John Bel Edwards
GOVERNOR

Dr. Courtney N. Phillips
SECRETARY

State of Louisiana

Louisiana Department of Health

HEALTHCARE FACILITY NOTICE/ORDER
NOTICE #2020-COVID19-ALL-010

FOR IMMEDIATE RELEASE

TO: (1) All Licensed Health Care Facilities in Louisiana
(2) Healthcare Professionals licensed, certified, authorized, or permitted by any board, authority, or commission under LDH

FROM: LDH Office of Public Health
Jimmy Guidry, M.D., State Health Officer *Jimmy Guidry, M.D.*

RE: AMENDED AND UPDATED NOTICE:
Medical and Surgical Procedures
Dental Visits, Procedures and Surgeries
Other Healthcare Services

DATE: April 20, 2020

This Healthcare Facility Notice will provide updated information on Medical and Surgical Procedures, and shall supersede the information on Medical and Surgical Procedures in the LDH Notice #2020-COVID19-ALL-006 dated March 18, 2020, and LDH Notice #2020-COVID19-ALL-007, dated March 21, 2020, and LDH Notice #2020-COVID19-DENTAL PROVIDER-004, dated March 17, 2020, and this Healthcare Facility Notice shall provide new and updated information on other healthcare services. This directive is applicable to all licensed health care facilities in Louisiana, as well as all healthcare professionals licensed, certified, authorized, or permitted by any board, authority, or commission under LDH.

The State of Louisiana, Department of Health ("LDH"), is committed to taking critical steps to ensure public health and safety; to prevent the spread of COVID-19, the State of Louisiana, Department of Health, is **DIRECTING AND REQUIRING** that all licensed healthcare facilities in Louisiana and all healthcare professionals licensed, certified, authorized, or permitted by any board, authority, or commission that is under LDH, adhere to the following provisions, restrictions, and limitations, **EFFECTIVE at 12:01 a.m. on April 27, 2020**:

RATIONALE AND LEGAL AUTHORITY:

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the COVID-19 outbreak a "public health emergency of international concern" (PHEIC). On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States, effective January 27, 2020. Pursuant to the Louisiana Health Emergency Powers Act, R.S. 29:760, *et seq*., a state of public health emergency resulting from the outbreak of "coronavirus disease 2019" ("COVID-19") was declared to exist in the entire State of Louisiana by Proclamation Number 25 JBE 2020.

In the days since the referenced declaration of a state of the public health emergency in the state, the COVID-19 outbreak in Louisiana has expanded significantly. Additional measures are necessary to protect the health and safety of the public, to preserve Personal Protective Equipment (PPE) and to utilize hospital staffing, equipment, and bed capacity to address COVID-19.

The measures ordered herein are in line with the best guidance and direction from the U.S. Centers for Disease Control and Prevention. The measures ordered herein are necessary because of the ability of the COVID-19 virus to spread via personal interactions. The State Health Officer expressly finds that the measures ordered herein are necessary to help control and prevent further spread of COVID-19, a communicable, contagious, and infectious disease that represent a serious and imminent threat to the public health.

NOW THEREFORE, pursuant to the powers vested in me by L.R.S. 40:1 *et seq*., particularly La. R.S. 40:4(A)(13) and La. R.S. 40:5(A)(2), I, Jimmy Guidry, M.D., State Health Officer, do hereby issue the following emergency order:

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SECTION I. MEDICAL AND SURGICAL PROCEDURES[1]

A. The Department hereby directs that any and all medical and surgical procedures SHALL ONLY be performed under the following conditions until further notice.

(1) Medical and surgical procedures are allowed in order to treat an emergency medical condition; for purposes of this Notice, "emergency medical condition" is the definition used in 42 CFR §489.24; such definition states that an "emergency medical condition" is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:

[1] Dental Providers should follow Section II of this memo.

(a) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
(b) Serious impairment to bodily functions; or
(c) Serious dysfunction of bodily organs.

(2) Medical and surgical procedures are allowed to avoid further harms from underlying condition or disease.

(3) Time-Sensitive Medical Conditions:

(a) Subject to paragraph (b) below, medical and surgical procedures are allowed to treat time-sensitive medical conditions, provided that the facility and/or healthcare provider ensure that each of the following conditions/requirements are met; if each of the following conditions/requirements is not met, then the facility/healthcare provider shall not perform any medical or surgical procedures to treat time-sensitive medical conditions:

(i) Each patient undergoing such a medical or surgical procedure shall undergo an appropriate pre-operative clinical evaluation to minimize the risk that the patient has COVID-19; such clinical evaluation shall include appropriate COVID-19 testing, if available;

(ii) Each patient undergoing such a medical or surgical procedure shall be required to comply with strict social distancing measures from the time of the pre-operative clinical evaluation through the day of the surgery;

(iii) The facility and healthcare provider shall have an adequate and appropriate supply of personal protective equipment (PPE) to treat the patient, as well as treat any other patient, including COVID positive patients, in the facility. At no time shall a facility's PPE supply to treat COVID positive patient fall below a 5-day supply on hand at the facility. The facility shall not be dependent on the state or other governmental body to supply the 5-day requirement;

(iv) There is an adequate supply chain to the facility/healthcare provider for medical equipment, supplies, and medications;

(v) The facility/healthcare provider has adequate medical staff, including surgical, surgical support, recovery, and nursing staff, to meet the needs of all patients;

(vi) The facility/healthcare provider shall conduct constant monitoring of hospital, regional, and state resources, as well as ESF-8 reports, indicating coronavirus burden of disease and impact.

(b) Medical and Surgical Procedures to Treat Time-Sensitive Medical Conditions SHALL BE IMMEDIATELY DISCONTINUED upon notice by the State Health Officer, who may consider any of the following criteria in

making a decision to halt or discontinue medical and surgical procedures to treat time-sensitive medical conditions:

(i) Statewide or region-wide ventilator capacity;
(ii) Statewide or region-wide ICU bed availability;
(iii) Statewide or region-wide med surg bed availability;
(iv) The number of new admit COVID-19 cases; and
(v) Any other criteria that the State Health Officer deems appropriate.

B. Any medical or surgical procedure in which a delay will not adversely affect the particular patient or the underlying disease process should continue to be postponed.

C. Each facility or healthcare provider that performs any medical or surgical procedure shall be required to contact the patient within 10-14 days after the procedure to determine whether the patient has signs/symptoms of COVID-19 or has tested positive for COVID-19 since the procedure. Such contact shall be documented in the patient's medical record. The facility or healthcare provider shall make recommendations to the patient who has signs/symptoms of COVID-19, including appropriate testing. Further, the facility or healthcare provider shall immediately inform the Office of Public Health via electronic notification, if any such patient has tested positive for COVID-19.

D. The Centers for Medicare and Medicaid Services (CMS) issued Recommendations on April 19, 2020, regarding Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I. LDH and the State Health Officer recommend that each facility and healthcare provider that performs any medical or surgical procedure comply with these CMS Recommendations, or any subsequent Recommendations or Guidance issued by CMS.

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SECTION II. DENTAL VISITS, PROCEDURES AND SURGERIES

A. The Department hereby directs that any and all dental visits, procedures, and surgeries (hereinafter "dental procedures") SHALL ONLY be performed under the following conditions until further notice.

(1) Dental procedures are allowed in order to treat an emergency medical condition; for purposes of this Notice, "emergency medical condition" is the definition used in 42 CFR §489.24; such definition states that an "emergency medical condition" is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:

(a) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
(b) Serious impairment to bodily functions; or
(c) Serious dysfunction of bodily organs.

(2) Dental procedures are allowed to avoid further harms from underlying condition or disease

(3) Time-Sensitive Dental Conditions:

(a) Subject to paragraph (b) below, dental providers are allowed to treat time-sensitive dental conditions, provided that the facility and/or healthcare provider ensure that the attached algorithms 2 and 3 and CDC Guidelines are followed for screening patients and for treating patients.

(b) Dental Procedures to Treat Time-Sensitive Dental conditions SHALL BE IMMEDIATELY DISCONTINUED upon notice by the State Health Officer, who may consider any of the following criteria in making a decision to halt or discontinue medical and surgical procedures to treat time-sensitive medical conditions:

(i) Statewide or region-wide ventilator capacity;
(ii) Statewide or region-wide ICU bed availability;
(iii) Statewide or region-wide med surge bed availability;
(iv) The number of new admit COVID-19 cases; and
(v) Any other criteria that the State Health Officer deems appropriate.

B. Any dental procedure in which a delay will not adversely affect the particular patient or the underlying disease process should continue to be postponed.

C. Each dental facility or dental provider that performs any dental procedure shall be required to contact the patient within 10-14 days after the procedure to determine whether the patient has signs/symptoms of COVID-19 or has tested positive for COVID-19 since the procedure. Such contact shall be documented in the patient's medical record. The dental facility or dental provider shall make recommendations to the patient who has signs/symptoms of COVID-19, including appropriate testing. Further, the dental facility or dental provider shall immediately inform the Office of Public Health, via electronic notification, if any such patient has tested positive for COVID-19.

D. The Centers for Medicare and Medicaid Services (CMS) issued Recommendations on April 19, 2020, regarding Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I. LDH and the State Health Officer recommend that each dental facility and dental provider that performs any dental procedure comply with these CMS Recommendations, or any subsequent Recommendations or Guidance issued by CMS.

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SECTION III. Healthcare Services, Other than Medical and Surgical Procedures

A. The Department hereby directs that all healthcare providers offer – when medically appropriate and when the same standard of care can be met – a telehealth mode of delivery, rather than an in-person visit. Providers shall make a determination about the appropriateness of telehealth on a case-by-case basis. Providers may encounter legitimate and valid barriers to telehealth delivery and may not be able to shift all services to telehealth. Providers acting in good faith shall not be found to be in violation of this directive.

Note: The Department encourages facilities and healthcare providers to follow LDH and CDC recommendations to reduce exposure to themselves, their staff, and their patient/clients, should in the healthcare provider's professional medical opinion, that an in-person visit is needed.

B. The Department hereby directs that any in-person healthcare services be postponed when patient outcomes would not be compromised. Providers shall use their best medical judgment within the scope of their license to make this determination. Providers shall consider the entire clinical picture when determining if a service can be safely postponed, including the consequences to the patient of postponement and the consequences to the healthcare system. Providers acting in good faith shall not be found to be in violation of this directive.

C. Each facility or healthcare provider that performs any other healthcare service (other than a medical or surgical procedure or a dental procedure) shall be required to contact the patient within 10-14 days after the procedure to determine whether the patient has signs/symptoms of COVID-19 or has tested positive for COVID-19 since the procedure. Such contact shall be documented in the patient's medical record. The facility or healthcare provider shall make recommendations to the patient who has signs/symptoms of COVID-19, including appropriate testing. Further, the facility or healthcare provider shall immediately inform the Office of Public Health, via electronic notification, if any such patient has tested positive for COVID-19.

D. The Centers for Medicare and Medicaid Services (CMS) issued Recommendations on April 19, 2020, regarding Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I. LDH and the State Health Officer recommend that each facility and healthcare provider that performs any other healthcare service (other than a medical or surgical procedure or a dental procedure) comply with these CMS Recommendations, or any subsequent Recommendations or Guidance issued by CMS.

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End of Memo

Algorithm 2: Interim Guidance for Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients

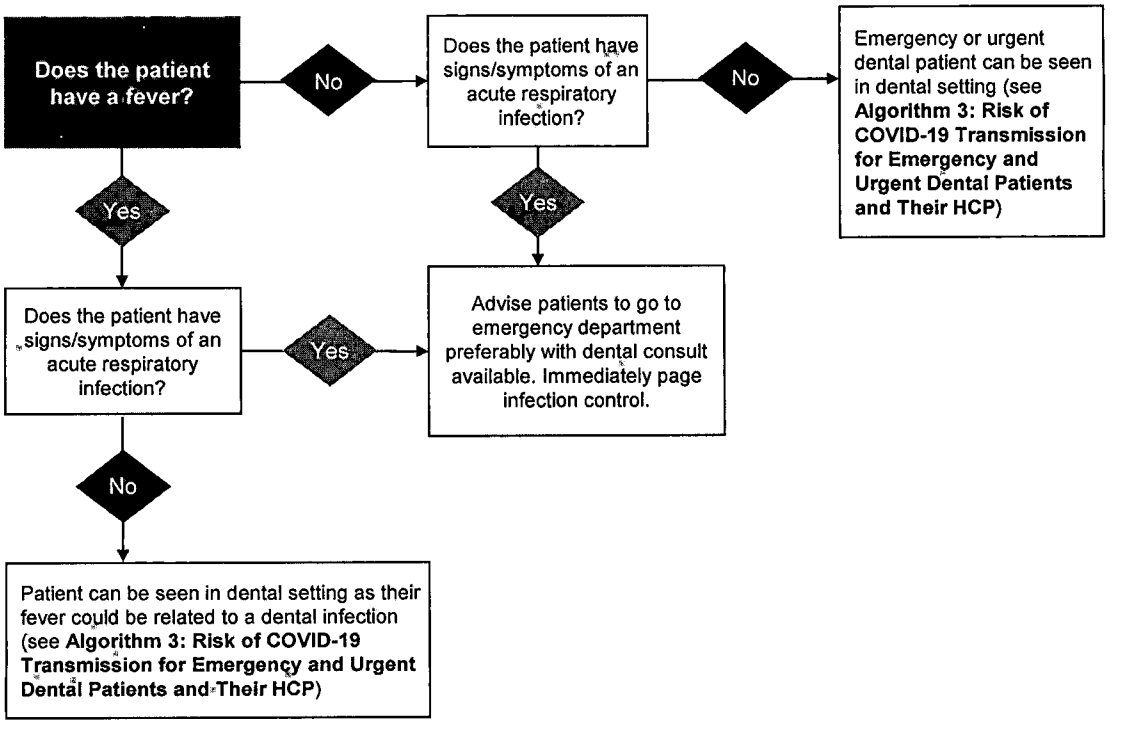
ADA

Updated: 4/1/2020

Summary of Procedures

1. Clinic staff should speak to all patients 1-2 working days (or sooner if able) before any scheduled session.
2. Call patients for whom in-person visit may not be necessary and issue can be solved without an office visit.

Emergency and urgent dental patients in this algorithm are being evaluated for COVID-19 infection signs/symptoms to determine in which clinical setting they should be seen. Patients with **active** COVID-19 infection should **not** be seen in dental settings per CDC guidance.



1. During screening procedure for COVID-19 infection, patients should be asked if they have tested positive for COVID-19 infection and if yes, the patient should be immediately referred to the emergency department for the management of the dental condition. If patient has previously tested positive for COVID-19 infection and 3 days have passed since symptoms have resolved, the patient can be seen in a dental setting (see Algorithm 1).
2. Fever in the absence of respiratory symptoms in the context of this algorithm should be strongly associated with an emergency or urgent dental condition (e.g., dental infection) if dental settings are to be used.
3. No companions should be invited inside the clinic, they should not sit in the waiting room, and patients with a fever being seen in dental setting should be given a mask if they don't have one already. As the patient's mask will come off during dental treatment, it should be placed back on as soon as treatment is complete.
4. If patient has had exposure to an individual with suspected or confirmed COVID-19 infection, traveled to countries currently under a travel ban, or been exposed to confirmed SARS-CoV-2 biologic material (either themselves or via another individual), consider referring patient to a hospital setting. Risk of transmission increases with these exposures.
5. If the patient needs to be referred for COVID-19 testing, they should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental clinic to report test results. Clinic director and/or coordinators should maintain a list of patients who will not be coming in for in-person visits in charts or find another mechanism that fits into the clinic's workflow. It is critical that a list of dental patients that have been referred to other settings due to suspected COVID-19 infection be maintained.
6. Information about reporting suspected cases of COVID-19 infection can be found here: https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html

These algorithms are interim guidance informed by the latest recommendations from health care agencies (e.g., World Health Organization, Centers for Disease Control and Prevention) and the scientific literature. They will be revised and updated as new data emerge.

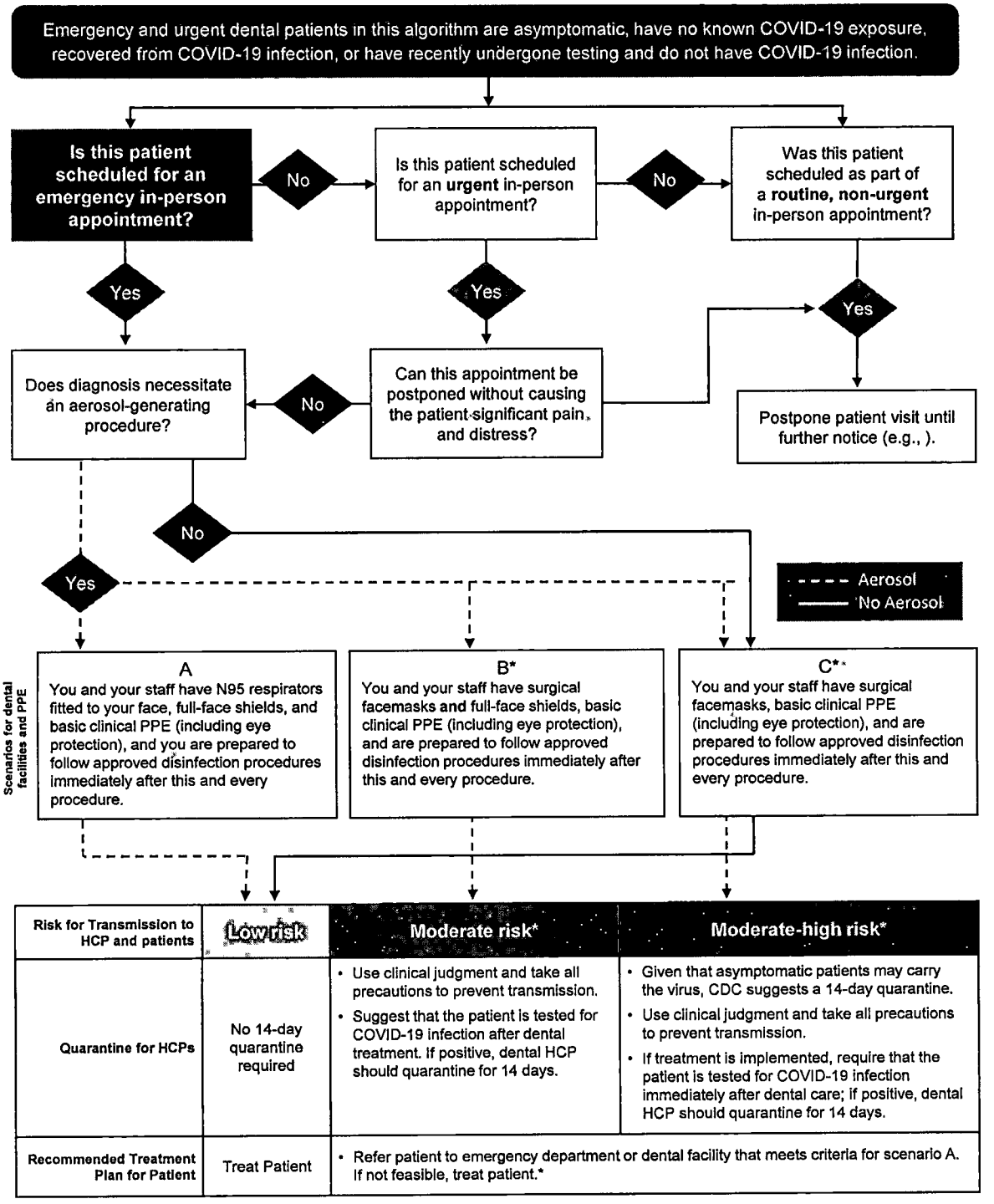
Algorithm 3: Interim Guidance to Minimize Risk of COVID-19 Transmission for Emergency and Urgent Dental Patients and HCP

ADA

Updated: 4/1/2020

Summary of Procedures

1. Clinic staff should speak to all patients 1-2 working days (or sooner if able) before any scheduled session.
2. Call patients for whom in-person visit may not be necessary and re-schedule.
3. See emergency triage and COVID-19 infection screening procedures.



Risk for Transmission to HCP and patients	Low risk	Moderate risk*	Moderate-high risk*
Quarantine for HCPs	No 14-day quarantine required	• Use clinical judgment and take all precautions to prevent transmission. • Suggest that the patient is tested for COVID-19 infection after dental treatment. If positive, dental HCP should quarantine for 14 days.	• Given that asymptomatic patients may carry the virus, CDC suggests a 14-day quarantine. • Use clinical judgment and take all precautions to prevent transmission. • If treatment is implemented, require that the patient is tested for COVID-19 infection immediately after dental care; if positive, dental HCP should quarantine for 14 days.
Recommended Treatment Plan for Patient	Treat Patient	• Refer patient to emergency department or dental facility that meets criteria for scenario A. If not feasible, treat patient.*	

*A less protective option than N95 respirators is the use of a surgical facemask with a full-face shield; use of a surgical face mask alone may be considered if the supply chain of respirators cannot meet demand with the understanding that this may increase the risk of infection of dental health care professionals engaged in the care and community transmission.

These algorithms are interim guidance informed by the latest recommendations from health care agencies (e.g., World Health Organization, Centers for Disease Control and Prevention) and the scientific literature. They will be revised and updated as new data emerge.

HCP: healthcare personnel; PPE: personal protective equipment.

See next page for key remarks regarding Algorithm 3

Algorithm 3: Key Remarks

Updated: 4/1/2020

1. The three algorithms serve as interim guidance for triage, screening and risk assessment of patients during the time of COVID-19 pandemic.
2. If basic PPE, including surgical facemasks are not available, do not proceed with **any** dental procedure, regardless of emergency/urgent patients.
3. If a patient with a confirmed diagnosis for COVID-19 within the last 14 days, who presents with respiratory symptoms, is treated in the dental office, or if any patient is treated without the appropriate PPE, these are considered **high-risk scenarios.** Dentist and members of the dental team should proceed to 14-day quarantine.
4. Surgical facemasks should be selected based on procedure being performed. Level 3 masks should be prioritized for aerosol-generating procedure when scenarios A and B are not possible.
5. An aerosol-generating procedure performed **without** N95 respirator is a moderate-risk scenario for COVID-19 transmission to HCP and other patients.
6. If the patient is referred for COVID-19 testing, they should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental clinic to report test results. If a test is positive, the clinic needs to report the exposure to all patients treated after the infected patient.

Additional measures

a) Use dental hand-piece with anti-retraction function, 4-handed technique, high-volume saliva ejectors, and a rubber dam when appropriate to decrease possible exposure to infectious agents.

b) Hand-pieces should be cleaned after each patient to remove debris followed by heat-sterilization.

c) Have patients rinse with a 1.5% hydrogen peroxide or 0.2% povidone before each appointment.

d) For pediatric patients who cannot rinse, always have a rubber dam placed for all aerosol generating emergency procedures. The use of pre-procedure rinse should be substituted by the use cotton rolls soaking, as it may difficult for these patients to rinse appropriately.

e) Guidance titled *ADA Evidence-based clinical practice guideline for the urgent management of pulpal- and periapical-related dental pain and intraoral swelling* is still applicable.

f) When appropriate, use NSAIDs in combination with acetaminophen to manage dental pain.

g) Clean and disinfect public areas frequently, including waiting rooms, door handles, chairs, and bathrooms. Patient companions should wait outside clinic or in car.

h) Office manager and/or other staff should maintain a list of patients who will not be coming in for in-person visits in charts or find another mechanism that fits dental office's workflow. It is critical that a list of dental patients that have been referred to other settings due to suspected COVID-19 infection be maintained.

i) Patients **with a resolved COVID-19 infection** can be seen in a dental setting:

   1) at least 3 days (72 hours) since COVID-19 infection symptoms resolved **AND**
   2) at least 7 days since their symptoms first appeared (defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms) (e.g., cough, shortness of breath).