkbox"/>
Perform enhanced cleaning procedures for clinic and surgery check-in areas: <ul style="list-style-type: none"> <li>• Perform daily cleaning procedures.</li> <li>• Clean between patients to include all high-touch areas.</li> <li>• Clean equipment/items used on patients.</li> <li>• Consider types of cleaning products.</li> <li>• Assign staff members responsibility for cleaning.</li> <li>• Consider adding time between procedures or room use to allow for cleaning.</li> </ul> <p>For guidance about OR cleaning, please see the perioperative phases of care section below.</p> <p>Follow the CDC's <a href="#">Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings</a>.</p>	<input type="checkbox"/>

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Infection Prevention	
Develop a checklist for staff performing cleaning procedures and monitor competency.	<input type="checkbox"/>
Communicate COVID-19 infection prevention protocols on-site and on the facility website or in the patient portal. See <a href="#">CDC Patient Communication Fact Sheets</a> .	<input type="checkbox"/>
Perioperative/Procedural Staff Planning	
Ensure clinical staffing availability for all phases of surgical and procedural care: <ul style="list-style-type: none"> <li>• Preprocedure (clinic and preprocedure services).</li> <li>• Preoperative.</li> <li>• Intraoperative.</li> <li>• PACU/Recovery.</li> </ul>	<input type="checkbox"/>
Evaluate availability of adjunct staff, which may include: <ul style="list-style-type: none"> <li>• Perfusion, intraoperative neuromonitoring.</li> <li>• Pathology.</li> <li>• Sterile processing.</li> <li>• Radiology.</li> <li>• Reps.</li> <li>• Vendors.</li> <li>• Clinical Lab.</li> </ul>	<input type="checkbox"/>
Consider nonclinical team's availability, which may include: <ul style="list-style-type: none"> <li>• Environmental services.</li> <li>• Scheduling.</li> <li>• Patient access.</li> <li>• Financial services.</li> <li>• Transport.</li> <li>• Material management.</li> </ul>	<input type="checkbox"/>
Staff Screening	
Determine process for monitoring and documenting daily/periodic staff wellness screening, including symptoms/travel/contacts. See CDC guidance for <a href="#">monitoring and managing healthcare personnel</a> .	<input type="checkbox"/>
Ensure HR policies address employees with potential COVID-19 exposure or who develop COVID-19 symptoms. Include the following: <ul style="list-style-type: none"> <li>• Identification of symptoms/potential exposure.</li> <li>• Employee testing.</li> <li>• Quarantine instructions.</li> <li>• Requirements for reporting confirmed cases.</li> </ul>	<input type="checkbox"/>

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<b>Staff Screening</b>	
Follow CDC interim guidance on <a href="#">Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19</a> .	
<b>Seek legal guidance to ensure policies adhere to any state/federal regulations.</b>	
<b>Prescreening Surgical and Procedural Patients</b>	
Follow CDC guidance to actively screen patients for fever and COVID-19 symptoms for early disease detection before they enter the healthcare facility. Develop a COVID-19 prescreening checklist to implement by phone or to use with a virtual patient check-in. Refer to <a href="#">CDC criteria for screening patients</a> .	<input type="checkbox"/>
Post clear messaging on the facility website, portals, and entrances requiring patients and visitors who are exhibiting any COVID-19 symptoms, who have had any recent contact with a COVID-19 positive person, or who have recently traveled, to immediately call the respective clinic/facility for instructions on accessing care. Manage patients by phone following <a href="#">CDC recommendations</a> .	<input type="checkbox"/>
Consider anesthesia-specific concerns for surgical patients. See the <a href="#">ASA and ASPF Joint Statement of Perioperative Testing for COVID-19</a> .	<input type="checkbox"/>
Refer to the <a href="#">Joint Statement: Roadmap for Safely Resuming Surgery</a> for guidance on limited screening capabilities.	<input type="checkbox"/>
<b>Screening Persons Accompanying Surgical and Procedural Patients</b>	
Establish procedures to screen persons accompanying surgical and procedural patients using <a href="#">CDC screening criteria</a> .	<input type="checkbox"/>
Limit entry only to essential persons that must accompany a patient during an outpatient surgery or procedure. For example, designated drivers or a parent/guardian of a minor may be considered an essential person.	<input type="checkbox"/>
Require designated persons to comply with precautions, including social distancing, hand hygiene, and mask wearing. Provide masks to those who do not have them. Develop a process for nonadherence.	<input type="checkbox"/>
Define and communicate designated person requirements in advance of the day of the procedure (e.g., flyer, poster, handout, phone call upon preoperative scheduling).	<input type="checkbox"/>
<b>Scheduling Patients for Procedures/Surgery</b>	
Check with state and local regulatory agencies for any related mandates and/or guidance prior to reestablishing non-urgent elective surgeries or procedures.	<input type="checkbox"/>

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<b>Scheduling Patients for Procedures/Surgery</b>	
Consider clinical urgency and feasibility guidelines using the CMS Tiers of Clinical Urgency, <a href="#">Non-Emergent, Elective Medical Services, and Treatment Recommendations</a> .	<input type="checkbox"/>
Determine how you will prioritize surgeries and procedures. <ul style="list-style-type: none"> <li>• Establish a prioritization policy committee with representation from surgery, the procedural areas, anesthesia, and nursing leadership to develop a prioritization strategy appropriate to the immediate patient needs.</li> <li>• See <a href="#">Planning Guide: Resuming Elective Procedures</a>.</li> </ul>	<input type="checkbox"/>
When scheduling outpatient or hospital-based surgeries, collaborate with the facility's prioritization policy committee to develop a prioritization strategy appropriate to immediate patient needs. See <a href="#">Roadmap from AHA, Others for Safely Resuming Elective Surgery as COVID-19 Curve Flattens</a> .	<input type="checkbox"/>
Maximize use of telehealth modalities: <ul style="list-style-type: none"> <li>• Complete prescreen calls with patient prior to scheduling procedure to identify any changes in health status that could affect outcome.               <ul style="list-style-type: none"> <li>○ Assess the risk of harm related to possible exposure to COVID-19 versus delay in diagnosis or therapy.</li> <li>○ Evaluate patient's significant pain and dysfunction in daily work/life.</li> <li>○ Consider risk of increased loss of function and advancement of disease process.</li> </ul> </li> </ul> Determine if further delay could result in more complex surgery or vulnerability to accelerated morbidity and mortality.	<input type="checkbox"/>
Consider extending hours into evening and weekends if in-person pre-procedure screening is required, to better accommodate physical distancing and possible increased volumes.	<input type="checkbox"/>
Assess for need for post-acute care (PAC) facility stay (e.g., rehabilitation, skilled nursing facility) and confirm bed availability before scheduling the procedure.	<input type="checkbox"/>
Consider all potential discharge scenarios. Ideal situations include outpatient procedure with discharge to home and discharge post-inpatient stay to home.	<input type="checkbox"/>
<b>Process for Check-in/Registration</b>	
Consider implementing check-in options that minimize waiting room time (e.g., calling upon arrival and waiting in the car until preop staff is ready to take patient back).	<input type="checkbox"/>
Stock PPE and hand hygiene supplies in the entryway. Provide instructions on precautions, including social distancing, hand hygiene, and mask wearing.	<input type="checkbox"/>
Arrange the surgical/procedural waiting room environment to promote physical distancing (at least 6 feet apart), and consider having designated driver and the	<input type="checkbox"/>

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<b>Process for Check-in/Registration</b>	
parent/guardian of outpatient procedure patients wait outside the facility during the procedure.	
Clean touch screen devices after each patient use.	<input type="checkbox"/>
Keep barriers closed at the check-in and checkout desks, and require staff to wear face masks. Install Plexiglas if a barrier is not already in place. Refer to OSHA's <a href="#">Guidance on Preparing Workplaces for COVID-19</a> .	<input type="checkbox"/>
Provide signage as needed to help patients navigate the new process and flow. Laminate paper signage to facilitate cleaning.	<input type="checkbox"/>
<b>Surgical/Procedural Phases of Care Considerations</b>	
<b>In addition to the above general considerations for surgical and procedural areas, outlined below are additional considerations for some specific clinical specialties and phases of care.</b>	
<p>Anesthesia-specific considerations:</p> <ul style="list-style-type: none"> <li>Continue to evaluate current best practices. ASA offers updated guidance about relevant clinical situations via <a href="#">Anesthesia FAQs, Resources, and Recommendations</a>.</li> <li>Utilize the following information <a href="#">when caring for a patient with known or suspected COVID-19 infection</a>.</li> <li>Educate providers about <a href="#">utilizing jet ventilation, laryngeal mask airways (LMA), tracheostomies, and pediatric intubation</a>.</li> <li>Assess the need to revise current anesthesia checklists to include information about COVID-19 history, risk levels, and airway mitigation.</li> </ul>	<input type="checkbox"/>
<p>Pre-procedure evaluation and testing:</p> <ul style="list-style-type: none"> <li>For procedures postponed during COVID-19, verify that there has been no significant interim change in the patient's health status.</li> <li>Assess the need for preoperative patient education classes versus remote instructions.</li> <li>Limit laboratory testing and radiologic imaging procedures to those specific to patient indications and procedure needs. Discourage testing and/or repeat testing when indicators are not present.</li> </ul>	<input type="checkbox"/>
<p>Preoperative:</p> <ul style="list-style-type: none"> <li>Discuss advance directives and do-not-resuscitate (DNR) wishes prior to administering any sedation or anxiolytics, especially for frail or post-COVID-19 patients.</li> </ul>	<input type="checkbox"/>

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<b>Surgical/Procedural Phases of Care Considerations</b>	
<ul style="list-style-type: none"> <li>• Assess the need to revise current preoperative nursing, anesthesia, and surgery checklists to include information about COVID-19 history and risk levels.</li> <li>• Educate the patient about the risks related to COVID-19 exposure. Obtain informed consent. If you are considering standard language to include in an informed consent form related to COVID-19 exposure, consult your attorney prior to adding this language into an informed consent form.</li> </ul>	
<p>Intraoperative:</p> <ul style="list-style-type: none"> <li>• Educate staff, physicians, and other healthcare workers about the timing of reentering the OR/procedure room after an intubation. Timing will likely be based upon the following considerations:               <ul style="list-style-type: none"> <li>○ Type of PPE worn by staff.</li> <li>○ The air exchange rate and size of the room. A table from the CDC shows the rate that airborne contaminants are removed with various <a href="#">air changes per hour (ACH)</a>.</li> <li>○ Establish a policy to guide the practice in ensuring sufficient time has elapsed to clear the air of viral particles and protect staff.</li> <li>○ Recognize that increased case lengths will affect capacity and staff morale. Continuously evaluate scheduling, patient acuities, and local pandemic data.</li> </ul> </li> <li>• Assess the need to revise current preoperative nursing, anesthesia, and surgery checklists to include information about COVID-19 history and risk levels.</li> <li>• Consider the most expedient modality for the surgery to reduce increased OR time. For example, consider a laparoscopic/robotic approach versus an open one and the potential associated complications.</li> <li>• Limit staff in the room to only essential participants (e.g., limit staff, students, residents, and vendors scrubbed in).</li> <li>• Consider the air exchange rate and cleaning requirements for time between cases. Turnover times will be affected. The CDC offers guidance on <a href="#">airborne contaminant removal</a>.</li> <li>• Complete terminal cleans after every known or suspected case, following the CDC's <a href="#">Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings</a>.</li> </ul>	<input type="checkbox"/>
<p>PACU – Recovery:</p> <ul style="list-style-type: none"> <li>• Consider recovering known or suspected COVID-19 positive patients in a separate COVID-19 unit or ICU.</li> </ul>	<input type="checkbox"/>

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<b>Surgical/Procedural Phases of Care Considerations</b>	
<ul style="list-style-type: none"> <li>• If no other recovery locations are available, the American Society of PeriAnesthesia Nurses offers guidance in the <a href="#">COVID-19 Toolkit for the Perianesthesia Nurse</a>.</li> <li>• Consider additional outpatient surgery discharge calls specific to COVID-19 screening at 7-day and 14-day post-procedure intervals to:               <ul style="list-style-type: none"> <li>○ Ensure uncomplicated recovery from procedure.</li> <li>○ Screen for potential COVID-19 exposure to staff.</li> </ul> </li> </ul>	
<b>Communication Considerations</b>	
<p>Establish an internal staff communication plan:</p> <ul style="list-style-type: none"> <li>• Conduct staff training on new procedures, organizational changes, and information being shared with the community.</li> <li>• Reinforce strict adherence to HIPAA privacy regulations to ensure patient information confidentiality.</li> <li>• Ensure that all handoff communication includes COVID-19 status, known or suspected, to provide for staff and patient safety.</li> <li>• Develop a method for staff to confirm facts versus rumors.</li> <li>• Develop methods for staff to provide feedback and voice concerns.</li> <li>• Include mechanisms such as daily/weekly huddles to inform staff of pandemic-related changes.</li> <li>• Review and reinforce social media policies with staff.</li> </ul>	<input type="checkbox"/>
<b>Procedure Room Considerations (Cardiac CVC, GI, IR, and Radiology)</b>	
<p>Consider using powered air purifying respirator systems with a patient who is of positive or unknown COVID-19 status and/or:</p> <ul style="list-style-type: none"> <li>• Vomiting.</li> <li>• Anticipating need for cardiopulmonary resuscitation.</li> <li>• Unanticipated intubation (i.e., sedation).</li> </ul>	<input type="checkbox"/>
<p>Evaluate the need for and possibility of converting an exam/procedure room to a negative pressure room to deal with potential infectious patients. See American Society for Healthcare Engineering guidelines for <a href="#">Negative Pressure Patient Room Options</a>.</p>	<input type="checkbox"/>
<p>Limit staff in the room to only essential participants (e.g., limit staff, students, residents, and vendors scrubbed in).</p>	<input type="checkbox"/>
<p>Train/retrain staff to follow increased infection prevention precautions and safety measures.</p> <ul style="list-style-type: none"> <li>• Review PPE use, donning and doffing, and adherence of wearing PPE.</li> </ul>	<input type="checkbox"/>

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### Procedure Room Considerations (Cardiac CVC, GI, IR, and Radiology)

<ul style="list-style-type: none"><li>Consider using full-face shield/eye protection for all procedures.</li></ul>	
Complete terminal cleans following known or suspected COVID-19 cases. Follow the CDC's <u><a href="#">Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings</a></u> .	<input type="checkbox"/>
Consider additional outpatient procedure discharge calls specific to COVID-19 screening at 7-day and 14-day post-procedure intervals to: <ul style="list-style-type: none"><li>Ensure uncomplicated recovery from the procedure.</li><li>Screen for potential staff exposure to COVID-19.</li></ul>	<input type="checkbox"/>

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