New Mexico Medical Advisory Team (Assessment)

Committee: Reopening Healthcare **Date**: 4/28/20

Resumption of Non-Emergent and Medically Necessary Care and Procedures: Medical Offices

These guidelines are recommended for use by allopathic and osteopathic medical providers working in an office setting (non-procedural and procedural), physical and occupational therapy facilities and imaging facilities. These guidelines are not intended for dental medicine, chiropractors, alternate medicine or veterinary medicine.

Dental office environments are classified as a very high-risk exposure category by the CDC and will require enhanced measures to protect dental health care personnel. Recommendations for these practices will be submitted separately.

Principles:

The following priorities must inform all actions towards resuming non-emergent and medically necessary care and office-based procedures:

- Minimize the risk of SARS-COV-2 transmission to patients, healthcare workers and others;
- Avoid further delays in healthcare for New Mexicans;
- Maintain adequate hospital capacity in case of an increase in COVID-19 cases;
- Minimize health emergencies presenting at emergency departments;
- Support the healthcare workforce in safely resuming activities; and,
- Non-emergent and medically necessary procedures performed in medical offices are assumed to be minimally invasive with outcomes not strongly associated with the patient's COVID status. Medical offices performing invasive procedures should follow the pre-surgical testing guidelines described for surgical procedures and facilities.

PPE considerations:

Prior to resuming non-emergent and medically necessary care in medical offices, the following criteria must be met:

- The office must have adequate PPE supplies for 2 weeks without the need for emergency PPE conserving measures;
- Procedures with potential for aerosol production (for example, certain ENT procedures) should follow state and national societal guidelines as well as CDC guidelines for use of PPE including approved respirators, moisture resistant surgical masks, gloves, face shields, eye protection and disposable garments; and,
- CDC guidelines must be followed for extended use or reuse of PPE.

Considerations for Medical Offices:

- Facilities and clinics to decide capacity goal: we suggest no more than 50% in-person pre COVID 19 volume for first 2 weeks. Further increase in volume should be considered in accordance with DOH guidelines and public health gating criteria.
- Medical offices should implement social distancing measures within waiting rooms and other areas of the office.
- Medical office must maintain a plan to reduce or stop nonemergency and elective procedures should a surge/resurgence of COVID-19 cases occur in their region.

- Prioritize patients and procedures based on whether continued delay will have potential for increased morbidity and mortality.
- Follow CDC guidelines for infection control.
- All patients and caregivers to wear a surgical mask (except where not feasible due to type of care delivered).
- All healthcare personnel in direct patient care areas to wear mask and gloves except for food and drink breaks.
- Continue to deliver care via telehealth when feasible.

Enhanced Screening procedures:

- Telephone screening of patients and caregivers for COVID-19 symptoms, previous exposure and prior COVID testing at time of scheduling.
- Upon arrival to facility, screen all patients for symptoms including temperature and pulse oximetry checks.
- When more robust testing capability is established in the state, consider screening patients by laboratory testing before proceeding with a non-emergent procedure.
- COVID nucleic acid-based testing is highly recommended within 48 hours of a procedure using a highly sensitive testing platform (e.g. Abbott M2000, Roche 6800, Cepheid GeneXpert).
- Point of care device testing is not recommended at this time in this setting due to lower sensitivity.
- **Office based medical procedures with high risk of aerosolization (certain ENT and GI procedures) pose greater risk to healthcare workers. It is strongly recommended that patients undergoing these procedures undergo COVID-19 nucleic acid-based testing using a highly sensitive testing platform within 48 hours prior to the procedure.**

Reporting Requirements:

Facilities should comply with current and future Federal and State COVID testing reporting requirements:

- Federal government reporting requirements: https://www.fema.gov/news-release/2020/04/10/coronavirus-covid-19-pandemic-hhs-letter-hospital-administrators

- New Mexico DOH reporting requirements: https://nmhealth.org/about/erd/ideb/ids/