

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Resuming Deferred and Preventive Health Care in Los Angeles County

Background: On March 17, 2020 due to the rapid spread of COVID-19 locally and throughout California, the Los Angeles County Health Officer urged healthcare executives and chief medical officers to implement [surge measures](#) including the discontinuation of elective surgical procedures and the closure of elective ambulatory clinics. On March 19, the Governor issued [Executive Order N-33-20](#) requiring Californians to stay at home, and ordering the healthcare delivery system to prioritize services to serving those who are the sickest and to prioritize resources, including personal protective equipment, for the staff providing direct care to those patients.

Road to Recovery: The spread of COVID-19 has now slowed enough such that healthcare services that have been postponed or delayed are may begin to resume. The California Department of Public Health (CDPH) recently released guidance [Resuming California's Deferred and Preventive Health Care](#) to provide considerations and guidelines for the resumption of elective and non-urgent procedures at hospitals; outpatient care including primary care and specialty care in physician offices and health centers; behavioral health, long term care, ancillary, pharmacy, and dental services. Due to the pandemic response, many healthcare practices locally and statewide have experienced dramatic decreases in patient volume and revenue and have had to implement multiple measures to stay viable, including staff reductions and furloughs, cutting hours, or temporarily closing practices, see CMA [Physician Financial Health Survey](#). Recovery for some practices may be slow.

In LA County, it is critical that we continue to ensure capacity across hospitals, primary care, and specialty services to care for people who are ill and those who need routine health care while protecting both healthcare staff and patients. As healthcare settings plan to resume more services, they must also plan to ensure the following:

- Maintain an adequate supply of PPE and ventilators for essential services and for surge capacity
- Maintain adequate staffing levels to allow for essential services and surge capacity
- Capacity for routine COVID-19 molecular testing for healthcare workers and patients
- Capacity to support rapid COVID-19 molecular testing and disease tracking in facility outbreaks
- Capacity to decompress rapidly in order to treat increases in COVID-19 patients
- Protections for vulnerable staff including older adults and those with underlying health conditions

Once healthcare settings have ensured the above, then the following is recommended:

- Resume core and essential operations of health care services while maintaining capacity to respond to any increased demand for services for COVID-19 patients, including swift decompression of beds/non-critical services.
- Provide telemedicine services to the extent feasible, to protect patients and healthcare workers.
- Hospitals and out-patient clinics may perform essential elective surgeries.
- Outpatient clinics and health care providers are encouraged to resume preventive and essential care services.
- Providers are encouraged to prioritize services previously postponed where further delays would worsen prognosis.

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- Deferred and essential preventive dental care may be resumed if conditions can be met and guidelines followed as outlined in the CDPH [Guidance for Resuming Deferred and Preventive Dental Care](#).

The following Frequently Asked Questions (FAQs) were developed to accompany the CDPH guidance *Resuming California's Deferred and Preventive Health Care* to assist healthcare sectors in Los Angeles County as they plan to resume deferred healthcare services.

FAQs

1. **Can facilities resume non-emergent surgeries, procedures, and select preventive services which were previously postponed?**

Yes, however, each facility needs to determine their capacity to ensure that systems and procedures are in place to protect health care workers and patients from COVID-19 infection while resuming non-emergent surgeries, procedures, and preventive services. All facilities need to be able to follow the CDC's [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#).

Each facility should develop a process for determining the priority of types of services to be delivered initially. Clinical prioritization should consider clinical impacts of treatment delay. Each facility needs to consider whether providing these services takes away substantial resources that are necessary for the efforts against COVID-19. This includes physician time, PPE (masks, gloves, drapes), hospital beds, and operating rooms. Facilities need to maintain capacity to rapidly respond to a potential surge in COVID-19 cases.

2. **What does an adequate supply of PPE mean?**

Each facility should assess their supply of PPE with some margin of error in case of a disease outbreak. They need to have their own PPE supply chain and not rely on local or state emergency PPE resources. Facilities need to maintain adequate supplies for transmission-based precautions.

All healthcare providers and staff must wear appropriate PPE at all times, consistent with CDC universal source control [recommendations](#) and LAC DPH [guidance](#). HCPs should now wear face coverings at all times while they are in the healthcare facility. Masks or respirators are preferred, but non-medical face coverings can be used for non-patient care activities. Aerosol generating procedures (AGPs) require additional infection prevention precautions including an N95 or higher-level respirator, eye protection, gloves, and a gown, as described in CDC's [Take Precautions When Performing AGPs](#).

Facilities also need to use face coverings for all patients and essential visitors as well, regardless of symptoms. Facilities should have a plan for providing face coverings if patients or essential visitors arrive without. COVID-19 source control policies and procedures should also be in place for workers who are not in direct patient care roles (i.e. Front desk registration, scheduling, environmental cleaning, etc.). Note: A cloth face cover should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove it without assistance. Every effort should be made to conserve PPE as per CDC PPE optimization [guidance](#).

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3. What about other medical equipment?

In addition to maintaining an adequate supply of PPE, facilities should ensure ventilator and other medical equipment availability for urgent services and to be able to quickly respond to a surge in COVID-19 cases.

4. What are the staffing considerations?

Each facility needs to ensure adequate staffing levels to allow for urgent services as well as for surge capacity for COVID-19 cases. In addition, facilities need to put measures in place to prevent the rotation of health care workers, staff, and patients between COVID-19 and non-COVID-19 zones. Facilities should ensure that adequate staffing levels are in place to provide services, including staff to support additional safeguards to prevent COVID-19 at facilities (e.g. cleaning and disinfection, social distancing compliance).

Staff who are at [higher risk for severe illness](#) or who have household members at higher risk for severe illness from COVID-19 should adhere to recommended infection prevention and control practices. See CDC FAQs on [COVID-19 Risk](#) for more information.

5. What health checks are needed for entry into the health facility?

Facility plans need to include temperature and symptoms checks (e.g., fever, cough, shortness of breath, sore throat) when anyone enters the facility (this includes staff, patients, essential visitors). Facilities need to continue educating patients and staff on staying home when sick, except to receive necessary medical care. In addition, all healthcare personnel need to be routinely monitored for symptoms as outlined in the LAC DPH **Monitoring Healthcare Personnel** [DPH Guidance](#).

6. What SARS-CoV-2 testing capability is necessary?

Molecular tests (e.g. PCR) with an FDA [Emergency Use Authorization](#) are the recommended method for the identification and laboratory confirmation of COVID-19. Facilities need to be able to test for COVID-19 and obtain prompt results for staff and patients as needed for clinical care and/or infection control. Facilities should also have the capacity to support rapid testing and disease tracking in the event of a facility outbreak. Anyone demonstrating symptoms of COVID-19 should be tested and isolated, and facilities need to have a plan to implement this. LAC DPH should be notified immediately of any suspected outbreaks.

7. What else needs to be in place to protect patients who are at [higher risk for severe illness](#) from COVID-19?

Facility plans should include scheduling special or reserved hours for patients at higher risk of severe illness from COVID-19 to minimize the risk of infection to vulnerable patients.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Resuming Deferred and Preventive Health Care in Los Angeles County

8. What are the recommendations regarding visitors or companions?

In outpatient settings, patient companions and visitors are prohibited from entry unless they are required for assistance (e.g. pediatric, elderly, people with disabilities). Companions would still require a health check prior to entry and face coverings.

Visitors remain prohibited at inpatient facilities except when medically necessary or essential to the care or mental health of the patient as outlined in the CDPH [Visitor Limitations Guidance](#).

9. What environmental precautions are needed?

Facilities must establish a plan to thoroughly clean and disinfect spaces or facilities before they are used by patients. Plans should include frequent disinfection of frequently touched surfaces and the removal of magazines, reading materials, and other objects that may be touched by others and which are not easily disinfected. Ensure that all non-dedicated, non-disposable medical equipment used for patient care such as anesthesia machines are thoroughly cleaned and disinfected according to manufacturers' instructions and facility policies.

Ensure supplies are available such as tissues, hand soap, waste receptacles, and alcohol-based hand sanitizer in readily accessible areas. Place visual alerts such as signs and posters at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette (e.g. [Stop the Spread of Germs- Factsheets](#)).

Facilities should follow CDC guidance for [implementing environmental infection control](#).

10. What physical distancing measures need to be put in place?

Ensure physical distancing of 6 feet upon entry and within the facility, use visual cues and redesign flow and space to minimize possibility of exposure (e.g. space appointments to minimize possible contact with other patients and their companions in the waiting room)

11. What might be reasons to stop elective surgeries, procedures, or non-essential services once reopened?

Facilities should have a plan in place so that they are prepared to stop or modify services if directed by LAC DPH or CDPH (e.g. if there is an increase in community or healthcare surge of COVID-19 cases). Facilities should also be prepared to modify resumption of services in conjunction with surge status (as surge status increases, access to non-emergent care should decrease so as to not overwhelm the healthcare system). Facilities may also need to suspend surgeries or procedures based on identification of COVID-19 spread among staff or patients within their facility. In addition, if the capacity for a facility to respond to any increased demand for services for COVID-19 patients cannot be maintained, then some surgeries, procedures, and services may require suspension.

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Resuming Deferred and Preventive Health Care in Los Angeles County

12. What needs to be in place for contact tracing?

Each facility needs to ensure the ability trace staff and patient exposures following a COVID-19 exposure within the facility. Records and logs of patient movement and locations within the facility need to be maintained to identify and notify staff and patients who were exposed.

13. What about dental services?

Dental practitioners may begin to resume selected non-emergency care as per the CDPH [Guidance for Resuming Deferred and Preventive Dental Care](#). Clinicians should prioritize care that was previously postponed and for those conditions that are likely to lead to dental emergencies if treatment is not provided in a timely manner. Routine dental cleanings are considered preventive in nature and may be considered based on local or regional PPE and needed supplies being available. This includes topical fluoride application, sealants, and scaling. It is currently advised to avoid aerosol generating procedures that require use of dental equipment such as handpieces, ultrasonic scalers, and air-water syringes.

Resources

- [Resuming California's Deferred and Preventive Health Care](#) (CDPH)
- [Opening Up America Again](#) Centers for Medicare & Medicaid Services (CMS) Centers for Medicare & Medicaid Services (CMS) Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I
- [Best Practices for Reopening a Medical Practice \(California Medical Association\)](#)
- [Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States](#) (CDC)
- [Guidance for Resuming Deferred and Preventive Dental Care](#) (CDPH)