



**This is an official
MS Health Alert Network (HAN) Alert**

MESSAGE ID: MSHAN-20200424-00443-ALT (Health Alert)

RECIPIENTS: All Physicians, Hospitals, ERs, ICPs, NPs, and
Healthcare Providers - Statewide

Friday, April 24, 2020

SUBJECT: COVID-19 Outpatient Medical Services and Elective
Surgery; 4-24-2020

STATE HEALTH OFFICER'S ORDER

Pursuant to Mississippi Code Ann. §§ 41-3-51, 41-3-15 et. seq., 41-23-1 et. seq. and the State of Emergency Declaration by the Governor of the State of Mississippi related to the coronavirus COVID-19 issued on March 14, 2020, I, Thomas Dobbs, MD, MPH, State Health Officer, Executive Director of the Mississippi State Department of Health, hereby issue this Order for the provision of Outpatient Medical Services and Elective Surgery effective until May 18, 2020, unless revoked prior to that time, as follows:

Outpatient Medical Services:

In order to meet the medical needs of Mississippi residents, non-emergent and non-urgent outpatient clinical visits may resume under the following guidance:

- 1) Telehealth should be used when possible and as appropriate for medical assessment and treatment.
- 2) In-person clinic visits:
 - a. When telehealth is not an option, all patients must be screened for COVID-19 prior to visit, or immediately on arrival and isolated as directed by MSDH guidelines, if needed. Patients with symptoms of COVID-19 must be assessed and tested for COVID-19 prior to receiving non-emergent medical care.
 - b. All patients with suspected COVID-19 must be assessed in a private location, with appropriate Personal Protective Equipment (PPE).
- 3) All outpatient services must be conducted to accommodate social distancing recommendations to include:
 - a. Less than ten persons per room.
 - b. Minimum separation of six feet between patients.
 - c. Lower patient volumes should continue in a manner that supports social distancing.
 - d. A maximum of one caregiver may attend with patient (if needed).



- e. Hand hygiene resources must be readily available to patients and caregivers.
 - f. All patients and caregivers in waiting rooms must wear a surgical or cloth mask.
 - g. All medical and office staff must wear a mask at all times.
- 4) Available services
- a. Non-urgent (Tier 1) visits should be delayed or occur via telehealth. (See Appendix 1 from <https://www.cms.gov/files/document/cms-non-emergent-elective-medical-recommendations.pdf>)
 - b. Tier 2 and Tier 3 medical services may be reinitiated based on need according to physician judgment (See Appendix 1 from <https://www.cms.gov/files/document/cms-non-emergent-elective-medical-recommendations.pdf>).

Elective Surgeries and Procedures:

In order to meet the medical needs of Mississippi residents who have delayed non-emergent treatment, non-emergent and non-urgent surgeries and procedures may resume under the following guidance:

- 1) All patients must be assessed for COVID-19 prior to elective surgeries or procedures .
 - a. All patients must be assessed for COVID-19 symptoms immediately prior to any elective surgery.
 - b. Patients with COVID-19 symptoms must be tested for and shown to not have COVID-19 prior to proceeding to surgery or procedure.
 - c. A negative COVID-19 PCR test in the previous 48 hours is the preferred screening approach for surgeries or procedures involving the mouth, nose, oropharynx, nasopharynx, respiratory tract, GI tract or requiring general anesthesia. When pre-operative testing for COVID-19 is not practicable, full protective PPE for COVID-19 is required during any potentially aerosolizing procedure (including but not limited to: airway access, endoscopy, or bronchoscopy).
- 2) Access to PPE, Supplies, Equipment and Medicine:
 - a. Prior to initiating elective surgeries or procedures, adequate inventories of approved countermeasures including PPE, supplies, equipment, and medicine must be available. State support of PPE will not be available to facilities performing elective surgeries or procedures.
 - b. A plan for conserving and maintaining PPE, supplies, equipment, and medicine must be in place. This includes access to a reliable supply chain to support continued operations and respond to an unexpected surge in a timely manner.
 - c. To preserve PPE, healthcare personnel should minimize the number of personnel in the operating or procedure room (e.g. avoid swapping personnel for “breaks”, keep scrubbed in personnel to a minimum).



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- d. If appropriate PPE is unavailable to protect the healthcare workers or the supply of appropriate PPE is limited, then the elective surgery or procedure must be canceled.
 - e. If there is a limited supply of equipment, supplies, beds or medicine, then the elective surgery or procedure must be canceled.
 - f. Specialty society guidelines should be considered when reinitiating elective surgeries and procedures.
- 3) Social Distancing: All services must be provided in a manner designed to accommodate social distancing recommendations to include:
- a. Less than ten persons per room.
 - b. Minimum separation of six feet between patients.
 - c. Only one caregiver may attend in support of the patient.
 - d. Lower patient volumes should continue in a manner that accommodates social distancing.
 - e. Hand hygiene resources must be readily available to patients and caregivers.
 - f. All patients and family in waiting rooms must wear a surgical or cloth mask.
 - g. All medical personnel and staff must wear a mask at all times in all clinical areas.
- 4) Protecting the Exposure of Healthcare Workers to COVID-19:
- a. Every effort should be made to protect healthcare workers from COVID-19 by following current CDC guidelines and reducing the number of healthcare workers in the surgical suite or office to the minimum necessary to complete the surgery or procedure.
 - b. All healthcare workers must be monitored for illness at least daily, prior to the beginning of the work shift.
 - c. Healthcare workers must be provided with appropriate PPE to perform the elective surgery or procedure.
 - d. If appropriate PPE is unavailable to protect the healthcare workers, then the elective surgery or procedure must be cancelled.
- 5) Only Tier 2 and 3 surgeries and procedures should be performed at this time, consistent with the clinical judgment of the treating physician. Tier 1a and 1b surgeries and procedures must be delayed. (See Appendix 2 <https://www.cms.gov/files/document/covid-elective-surgery-recommendations.pdf>)

Particular effort should be made to avoid elective surgeries or procedures for patients who will require extensive surgery/open surgery; expected intensive care unit stays; or on those patients with multiple comorbidities and a higher risk of post-operative complications that would require a longer length of inpatient stay that could jeopardize the hospital's bed capacity in the event of a surge in COVID patients.

- 6) Inpatient Visitation:
- a. All efforts should be made to minimize hospital visitors.
 - b. Only one caregiver may attend in support of hospital inpatients.



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- c. Hospitals may make special accommodations, with strict adherence to necessary personal protective measures, in special circumstances including but not limited to end-of-life situations.

This the 24th day of April 2020.

A handwritten signature in blue ink, appearing to read "Tom Dobbs", written over a light blue horizontal line.

Thomas Dobbs, MD, MPH
State Health Officer



Appendix 1:

Tiers	Definition	Locations	Examples	Action
Tier 1	Low acuity treatment or service	<ul style="list-style-type: none"> • Medical office • FQHC/RHC* • HOPD** • Ambulatory care sites 	<ul style="list-style-type: none"> • Routine primary or specialty care • Preventive care visit/screening • Annual Wellness or Welcome to Medicare Initial Preventive Visit • Supervised exercise therapy • Acupuncture 	<p>Consider postponing service</p> <p>Consider follow-up using telehealth, virtual check-in, or remote monitoring</p>
Tier 2	<p>Intermediate acuity treatment or service</p> <p>Not providing the service has the potential for increasing morbidity or mortality</p>	<ul style="list-style-type: none"> • Medical office • FQHC/RHC • HOPD • Ambulatory care sites 	<ul style="list-style-type: none"> • Pediatric vaccinations • Newborn/early childhood care*** • Follow-up visit for management of existing medical or mental/behavioral health condition • Evaluation of new symptoms in an established patient • Evaluation of non-urgent symptoms consistent with COVID-19 	<p>Consider initial evaluation via telehealth; triage to appropriate sites of care as necessary</p> <p>If no current symptoms of concern, consider follow-up with virtual check-in</p>
Tier 3	<p>High acuity treatment or service</p> <p>Lack of in-person treatment or service would result in patient harm</p>	<ul style="list-style-type: none"> • Medical office • FQHC/RHC • HOPD • Ambulatory care sites • Emergency Department 	<ul style="list-style-type: none"> • Evaluation of new symptoms in a new patient • Evaluation of symptoms consistent with COVID-19, with warning signs including shortness of breath, altered mental status, or other indications of severe disease 	<p>We would not recommend postponing in-person evaluation; consider triage to appropriate facility/level of care as necessary</p>

*Federally Qualified Health Care/Rural Health Clinics

**Hospital Outpatient Department

***If a practice can provide only limited well child visits, healthcare providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible (see also CDC guidance for further information: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>)



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Appendix 2:

Tiers	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/no COVID-19 census	-Carpal tunnel release -EGD -Colonoscopy -Cataracts
Tier 1b	Postpone surgery/procedure	Low acuity surgery/unhealthy patient	HOPD ASC Hospital with low/no COVID-19 census	-Endoscopies
Tier 2a	Consider postponing surgery/procedure	Intermediate acuity surgery/healthy patient - Not life threatening but potential for future morbidity and mortality. Requires in-hospital stay	HOPD ASC Hospital with low/no COVID-19 census	-Low risk cancer -Non urgent spine & Ortho: Including hip, knee replacement and elective spine surgery -Stable ureteral colic -Elective angioplasty
Tier 2b	Postpone surgery/procedure if possible	Intermediate acuity surgery/unhealthy patient	HOPD ASC Hospital with low/no COVID-19 census	
Tier 3a	Do not postpone	High acuity surgery/healthy patient	Hospital	-Most cancers -Neurosurgery -Highly symptomatic patients
Tiers 3b	Do not postpone	High acuity surgery/unhealthy patient	Hospital	-Transplants -Trauma -Cardiac w/symptoms -Limb threatening vascular surgery

*Hospital Outpatient Department **Ambulatory Surgery Center

<https://www.cms.gov/files/document/covid-elective-surgery-recommendations.pdf>



Alerting Message Specification Settings

Originating Agency: Mississippi State Department of Health
Alerting Program: MS Health Alert Network (MS HAN)
Message Identifier: MSHAN-20200424-00443-ALT
Program (HAN) Type: Health Alert
Status (Type): Actual ()
Message Type: Alert
Reference: MSHAN-00443
Severity: Unknown
Acknowledgement: No
Sensitive: Not Sensitive
Message Expiration: Undetermined
Urgency: Undetermined
Delivery Time: 600 minutes

Definition of Alerting Vocabulary and Message Specification Settings

Originating Agency: A unique identifier for the agency originating the alert.

Alerting Program: The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

Message Identifier: A unique alert identifier that is generated upon alert activation (MSHAN-yyymmdd-hhmm-TTT (**ALT=Health Alert**, **ADV=Health Advisory**, **UPD=Health Update**, **MSG/INFO=Message/Info Service**)).

Program (HAN) Type: Categories of Health Alert Messages.

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Health Info Service: Provides Message / Notification of general public health information; unlikely to require immediate action.

Status (Type):

Actual: Communication or alert refers to a live event
Exercise: Designated recipients must respond to the communication or alert
Test: Communication or alert is related to a technical, system test and should be disregarded



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Message Type:

- Alert: Indicates an original Alert
- Update: Indicates prior alert has been Updated and/or superseded
- Cancel: Indicates prior alert has been cancelled
- Error: Indicates prior alert has been retracted

Reference: For a communication or alert with a Message Type of “Update” or “Cancel”, this attribute contains the unique Message Identifier of the original communication or alert being updated or cancelled. “n/a” = Not Applicable.

Severity:

- Extreme: Extraordinary threat to life or property
- Severe: Significant threat to life or property
- Moderate: Possible threat to life or property
- Minor: Minimal threat to life or property
- Unknown: Unknown threat to life or property

Acknowledgement: Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required (Yes or No).

Sensitive:

- Sensitive: Indicates the alert contains sensitive content
- Not Sensitive: Indicates non-sensitive content

Message Expiration: Undetermined.

Urgency: Undetermined. Responsive action should be taken immediately.

Delivery Time: Indicates the timeframe for delivery of the alert (15, 60, 1440, 4320 minutes (.25, 1, 24, 72 hours)).