



Guidance on Resumption of Non-Emergent and Elective Procedures in Veterinary Facilities

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 veterinary facilities 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 433.441, 433.443, ORS 431A.010.

Applicability: This guidance is applicable to veterinary facilities.

Enforcement: To the extent this guidance requires compliance with certain provisions, it is enforceable as specified in Executive Order 20-22, paragraph 5.

Effective date: May 1, 2020

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-emergent 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 the 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.

- “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 gowns, caps, face shields, surgical masks that are intended for use as medical devices.
- “Region” means the region within which a veterinary facility 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.
- “Veterinary facility” has the meaning given that term in OAR 875-005-0005.

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

Veterinary facilities must ensure the following steps and criteria are met in order to resume and maintain non-emergent and elective procedures that require PPE in such facilities:

A. Adequate PPE Supplies

1. A veterinary facility must have adequate PPE supplies on hand that have been approved by the NIOSH or FDA. Adequate supplies is:
 - 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. The facility 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 facility to maintain an adequate PPE supply, and the facility proposes to reuse or extend the use of PPE, it may continue non-emergent and elective procedures under the following conditions:
 - i. The facility has and uses NIOSH or FDA approved PPE, or PPE medical devices that have been approved under a FDA Emergency Use Authorization.
 - ii. The facility 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

A facility must follow strict [infection control](#) policies as recommended by CDC and OSHA. <https://www.cdc.gov/coronavirus/2019-ncov/community/veterinarians.html>

C. Resources for associated care

A facility 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 a facility 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 (number of animal patient visits) to ensure physical distancing of at least six (6) feet is maintained between clients and staff and among staff members whenever possible.
 1. Continue to limit case load volumes to maximize physical distancing by using curbside animal patient visits to the extent possible.
 - a. A facility should implement, to the extent possible, physical distancing measures in exam rooms, treatment areas, waiting rooms and other areas of the facility.
 - b. Consider having clients wait for their appointment in outside areas, or in their cars, rather than in waiting room areas.
 - c. Continue to use telemedicine when applicable and reasonable.
 2. Prioritize procedures based on whether their continued delay will have an adverse health outcome. Non-emergent and elective procedures should be prioritized based on indication and urgency¹.
- B. A facility must have and follow a plan to reduce or stop non-emergency and elective procedures should a surge/resurgence of COVID-19 cases occur in the region, or if any of the criteria in Section I of this guidance cannot be met. A veterinary facility must provide OHA with a copy of this plan upon request.

III. Monitoring and oversight

- A. If based on its own monitoring or if based on complaints, OHA believes that a veterinary facility is not meeting the criteria in Section I. of this guidance or other provisions in this guidance, OHA will either refer the issue to the Veterinary Medical Examining Board or issue a warning letter to the veterinary facility informing it that it must cease performing non-emergent or elective procedures until it can again meet criteria and this guidance.
- B. If a veterinary facility 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 veterinary facilities are failing to comply with this guidance, it will request that the Governor reimpose the restriction on all non-emergent and elective procedures.

¹ Urgent and emergency care should continue in accordance with [OHA guidance](#).

D. A veterinary facility must comply with a request for information from OHA immediately, upon request.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact Mavel Morales at 1-844-882-7889, 711 TTY or OHA.ADAModifications@dhsoha.state.or.us.