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## **Guidance on Resumption of Non-Emergent and Elective Procedures in Medical and Dental Offices, and Other Health Care Settings**

**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 medical and dental offices and other health care offices 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

**Applicability:** This guidance is applicable to any non-licensed medical, dental, or other health care office that performs elective and non-emergency health care procedures.

### **This guidance is not applicable to:**

- Veterinary clinics which are subject to other guidance that can be found at <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2284.pdf>.
- A business like a medical spa, facial spa or a business that provides non-medical massage therapy services – such business must remain closed at this time under Executive Order 20-12.

## **Guidance**

**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.
- “Elective and non-urgent procedures” means procedures that require PPE 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.



- “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.
- “Office” means a medical office, a dental office, or any other health care office where procedures that require PPE are performed, but does not mean:
  - A veterinary clinic.
  - An office that operates under a hospital's license.
  - A business that must remain closed under Executive Order 20-12.
- “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 an office is located, according to Oregon’s existing Health Preparedness Program regions which align with the Oregon Area Trauma Advisory Board (ATAB) regions as defined in OAR 333-200-0040.
- “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 offices to resume elective and non-emergent procedures**

### **A. Adequate PPE supplies.**

1. An office must have adequate PPE supplies on hand that have been approved by the NIOSH or FDA. Adequate PPE supplies means:
  - a. Having an adequate 2-week supply of PPE on-hand appropriate to the number and type of procedures to be performed or an open supply chain.
  - b. An office 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 an office to maintain an adequate PPE supply, and the office proposes to reuse or extend the use of PPE, it may continue non-emergent and elective procedures under the following conditions:



- i. The office has and uses NIOSH or FDA approved PPE, or PPE medical devices that have been approved under a FDA Emergency Use Authorization.
- ii. The office 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.

**B. Strict infection control**

An office must follow strict infection control in accordance with OHA guidance which can be found at <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288J.pdf>.

**C. Resources for associated care**

An office 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-emergent or elective procedures.

**II. Measured resumption of procedures**

Once an office 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. Decrease case load volumes to ensure physical distancing of at least 6 feet is maintained between patients and staff and among staff whenever possible.
  1. An office should implement, to the extent possible, physical distancing measures within waiting rooms and other areas of the office.
  2. An office should use, to the extent possible, physical barriers such as a closeable door within patient care areas where non-emergency and elective procedures take place. Physical barriers and physical distancing must not interfere with the office's responsibility to appropriately monitor patients after a procedure.
- B. In order to maintain or expand an increased volume, an office must continue to meet all items 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.
- C. An office must have and follow a plan to reduce or stop non-emergent and elective procedures if a surge/resurgence of COVID-19 cases occurs in its region or if any of the criteria in Section I. of this guidance cannot be met. An office must provide OHA with a copy of this plan upon request.
- D. An office must prioritize non-emergent and elective procedures based on whether their continued delay will have an adverse medical outcome for a patient.
- E. An office 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 those with poor lung and heart function.

- F. An office should utilize enhanced risk screening of patients prior to delivering care, including but not limited to:
  - 1. Pre-screening patients remotely, such as through tele-medicine or tele-dentistry when applicable.
  - 2. Screening all patients for COVID-19 risk factors and symptoms, including temperature checks.

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

- G. An office should not perform a non-emergent or elective procedure on a patient with COVID-19 symptoms.

### **III. Monitoring, oversight and enforcement**

- A. If based on its own monitoring or if based on complaints, OHA believes that an office is not meeting the criteria in Section I. of this guidance or other provisions in this guidance, OHA will either refer to the issue to the appropriate health professional licensing board or issue a warning letter to the office informing it that it must cease performing non-emergent or elective procedures until it can again meet criteria and this guidance.
- B. If an office is found to be in repeat non-compliance with this guidance OHA may issue civil penalties or take other enforcement actions.
- C. If OHA finds that many offices are failing to comply with this guidance, it will request that the Governor reimpose the restriction on all non-emergent and elective procedures.
- D. An office must comply with a request for information from OHA immediately, upon request.

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## **Framework for Restarting Non-Emergent and Elective Procedures in Medical and Dental Offices**

On April 14<sup>th</sup> Governor Brown announced a public health framework for restarting public life and business in Oregon. This plan outlines the necessary tasks, discrete steps and guidelines for step-by-step reopening. Among those important tasks is a look at how and when to resume non-emergent and elective procedures requiring personal protective equipment (PPE) that were cancelled as a result of Governor Brown's Executive Order No. 20-10<sup>1</sup>.

The following is a framework for restarting non-emergent and elective procedures in medical and dental offices that require PPE, including priorities, required steps and specific criteria<sup>2</sup>.

### **Priorities**

The following priorities must inform all actions towards resuming non-emergent and elective office-based procedures requiring PPE:

- Minimize the risk of SARS-COV-2 transmission to patients, healthcare workers and others;
- Avoid further delays in healthcare for Oregonians;
- Maintain adequate hospital capacity in case of an increase in COVID-19 cases;
- Minimize health emergencies presenting at emergency departments;
- Reduce financial impacts to Oregon's health system; and
- Support the healthcare workforce in safely resuming activities.

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<sup>1</sup> In order to preserve PPE and limit all non-essential visitation to hospitals and other health care facilities, Governor Brown issued Executive Order No. 20-10 on March 19, 2020 to cancel all elective and non-urgent health care procedures that require personal protective equipment (PPE) effective March 23, 2020.

<sup>2</sup> A separate framework for restarting elective and non-emergent veterinary procedures will be published by the Oregon Health Authority.



## **Approach and Criteria for Medical and Dental Offices**

To address each of these priorities, the following steps and specific criteria must be met in order to resume and maintain non-emergency and elective procedures in office settings (i.e., medical and dental offices) requiring PPE:

1. Prior to resuming non-emergency and elective procedures in medical or dental offices, the following criteria must be met:
  - a. The office must have adequate PPE supplies on hand<sup>3</sup>.
    - i. The medical or dental office can sustain recommended PPE use for its workforce for two weeks without the need for emergency PPE-conserving measures.
    - ii. If a facility proposes to extend the use of or reuse PPE, it must follow CDC guidance.
  - b. Medical or dental office is following strict infection control policies as recommended by CDC.
2. Once non-emergency and elective procedures resume, start slowly and reassess every two weeks.
  - a. Decrease caseload volume to maximize social distancing.
    - i. Medical and dental offices should implement social distancing measures within waiting rooms and other areas of the office.
    - ii. Medical and dental offices should use physical barriers within patient care areas when possible.
  - b. In order to maintain or expand this volume, office must continue to meet all items in 1 (a-b).
  - c. Medical or dental office must maintain a plan to reduce or stop non-emergency and elective procedures should a surge/resurgence of COVID-19 cases occur in their region.
  - d. Prioritize procedures based on whether their continued delay will have an adverse health outcome.
    - i. Non-emergent and elective procedures should be prioritized based on indication and urgency<sup>4</sup>.
  - e. Strongly consider the balance of risks vs. benefits for patients in higher-risk groups such as those over age 60 and those with compromised immune systems or lung and heart function.
  - f. Medical and dental offices should utilize enhanced risk screening of patients prior to delivering care.

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<sup>3</sup> The state will explore options for resupply of PPE to those facilities that were asked to give up their surplus when the Governor's Executive Order was established.

<sup>4</sup> Urgent and emergent care should continue in accordance with OHA and CMS guidance.



- i. Pre-screen patients via tele-medicine or tele-dentistry when applicable.
- ii. Screen all patients for COVID-19 risk factors and symptoms, including temperature checks.
  1. Patients with COVID-19 symptoms should not undergo non-emergent or elective procedures.
  2. When adequate testing capability is established, consider screening patients by laboratory testing before proceeding with a non-emergent or elective procedure.

The Governor's Office in consultation with the Oregon Health Authority will determine the necessary tools to monitor that these criteria are being met and when different or additional criteria should be considered.