Maximizing the Calm before the Storm:
A Tiered Surgical Response Plan for COVID-19

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Alert	Level 2	Level 1	Condition 0
No patients with COVID-19	**First patient with COVID-19**	**Facility at ≥ 100% capacity ICU capacity ≥ 90%**	**Facility at ≥ 125% capacity ICU capacity > 100%**
• Start internal response plans and structure • Minimize clinic visits • Use telemedicine • Furlough non-essential and non-clinical staff • Cancel elective operations for high-risk patients • Start weekly or bi-weekly rotations for staff • Minimize transfers and vet ICU transfer requests	• Decreasing beds, staff, and resource availability • Decrease elective operations by 50% • Non-acute care surgery (ACS) surgeons take EGS • Create pool of non-ACS surgeons • Reassign residents, staff, and APPs to trauma, EGS, and ICU services • Stop non-emergency transfers	• Some/many clinical staff quarantined • Decreasing hospital/ICU beds and PPE • Stop ALL elective operations • Maximize non-operative therapy for urgent cases • ACS surgeons to focus on severe trauma/ICU • Convert all available monitored beds to ICU	• War-time footing; very limited resources (PPE, blood, ventilators) • Convert OR beds to ICU beds (anesthesia to staff) • Graduated autonomy and battlefield promotions • Non-ACS surgeons to take trauma call • Advanced triage criteria • Only emergency operations • Export non-COVID-19 cases

Crisis Management Principles	DO NOT LOSE HOPE	PRESERVE PURPOSE	MAINTAIN A SENSE OF COMMUNITY	COMMUNICATE CLEARLY AND CONCISELY	BE FLEXIBLE

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