

Supplemental Table 1: Hospital-wide considerations for resuming surgical care

Considerations	Description
Pre-facility precautions	<ul style="list-style-type: none">• Limited entry points• Temperature checks at entry points• Mandatory mask requirement
Inventory of available COVID-19 testing	<ul style="list-style-type: none">• Serology tests for SARS-CoV-2 antibodies (IGM/IgG)• Real time PCR testing
Resource requirement	Personnel, equipment, space for: <ol style="list-style-type: none">a. Surgery patientsb. Non-surgery patients
Location of cases	<ul style="list-style-type: none">• Hospital vs. ambulatory surgery centers depending on acuity of surgical case• Persons under investigation or positive COVID-19 patient procedures in negative pressure rooms
Environmental control	Air circulation, disposable masks, hand sanitizer dispensers, disinfection in between patients using sanitizing wipes and/or ultraviolet light, limitation of visitors, utilization of telemedicine
Staff protection	Surgical masks, N95 masks, personal protective equipment (gowns, gloves), face shields/goggles

Experienced anesthesia team for Intubation/
Extubation

- a. Intubation: Rapid sequence induction, minimal non-invasive positive pressure ventilation (NIPPV; if needed, patient mouths should be covered with a wet barrier), video laryngoscope for intubation, muscle relaxants, end-tidal CO₂ (4)
- b. Extubation: Prophylactic suctioning tube placed prior to extubation, barrier plastic sheet, mitigation of coughing, avoidance of NIPPV, extubation to anesthesia mask with 'double filter' circuit (5)