



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
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COVID 19: Elective Case Triage Guidelines for Surgical Care

Cardiac Surgery

The [STS website](#) has COVID-19 related information.

Additionally, Johns Hopkins has shared their document of guiding principles for triaging elective procedures (below).

The Johns Hopkins Health System remains committed to exceptional patient care during the COVID-19 pandemic. We also remain committed to the safety of our patients and staff, in addition to planning for care of all patients in the weeks and months ahead. This means carefully considering how we utilize our resources to ensure we are able to meet the needs of our patients, their families and our staff. In addition, it also means responding to the need to maximize social distancing and to reduce the risk of exposure to patients with defined and undetected COVID-19. We are working towards many operational changes across our health system to accomplish these goals, and modifying our criteria for performing invasive procedures is just one of the changes we will be making. We are taking these steps at this time because of the documented community spread and transmission of the COVID-19 virus.

Each entity has a unique environment and different distribution of patients who require invasive procedures. A list of agreed upon surgical and other procedures which can be considered elective, and those which are not, is being developed and will help guide decision making. This list adheres to the following definitions.

Definitions of Procedural Classifications

- 1) **Emergent and urgent procedures** – those procedures that are deemed time sensitive as delaying the procedure would cause harm to the patient.
- 2) **Elective and non-urgent procedures** – those procedures that can be rescheduled to a future time as the timing of these cases is flexible and is unlikely to significantly impact the patient's health outcome.

Elective and Non-Urgent Procedure Policy

Elective procedures will be cancelled beginning Wednesday, March 18th for two weeks. This policy will be reassessed routinely over this period of time to determine if it should be modified in any way, or extended.

Elective procedure decisions will follow these guiding principles throughout the health system.

Guideline Principles

The following rationale for not performing certain procedures follows these guiding principles or triggers.

- Minimize the potential for exposure of surgical and peri-operative staff to aerosol generating procedures on unrecognized and asymptomatic carriers of COVID-19
- Minimize risk to all persons in the hospital environment from potential exposure to COVID-19, consistent with the key underlying principle of social distancing, for the purpose of reducing.
- Minimize risk of exposure of surgical patients to COVID-19
- Minimize use of critical supplies and equipment that can be redirected to care for more acute patients and for the care of COVID-19 patients. The conservation of PPE and other equipment is critical. Reducing the rate at which we utilize these supplies will help ensure they are available for critical use.
- Blood conservation. The nation's blood supply is dropping due to the elimination of blood drives and other factors. Minimizing elective procedures which require blood will help to preserve this resource.
- Staffing. It may become necessary to re-deploy staff to help cover more acute case load if we begin seeing staff become infected with COVID-19.
- ICU and inpatient bed capacity. Canceling some elective cases which require inpatient resources will preserve those resources for acute needs.

Released March 24, 2020