



April 29, 2020

Guidance on Resumption 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.
- “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-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.
- “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.
- “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 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 elective and non-emergent procedures

A. Hospital Capacity.

The bed capacity 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. Adequate PPE supplies means:
 - a. An ASC 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.
 - b. An ASC 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 ASC to maintain an adequate PPE supply, and the ASC proposes to reuse or extend the use of PPE, it may continue non-emergent and elective procedures under the following conditions:

- i. The ASC has and uses NIOSH or FDA approved PPE, or PPE medical devices that have been approved under a FDA Emergency Use Authorization.
 - ii. The ASC 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, an ASC must submit a form, prescribed by OHA, that attests that the facility meets the PPE requirements in this guidance. The form can be found at <https://sharesystems.dhsoha.state.or.us/DHSForms/Served/le2322w.pdf>.

C. Adequate testing capacity

1. An ASC 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. An ASC 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. An ASC 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

An ASC 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 an ASC 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, an ASC must limit the volume of non-emergent and elective procedures to no more than 50% of the ASC'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 during the fourth quarter of 2019. In order to maintain or expand this volume an ASC 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-emergent and elective procedure volume by May 14, 2020.
- B. An ASC 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. An ASC must provide OHA with a copy of this plan upon request.

- C. An ASC must prioritize non-emergent and elective procedures based on whether their continued delay will have an adverse medical outcome for a patient.
 - 1. An ASC's governing body or its medical director must review and prioritize cases based upon indication and urgency.
 - 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 function.
 - 3. An ASC must strongly 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. Monitoring, oversight and enforcement

A. 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 non-emergent 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 many ASCs are failing to comply with this guidance, it will request that the Governor reimpose the restriction on all non-emergent and elective procedures.
- B. ASCs must 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 capacity 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 capacity changes.
 - C. An ASC must comply with a request for information from OHA immediately, upon request.

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