

Elective Procedures to Resume in Arkansas Subject to Limitations



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The Secretary of Health, in consultation with Governor Asa Hutchinson, will allow elective procedures to resume on [April 27, 2020](#), subject to certain requirements. With very few exceptions, all elective procedures were halted on [April 3, 2020](#).

The Arkansas Department of Health (ADH) emphasizes that facilities must “understand their capabilities” and “potential constraints” while remaining alert for resurgences of COVID-19 in the community. For example, as they begin to schedule elective surgeries, facilities should consider the number of beds and operating rooms available to them, in addition to their workforce and supply chain. ADH cautions that resurgences of COVID-19 may require a return to prior restrictions.

The ADH Directive provides that elective procedures may resume, subject to the following limitations:

1. Elective procedures are limited to outpatient procedures with no plan for an overnight stay;
2. The patient must have American Society of Anesthesiologists rating of I or II. If the patient has a II-rating, his or her disease process should be well controlled;
3. The patient must have no known contact with any COVID-19 patient during the prior 14 days;
4. The patient must be asymptomatic for COVID-19 per ADH guidelines;
5. The facility should start with a small initial volume of cases and increase incrementally “as PPE availability and number of statewide occurrences dictate”;
6. The facility must have an “ample supply of PPE” for resuming elective procedures, while maintaining a reserve in case there is a resurgence of COVID-19. Each facility must acquire its own PPE. This is not the responsibility of ADH; and
7. For an asymptomatic patient to be a candidate for an elective procedure, he or she must have at least one negative COVID-19 NAAT test within 48 hours prior to the beginning of the procedure.

The Secretary of Health emphasized that these requirements pertain to all elective procedures, including dental, eye, nasopharyngeal, chest surgery, and colonoscopy procedures.

Excluded from this Directive and the April 3, 2020, Directive are (1) small rural hospitals with under 60 beds and (2) critical access hospitals.