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May 19, 2020

TO: Administrators of Hospitals Licensed pursuant to N.J.A.C. 8:43G

FROM: Judith M. Persichilli, RN, BSN, MA
Commissioner

SUBJECT: Guidance for Hospitals to Resume Elective Surgery and Invasive Procedures

Considering the dangers posed by Coronavirus disease 2019 ("COVID-19"), Governor Philip Murphy issued Executive Order No. 103 (2020) on March 9, 2020, which declared both a Public Health Emergency and State of Emergency. As confirmed cases of COVID-19 and related fatalities continued to rise, on March 23, 2020, Governor Murphy issued Executive Order No. 109 (2020) which ordered that as of 5:00 p.m. on Friday, March 27, 2020, all "elective" surgeries performed on adults, whether medical or dental, and all "elective" invasive procedures performed on adults, whether medical or dental, would be suspended in New Jersey. This step was necessary at the time because hospitalizations, intensive care unit admissions, and ventilator usage were rapidly spiking, and these surgeries and procedures, whether undertaken in a hospital, ambulatory surgery center or provider office, necessarily draw upon the skill and time of critical health care professionals and involve the use of equipment and supplies that may be needed to treat those who are critically ill.

The suspension of these surgeries and procedures preserved the capacity of our health care system to deal with the surge of COVID-19 cases, which reached its maximum impact on the health care system in the middle of April. Over the last month, because of the social distancing measures that have been put in place, the rates of confirmed COVID-19 spread has decreased drastically.

Consequently, Governor Murphy issued Executive Order No. 145 (2020) on May 15, 2020, permitting the resumption of elective surgeries and elective invasive procedures in hospital and ambulatory survey centers on May 26, 2020, subject to this guidance developed by the Department of Health (DOH).

a. Conditions for Hospitals to Resume Elective Surgery and Invasive Procedures

Hospitals resuming elective surgeries and invasive procedures are required to take these additional steps to protect the healthcare workforce and patients being served:

1. Comply with all relevant State and Centers for Disease Control and Prevention (CDC) guidelines to protect against further spread of COVID-19;
2. Institute screening of health care staff for symptoms of COVID-19 and have policies in place for removal of symptomatic employees from the workplace;
3. Enforce social distancing requirements in work areas and common areas;
4. Require masks for patients, except patients receiving services that would not allow for the use of a mask, and for any patient support person;
5. When possible, non-COVID care zones should be utilized in facilities that serve both COVID-19 and non-COVID-19 patients;
6. Have an established plan for cleaning and disinfecting prior to using facilities to serve non-COVID-19 patients;
7. Facilities providing COVID-19 care should continue to be prepared for potential future surges. The plans for resumption of medically necessary care should include consideration of the impact on their ability to respond to future surges; and
8. Facilities should be prepared to modify resumption of clinical services in conjunction with surge status (as surge status increases, access to non-urgent care should decrease so as to not overwhelm the healthcare system) and to repurpose and redeploy staff to urgent care roles to the extent feasible.

The facility plans for potential future surges shall be guided by the following documents and others listed in Section j:

1. CDC Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic: https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html;
2. CDC Preparedness Tools for Healthcare Professionals and Facilities Responding to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html; and
3. CDC COVID-19Surge tool: https://www.cdc.gov/coronavirus/2019-ncov/hcp/covidsurge.html

b. Hospitals are Eligible to Resume Elective Surgeries and Invasive Procedures, Based Upon Their Current or Potential Capacity as Outlined Below

Hospitals can resume procedures based on the following capacity data of sustained downward trajectory for 14 days, with each day's data calculated using the average of the three most recent days:

1. Influenza Like Illness (ILI) or COVID-19 like syndromic cases;
2. COVID-19 infection rates;
3. COVID-19 hospitalizations;
4. COVID-19 emergency room admissions;
5. COVID-19 Intensive Care Unit (ICU), Critical Care and Medical Surgical bed utilization;
6. Ventilator utilization; and
7. Ventilator availability.

Hospitals can resume procedures based on the following capacity data:

1. Available and staffed ICU, Critical Care and Medical Surgical beds.

c. Standards to Guide Prioritization Decisions

Hospitals are encouraged to gradually resume full scope of services when possible and safe to do so, based on these guidelines.

Before services resume, the physical layout and flow of care delivery areas shall change so that social distancing is maintained.

There shall be a process for determining the priority of types of services delivered that shall incorporate the following:

Care Prioritization and Scheduling

Facilities shall establish a prioritization policy for providing care and scheduling. All cases shall be reviewed by a site-based governance group to ensure consistency.

1. The governance group shall consider the following guidelines for prioritization:

(i) Level 1 - Lifesaving/critical: less than 72 hours will result in substantial health decline or death;
(ii) Level 2 - Urgent/intensive: less than 30 days will result in substantial health decline or irreversible negative health trajectory;
(iii) Level 3 - Essential/acute: will result in substantial health decline or irreversible negative health trajectory or irreversible deterioration;

(iv) Level 4 – Selective: minor or major surgery with health impact but may be safely delayed for a period of time; and
(v) Level 5 – Optional: surgery with minimal health impact.

2. Model capacity based on extended turnover and spacing out of procedures and any pre-/post-procedure appointments.

3. The governance group may consider:

(i) Prioritizing previously cancelled and postponed cases;
(ii) Specialties' prioritization;
(iii) Strategy for allotting daytime "OR/procedural time";
(iv) Identification of essential health care professionals and medical device representatives when necessary for procedures;
(v) Strategy for increasing "OR/procedural time" availability (e.g., extended hours or weekends); and
(vi) Issues associated with increased OR/procedural volume:
1) Ensure primary personnel availability (e.g., surgery, anesthesia, nursing, housekeeping, engineering, sterile processing, etc.);
2) Ensure adjunct personnel availability (e.g., pathology, radiology, etc.);
3) Ensure supply availability for planned procedures (e.g., anesthesia drugs, procedure-related medications, sutures, disposable and non-disposable surgical instruments);
4) Ensure adequate availability of inpatient hospital beds and intensive care beds and ventilators for the expected postoperative care; and
5) New staff training.

d. PPE and Staffing Requirements for Facilities that Resume these Procedures

1. <u>Personal Protective Equipment</u>

Personal Protective Equipment (PPE) is essential to protect health care workers and patients. Therefore, the following shall be followed when resuming services:

(i) Facilities shall have a plan, consistent with CDC and NJDOH recommendations, for patient and patient support person use of PPE;
(ii) Healthcare workers must wear appropriate PPE consistent with CDC and DOH recommendations;
(iii) Healthcare workers treating COVID-19 positive and presumptive

patients must have appropriate training on, and access to, appropriate PPE;

(iv) COVID-19 PPE policies and procedures shall be in place for health care workers who are not in direct patient care roles (i.e. front desk registration, schedulers, environmental cleaning, etc.); and

(v) Facilities should implement policies for PPE that account for:

1) Adequacy of available PPE supply, with a minimum seven (7) day supply on hand;
2) Staff training on and optimized use of PPE according to non-crisis standards of care; and
3) Policies for the conservation of PPE should be developed as well as policies for any extended use or reuse of PPE per CDC and DOH recommendations and FDA emergency use authorizations.

2. <u>Staffing</u>

Hospitals shall:

(i) Have sufficient trained and educated staff appropriate to the planned surgical procedures, patient population and facility resources;

(ii) Consider health care worker fatigue and the impact of stress to ensure that planned procedures can be performed without compromising patient safety or staff safety and well-being;

(iii) Consider the potential for a second wave of COVID-19 infections in New Jersey and the strategy for responding to surge needs in the future;

(iv) Use available testing to protect staff and patient safety whenever possible and should implement guidance addressing requirements and frequency for patient and staff testing; and

(v) Use available qualified staff to safely perform procedures, provide care and provide needed follow up.

3. <u>Disinfection Protocols, Supplies and Equipment Maintenance</u>

Facilities shall implement disinfection and cleaning protocols:

(i) Confirm that cleaning and disinfecting supplies are COVID-19 compatible;

(ii) Ensure adequate supply of hand sanitizer, tissues, and non-touch trash receptacles with disposable liners in all restrooms and patient areas;

(iii) Ensure all equipment is up to date on preventative maintenance and tested before use/reopening;

(iv) Check all supplies for expiration dates;
(v) Take needed action such as removing magazines from waiting areas; and
(vi) Confirm/update all preventive infection policies and procedures.

e. Cohorting COVID-19 and Non-COVID-19 Patients

Hospitals shall cohort COVID-19 patients and Non-COVID-19 patients.

Hospitals with labor and delivery units are encouraged to follow the best practice "Recommendations of the New Jersey Perinatal Care During COVID-19 Work Group" as outlined by the New Jersey Health Care Quality Institute here: https://www.njhcqi.org/wp-content/uploads/2020/05/Recommendations-of-the-New-Jersey-Perinatal-Care-During-COVID-19-Work-Group-1.pdf.

f. Requirements that Patients Seeking these Procedures Must Undergo Testing, Self-Quarantine, and Other Preventive Measures

COVID-19 positive patients shall only receive Level 1, Level 2, and Level 3 procedures.

1. Scheduling must be coordinated to promote social distancing:

(i) Minimize time in waiting area;
(ii) Stagger appointment hours; and
(iii) Post signs at entrances in appropriate language(s) for signs/symptoms of illness, fever and precautions.

2. Facilities must test (specimen collected and result received) each patient within a 96-hour maximum before a scheduled procedure with a preoperative COVID-19 RT-PCR test and ensure COVID-19 negative status.

3. Facilities shall counsel patients to practice the following:

(i) Self-quarantine following testing and up until the day of surgery;
(ii) Social distance and wear a mask in their place of self-quarantine, when appropriate;
(iii) Immediately inform the facility if there is any close contact with a suspected or confirmed case of COVID-19;
(iv) Immediately inform the facility if there is any close contact with a person with symptoms consistent with COVID-19; and
(v) Immediately inform the facility if the patient develops any symptoms consistent with COVID-19 while in self-quarantine.

4. Facilities must have a process:

(i) To screen patients for COVID-19-related symptoms prior to scheduled procedures; and
(ii) To ensure that the patient has worn a mask, social quarantined and social distanced since testing.

g. Policies Surrounding Visitors

1. <u>Visitation</u>

Hospitals must continue to prioritize the safety and well-being of patients, patient support persons, and staff. Until further notice, no visitors will be allowed, except as permitted below or in waivers from DOH available at https://nj.gov/health/legal/covid19/:

(i) Pediatric patients may have one parent or guardian;
(ii) Same day surgery or procedure patient may have one support person;
(iii) Outpatients may be accompanied by one adult;

h. Policies Surrounding Discharge of Patients After the Procedures are Completed

Hospital discharge policies are not changed.

i. Reporting Metrics Regarding the Resumption of these Procedures

To ensure the ability of health systems and hospitals to surge during a potential second wave of COVID-19, hospitals must continue to collect and report the following data through the portal:

(i) COVID-19 case counts;
(ii) Non-COVID-19 case counts; and
(iii) Capacity data.

The portal designated by the New Jersey Office of Emergency Management under Executive Order No. 111 (2020) is maintained by the New Jersey Hospital Association and is accessible here: www.ppe.njha.com.

j. Key Resources, Recommendations, and Guidance Documents

1. The latest guidance from the New Jersey Department of Health (DOH) is available here: https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml.
2. The latest Executive Directives and Waivers from DOH are available here:

https://nj.gov/health/legal/covid19/.

3. The latest guidance from the Centers for Disease Control and Prevention (CDC) is available here: https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html.
4. The official COVID-19 Data Dashboard for the State of New Jersey can be found here: https://covid19.nj.gov/index.html.
5. The portal designated by the New Jersey Office of Emergency Management under Executive Order No. 111 (2020) is maintained by the New Jersey Hospital Association and is accessible here: www.ppe.njha.com.

Planning:

1. CDC Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic: https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html.
2. Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html/
3. NJDOH Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel: https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance_for_COVID19_Diagnosed_andor_Exposed_HCP.pdf
4. CDC Guidance for U.S. Healthcare Facilities about Coronavirus (COVID-19) by Facility Type: https://www.cdc.gov/coronavirus/2019-ncov/hcp/us-healthcare-facilities.html.
5. CDC Preparedness Tools for Healthcare Professionals and Facilities Responding to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html.
6. DOH waivers requiring certain support persons: https://www.nj.gov/health/legal/covid19/.
7. New Jersey P.L. 2020, c. (A3942), requiring hospital to permit individual to accompany woman during childbirth: https://www.njleg.state.nj.us/2020/Bills/A4000/3942_R1.PDF.
8. CDC COVID-19Surge tool: https://www.cdc.gov/coronavirus/2019-ncov/hcp/covidsurge.html.

Infection Prevention and Control:

1. CDC Infection Control Guidance by Facility Type for Healthcare Professionals about Coronavirus (COVID-19): https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html.
2. CDC Guidance for Cleaning and Disinfecting:

https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html.

3. U.S. Environmental Protection Agency list of Disinfectants for Use Against SARS-CoV-2: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
4. CDC Standard Precautions and Transmission-Based Precautions: https://www.cdc.gov/infectioncontrol/basics/index.html.
5. CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html.
6. National Institute for Occupational Safety and Health (NIOSH) Hierarchy of Controls: https://www.cdc.gov/niosh/topics/hierarchy/default.html.
7. General information for the public about social distancing from DOH: https://www.nj.gov/health/cd/topics/covid2019_community.shtml and from CDC: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html.
8. CDC information about the use of cloth face coverings: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html.

PPE:

1. CDC Strategies to Optimize the Supply of PPE and Equipment: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html.
2. CDC PPE Burn Rate Calculator: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html/
3. Information about using PPE for the care of COVID-positive patients can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html.
4. DOH Infection Prevention & Control Resources for COVID-19 Competency-Based Training: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID19_Infection_Prevention_and_Control_Resources.pdf.
5. DOH Quick Reference: Discontinuation of Transmission-Based Precautions and Home Isolation for Persons Diagnosed with COVID-19: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-QuickRef_Discont_Isolation_and_TBP.pdf.

Staffing:

1. CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages: https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html.
2. CDC Criteria for Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance):

https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html/

3. CDC Guidance for U.S. Healthcare Facilities about Coronavirus (COVID-19) by Facility Type: https://www.cdc.gov/coronavirus/2019-ncov/hcp/us-healthcare-facilities.html.
4. CDC Preparedness Tools for Healthcare Professionals and Facilities Responding to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html.
5. CDC Healthcare Personnel and First Responders: How to Cope with Stress and Build Resilience During the COVID-19 Pandemic: https://www.cdc.gov/coronavirus/2019-ncov/community/mental-health-healthcare.html.
6. DOH Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel: https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance_for_COVID19_Diagnosed_andor_Exposed_HCP.pdf.
7. DOH Protocols for Essential Personnel to Return to Work Following COVID-19 Exposures or Infection: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_essential_personnel_return_to_work.pdf.

Pre-Procedure Testing

1. DOH face sheet “What is the difference between isolation and quarantine?”: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-19-IsolationVsQuarantine.pdf.
2. DOH Laboratory Testing Information and Guidance: https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml#6.
3. OAG-DCA and DOH Guidance for Outpatient Providers Evaluating Patients
4. for Novel Coronavirus Disease 2019 (COVID-19): https://www.njconsumeraffairs.gov/Documents/NJ%20Outpatient%20Provider%20Guidance%20DOH%20CDS%20DCA.pdf
5. DOH Standing Order for COVID-19 Testing: https://nj.gov/health/legal/covid19/05-12-2020_StandingOrder_COVID19testing.pdf.
6. DOH EXECUTIVE DIRECTIVE NO: 20-003: Authorization for Members of the Healthcare Provider Community to Conduct COVID-19 Testing Through Swabbing: https://www.nj.gov/health/cd/documents/topics/NCOV/20-003%20Auth%20for%20Members%20of%20Healthcare%20to%20Conduct%20Swab%20Testing.pdf.
7. CDC Information on Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19): https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html.
8. White House and HHS Guidance on Interpreting COVID-19 Test Results:

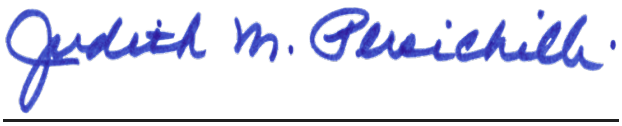
https://www.whitehouse.gov/wp-content/uploads/2020/05/Testing-Guidance.pdf.

9. Regarding insurance coverage and billing for testing:
    a. At the state-level, the latest information about insurance coverage for testing is available here: https://nj.gov/governor/news/news/562020/approved/20200513b.shtml.
    b. Federal resources may be available as set forth below:
        i. Information from the Centers for Medicare & Medicaid Services (CMS): https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid.
        ii. Information from the Federal Emergency Management Agency (FEMA): https://www.fema.gov/public-assistance-local-state-tribal-and-non-profit.
        iii. Information from the Health Resources & Services Administration (HRSA): https://www.hrsa.gov/CovidUninsuredClaim.
    c. If not available on-site, New Jerseyeans without health insurance can access testing, without a prescription and in most cases for free, at many community-based and local testing sites. Locations can be found here: https://covid19.nj.gov/faqs/nj-information/general-public/where-and-how-do-i-get-tested-for-covid-19-in-new-jersey-who-should-get-testing.
    d. The State of New Jersey is focused on ensuring that all people are protected from the outbreak and receive appropriate testing and treatment.
        i. Information on insurance enrollment: https://nj.gov/governor/getcoverednj/.
        ii. Information for the uninsured or undocumented residents: https://nj.gov/health/cd/documents/topics/NCOV/COVID-19_Resources_forUndocumented_and_UninsuredFactsheet.pdf.

Visitors and Support Persons

1. DOH waivers requiring certain support persons: https://www.nj.gov/health/legal/covid19/.
2. New Jersey P.L. 2020, c. (A3942), requiring hospital to permit individual to accompany woman during childbirth: https://www.njleg.state.nj.us/2020/Bills/A4000/3942_R1.PDF.
3. CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings: Manage Visitor Access and Movement Within

the Facility: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#manage_access.

Discharge

1. Guidance for COVID-19 Patients Discharged from Healthcare Facilities: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID_Discharge_Instructions.pdf.