D 2020 045

EXECUTIVE ORDER

Permitting the Limited Recommencement of Voluntary or Elective Surgeries and Procedures in Colorado

Pursuant to the authority vested in the Governor of the State of Colorado and, in particular, pursuant to Article IV, Section 2 of the Colorado Constitution and the relevant portions of the Colorado Disaster Emergency Act, C.R.S. § 24-33.5-701 et seq., I, Jared Polis, Governor of the State of Colorado, hereby issue this Executive Order permitting the limited recommencement of voluntary or elective surgeries and procedures in Colorado.

I. Background and Purpose

On March 5, 2020, the Colorado Department of Public Health and Environment’s (CDPHE) public health laboratory confirmed the first presumptive positive coronavirus disease 2019 (COVID-19) test result in Colorado. Since then, the number of confirmed cases has continued to climb, and we have evidence of widespread community spread throughout the State. I verbally declared a disaster emergency on March 10, 2020, and on March 11, 2020, I issued the corresponding Executive Order D 2020 003, as amended by Executive Orders D 2020 018 and D 2020 032. On March 25, 2020, I requested that the President of the United States declare a Major Disaster for the State of Colorado, pursuant to the Stafford Act. The President approved that request on March 28, 2020.

My administration, along with other State, local, and federal authorities, has undertaken a wide array of actions to respond to and mitigate the effects of the pandemic, prevent further spread, preserve our health care resources, and provide needed flexibility to address the collateral consequences of the pandemic.


This Executive Order permits voluntary or elective surgeries and procedures to begin again under certain conditions. This Executive Order aims to minimize the risk of COVID-19 transmission to patients, healthcare workers, community members, and others by promoting
safety and maximizing protection while avoiding further delays in providing health care for Coloradans.

II. Directives

A. Medical, dental, or veterinary voluntary or elective surgeries and procedures may resume as long as the healthcare facility, clinic, office or practice, surgical center, hospital, or other setting where health care services are provided (Facilities or Facility) follows protocols and criteria set forth in this Executive Order and any accompanying Public Health Order (PHO) issued by CDPHE. A voluntary or elective surgery or procedure means that the surgery or procedure can be delayed for a minimum of three months without undue risk to the current or future health of the patient as determined by the guidelines developed by the Facility under paragraph II.E.1.xiii., below.

B. Facilities performing medical, dental or veterinary voluntary or elective surgeries and procedures shall establish a plan to reduce or stop voluntary or elective surgeries and procedures if there is a surge of COVID-19 infections in the county or municipality in which the Facility is located. CDPHE will determine the conditions that constitute a surge;

C. Facilities must cease all voluntary or elective surgeries and procedures if providing voluntary elective surgeries and procedures would require the Facility’s providers to resort to hospital crisis standards of care.

D. Facilities and providers should continue to maximize telehealth and virtual office visits as much as possible.

E. I direct the Executive Director of CDPHE to issue a PHO consistent with the directives in this Executive Order. The PHO must identify or develop:

   1. Protocols and criteria for Facilities, including any specific protocols and criteria for medical, dental, hospital or veterinary settings based on the voluntary or elective surgeries or procedures provided, which shall include requirements concerning:

      i. Access to adequate PPE, ventilators, trained staff, medications, anesthetics, beds, and all medical surgical supplies to prepare for a possible COVID-19 surge;

      ii. Use of PPE or face coverings for providers, staff, patients, and visitors;
iii. Intermittent patient scheduling to provide for social distancing, enhanced cleaning, sufficient time to change PPE, and to minimize aerosol contamination;

iv. Implementation of curbside or drop-off appointments for pets or patient treatment supplies to reduce risk to exposure to COVID-19;

v. Implementation of a universal symptom screening process for all staff, patients, and visitors upon arrival to the Facility, and screening for patients or pets prior to the initiation of treatment;

vi. Social distancing in waiting rooms, small spaces, and patient or pet care areas;

vii. Implementation of an enhanced cleaning process, including strict infection control policies as recommended by Centers for Disease Control and Prevention (CDC), in patient or pet care areas, waiting areas, and for other high touch surfaces;

viii. Viable methods to eliminate, reduce, or contain aerosol production during care, including but not limited to prophylactic preventive treatment, delaying all non-urgent care for patients with COVID-19 symptoms, and selectively canceling or postponing voluntary or elective surgeries and procedures;

ix. Implementation of policies and procedures for appropriate discharge planning of patients in coordination with institutions to which patients may be transferred, including nursing care institutions, residential care institutions, or group homes for developmentally disabled individuals;

x. Consideration of resource availability for all phases of perioperative care;

xi. Data sharing with CDPHE and the State Emergency Operations Center concerning PPE use and supply and continued partnership with CDPHE on Facility capacity;

xii. Reassessment of operations every two (2) weeks to ensure the Facility is adhering to its plan under paragraph II.B., above, and that CDPHE’s protocols, criteria, and best practices set forth in this Executive Order or by PHO are being prioritized; and

xiii. Each Facility shall establish guidelines to ensure adherence to the principles outlined in paragraphs II.E.1.i to II.E.1.xii., above. In establishing such guidelines, the Facility shall include a process for consultation with the treating provider about a designation that the
procedure is elective or non-essential under the guidelines.

2. Best practices recommended to all Facilities, including any specific best practices recommended for medical, dental, hospital or veterinary settings, based on the voluntary or elective surgeries and procedures provided, including:

   i. Prioritization of voluntary or elective surgeries and procedures based on indication and urgency or whether the continued delay will have an adverse medical outcome for the patient;

   ii. Consideration of the risks and benefits for patients or pet owners who are Vulnerable Individuals as defined by Executive Order D 2020 044 or PHO;

   iii. Implementation of online payment and billing when possible;

   iv. Providing staff with individual workspaces and equipment to avoid sharing desks and work tools or if these surfaces or items must be shared, ensure frequent disinfection;

   v. Prescreening patients or pets and their owners for COVID-19 symptoms by telehealth if possible; and

   vi. Consideration of the ongoing postponement of voluntary or elective surgeries and procedures that are expected to require the following resources:

       1. Transfusion;
       2. Pharmaceuticals or PPE in short supply;
       3. Intensive Care Unit admission; and
       4. Transfer to a skilled nursing facility or inpatient rehabilitation center.
III. **Duration**

This Executive Order shall expire thirty (30) days from April 27, 2020, unless extended further by Executive Order.

GIVEN under my hand and the Executive Seal of the State of Colorado, this twenty sixth day of April, 2020

Jared Polis
Governor