

CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR PUBLIC HEALTH

Andy BeshearGovernor

275 East Main Street, HS1WGA Frankfort, KY 40621 502-564-3970 FAX: 502-564-9377 www.chfs.ky.gov/dph Eric C. Friedlander
Acting Secretary

Steven J. Stack, MD
Commissioner

May 8, 2020

On March 6, 2020, Governor Andy Beshear signed Executive Order 2020-215 declaring a state of emergency in the Commonwealth due to the outbreak of the COVID-19 virus, a public health emergency.

On March 23, 2020, the Cabinet for Health and Family Services issued directives stating that all non-emergent and non-urgent in person medical, surgical, dental and any other healthcare practice or procedure must have ceased by close of business on March 18, 2020. On April 27, 2020 and May 1, 2020 the Cabinet for Health and Family Services modified the March 23 directives.

Therefore, pursuant to the authority in KRS Chapter 39A, KRS 194A.025, KRS 214.020 and Executive Order 2020-215 the Cabinet for Health and Family Services, the Department for Public Health states that the directives of March 23, 2020 are hereby further modified as follows:

- 1. As of May 13, 2020 non-emergent/non-urgent inpatient surgery and procedures may resume at 50% of pre COVID-19 shutdown volume;
- 2. On <u>May 27, 2020</u> non-emergent/non-urgent inpatient surgery and procedures may resume at a <u>volume determined by each facility</u> but in compliance with the other requirements within this order;
- 3. All surgical/procedural patients must have a COVID-19 pre-procedure screening and/or testing in accordance with specialty-specific and/or professional association guidelines consistent with the guidance of the Kentucky Department of Public Health;
- 4. The type and timing of the cases must be determined by a facility-specific, multidisciplinary, procedure prioritization and oversight committee;
- 5. Acute care hospitals must maintain at least 30% bed capacity, per their facility surge plan, in both ICU and total beds for COVID-19 patients.



- 6. Each facility must maintain a 14-day supply of all necessary Personal Protective Equipment (PPE) based upon a projected 14-day burn rate for the entire facility;
- 7. All providers must eliminate traditional waiting/common seating areas and utilize non-traditional alternatives (e.g., call ahead registration; waiting in car until called).
- 8. Social distancing requirements must be strictly maintained in <u>all</u> settings where people must wait in order to minimize direct contact between individuals within the healthcare setting;
- 9. <u>All</u> healthcare workers, patients and others must be screened for temperature and COVID-19 symptoms upon arrival for shift or visit. <u>STAFF MUST STAY HOME IF SICK</u>;
- 10. All providers must plan for and ensure enhanced workplace sanitizing and disinfecting;
- 11. All providers must plan for and ensure enhanced hand hygiene compliance (e.g., regular handwashing schedule, use of sanitizer before and after patient contact, hand sanitizer stations throughout the office/facility);
- 12. All healthcare providers and staff must wear surgical/procedural masks while in healthcare office/facility when in contact with patients and/or staff;
- 13. All patients and other persons in a healthcare office/facility must wear either a surgical /procedural mask or cloth mask/face covering when in contact with patients and/or staff;
- 14. All healthcare providers must be able to procure all necessary PPE for routine services via normal supply chains;
- 15. To minimize risk of COVID-19 infection, visitation restrictions remain in force at all healthcare facilities. Beginning May 13, 2020, however, a healthcare facility may permit a patient to have a single (one) visitor/support person at the discretion of the facility and based on the best judgment of the facility to protect patients, visitors, and staff. All visitors must be screened for temperature and COVID-19 symptoms upon arrival and must wear a mask while in the healthcare facility. All visitation is defined by the healthcare facility's policy;
- 16. The Commonwealth of Kentucky relies upon licensed healthcare professionals within the state to exercise these directives with appropriate professional judgment in the best interests of minimizing spread of COVID-19 and reducing risk to patients receiving healthcare services;
- 17. All healthcare professionals should check https://govstatus.egov.com/ky-healthy-at-work regularly for updates and posted guidance from their individual professional organizations and associations;
- 18. Under all circumstances where clinically possible, use of telephonic or video communication to provide telemedicine services is strongly urged. Medicare and Medicaid have WAIVED¹ typical telemedicine and HIPAA requirements and you may even use non-HIPAA compliant video services such as FaceTime, Skype, and others during the current state of emergency.

¹ See https://chfs.ky.gov/agencies/dms/Documents/ProviderTelehealth%20FAQs%203-19-2020.pdf and https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak.

ALL phases of any modification of the March 23 order under this or any subsequent orders are subject to delay in the case of a COVID-19 surge.

The Secretary for the Cabinet for Health and Family Services has been designated by the Governor to deliver these directives during this public health emergency.

The Cabinet for Health and Family Services will continue to provide information and updates to healthcare providers during the duration of this Public Health Emergency.

Eric Friedlander

Secretary

Governor's Designee

Dr. Steven J. Stack Commissioner