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Guidance on Resumption and Continued Provision of Non-Emergent and Elective Procedures at Ambulatory Surgical Centers

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 ambulatory surgical centers (ASC) 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 an ASC licensed under ORS 441.025 unless the ASC operates under a hospital's license, in which case the guidance on resumption of non-emergency and elective procedures for hospitals applies.

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 the 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.
- "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-urgent procedures" means procedures that require PPE and that will not result in irreversible harm to the patient if delayed for up to 90 days.
- "PPE crisis capacity standards" 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.
- "Hospital bed availability" means the availability of staffed intensive care unit (ICU), step-down, and medical/surgical beds.

- "NIOSH" means the National Institute for Occupational Safety and Health which is a part of the 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" 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 are intended for use as a medical device.
- "Region" means the region within which an ASC 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 ASCs to resume or continue providing elective and non-emergent procedures

A. Hospital capacity

The hospital bed availability at any local admitting hospital with which the ASC has an established relationship, and the healthcare workforce at such a hospital 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. Any local admitting hospital with which the ASC has an established relationship must be able to treat all patients requiring hospitalization without resorting to crisis standards of care.

B. Adequate PPE supplies

1. An ASC must have adequate PPE supplies on hand that have been approved by the NIOSH or FDA for use in medical settings. Adequate PPE supplies requires that:
   a. The ASC has 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.
   b. The ASC implements and sustains conventional strategies, Tier 1 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. ASCs 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.

The ASC must cancel non-emergent and elective procedures if the ASC needs to institute PPE crisis capacity strategies (i.e., Tier 3 and 4 strategies). Any ASC that needs to use Tier 3 or 4 PPE strategies must notify OHA immediately.

2. An ASC must submit a form, prescribed by OHA, that attests that the facility meets the PPE requirements in this guidance. ASCs must ensure that the attestation on file is consistent with current OHA guidance and immediately notify OHA if it no longer meets the requirements in this guidance.

   The form can be found at here.

C. Strict infection control and visitation policies

1. An ASC must implement strict infection controls in accordance with OHA guidance.
2. An ASC must have and implement visitation policies that are consistent with OHA's visitation guidance.

D. Resources for peri-operative care

An ASC 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-emergency or elective procedures.

II. Procedure volume and patient prioritization

A. An ASC must have and implement a written 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. An ASC must provide OHA with a copy of this plan upon request.

1. An ASC must prioritize non-emergent and elective procedures based on whether their continued delay will have an adverse medical outcome for a patient.
   a. An ASC's governing body or its medical director must review and prioritize cases based upon indication and urgency in situations where procedures must be limited.
2. An ASC must strongly consider and balance the risks and benefits of performing non-emergency 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. An ASC must strongly consider ongoing postponement of non-emergent and elective procedures that are expected to require any of 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. Monitoring, oversight and enforcement

A. ASCs must:

1. Work with any local admitting hospital with which the ASC has an established relationship to monitor that the region is able to meet the hospital bed availability requirements set forth in Section 1.A. Each ASC must provide a point of contact to all local admitting hospitals with which the ASC has an agreement to allow for rapid communication regarding hospital bed availability changes.
2. Comply with a request for information from OHA immediately, upon request.
3. Monitor compliance with this guidance and cease performing non-emergent and elective procedures should the ASC no longer be able to meet these requirements.

B. Enforcement

1. If OHA finds that an ASC or a 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 ASC informing the ASC that it must cease performing nonemergent or elective procedures until it can again meet criteria.
2. If an ASC 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 multiple ASCs 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@dhsoha.state.or.us.

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