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EXECUTIVE ORDER

Amending and Restating Executive Orders D 2020 045, D 2020 080, D 2020 114, D 2020 145, D 2020 169, D 2020 198, and D 2020 225 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 amending and restating Executive Orders D 2020 045, D 2020 080, D 2020 114, D 2020 145, D 2020 169, D 2020 198, and D 2020 225 to allow voluntary or elective surgeries and procedures to proceed under certain conditions due to coronavirus 2019 (COVID-19) 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 COVID-19 test result in Colorado. Since then, the number of confirmed cases has continued to climb, and we have evidence of 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, D 2020 032, D 2020 058, D 2020 076, D 2020 109, D 2020 125, D 2020 152, D 2020 176, D 2020 205, and D 2020 234. 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 amends and restates Executive Orders D 2020 045, D 2020 080, D 2020 114, D 2020 145, D 2020 169, D 2020 198, and D 2020 225 for an additional thirty (30) days to allow voluntary or elective surgeries and procedures under certain conditions, including daily bed reporting in EMResource and internal surge capacity plans and reporting.

II. Directives

A. Medical voluntary or elective surgeries and procedures may resume as long as the healthcare facility, clinic, office, 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. Voluntary or elective surgeries and procedures are defined in Tiers 1 and 2 in Exhibit A and will be further defined by CDPHE through PHO. CDPHE shall develop guidelines for when a Facility must temporarily stop performing a class or classes of voluntary or elective surgeries and procedures.

B. All hospitals, licensed Ambulatory Surgery Centers (ASC) that are owned by hospitals, and outpatient surgery units and outpatient surgery centers that meet the definitions in 6 CCR 1011-1, Ch. 20, Sec. 2.2.D.2 and 3 that perform medical voluntary or elective surgeries and procedures and are owned by hospitals 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. 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 or hospital settings based on the voluntary or elective surgeries or procedures provided, which shall include requirements concerning:

ii. Access to adequate personal protective equipment (PPE), ventilators, trained staff, medications, anesthetics, beds, and all medical surgical supplies to prepare for a possible COVID-19 surge;

iii. Use of PPE or face coverings for providers, staff, patients, and visitors;

iv. Intermittent patient scheduling to provide for social distancing, enhanced cleaning, sufficient time to change PPE, and to minimize aerosol contamination;

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

vi. 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;

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

viii. 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;

ix. 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;

x. 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;

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

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

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

2. Best practices recommended to all Facilities, including any specific best practices recommended for medical or hospital 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 individuals at risk of severe illness from COVID-19 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:

A. Transfusion;

B. Pharmaceuticals or PPE in short supply;

C. Intensive Care Unit admission; and

D. Transfer to a skilled nursing facility or inpatient rehabilitation center.

E. Beginning November 18, 2020, I direct all hospitals to report the following daily in EMResource at 10:00 a.m. and 8:00 p.m.:

3. The maximum number of staffed intensive care unit (ICU) beds that can be made available for patients in need of ICU level care; and

4. The maximum number of staffed medical and surgical beds available for patients in need of non-ICU hospitalization.

F. I direct all hospitals to submit their maximum bed capacity, broken out by Medical/Surgical and ICU Beds, via the provided Google form, https://forms.gle/vNe2qBWM5mgNNxmu6, at the hospital system level and for each individual hospital and inpatient level by November 18, 2020.

G. I direct all hospitals to submit their internal surge capacity plans. Facilities may achieve this goal in any permissible means reasonable and prudent to

the management of the hospital and approved by CDPHE's Incident Commander, who will review plans submitted to cdphe.commentsoepr@state.co.us. This report shall be submitted to CDPHE on or before November 20, 2020. The plan must include:

1. A detailed plan to potentially increase bed capacity by at least fifty percent (50%) and provide staffing and medical equipment for such increase;

2. Strategies to increase the number of ICU beds by transitioning medical and surgical beds to ICU beds if needed;

3. A detailed staffing plan, sufficient to provide adequate care for all beds, including those in use or available to patients other than COVID-19 patients; and

4. 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.

H. Nothing in this Executive Order prevents CDPHE from seeking other information it may lawfully require from hospitals and inpatient facilities to assess the State's total health care capacity.

III. Duration

This Executive Order, which amends and restates Executive Orders D 2020 045, D 2020 080, D 2020 114, D 2020 145, D 2020 169, D 2020 198, and D 2020 225, shall expire thirty (30) days from November 13, 2020, unless extended further by Executive Order.

GIVEN under my hand and the Executive Seal of the State of Colorado, this thirteenth day of November, 2020.

Jared Polis
Governor

Exhibit A

Tier	Action	Definition	Locations	Examples
Tier 1a	Postpone surgery/procedure	- Low acuity surgery/healthy patient - Outpatient surgery - Not life threatening illness	- HOPD** - ASC* - Hospital with low or no COVID-19 census	- Carpal tunnel release - EGD - Colonoscopy
Tier 1b	Postpone surgery/procedure	- Low acuity surgery/unhealthy patient	- HOPD** - ASC* - Hospital with low or no COVID-19 census	- Endoscopies
Tier 2a	Postpone surgery if possible	- Intermediate acuity surgery/healthy patient - Not life threatening but potential for future morbidity and mortality - Requires in hospital stay	- HOPD** - ASC* - Hospital with low or no COVID-19 census	- Low risk cancer - Non urgent spine & ortho: including hip, knee replacement, and elective spine surgery -Stable ureteral colic
Tier 2b	Postpone surgery if possible	- Intermediate acuity surgery/unhealthy patient	- HOPD** - ASC* - Hospital with low or no COVID-19 census	
Tier 3a	Do not postpone	- High acuity surgery/healthy patient	- Hospital	- Most cancers - Highly symptomatic patients - Neurosurgery
Tier 3b	Do not postpone	- High acuity surgery/unhealthy patient	- Hospital	- Transplants - Trauma - Cardiac with symptoms - Limb threatening vascular surgery

*ASC means Ambulatory Surgery Center
**HOPD means Hospital Outpatient Department