



Arkansas Department of Health

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Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

Effective May 11, 2020

Directive on Resuming Elective Procedures, Phase II

The Secretary of Health, in consultation with the Governor, has sole authority over all instances of quarantine, isolation, and restrictions on commerce and travel throughout Arkansas, as necessary and appropriate to control disease in the state of Arkansas as authorized by Ark. Code Ann. §20-7-109-- 110.

On April 3, 2020, the Secretary of Health, in consultation with Governor Asa Hutchinson, issued a directive that elective procedures in the state would cease. The directive went into detail regarding considerations and exemptions. Based on a decrease in COVID-19 cases and hospitalizations, the Arkansas Department of Health (ADH) developed requirements for the resumption of elective procedures beginning on April 27, 2020 under specified conditions. That directive emphasized the need for facilities to understand their capabilities (e.g., beds, testing, ORs) as well as potential constraints (e.g. workforce, supply chain), while watching for possible subsequent waves of the virus, which may require a return to prior restrictions. Today's directive provides greater flexibility while specifying the conditions that must be met as part of Phase II of the resumption of elective procedures.

1. Overnight stays of 48 hours will be permitted.
2. American Society of Anesthesiologists (ASA) rating of I, II, or III will be permitted.
3. No contact with known COVID-19 patients within the preceding 14 days.
4. Preoperative patients must be asymptomatic for COVID-19 per ADH guidelines.
5. Each institution must have an ample supply of PPE for resuming elective procedures while maintaining a reserve should there be resurgence of the virus. The acquisition of PPE is a matter for each institution to address and is not the responsibility of ADH.
6. Every patient for elective surgery must have a negative COVID-19 NAAT test within 48 hours prior to the procedure.

These requirements pertain to all elective procedures. Small rural hospital hospitals under 60 beds and critical access hospitals, though strongly advised to follow this directive to maximize resources and minimize risk, are exempt from this directive.

This directive was developed with input from the Arkansas Chapter of the American College of Surgeons.