



Resumption of Health Care Services

Disclaimer:

This *Quick Response Report* was published on May 13, 2020. Given the rapidly changing nature of the coronavirus pandemic, some of the references included in this report may quickly become out-of-date. We further caution readers that researchers at the Newfoundland & Labrador Centre for Applied Health Research are not experts on infectious diseases and are relaying work produced by others. This report has been produced quickly and it is not exhaustive, nor have the included studies been critically appraised.

Original Inquiry

Are there any published guidelines or articles about COVID-19 that pertain to the resumption of health care services in community or acute care (with attention to the approaches being taken in other provinces)?

Summary

The first section of this report presents plans for the resumption of health care services in various Canadian provinces as well as some from other international jurisdictions. In addition, we found 8 main guidance documents from other organizations, 6 expert commentaries/editorials, 4 other reviews, and 3 primary studies.

Resumption of Health Care Services Strategies

For the section below please note:

- We included plans/guidance only when there was a focus on the resumption of the delivery of healthcare services. We excluded plans/guidance that did not mention health care services.
- We included related documents and related news articles where applicable rather than in a separate section.
- Currently, the territories have not indicated their plans to resume health services; therefore, they are not included below. Instead we have linked the latest health services updates for each territory here: [Northwest Territories](#), [Nunavut](#), [Yukon](#).

Canada

Alberta

Government of Alberta. **Opening soon: Alberta's relaunch strategy.** May 1, 2020. ([LINK](#))

- "AHS will resume some scheduled, non-urgent surgeries as soon as May 4... as long as they are following approved guidelines set by their professional colleges."

- “Stage 1 (as early as May 14)”: “More scheduled surgeries and dental procedures.”
- “Stage 2 (timing TBD based on health indicators)”: “More scheduled surgeries, including backlog elimination.”
- “Stage 3 (timing TBD based on health indicators with gradual implementation)”: “Fully reopening all businesses and services, with limited restrictions.”

Related documents:

- Alberta Health Services. **Novel Coronavirus (COVID-19) Frequently Asked Questions – Staff.** May 5, 2020. ([LINK](#))
 - Includes: resumption status for surgeries/procedures, decision process for resumption, allied health services.
- Government of Alberta. **Resuming non-urgent surgeries and allied health services.** May 4, 2020. ([LINK](#))
- Alberta Health Services. **Adult Ambulatory Services Provincial Pandemic Plan.** March 30, 2020. ([LINK](#))

Related news article:

- The Star. **Here’s how Alberta plans to reopen its economy in three stages beginning May 4.** April 30, 2020. ([LINK](#))

British Columbia

Government of British Columbia. **BC’s Restart Plan: Next steps to move BC through the pandemic.** May 6, 2020. ([LINK](#))

- “Phase 1: Essential health and health services; law enforcement, public safety, first responders and emergency response personnel; vulnerable population service providers... other non-health essential service providers”
- “Phase 2: Mid-May onwards; restoration of health services (re-scheduling elective surgery); medically-related services (dentistry, physiotherapy, registered massage therapy, and chiropractors; physical therapy, speech therapy, and similar services)... in-person counselling”

Related news article:

- CTV News Vancouver. **From haircuts to dinner parties: B.C. unveils plan for easing COVID-19 restrictions.** May 7, 2020. ([LINK](#))

Ontario

Ontario Health. **A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic.** May 7, 2020. ([LINK](#))

- “...the risk of local, rolling, mini surges in either community or congregate settings remains very real. We are assuming that a robust contact tracing strategy will be in place across the province. Therefore, the emphasis is that the hospital’s plan for resumption of scheduled surgeries and procedures must be reviewed and reconfirmed on a weekly basis at your regional or sub-regional tables (which have been formed to address COVID-19 planning and response).”
- “...six recommendations for surgical and procedural planning ensure that these considerations have been addressed” (p. 7)

- See p.8 - “The Role and Responsibilities of Ontario Health, Regions, and Hospitals”
- See p.10 - “COVID-19 Surgical and Procedural Feasibility Assessment for Hospitals”

Related document:

- Government of Ontario. **A framework for reopening our province.** April 30, 2020. ([LINK](#))
 - 3 stages - stage 1 (protect and support), stage 2 (restart), stage 3 (recover)
 - Stage 1 - “Hospitals beginning to offer some non-urgent and scheduled surgeries and other health care services.”

Related news article:

- National Post. **Ontario and Quebec announce steps towards re-opening but caution that 'normal' is still a long way off.** April 27, 2020. ([LINK](#))

Manitoba

Government of Manitoba. **COVID-19 - The New Normal.** May 1, 2020. ([LINK](#))

- **“Virtual care:** All clinical services that can be done virtually should continue.”
- **“Surgery:** A gradual resumption of surgical care will occur at sites across the province, focused on the highest priority patients.”
- **“Diagnostics and Laboratory Services:** Efforts are underway to begin to resume some services that were postponed five weeks ago.”
- **“Primary Care and Outpatient Clinics:** Practices should continue patient screening and use virtual options to reduce in-clinic volumes where appropriate”
- **“PPE** Ongoing efforts to conserve PPE continue.”

Related documents:

- Government of Manitoba. **Guidance on the Re-Opening of Primary Care Clinics.** May 1, 2020. ([LINK](#))
- Government of Manitoba. **Province of Manitoba | News Releases | Premier Unveils Manitoba's Roadmap to Expanding Services Safely.** April 29, 2020. ([LINK](#))
 - “Restoring Services (Phase One) – Beginning May 4: Priority elective surgeries have been restarted, diagnostics screening will resume and some non-essential businesses will reopen but must limit occupancy to 50 per cent of normal business levels or one person per 10 square metres, whichever is lower. Services, businesses and venues include:...non-urgent surgery and diagnostic procedures; therapeutic and medical services”
- Government of Manitoba. **Restoring Services (Phase One) - Beginning May 4.** End of April ([LINK](#))
 - See pertinent sections “Restart of Non-Urgent Surgery and Diagnostic Procedures” and “Therapeutic or Health Care Businesses”

Related news articles:

- Global News. **Winnipeg to resume some services amid COVID-19 as Manitoba moves to reopen.** Posted Apr 30, 2020. ([LINK](#))
- CTV. **What it will look like when health-care businesses reopen on Monday.** May 4, 2020. ([LINK](#))

New Brunswick

Government of New Brunswick. **Phased Re-Opening**. April 24, 2020. ([LINK](#))

- Phased reopening includes five Public Health Phases outlined with colors with triggers indicated within certain phases. Phases go from strict to New Normal, i.e., Red, Peach, Orange, Yellow, Green.
- Two phases mention health services including
 - Orange (2-4 weeks after April 24th) Low-risk/ Controlled Contact:
 - Start “Elective Surgeries and Priority Health Service”
 - Yellow: (2-4 Weeks without new wave (High Risk/ High Contact):
 - Start “Other health services: Dental Care, Massage Chiropractors”

Related news articles:

- Global News. **How New Brunswick’s four-step plan to recover from COVID-19 works**. April 26, 2020. ([LINK](#))
- CBC. N.B. **COVID-19 roundup: No new cases of virus as province launches recovery phase**. April 24, 2020. ([LINK](#))

Nova Scotia

Government of Nova Scotia. **Easing of Some Public Health Measures**. May 7, 2020. ([LINK](#))

- May 1: the easing of some public health restrictions around COVID-19.
- A phased plan to further lift public health restrictions is under development, determined by the result to previous phase of easing of restrictions.

Related document:

- Government of Nova Scotia. **Planning for A New Normal: Considerations for Nova Scotia Power Point Slides**. April 30, 2020. ([LINK](#))
 - Phase 1 Elements: “Allowing nonurgent health care services to resume” (p25)
 - “All of these proposed 5 elements would be proposed only if specific conditions can be met that would lower the risk of transmission (e.g., by reducing contact intensity and number of contacts)”

Related news articles:

- CBC. **Nova Scotia's proposed 5-step plan to lift restrictions could take years to complete**. May 7, 2020. ([LINK](#))
 - “the first official phase of the plan could begin roughly three weeks from now. That phase could include allowing: ...Non-urgent health-care services to resume.”
- Halifax Examiner. **Nova Scotia hopes to start loosening up COVID-19 restrictions at the end of May**. May 7, 2020. ([LINK](#))
 - “Nova Scotia hopes to start loosening up restrictions in place around COVID-19 at the end of May, including allowing “non-essential businesses” and “daycare and education settings” to open and “non-urgent health care services to resume,” according to a private presentation given by the province’s chief medical officer of health this week.”
- CBC. **Municipal and provincial parks to reopen as Nova Scotia eases COVID-19 restrictions Social Sharing**. May 1, 2020. ([LINK](#))

PEI

Government of PEI. **Renew PEI Together: A Phased Approach**. April 28, 2020. ([LINK](#))

- 4 Phases, included parts about health care services only
- Phase 1 starting May 1, 2020 - “Priority non-urgent health care services
- Phase 2 starting May 22, 2020 - “Re-opening additional non-urgent health care services
- Phase 3 potential June 12, 2020 start date - “Continued transition to increased non-urgent health services”

Quebec

Government of Quebec. **Gradual resumption of activities under the COVID-19-related pause:**

Relaxation of measures concerning certain living environments. May 5, 2020. ([LINK](#))

- “Relaxation of the following confinement measures are discussed within the document: Unsupervised outings for the residents of private seniors’ residences, More compassionate palliative and end-of-life care, Broadening of visits by informal caregivers”

Related news articles:

- The Globe and Mail. **Quebec leads the way as provinces begin to re-emerge from coronavirus lockdown**. May 4, 2020. ([LINK](#))
- Montreal Gazette. **Business groups unfazed by delay in reopening Montreal stores**. May 4, 2020. ([LINK](#))
- CTV News. **Quebec suspends non-essential surgeries to add staff to long-term care homes**. April 20, 2020. ([LINK](#))
- CTV News. **Cardiologists warn of another health crisis if non-essential surgeries don't resume**. April 19, 2020. ([LINK](#))

Saskatchewan

Government of Saskatchewan. **Resumption of services**. May 5, 2020. ([LINK](#))

- “A summary of the four phases as well as resumption and slowdown triggers are listed below. For more details, see document.
 - Phase 1: Resume some everyday services & expansion of surgeries and diagnostic imaging (timing = May 19, 2020).
 - Phase 2: SHA-operated specialty clinics (timing = TBD)
 - Phase 3: Further expansion of everyday services (timing = TBD)
 - Phase 4: Full resumption of services (timing = TBD)
 - Resumption triggers: Staff availability; Physician availability; Supply chain availability; Current capacity
 - Slowdown triggers: Prioritization to maintain COVID-19 related services; Increase of COVID-19 positive patients in hospital; Re-deployment of staff; Workforce illness impacts; Supply chain availability; Public health orders; Community transmissions; Community outbreak; Possible fire or flood disasters”

Related documents:

- Government of Saskatchewan. **Re-open Saskatchewan: A plan to re-open the provincial economy**. April 24, 2020. ([LINK](#))

- Discusses reopening of medical services within phase one and provides specific guidelines for medical professionals.

Related news articles:

- CBC News. **SHA announces plan to gradually resume health-care services: Four-phase plan to begin May 19.** May 5, 2020. ([LINK](#))
- CBC. **COVID-19 in Saskatchewan: 5-phase plan to reopen province set to begin May 4.** April 24, 2020. ([LINK](#))

International

Australia

Government of Australia. **Australian Health Protection Principal Committee (AHPPC) statement on restoration of elective surgery.** April 23, 2020. ([LINK](#))

- “Restrictions will be lifted in an incremental way to ensure effects can be comprehensively assessed and to avoid risks associated with increased patient density and flow through hospitals.”
- “Elective surgery restoration is reliant on agreements between jurisdictions and private hospitals being in place, in line with the National Partnership Agreement on Private Hospitals and COVID-19 (COVID-19 NPA).”
- Includes a “Suggested approach for elective surgery” and “Dental services expansion” in the appendix

Related documents:

- Australian Government. **ATAGI Guiding Principles for maintaining immunisation services during COVID-19 pandemic.** May 8, 2020. ([LINK](#))
 - “Immunisation providers will need to adapt their procedures and practice to comply with measures in place, including physical distancing, to reduce the transmission of COVID-19.”
- Australian Government. **3-Step Framework for a COVIDSafe Australia.** May 8, 2020. ([LINK](#))
- Australian Government. **Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19).** Last updated Apr 22, 2020. ([LINK](#))
- Prime Minister of Australia. **Press conference.** April 21, 2020. ([LINK](#))
- Australian Government. **Coronavirus (COVID-19) resources for health professionals, including aged care providers, pathology providers and healthcare managers.** ([LINK](#))

Related news article:

- Medical Press. **Which elective surgeries will be allowed in Australian hospitals now? That depends.** April 23, 2020. ([LINK](#))
 - “He said this week "all Category 2 or equivalent procedures in the private sector, and selected Category 3 and other procedures, which includes all IVF" can restart.”

England

NHS England. **Second phase of NHS response to COVID-19: Letter from Sir Simon Stevens and Amanda Pritchard.** April 29, 2020 ([LINK](#))

- “This means we are now asking all NHS local systems and organisations working with regional colleagues fully to step up non-Covid19 urgent services as soon as possible over the next six weeks, including those set out in the Annex. This needs to be a safe restart with full attention to infection prevention and control as the guiding principle.”

Related documents:

- NHS England. **COVID-19 response: Primary care and community health support care home residents.** May 1, 2020. ([LINK](#))
- NHS England. **COVID-19: Increased Patient Information for health and care professionals.** April 24, 2020. ([LINK](#))
- NHS England. **Guidance and standard operating procedures General practice in the context of coronavirus (COVID-19).** April 6, 2020. ([LINK](#))
- NHS England. **Clinical guide for the management of noncoronavirus patients requiring acute treatment: Cancer.** March 23, 2020. ([LINK](#))

New Zealand

New Zealand Government. **COVID-19 Alert System.** May 7, 2020. ([LINK](#))

- “At all levels, health services, emergency services, utilities and goods transport, and other essential services, operations and staff, are expected to remain up and running. Employers in those sectors must continue to meet their health and safety obligations.”
- Within “Alert Level 4 - Lockdown”: “Businesses closed except for essential services, such as supermarkets, pharmacies, clinics, petrol stations, and lifeline utilities... Reprioritisation of healthcare services.”
- Within “Alert Level 3 - Restrict”: “Healthcare services use virtual, non-contact consultations where possible.”
- Within “Alert Level 2 - Reduce”: “Health and disability care services operate as normally as possible.”

Related news article:

- Global News. **New Zealand is reopening — how did it handle coronavirus differently than Canada?** April 22, 2020. ([LINK](#))

Switzerland

Switzerland Federal Office of Public Health. **New coronavirus: Measures, ordinance and explanations.** Last updated May 6, 2020. ([LINK](#))

- Easing measures, situation as of April 29: “In order to reopen or resume activities, a set of precautionary measures must be in place, in accordance with federal government requirements, which all concerned can comply with.”
- Use 3 phases and in the first phase medical services resumed:
 - “April 27 (Phase 1): Medical and dental practices, Physiotherapy and massage practices and All procedures at hospitals and other medical institutions resumed”

United States of America

Centre for Medicare and Medicaid Services. **OPENING UP AMERICA AGAIN Centers for Medicare & Medicaid Services (CMS) Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I.** April 19, 2020. ([LINK](#))

- “Non-COVID-19 care should be offered to patients as clinically appropriate and within a state, locality, or facility that has the resources to provide such care and the ability to quickly respond to a surge in COVID-19 cases, if necessary.

Related document:

- California Department of Public Health. **Resuming California’s Deferred and Preventive Health Care.** April 27, 2020. ([LINK](#))

Related news article:

- CNN. **This is where all 50 states stand on reopening.** May 4, 2020. ([Link](#))
- 13WBKO. **Health care services prepare for reopening Monday.** April 26, 2020. ([Link](#))

Wales

Government of Wales. **Maintaining Essential Health Services during the COVID 19 Pandemic – summary of services deemed essential.** May 4, 2020. ([LINK](#))

- Although not specifically about resuming medical services this document covers a range of medical services that are deemed essential and how to proceed during the pandemic.

Guidance

CADTH. **Resumption of elective health services amid COVID-19.** May 5, 2020. ([LINK](#))

- “CADTH has prepared a briefing note that describes the challenges health systems face in making decisions about resuming elective procedures during the COVID-19 pandemic, summarizes some recent guidance on service resumption, and discusses potential implications and long-term considerations for these choices.”

Toner E. et al. **National action plan for expanding and adapting the healthcare system for the duration of the COVID pandemic.** The Johns Hopkins Bloomberg Centre for Health Security. May 5, 2020. ([LINK](#))

- Addresses the question: “What approach should we take to restarting deferred healthcare services?” Recommendations:
 - Hospital data on COVID presentations to the ED, admissions, ICU census, and ventilator and PPE use should be analyzed to demonstrate a clear plateau or return to pre-COVID levels of utilization before deferred services are resumed.
 - Augmented levels of hospital capacity must be maintained even as COVID cases decrease to be ready for a surge in non-COVID cases that were deferred and a possible rebound in COVID cases.
 - Rapid COVID testing should become routine for all hospital admissions, and high levels of infection prevention should be maintained because of the risk presented by asymptomatic carriers.

- Resumption of deferred inpatient and outpatient services should be prioritized (triaged) based on an assessment of objective patient health needs and availability of needed hospital space, equipment, supplies, and staff.”

Hassan et al. **Ramping Up the Delivery of Cardiac Surgery During the COVID-19 Pandemic: A Guidance Statement from the Canadian Society of Cardiac Surgeons.** Can J Cardiol. Apr 29 2020. ([LINK](#))

- “First, all recommendations from public health authorities regarding COVID-19 containment must continue to be followed to minimize disease spread, ensure patient safety, and protect health care personnel. Second, patients awaiting elective cardiac surgery need to be proactively managed, reprioritizing those with high risk anatomy or whose clinical status is deteriorating. Finally, case volumes should be steadily increased in a mutually agreed upon fashion and must balance the clinical needs of patients awaiting surgery against the overall requirements of the health care system.”
- “As new data emerges, these guiding statements may change over time given the fluidity and scope of the current pandemic.”

CDC. **Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes.** April 28, 2020. ([LINK](#))

- See page 7 for links to “Additional resources with more specific recommendations” including a range of healthcare settings such as Long-term Care Facilities, Nursing Homes, Dialysis Facilities, Blood and Plasma Facilities, Alternative Care Sites, Dental Settings, Pharmacies, Outpatient and ambulatory care facilities.
- Also see COVID-19 Surge: spreadsheet-based tool that hospital administrators and public health officials can use to estimate the surge in demand for hospital-based services during the COVID-19 pandemic

PHAC. **Infection Prevention and Control for COVID-19: Second Interim Guidance for Acute Healthcare Settings.** Last modified April 24, 2020. ([LINK](#))

- “This guidance updates and consolidates infection prevention and control guidance for managing COVID-19 in acute healthcare settings. Additional clarification is provided on certain issues (e.g., triage and facility entry points, aerosol-generating medical procedures (AGMPs), organizational readiness, and health care worker (HCW) safety and training).”
- Related document:
 - PHAC. **COVID-19 Pandemic Guidance for the Health Care Sector.** April 22, 2020. ([LINK](#))

American College of Surgeons, American Society of Anesthesiologists, Association of Perioperative Registered Nurses, & American Hospital Association. **Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic.** April 17, 2020. ([LINK](#))

- “Facility readiness to resume elective surgery will vary by geographic location. The following is a list of principles and considerations to guide physicians, nurses and local facilities in their resumption of care in operating rooms and all procedural areas.”

- Includes considerations for these eight topics:
 - Timing for reopening of elective surgery; COVID-19 testing within a facility; personal protective equipment; case prioritization and scheduling; post-COVID-19 issues for the five phases of surgical care; collection and management of data; COVID-related safety and risk mitigation surrounding second wave; and additional COVID-19 related issues.
- Related document
 - American College of Surgeons. **Local Resumption of Elective Surgery Guidance**. April 17, 2020. ([LINK](#))

WHO. **Considerations in adjusting public health and social measures in the context of COVID-19**. April 16, 2020 ([LINK](#))

- “In principle and when feasible, measures should be lifted in a controlled, slow, and step-wise manner, for example, using two-week (one incubation period) intervals to identify any adverse effects. The time interval between relaxation of two measures depends largely on the quality of the surveillance system and capacity to measure the effect.”
- Related documents:
 - WHO. **COVID-19 STRATEGY UPDATE**. April 14, 2020. ([LINK](#))
 - WHO. **Guiding principles for immunization activities during the COVID-19 pandemic**. March 26, 2020. ([LINK](#))

European Commission. **Joint European Roadmap towards lifting COVID-19 containment measures**. April 15, 2020. ([LINK](#))

- “In this context, a carefully calibrated, coordinated and gradual approach is needed. Several accompanying measures need to be operational to move to such a phase. The Commission has been and will be providing EU level tools as well as guidelines, both for the public health and the economic response.

Systematic Reviews

None found at this time.

Other Reviews

Søreide et al. **Immediate and long-term impact of the COVID-19 pandemic on delivery of surgical services**. British Journal of Surgery. April 30, 2020. ([LINK](#))

- “Little is known about the timeline or duration of these cancellations, or what criteria should be used to reopen these services.”
- “The current situation is unparalleled in modern history, and so no readily available information exists to compare or project the effect of disruption of surgical services on public health during the pandemic. Medical resources and response systems must be evaluated after this pandemic in order to prepare for the next.”

Health Protection Scotland. **Rapid review of the literature: Assessing the infection prevention and control measures for the prevention and management of COVID-19 in health and care settings.**

April 20, 2020. ([LINK](#))

- “A review of UV decontamination technology by HPS recommended that UV light systems can be used as an additional measure when performing terminal room decontamination and this technology is already used in some health and care settings in the UK. Terminal decontamination is essential for reducing the risk of nosocomial transmission to the next room occupant, and will be particularly important as health and care settings begin to re-open.”
- “Cleaning will be particularly important as outpatient/elective areas begin to re-open. There is an urgent need to address this in UK IPC pandemic COVID-19 guidance.”

Massey et al. **Orthopaedic Surgical Selection and Inpatient Paradigms during the Coronavirus (COVID-19) Pandemic.** J Am Acad Orthop Surg. Apr 15, 2020. ([LINK](#))

- “This literature review sought to provide evidence-based guidance to orthopaedic surgeons during an unprecedented time. Orthopaedic surgeons should follow the Centers for Disease Control and Prevention guidelines, wear PPE when appropriate, have teams created that use inpatient physical/social distancing, use online file sharing for clinical communication, understand the department’s policy on surgical selection, and engage in routines which enhance physician wellness”

Wu S. et al. **Radiotherapy care during a major outbreak of COVID-19 in Wuhan.** Advances in Radiation Oncology. March 17, 2020. ([LINK](#))

- **Journal Pre-proof**
- Provides specific practice guidelines in: patient screening, health education for patients, health care worker screening, staff training, and zoning
- “As the only hospital specialized in oncology in Wuhan, the Hubei Cancer Hospital did not resume treatment on January 27th. Instead, efforts were put in place to develop COVID-19 prevention workflow and standards, to disinfect treatment vaults, and to design and develop appropriate isolation zoning. Thereafter, radiotherapy treatments were resumed on January 30th and have never stopped again at the hospital regardless of the circumstances of the ongoing outbreak.”
- “Between January 30th and the time of the writing, we have treated over 100 radiotherapy patients, with no incidence of on-site COVID-19 transmission between patients and health care workers in the duration. This suggested that the protection practice guidelines we put in place are effective, and may be helpful for other radiotherapy centers.”

Expert Opinion

de Vries A.P.J. et al. **Immediate impact of COVID-19 on transplant activity in the Netherlands.**

Transplant Immunology. May 1, 2020. ([LINK](#))

- “The transplant community is faced with choosing a lesser of two evils: initiating immunosuppression and potentially accepting detrimental outcome when transplant recipients develop COVID-19 versus postponing transplantation and accepting associated

waitlist mortality. Notably, prioritization of health care services for COVID-19 care raises concerns about allocation of resources to deliver care for transplant patients who might otherwise have excellent 1-year and 10-year survival rates...Ongoing efforts focus on mitigation of not only primary but also secondary harm of the pandemic and to find right definitions and momentum to restore the transplant programs.”

Gilat et al. **Recommendation to Optimize Safety of Elective Surgical Care While Limiting the Spread of COVID-19: Primum Non Nocere.** *Arthrosc Sports Med Rehabil.* Apr 27, 2020. ([LINK](#))

- “The optimal solution of how to effectively balance the resumption of standard surgical care while doing everything possible to limit the spread of COVID-19 is undetermined, and could include strategies such as social distancing, screening forms and tests including temperature screening, segregation of inpatient and outpatient teams, proper use of protective gear, and the use of ambulatory surgery centers (ASCs) to provide elective, yet ultimately essential, surgical care while conserving resources and protecting the health of patients and health-care providers.”

Hogan A. **COVID-19 and emergency surgery.** *Br J Surg.* Apr 24, 2020. ([LINK](#))

- “In light of this, we feel there is justification to issue a recommendation that every patient scheduled for emergency surgical intervention be offered either a thorax CT or RT–PCR screening for COVID-19 prior to intervention.”

Ashari M. A. et al. **Strategies for radiology departments in handling the COVID-19 pandemic.** *Diagn Interv Radiol.* April 22, 2020. ([LINK](#))

- “Radiology services, in particular, are under threat of being overwhelmed by the sheer number of patients affected, unless drastic efforts are taken to contain and mitigate the spread of the virus. Proactive measures, therefore, must be taken to ensure the continuation of diagnostic and interventional support to clinicians, while minimizing the risk of nosocomial transmission among staff and other patients. This article aims to highlight several strategies to improve preparedness, readiness and response towards this pandemic, specific to the radiology department.”

Honavar S. **Prepare or perish - Readiness is the key to reopen for routine eye care.** *Indian J Ophthalmol.* April 20, 2020. ([LINK](#))

- “While only a few eye hospitals continue to triage and care for ophthalmic emergencies, most seem to have completely shut down for the last few weeks. Although the Government of India has permitted all health care facilities to reopen from April 20, personal readiness is the vital key to restart seeing and treating elective patients.”
- “Point-of-entry, waiting room, out-patient clinic, procedure room and operation theater guidelines for the lockdown phase should all be followed meticulously as we reopen.”

Stahel F. P. **How to risk-stratify elective surgery during the COVID-19 pandemic?** *Patient Saf Surg.* March 31, 2020. ([LINK](#))

- “Elective procedures can pragmatically be stratified into “essential”, which implies that there is an increased risk of adverse outcomes by delaying surgical care for an

undetermined period of time, versus “non-essential” or “discretionary”, which alludes to purely elective procedures that are not time-sensitive for medical reasons.”

- “Table 1 provides a suggested stratification by urgency of surgical indications for considering appropriate elective case cancellation.”
- “Figure 1 provides a tentative decision-making algorithm based on elective surgical indications and predicted perioperative utilization of critical resources, including the consideration for intra-/postoperative blood product transfusions, estimated postoperative hospital length of stay, and the expected requirement for prolonged ventilation and need for postoperative ICU admission.”

Primary Research

Hoertel et al. **Lockdown exit strategies and risk of a second epidemic peak: a stochastic agent-based model of SARS-CoV-2 epidemic in France.** medRxiv. May 5, 2020. ([LINK](#))

- “This article is a preprint and has not been certified by peer review. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.”
- “While quarantine is effective in containing the viral spread, it would be unlikely to prevent a rebound of the epidemic once lifted, regardless of its duration. Both social distancing and mask-wearing, although effective in slowing the epidemic and in reducing mortality, would also be ineffective in ultimately preventing the overwhelming of ICUs and a second lockdown. However, these measures coupled with shielding of vulnerable people would be associated with better outcomes, including lower cumulative incidence, mortality, and maintaining an adequate number of ICU beds to prevent a second lockdown. Benefits would nonetheless be markedly reduced if these measures were not applied by most people or not maintained for a sufficiently long period, as herd immunity progressively establishes in the less vulnerable population.”

Salenger R. et al. **The surge after the surge: Cardiac surgery post-COVID-19.** The Annals of Thoracic Surgery. April 28, 2020. ([LINK](#))

- **Journal Preproof**
- “Conclusions: Cardiac surgical operating capacity during the COVID-19 recovery period will have a dramatic impact on the time to clear the deferred cases backlog. Inadequate operating capacity may cause substantial delays and increase morbidity and mortality. If only pre-pandemic capacity is available, the backlog will never clear.”

Kashyap et al. **Measure what matters: counts of hospitalized patients are a better metric for health system capacity planning for a reopening.** medRxiv. Apr 26, 2020. ([LINK](#))

- “This article is a preprint and has not been certified by peer review. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.”
- “This analysis demonstrates how compared to new case counts new hospitalizations is a better metric both for detecting the effect of SIP and for estimating the anticipated burden on the health system. Our findings also suggest that existing surge planning efforts should frequently recompute hospitalization doubling time because the change

can be swift as seen in our data. Models that do not use local hospitalization rates as well as the age distribution of the positive patients are likely to overestimate the resource burden of COVID-19.”

Methodology

Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) COVID-19 Quick Response reports are initiated by, and shared with, our partners in the provincial health system, including the four Regional Health Authorities, the Departments of Health and Community Services and Children, Seniors and Social Development, and public health officials.

NLCAHR staff work with topic submitters to clarify the research question. We then search for related systematic reviews, meta-analyses, other reviews, interim and other guidance statements, primary research, expert opinion and health and science reporting.

We use several search strategies, with a focus on the following databases:

- [CADTH](#)
- [Canadian Pharmacists Association](#)
- [Campbell Collaboration](#)
- [Cochrane Collaboration](#)
- [Centre for Disease Control](#) (CDC)
- [Centre for Evidence Based Medicine](#) (CEBM)
- [Evidence for Policy and Practice Information and Co-ordinating Centre](#)
- [European Centre for Disease Prevention and Control](#)
- [Health Canada](#)
- [Joanna Briggs Institute](#)
- [Johns Hopkins](#)
- [MedRxiv](#)
- [National Institutes of Health](#) (NIH)
- [National Institute of Allergy and Infectious Diseases](#) (NIAID)
- [National Library of Medicine](#)
- [Public Health Agency of Canada](#)
- [Trip Database](#)
- [World Health Organization](#)

This report was prepared by Sarah Mackey, Christie Warren and Pablo Navarro.

For more information, contact pnavarro@mun.ca.