



Updated July 31, 2020

Guidance on Resumption and Continued Provision 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 [here](#).
- A business that must remain closed under Executive Order 20-27.

Guidance

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

- “CDC” means the U.S. Centers for Disease Control and Prevention.
- “PPE contingency capacity strategies” means policies and procedures adopted during times of resource constraint or surges in healthcare need as described in OHA and Oregon Occupational Safety and Health Administration (OR-OSHA)’s [Interim Guidance: Use of Personal Protective Equipment by Healthcare Personnel in Resource-Constrained Settings](#).
- “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.
- “PPE crisis capacity strategies” means a set of strategies used by facilities in face of severe PPE shortages as described in OHA and Oregon Occupational Safety and Health Administration (OR-OSHA)’s [Interim Guidance: Use of Personal Protective Equipment by Healthcare Personnel in Resource-Constrained Settings](#).

- “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 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 20-27.
- “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” or “PPE” means medical grade gloves, gowns, face shields, surgical masks, N-95 and single-use 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 or continue providing 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 require that:
 - a. An office must have 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 office implements and sustains conventional strategies, Tier I or Tier 2 PPE contingency capacity strategies for PPE usage guidelines as detailed in OHA and Oregon Occupational Safety and Health Administration (OR-OSHA)’s [Interim Guidance: Use of Personal Protective Equipment by Healthcare Personnel in Resource-Constrained Settings.](#)

Offices may only use Tier 2 PPE contingency capacity standards if conventional strategies and Tier 1 PPE contingency strategies are not sustainable. Engineering and administrative control measures must be fully implemented to the extent possible before implementing PPE contingency capacity strategies.

- c. Dental offices must also implement and sustain the conventional strategies, Tier 1 or Tier 2 PPE contingency capacity strategies for dental personnel PPE usage as detailed in [OHA and OR-OSHA's guidance on the Use of Personal Protective Equipment by Dental Personnel in Resource-Constrained Settings.](#)

B. Strict infection control

An office must implement strict infection controls in accordance with OHA guidance which can be found [here](#).

C. Resources for associated care

An office must ensure that patients have 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. Procedure volume and patient prioritization

A. An office must manage 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 must prioritize non-emergent and elective procedures based on whether their continued delay will have an adverse medical outcome for a patient.
2. An office should implement, to the extent possible, physical distancing measures within waiting rooms and other areas of the office.
3. 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.

C. An office must have and implement a plan to reduce or stop non-emergent and elective procedures 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 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.

E. 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.

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. Offices must:

1. Comply with a request for information from OHA immediately, upon request.
2. Monitor compliance with this guidance and cease performing non-emergent and elective procedures should the office no longer be able to meet these requirements.

B. Enforcement:

1. 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. If an office is found to be in repeat non-compliance with this guidance OHA may issue civil penalties or take other enforcement actions.
2. If OHA finds that multiple offices are failing to comply with this guidance, it will request that the Governor reimpose the restriction on all non-emergent and elective procedures.

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@dhsosha.state.or.us.