



American College of Surgeons, Puerto Rico Chapter suggestions based on National ACS Guidelines.

We agree with the national ACS recommendations for COVID-19:

1. “Review all scheduled elective procedures with a plan to minimize, postpone, or cancel electively scheduled operations, endoscopies, or other invasive procedures until we have passed the predicted inflection point in the exposure graph.
 - a. Cancellation of elective operations is backed up by recommendations from the Centers for Disease Control (CDC), American College of Surgeons (ACS) and the Surgeon General.
2. We suggest cancellation of all elective surgeries on patients who are not undergoing potentially curative high-risk cancer surgery or an intervention for a condition that could entail risk of death if not treated within the next week. The medical need for a given procedure should be established by a surgeon with direct expertise in the relevant surgical specialty to determine what medical risks will be incurred by case delay.
3. All pre-admissions should be scheduled in a way that there is no crowding in its waiting area. There should be at least 3 meters of space between patients in the pre-admissions waiting room if urgent surgeries are going to be performed electively.
4. Immediately minimize the use of essential items needed to care for patients, including but not limited to, ICU beds, personal protective equipment, terminal cleaning supplies, and ventilators.”

Elective Surgery Acuity Scale (ESAS)

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Tiers/Description	Definition	Locations	Examples	Action
Tier 1a	Low acuity surgery/healthy patient outpatient surgery Not life-threatening illness	HOPD ASC Hospital with low/no COVID-19 census	Carpal tunnel release Penile prosthesis EGD Colonoscopy	Postpone surgery or perform at ASC
Tier 1b	Low acuity surgery/unhealthy patient	HOPD ASC Hospital with low/no COVID-19 census		Postpone surgery or perform at an ASC
Tier 2a	Intermediate acuity surgery/healthy patient Not life threatening but potential for future morbidity and mortality. Requires in hospital stay	HOPD ASC Hospital with low/no COVID-19 census	Low risk cancer Non urgent spine Ureteral colic	Postpone surgery if possible or consider ASC
Tier 2b	Intermediate acuity surgery/unhealthy patient	HOPD ASC Hospital with low/no COVID-19 census		Postpone surgery if possible or consider ASC
Tier 3a	High acuity surgery/healthy patient	Hospital	Most cancers Highly symptomatic patients	Do not postpone
Tier 3b	High acuity surgery/unhealthy patient	Hospital		Do not postpone

HOPD – Hospital Outpatient Department

ASC – Ambulatory Surgery Center

Inpatient Facilities

- Reschedule elective surgeries as necessary.
- Shift elective urgent inpatient diagnostic and surgical procedures to outpatient settings, when feasible.
- Limit visitors to COVID-19 patients.
- Plan for a surge of critically ill patients and identify additional space to care for these patients. Include options for:
 - Using alternate and separate spaces in the ER, ICUs, and other patient care areas to manage known or suspected COVID-19 patients.
 - Separating known or suspected COVID-19 patients from other patients ("cohorting").
 - Identifying dedicated staff to care for COVID-19 patients.
 - Prepare and familiarize with infection control practices
 - Create inventory of available ventilators within your hospital. There should be a maximal effort towards attempting to keep these units available for immediate use if there is a sudden spike of critically ill COVID-19 patients in Puerto Rico.
- Equipment and training for personal protective equipment (PPE) and terminal cleaning
 - Powered air purifying respirators (PAPR), N95 respirator masks
 - Don and doffing full PPE, including protective eyewear
 - Identify Operating Room for potential COVID-19 Patients (suspected or confirmed) who need emergent surgery.

Outpatient Facilities

- Identify and limit non-essential services
- Move to non "face to face" visits (Phone, telehealth, virtual) as much as possible
- Screen patients that require personal visits – if + screening, have them wash hands, place mask and protocol for action

References:

1. *Centers for Disease Control and Prevention (CDC) on how to prepare: "[Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States.](#)"*
2. <https://www.facs.org/about-acs/covid-19/information-for-surgeons>
3. *Johns Hopkins Coronavirus Resource Center: coronavirus.jhu.edu*
4. *Society of Critical Care Medicine – United States Resource Availability for COVID-19*
5. *Perioperative Considerations for the 2019 Novel Coronavirus (COVID-19) Anesthesia Patient Safety Foundation: [apsf.org](https://www.apsf.org)*
6. *2019 Novel Coronavirus Toolkit from Massachusetts General Hospital -Center for Disaster Medicine*
7. *COVID-19: Guidance for triage of non-emergent surgical procedures: <https://www.facs.org/about-acs/covid-19/information-for-surgeons/triage>*