



April 30, 2020

Guidance on Resumption of Non-Emergent and Elective Procedures at Hospitals

Background: On March 19, 2020, Governor Brown issued [Executive Order No. 20-10](#) to cancel all elective and non-urgent health care procedures that require personal protective equipment (PPE) effective March 23, 2020. On April 27, 2020, Governor Brown issued [Executive Order No. 20-22](#), which allows hospitals and other care settings to resume elective and non-emergent procedures that require PPE, starting May 1, 2020, if the criteria in this Oregon Health Authority (OHA) guidance can be met.

Authority: [Executive Order No. 20-22](#), ORS 433.443, ORS 431A.010, ORS 441.025

Applicability: This guidance is applicable to a hospital licensed under ORS 441.025 and any office or facility that operates under the hospital's license, regardless of the type of services that are provided at the office or facility.

Definitions: For purposes of this guidance, the following definitions apply:

- "CDC" means the U.S. Centers for Disease Control and Prevention.
- "Contingency capacity strategies" means strategies consistent with CDC guidance that may be used to extend the use of PPE during temporary periods of actual or expected PPE shortages, but does not mean cancelling non-emergent or elective procedures.
- "Crisis standards of care" means standards of care for non-conventional conditions (i.e., contingent or crisis conditions) as described in Oregon's Crisis Care Guidance.
- "Elective and non-emergent procedures" means procedures that require PPE and that will not result in irreversible harm to the patient if delayed for up to 90 days.
- "Emergency PPE-conserving measures" means a set of strategies used by facilities in face of severe PPE shortages.
- "FDA" means the U.S. Food and Drug Administration.
- "Hospital bed availability" means the availability of staffed intensive care unit (ICU), step-down, and medical/surge beds.
- "Large hospital" means a hospital, licensed under ORS 441.025 with 50 or more licensed beds, but does not include a rural hospital.
- "NIOSH" means the National Institute for Occupational Safety and Health which is a part of the U.S. Centers for Disease Control and Prevention (CDC).
- "Non-emergent" means not urgent.

- “Open supply chain” means having a contract in place with a vendor that allows for sustained PPE supply with no reliance on local or state government to fulfill PPE requests.
- “Personal protective equipment (PPE)” means medical grade gloves, gowns, face shields, surgical masks, and N-95 respirators or other reusable respirators (e.g., powered air purifying respirators) that is intended for use as a medical device.
- “Region” means the region within which a hospital is located, according to Oregon’s existing Health Preparedness Program (HPP) regions which align with the Oregon Area Trauma Advisory Board (ATAB) regions as defined in OAR 333-200-0040.
- “Regional resource hospital (RRH)” means a hospital that has entered into agreement with the Oregon Health Authority to serve as the regional hospital bed management and transfer center for one or more regions during the COVID-19 emergency.
- “Rural hospital” has the meaning given that term in ORS 442.470.
- “Small hospital” means:
 - A hospital licensed under ORS 441.025 with fewer than 50 beds.
 - A rural hospital.
 - A federally designated Rural Referral Center.
- “Threat of irreversible harm” includes:
 - Threat to the patient’s life;
 - Threat of irreversible harm to the patient’s physical or mental health;
 - Threat of permanent dysfunction of an extremity or organ;
 - Risk of cancer metastasis or progression of staging; and
 - Risk of rapidly worsening condition (i.e., need for the procedure is time-sensitive).

I. Criteria for hospitals to resume elective and non-emergent procedures

A. Hospital Capacity.

The bed capacity at the hospital and the healthcare workforce must be able to accommodate an increase in COVID-19 hospitalizations, post-procedure hospitalizations and other ongoing needs for hospital level of care. Specifically:

1. Hospital bed availability in the region must be able to accommodate a 20% increase in suspected or confirmed COVID-19 hospitalizations compared to the number of suspected or confirmed COVID-19 hospitalizations in the region at the time Executive Order No. 20-22 was issued.
2. A hospital must be able to treat all patients requiring hospitalization without resorting to crisis standards of care.

B. Adequate PPE supplies.

1. A hospital must have adequate PPE supplies on hand that have been approved by the NIOSH or FDA. Adequate PPE supplies means:
 - a. A large hospital must have an adequate 30-day supply of PPE on-hand appropriate to the number and type of procedures to be performed or an open supply chain.

- b. A small hospital must have an adequate 14-day supply of PPE on-hand appropriate to the number and type of procedures to be performed or an open supply chain.
- c. A hospital can sustain recommended PPE use for its healthcare workforce in compliance with Oregon Occupational Safety and Health Administration rules and without implementing emergency PPE-conserving measures. See [OHA](#) and [CDC guidance](#) on recommended PPE use. If a temporary disruption threatens the ability of a hospital to maintain an adequate PPE supply, and the hospital proposes to reuse or extend the use of PPE, it may continue non-emergent and elective procedures under the following conditions:
 - i. The hospital has and uses NIOSH or FDA approved PPE, or PPE medical devices that have been approved under a FDA Emergency Use Authorization.
 - ii. The hospital follows CDC guidance for PPE contingency strategies found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>, but only for a temporary period of time, no longer than four weeks.
- 2. Prior to resumption of non-emergent or elective procedures, a hospital must submit a form, prescribed by OHA, that attests that the facility meets the PPE requirements in this guidance. If a health system's PPE supplies on hand are calculated at a health system level, the health system must attest that it can meet the PPE requirements in this guidance for each of its facilities using this form.

The attestation form can be found at

<https://sharesystems.dhsoha.state.or.us/DHSForms/Served/le2322V.pdf>.

C. Adequate testing capacity

- 1. A large hospital must have access to COVID-19 testing when needed that ensures results within 2 days.
- 2. A small hospital must have access to COVID-19 testing when needed that ensures results within 4 days.

When adequate testing capability is established, consider screening patients by laboratory testing before proceeding with a non-emergent or elective procedure.

D. Strict infection control and visitation policies

- 1. A hospital must follow strict infection control in accordance with OHA guidance which can be found at <https://sharesystems.dhsoha.state.or.us/DHSForms/Served/le2288J.pdf>.
- 2. A hospital must have and follow visitation policies that are consistent with OHA's visitation guidance. OHA's visitation guidance can be found at <https://sharesystems.dhsoha.state.or.us/DHSForms/Served/le2282.pdf>.

E. Resources for peri-operative care

A hospital must ensure that patients have available access to pre- and post-operative visits with necessary providers, laboratory, radiology and pathology

services, and other necessary ancillary services before proceeding with non-emergency or elective procedures.

II. Measured resumption of procedures

Once a hospital has met the criteria in Section I. of this guidance the resumption of non-emergent and elective procedures must start slowly and the criteria must be reassessed every two weeks.

- A. To start, a hospital must limit the volume of non-emergent and elective procedures to no more than 50% of the hospital's pre-COVID-19 non-emergent and elective procedure volume. Pre-COVID-19 procedure volume must be measured by calculating the average number of non-emergent and elective procedures performed in the last quarter of 2019. In order to maintain or expand this volume a hospital must continue to meet all the criteria in Section I. of this guidance. OHA will issue further guidance on how facilities may proceed with expanding non-emergency and elective procedure volume by May 14, 2020.
- B. A hospital must have and follow a plan to reduce or stop non-emergent and elective procedures if a surge/resurgence of COVID-19 cases occur in its region or if any of the criteria in Section I. of this guidance cannot be met. A hospital must provide OHA with a copy of this plan upon request.
- C. A hospital must prioritize non-emergent and elective procedures based on whether their continued delay will have an adverse medical outcome for a patient.
 1. The hospital Chief Executive Officer must appoint or delegate authority to appoint to the chief medical officer, a medical committee to review and prioritize cases based upon indication and urgency.
 2. A hospital must strongly consider and balance the risks and benefits of performing non-emergent and elective procedures for patients at higher risk of contracting COVID-19, such as those over age 60, those with compromised immune systems, or chronic lung or heart disease.
 3. A hospital must consider ongoing postponement of non-emergent and elective procedures that are expected to require the following:
 - a. Transfusion
 - b. Use of pharmaceuticals that are in short supply
 - c. ICU admission
 - d. Transfer to skilled nursing facility or inpatient rehabilitation

III. Reporting, monitoring and enforcement

A. Enforcement

1. If OHA finds that a hospital or region is not meeting the criteria in Section I. of this guidance or is not complying with other provisions of this guidance, OHA will issue a warning letter to the hospital informing the hospital that it must cease performing non-emergent or elective procedures until it can again meet criteria.
2. If a hospital is found to be in repeat non-compliance with this guidance OHA may issue civil penalties or take other enforcement actions.

3. If OHA finds that many hospitals are failing to comply with the guidance, it will request that the Governor reimpose the restriction on all non-emergent and elective procedures.

B. Hospitals must:

1. Continue to report all PPE supplies, COVID-19 hospitalizations and bed capacity daily through HOSCAP.
2. Monitor the region's hospital bed capacity through one or more of the following:
 - a. Oregon's Hospital Capacity web system (HOSCAP).
 - b. Any other data tool that allows for real-time monitoring of the region's hospital bed capacity.
 - c. The regional resource hospital (RRH) if established.
3. Comply with a request for information from OHA immediately, upon request.

**If you need this material in an alternate language or format,
please call 971-673-0540 or TTY (711).**