

NYSNA Recommendations and Resources for Reopening during COVID-19

Ambulatory Surgical Settings: NYSNAs Nursing Education & Practice and Health & Safety Guidelines



Unit	Pre-Screening	Criteria for Testing	Unit Modifications	PPE	Cleaning	Visitor Access	RN to Patient Ratio
Ambulatory Surgical Care Settings	<p>Ambulatory surgery centers should postpone procedures until after the pandemic unless significant risk to the patient would occur.</p> <p>Must have available inpatient capacity of over 30%.</p> <p>Must have available ICU capacity of over 30% and fewer than 10 COVID patient hospitalizations in a 10 day look back period.</p> <p>Patients must test negative for COVID – 19 using a molecular assay no more than 3 days prior to surgery.</p> <p>Fourteen days before surgery patients must:</p> <ul style="list-style-type: none"> Maintain social 	<p>May 13, 2020 restrictions on elective surgeries remain in place in the Bronx, Queens, Rockland, Nassau, Westchester, Richmond, Kings, Suffolk, NY and Erie Counties.</p> <p>Any of the following symptoms within 14 days of the procedure:</p> <ul style="list-style-type: none"> Fever of 100.4 F (38 C) or higher Cough Shortness of breath, difficulty breathing, chest pain Sore throat Loss of sense of smell or taste New onset of fatigue or lack of energy New onset of nausea with or without vomiting New onset 	<p>All staff must maintain a minimum of 6 feet from non-patients and must minimize contact with the patient.</p> <p>Resume only those elective surgeries that will not require overnight hospitalization.</p> <p>Hospitals must accept and treat COVID patients and must not transfer patients to create capacity for elective procedures.</p> <p>Hospitals must reserve at least 30% of ICU beds and 30% of Medical/Surgical beds for COVID patients, and no more than 10 new hospitalizations in the past 10 days.</p>	<p>Facility must have at least a 7 day supply of PPE on hand for all stages (Pre-operative and post-discharge care associated with the procedure and the needs of patients and staff).</p> <p>Facilities supply chain must maintain this level without resorting to contingency or crisis capacity strategies.</p> <p>If procedure requires aerosolizing procedures such as surgical suctioning, intubation, or breathing treatments, must have negative PCR for COVID 48 hours prior to procedure.</p> <p>N95, facemask, eye protection, semi permeable gown, gloves.</p> <p>Gloves should be puncture resistant</p>	<p>If an aerosol generating procedure was not performed the room can be immediately cleansed using EPA registered, hospital grade disinfectant.</p> <p>If an aerosol generating procedure was performed in a non-Airborne Infection Isolation Room, wait 2 hours before cleaning. Anyone entering the room prior to the 2 hour wait should be appropriately protected with PPE.</p>	<p>No visitors for healthcare facilities except for:</p> <ul style="list-style-type: none"> End of life visit Parent of a minor Support person for labor and delivery settings (1) One (1) spouse or caretaker can enter at the time of patient discharge. 	<p>Ensure sufficient staffing including for staff downtime and emotional support.</p> <p>Staffing and bed availability with no greater than 80% of total bed capacity occupied.</p> <p>Limit all non-essential individuals in surgical, procedure suites and patient care areas.</p> <p>1 (one) Registered Nurse in the pre-procedure area to perform patient assessment prior to IV sedation and analgesia.</p> <p>1 (one) Registered Nurse in the post-procedure area to perform patient assessment during recovery from IV sedation and</p>

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<p>distancing recommendations</p> <ul style="list-style-type: none"> • Wear-surgical mask in public areas • Minimize trips away from home • Inform surgeon if any contact with a PUI or confirmed case of COVID <p>Inform surgeon of any symptoms consistent with COVID</p>	<p>diarrhea</p> <p>Any new or unusual symptom</p>	<p>Designate surgical suites, where possible, for cases involving COVID positive patients.</p> <p>Post-surgery recovery areas should have separate areas or rooms for COVID positive patients.</p>	<p>gloves.</p>			<p>analgesia.</p> <p>1 (one) Registered Nurse in the procedure room to assess and monitor during IV sedation and analgesia.</p> <p>A second RN to assist the physician with complicated procedures (either by the severity of the patients illness and/or the complex technical requirements of the therapeutic procedure.</p> <p>Availability of two RN's for pediatric patients.</p>
<p>Resources:</p> <p>https://www.jointcommission.org/resources/news-and-multimedia/webinars/coronavirus-webinar-replays/preventing-coronavirus-transmission-in-ambulatory-surgery-centers/</p> <p>https://coronavirus.health.ny.gov/system/files/documents/2020/05/elective-surgery-notification_4_29_20.pdf</p> <p>https://www.ascassociation.org/asca/resourcecenter/latestnewsresourcecenter/covid-19/covid-19-guidance?utm_term=the%20statement&utm_campaign=COVID-19%3A%20Guidance%20for%20ASCs%20on%20Necessary%20Surgeries&utm_content=email&utm_source=Act-On+Software&utm_medium=email&cm_mmc=Act-On%20Software-_email_-_COVID-19%3A%20Guidance%20for%20ASCs%20on%20Necessary%20Surgeries-_the%20statement</p> <p>https://www.facs.org/covid-19/legislative-regulatory/executive-orders</p> <p>https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-provider-faqs.pdf</p>						