



Outpatient • Office Based • Non-Operating Room

**Society for Ambulatory Anesthesia (SAMBA) Statement on Resuming  
Ambulatory Anesthesia Care as Our Nation Recovers from COVID-19  
4/18/2020**



The Federal Government has just issued “[The White House Guidelines for Opening Up America Again](#) “ in which resuming elective surgeries was mentioned more than once. Anesthesiologists and medical directors play an essential role in maintaining quality and safety for patients and staff at ambulatory surgery centers (ASCs) and other outpatient surgical facilities, hospitals, and office-based practices. Thus, The Society for Ambulatory Anesthesia (SAMBA) is offering this guidance to our member facilities and members.

SAMBA supports the federal call to resume care of patients for postponed time-sensitive and elective surgeries as appropriate, with priority given to the former. SAMBA advocates for a stepped approach when reopening ASCs and other facilities where these surgeries are performed. Elective surgeries should begin only in areas where local, state and federal officials have authorized the resumption. Therefore, this is expected to take place only in communities where there is a low incidence of COVID-19 admissions to hospitals, a trending decrease in positive cases, and adequate supply of PPE.

ASCs specialize in outpatient surgery. They are not only suited for low to moderate risk procedures, but also care for higher risk patients having increasingly complex surgeries. We need to be cautious in performing surgeries that have the potential of patients needing transfer to a higher level of care. Hospitals may still need to care for COVID-19 patients should

resurgence occur. Therefore, SAMBA recommends gradually starting with low risk, shorter procedures and then moving to more advanced ones as the pandemic is monitored. SAMBA recommends exploring options for anesthesiologist–led remote preoperative patient evaluation utilizing telemedicine platforms to minimize patient visits.

SAMBA strongly endorses testing all patients before elective procedures as feasible. Every person who has not tested negative is considered a potential carrier of the virus. We thus strongly recommend maintaining standards as expressed by the CDC, ASA, and APSF:

1. Maintain safe distancing between patients and visitors.
2. Continue screening patients for symptoms and measuring temperature.
3. Limit visitors to either none or only one individual per patient.
4. Avoid crowding in waiting areas by removing and separating chairs 6 feet apart.
5. Strongly encourage the use of level I masks in all public areas within the facility.
6. Strongly encourage the use of level 3 masks in clinical areas.
7. PPE, including N95 masks, should continue to be worn for aerosolizing procedures, such as airway management, upper endoscopy, bronchoscopy, and ENT procedures.
8. Schedule procedures to allow time for droplets to settle during aerosolizing procedures and for proper cleaning.

Medical directors need to be engaged with the administrative leadership to:

1. Maintain a sufficient supply of PPE for safety of patients and staff.
2. Maintain sufficient supplies of medications necessary for clinical care.
3. Implement extra environmental cleaning (e.g., elevator buttons, doorknobs, waiting areas).

SAMBA recently hosted a [webinar](#) on infection control at ASCs which can be found on our [website](#). We urge you to view this [webinar](#) to review best practices for infection prevention, such as proper handwashing, and other strategies in the prevention checklist.

Minimal staff are recommended to return to currently closed facilities in sufficient time ahead of service start dates to perform preparatory steps including but not limited to:

1. Proper cleaning of the facility
2. Resterilization of equipment
3. Adequate inventory of medications and supplies
4. Inspection of facility functionality and maintenance of back-up generators and medical gas supplies
5. Checking expiration date on medications, disposables and implants

Staffing should be adjusted according to surgical demand, as the recommended return to service is gradual. It remains unknown whether the economic impact of the pandemic shut down will impact elective surgical volumes, and the lingering fear of infection may impact patients' desire to have totally elective surgeries in the early stages of resuming care.

In conclusion, SAMBA supports the federal call to resume care of patients for time-sensitive and elective surgeries, as appropriate, in collaboration with local and federal health authorities. Return to service should be done in well-planned endeavors considering safety of patients and staff, wellbeing of our communities and the good of our nation.

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