STAY SAFE MN

Supplemental FAQ for Providers Regarding Executive Order 20-51

What types of surgeries and procedures are covered under Executive Order 20-51?

Executive Orders from Governor Walz (https://mn.gov/governor/news/executiveorders.jsp) 20-09 and 20-17 temporarily delayed all elective and nonessential surgeries and procedures – whether medical, dental, or veterinary – that utilize personal protective equipment (PPE) or ventilators. Executive Order 20-51 and related Minnesota Department of Health (MDH) guidance lifted these restrictions for all facilities offering surgeries and procedures prescribed and performed by (or overseen by) a medical, dental, or veterinary professional licensed to practice by a State of Minnesota licensing board (or by providers temporarily authorized to practice under Executive Order 20-46).

The facilities offering these surgeries and procedures are required to comply with the plan requirements laid out in MDH Guidance: Requiring Facilities to Prioritize Surgeries and Procedures and Provide Safe Environment during COVID-19 Peacetime Emergency (PDF) (https://www.health.state.mn.us/diseases/coronavirus/hcp/guidesurgery.pdf). Executive Order 20-51 and related MDH guidance do not permit the businesses subject to the temporary closure of restaurants, salons, and other public accommodations set forth in Executive Orders 20-04, 20-08, 20-18, 20-48, and 20-56 to reopen or begin to offer services, except as expressly authorized by Executive Orders 20-04, 20-08, 20-18, 20-48, and 20-56 and related guidance.

How are facilities supposed to prioritize surgeries and procedures, and determine which surgeries and procedures should proceed during the COVID-19 pandemic?

Executive Order 20-51 and its related guidance should not be interpreted as permission for facilities to restart all procedures without restriction. Instead, the guidance demands that medical, dental, and veterinary professionals carefully weigh the risks and benefits of recommending that a procedure take place during the COVID-19 pandemic and exercise professional judgment. While providers generally should not delay the highest-priority procedures (i.e., those that pose a risk of significant harm or further disease or condition progression if delayed), the decision to proceed with lower-priority procedures must consider a number of variables, including the current state and regional incidence of COVID-19 and the associated risks of patient COVID-19 infection; facility-wide and

community-wide PPE reserves and commercial supply; and the regional capacity available to respond to potentially increasing numbers of COVID-19 cases.

Decisions should be made on an individual patient basis in light of these variables, taking into consideration the individual patient's needs and risks of COVID-19 infection (and the seriousness of potential COVID-19 symptoms and complications). When the infection risk for the patient is high or the facility's or region's capacity to respond to COVID-19 is lacking, the facility must have and implement a plan for ceasing or limiting low- to medium-priority procedures.

MDH guidance relating to Executive Order 20-51 provided a number of state and nationally recognized resources to assist facilities in making these priority determinations, including the Centers for Medicare and Medicaid Services: Non-Emergent, Elective Medical Services, and Treatment Recommendations (PDF) (https://www.cms.gov/files/document/cms-non-emergent-elective-medical-recommendations.pdf) and the American College of Surgeons: COVID-19 Guidance for Triage of Non-Emergent Surgical Procedures (https://www.facs.org/covid-19/clinical-guidance/triage). The facility must utilize and incorporate this guidance or other professionally-accepted prioritization criteria.

Are cosmetic procedures allowed to proceed?

With some exceptions (for example, certain reconstructive surgeries), cosmetic procedures not intended to correct, improve, or prevent an injury, illness, or other physiological disorder are considered to fall within the lowest priority. These and other low-priority procedures should only be considered when the facility's and the community's PPE reserves and supply chains are sufficient to address the most severe predictions for a potential spread or surge of COVID-19 without resorting to crisis standards of care, and when the risk of patient infection or community spread (considering regional COVID-19 incidence) is low.

MDH guidance relating to Executive Order 20-51 states that facilities offering surgeries and procedures should ensure they have sufficient commercial PPE supplies and reserves to cover their surgical and procedural needs without resorting to "crisis" standards of care—what does that mean?

In general, a facility operating in "conventional capacity" is able to maintain sudden surges in patient volume without a change in daily practices through utilization of standard infection control measures. Facilities operating in "contingency capacity" may have to make temporary[1] changes to standard daily practices to accommodate a surge (for example, extending PPE use). Such changes generally will not have a significant impact on patient care or worker safety. "Crisis capacity" strategies are

[1] MDH recognizes that current constraints may require facilities to practice contingency strategies for extended periods of time. Nonetheless, in order to preserve patient and worker safety, procedures should be prioritized and limited if necessary to ensure that the facility is able to maintain at least contingency capacity through a surge without resort to crisis capacity.

those used by facilities that, in the event of a surge, are unable to provide sufficient PPE or other necessary supplies commensurate with United States standards of care due to supply shortages or other interruptions. Facilities should ensure that they have an adequate and open commercial supply to adhere to at least contingency standards and maintain appropriate reserves before they offer additional procedures under Executive Order 20-51. In other words, facilities should not rely on public PPE reserves to cover their needs, and should refrain from requesting PPE from public reserves for use in those surgeries and procedures that were previously delayed under Executive Orders 20-09 and 20-17.

CDC: Strategies to Optimize the Supply of PPE and Equipment (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html) contains detailed recommendations for the use of various forms of PPE, and these recommendations should be considered and incorporated into facility plans. For example, in noncrisis situations, MDH Guidance: Requiring Facilities to Prioritize Surgeries and Procedures and Provide Safe Environment during COVID-19 Peacetime Emergency (PDF) (https://www.health.state.mn.us/diseases/coronavirus/hcp/guidesurgery.pdf) and CDC: Healthcare Infection Prevention and Control FAQs for COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html) currently recommend appropriate respiratory protection (i.e., an N95 respirator or a higher-level of protection) for all aerosol-generating procedures, regardless of COVID-19 status of client or patient. CDC guidance also recommends similar respiratory protection for the care of patients with known or suspected COVID-19, or with other airborne illnesses where respiratory protection is similarly indicated. For other patient care, MDH: Responding to and Monitoring COVID-19 Exposures in Health Care Settings (PDF) (https://www.health.state.mn.us/diseases/coronavirus/hcp/response.pdf) and CDC: Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html) generally recommend that health care workers wear surgical masks when present in a facility (with certain exceptions for certain workers whose jobs do not require PPE or involve patient contact).

Facilities should ensure they are following and incorporating the most up-to-date recommendations for PPE use, as these recommendations may change over time. Where practice-specific guidance—for example, PPE and infection control guidance in CDC: Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response (https://www.cdc.gov/coronavirus/2019-ncov/community/veterinarians.html)—differs from or supplements general CDC or MDH infection control recommendations, facilities may incorporate the practice-specific recommendations into their plans. Facilities may also consider authoritative guidance from relevant state professional-licensing boards, specialty licensing authorities, and professional associations that discuss conventional, crisis, and contingency strategies.

CDC, MDH, and professional-licensing board infection control and PPE-use guidance is straining our facility's capacity and supplies, and we cannot buy enough from commercial sources to keep up—what should we do?

If a facility is unable to meet PPE demand, maintain sufficient PPE reserves, or otherwise maintain capacity to respond to a potential COVID-19 surge without resorting to crisis strategies, the facility must implement its plan to limit or cease low- to medium-priority procedures, in order of priority. As stated in MDH Guidance: Requiring Facilities to Prioritize Surgeries and Procedures and Provide Safe Environment during COVID-19 Peacetime Emergency (PDF) (https://www.health.state.mn.us/diseases/coronavirus/hcp/guidesurgery.pdf), all facilities (including those that do not offer care for COVID-19 and thus would not directly face a surge in patient volume should COVID-19 cases increase) also must factor community-wide capacity to respond to COVID-19 surges into their decision to offer these lower-priority procedures.

What is a facility required to do to comply with MDH guidance stating facilities should "consider all patients potentially COVID-19 positive and take appropriate precautions?"

Current CDC: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) recognize that even patients who do not show signs or symptoms of COVID-19 present a risk of asymptomatic or presymptomatic transmission, and therefore recommend that facilities implement comprehensive infection control strategies that assume all patients could potentially transmit COVID-19. Such strategies include, but are not limited to:

- Minimizing chances for exposure (e.g., prioritizing and limiting procedures; mandating source-control facial coverings for patients and visitors and at least surgical masks for providers; instituting screening protocols and promptly isolating symptomatic or COVID-19 -positive patients; managing visitors and limiting points of entry; maximizing remote options for care and triage; following social-distancing measures, etc.)
- Adherence to standard and transmission-based precautions
  - CDC: Isolation Precautions (https://www.cdc.gov/infectioncontrol/guidelines/isolation/)
  - CDC: Adhere to Standard and Transmission-Based Precautions (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#adhere)
- Patient placement measures (e.g., designating certain areas for COVID-19 or respiratory care and cohorting workers)
- Appropriate PPE in line with conventional and contingency standards, as discussed above
- Implementation of engineering controls (e.g., physical barriers and air filtration)
- Ongoing self-monitoring and pre-shift screening for workers

- Post-shift review for known PPE breaches
- Environmental cleaning and disinfecting protocols
- Training for staff on the most up-to-date infection control recommendations

Where practice-specific guidance differs from or supplements general CDC infection control guidance (e.g., CDC: Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response (https://www.cdc.gov/coronavirus/2019-ncov/community/veterinarians.html) or CDC: Guidance for Dental Settings (https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html))[2], facilities may incorporate this specific guidance into their plans. Facilities may also consider and incorporate relevant and up-to-date MDH infection control guidance, as well as authoritative guidance from state professional-licensing boards, specialty licensing authorities, and professional associations.

What happens when a patient screens positive for symptoms of COVID-19 when seeking a non-COVID-19-related surgery or procedure?

In accordance with CDC: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html), the facility should consider cancelling or postponing non-acute care if the patient shows signs or symptoms of COVID-19. The facility may also advise patients to screen for symptoms in advance of any visit and determine whether symptomatic patients can be managed from home without an appointment. If further evaluation, testing, or care for COVID-19 symptoms is required, the facility should follow up-to-date CDC guidance regarding appropriate triage, isolation, and infection control when dealing with suspected COVID-19 cases. If the facility is a clinic, ambulatory surgical center, or other facility that lacks the capability to follow this guidance and the patient requires high-priority care or further testing, evaluation, and treatment for COVID-19 symptoms, the facility should consider referring the patient to an appropriate care site, if possible.

[2] MDH recognizes that dental and veterinary guidance from the CDC continues to recommend postponing nonurgent care. The CDC notes, however, that regional approaches may differ, and executive orders will directly influence what types of procedures may be performed. Executive Order 20-51 acknowledges that postponing many procedures that are technically "nonurgent" may pose near and long-term risk to patients and that capacity (including PPE supply) has generally improved throughout Minnesota. Accordingly, rather than require dental and veterinary professionals to postpone the majority of their procedures indefinitely, Executive Order 20-51 and related MDH guidance ensure safety and maintain capacity to address COVID-19 by requiring that all medical, dental, and veterinary professionals exercise professional judgment in prioritizing procedures, provide a safe workplace, and carefully monitor facility and community supplies and capacity on an ongoing basis. Any facility that determines it cannot provide care in a safe manner and in accordance with MDH: Surgeries and Procedures During COVID-19 (https://www.health.state.mn.us/diseases/coronavirus/hcp/surgery.html) should continue to postpone surgeries and procedures.

When can a staff person who screens positive for symptoms of COVID-19 return to work?

Because Minnesota has community transmission, anyone with signs or symptoms consistent with COVID-19 is considered a suspected case of COVID-19. Healthcare workers who screen positive for signs and symptoms of COVID-19 or who are diagnosed with COVID-19, and their facility, should reference MDH: COVID-19 Recommendations for Health Care Workers (PDF) (https://www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf) and CDC: Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html) regarding their return to work.

What guidance should facilities follow if Executive Order 20-51 and related MDH guidance conflict with other CDC, MDH, or professional-licensing guidelines? For example, Executive Order 20-51 requires all patients to wear source-control facial coverings, but the CDC cautions against using coverings with certain types of patients (e.g., some pediatric patients, those with breathing difficulties, etc.).

When the general guidelines in Executive Order 20-51 and related MDH or national guidance conflict with situation-specific recommendations (such as those relating to certain patients and masking), the situation-specific guidance can be considered and incorporated into the facility's plan. To the extent possible, each individual patient care situation should follow the most up-to-date and specific MDH, CDC, or professional-licensing protocols and recommendations that match that situation.

If I believe a facility may not be complying with Executive Order 20-51, who do I report to?

Complaints or inquiries by healthcare workers regarding a facility's PPE practices, infection control measures, or other issues impacting worker safety (including reports of employers retaliating against workers for raising safety concerns) should be directed to the Minnesota Department of Labor and Industry at:

osha.compliance@state.mn.us

651-284-5050 / 877-470-6742

General questions relating to Executive Order 20-51 and related-MDH guidance; complaints or concerns regarding the adequacy of the facility's COVID-19 plan; or complaints and inquiries relating to MDH-licensed facilities (such as hospitals) should be directed to MDH at electivesurgeries@state.mn.us or the MDH COVID-19 hotline at 651-201-3920 or 1-800-657-3903. MDH maintains a search tool that can be used to lookup MDH-licensed facilities at:

Health Care Provider Directory (https://www.health.state.mn.us/facilities/regulation/directory/providerselect.html).

All other complaints and inquiries regarding licensed medical, dental, or veterinary professionals should be directed toward the following professional-licensing boards:

- The Minnesota Board of Medical Practice (https://mn.gov/boards/medical-practice/board-information/contact-directions/) and the Minnesota Board of Nursing (https://mn.gov/boards/nursing/) for licensed professionals in medical clinics and surgical centers
- The Minnesota Board of Dentistry (https://mn.gov/boards/dentistry/board-information/contact-us/) for licensed professionals in dental clinics and surgical centers
- The Minnesota Board of Veterinary Medicine (https://mn.gov/boards/veterinary-medicine/) for licensed professionals in veterinary clinics, hospitals, and surgical centers

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Contact health.communications@state.mn.us to request an alternate format.

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