



# ARIZONA DEPARTMENT OF HEALTH SERVICES

## Executive Order 2020-32 Frequently Asked Questions

Updated 5/4/2020

**Disclaimer:** The following information is provided by the Arizona Department of Health Services (ADHS) to assist healthcare providers with understanding Executive Order 2020-32.

The following information is intended to provide general guidance and may not be construed as a final legal determination by ADHS with regard to a specific situation. ADHS will continue to evaluate each situation that may arise on a case-by-case basis for purposes of ensuring compliance with applicable state and federal laws, rules, and regulations.

Below are Frequently Asked Questions with Answers from the Arizona Department of Health Services for how Governor Ducey's Executive Order 2020-32 applies to providers (licensees, professionals, staff, etc.).

A complete listing of Governor Ducey's Executive Orders can be found at <https://azgovernor.gov/executive-orders>

Executive Order 2020-32 can be found at [https://azgovernor.gov/sites/default/files/eo\\_2020-32\\_elective\\_surgeries.pdf](https://azgovernor.gov/sites/default/files/eo_2020-32_elective_surgeries.pdf)

Executive Order 2020-10 can be found at <https://azgovernor.gov/file/34242/download?token=I3Jvix7I>

Executive Order 2020-12 can be found at <https://azgovernor.gov/file/34270/download?token=OFBiGeJl>

### GENERAL FAQ FOR ALL PROVIDERS

**Q: How does a provider who will be providing “elective, non-essential surgeries,” make a request for an exemption?**

*A: Providers should complete the attestation form:*

[https://docs.google.com/forms/d/e/1FAIpQLSdajNyyobE\\_tOUF66SQ\\_-8-0XmXP46MCCswGPfVCu\\_vfPTHhaA/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSdajNyyobE_tOUF66SQ_-8-0XmXP46MCCswGPfVCu_vfPTHhaA/viewform?usp=sf_link)

**Q: How will hospitals, healthcare facilities, or providers receive approval of the exemption from Executive Order 2020-10?**

*A: Once attestation is completed, an e-mail will be sent to the requestor, acknowledging receipt by the Department. Requestors should retain this acknowledgment for a period of one year. If the requestor meets and continues to meet the conditions of the Executive Order, elective, non-essential surgeries may resume May 1, 2020.*

**Q: Will the approved exemption expire or, will it remain in effect until further notice?**

*A: The exemption will remain in effect until Executive Order 2020-10 is repealed or a hospital, healthcare facility, or provider can no longer meet the minimum criteria established by ADHS in accordance with Executive Order 2020-32. By receiving this exemption, the health care official agrees to retain any records related to the exemption for a period of 1 year.*

**Q: I am a healthcare facility or provider that does not do “elective, non-essential surgeries,” do I need to apply for a waiver?**

*A: No. However, ADHS recommends healthcare facilities and providers review Executive Order 2020-10 and Executive Order 2020-12 to determine if the services you are providing are “elective, non-essential surgeries.” If the healthcare facility or provider is not providing these elective services, the provisions of Executive Order 2020-32 do not apply and no waiver is required.*

## **SECTION 1 FAQ**

**Q: The Order says ADHS must establish minimum criteria for hospitals, healthcare facilities, and providers to meet as part of a request for an exemption. Other than the criteria in the EO 2020-32, is the Department considering other criteria not established in the Executive Order?**

*A: Not at this time. Providers should use the Executive Order 2020-32 as guidance and must include the following criteria, if applicable:*

- A. A continuing supply of PPE that will support the facility for more than 14 days and the supply is not reliant on the state or a county health department.*
- B. Adequate staffing and bed availability with no greater than 80% of total bed capacity occupied if the facility is a hospital.*
- C. Implemented a robust COVID-19 testing plan to test all at-risk healthcare workers and each patient prior to the scheduling of an elective, non-essential surgery during the pre-operative time period.*
- D. Implemented a process to identify, inventory, and document the availability of PPE, test collection kits, and the availability of a lab that can run the COVID-19 diagnostic test.*
- E. Implemented a universal symptom screening process for all staff, patients, and visitors prior to entry into the facility.*
- F. Implemented an enhanced cleaning process for patient and waiting areas.*
- G. Implemented policies and procedures for appropriate discharge planning of patients, including pre-discharge diagnostic COVID-19 testing for patients transferring to a nursing care institution, residential care institution setting, or Group Home for the Developmentally Disabled.*
- H. Implemented policies and procedures that prioritize elective, non-essential surgeries based upon urgency following the Centers for Medicaid and Medicare Services (CMS) Adult Elective Surgery and Procedures Recommendations.*

**Q: Can the Department clarify what is meant by “a continuing supply of PPE that will support the hospital, healthcare facility, or provider for more than 14 days...,” in subsection (a)?**

*A: Those elements of PPE necessary to care for patients with COVID-19. Appropriate PPE can vary, depending on the healthcare setting, and may include the following:*

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1. Respirators
2. Medical face masks
3. Gowns
4. Gloves
5. Eye protection

*For Hospitals, the PPE items reported in EMResource with 14+ day supply demonstrate a continuing supply as required by EO 2020-32.*

**Q: Does subsection (b) apply to all healthcare facilities and providers, including dentists and other health care settings?**

*A: No, this subsection applies to hospitals.*

**Q: We are a large or small hospital system, does provision regarding 80% bed availability apply on a facility basis or a system basis? Some systems have used this time to cohort COVID-19 patients in a way that makes the system have 80% capacity, but individual facilities may not meet that threshold.**

*A: ADHS is focused on making sure that the entire health care system has the capacity to withstand a surge of COVID-19 positive patients. The expectation is that if individual hospital facilities request a waiver or entire hospital systems request a waiver from Executive Order 2020-32, hospitals and systems will diligently monitor the number of elective non-essential surgeries and the impact on bed availability in the event of a COVID-19 surge. Hospitals can maintain 20% capacity at a facility or system level by having a documented plan which includes triggers to increase or preserve capacity as needed. Additionally, should a system or hospital exceed the 80% bed available threshold, the hospital or system should contact ADHS to receive further guidance.*

**Q: What is meant by “at-risk health care workers,” in subsection (c)?**

*A: Any health care worker with significant exposures and those that are elderly or at risk for complications. Additionally, Hospitals should define “at-risk health care workers” in their policies and procedures. Criteria should include staff that have provided care to a known or unknown COVID-19 case without the minimum necessary personal protective equipment and or source and engineering controls in place.*

**Q: Can the department expand on subsection (d)?**

*A: A healthcare facility or provider should inventory and track, depending on the setting, their continuous supply of PPE. If the supply drops below a continuous 14 day supply, the healthcare facility or provider will suspend elective non-essential surgeries for at least 14 days and until the supply of appropriate PPE can be assured.*

*A: Hospitals should continue to report through EMResource their current PPE supplies. Other health care providers should calculate, based on historical use and anticipated use to mitigate*

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*the current pandemic, the available necessary PPE for a continuous 14 day supply to meet the needs of their patients and health care workers.*

**Q. What would be considered an “enhanced” cleaning process in subsection (f)?**

*A. Hospitals, healthcare facilities and providers should document in their policy and procedures how they are generally cleaning in response to COVID-19, taking into consideration each facility’s unique risk and patient mix.*

**Q: Can the Department provide clarification on what would be required for hospitals to “implement policies and procedures for appropriate discharge planning of patients, including pre-discharge diagnostic COVID-19 testing for patients transferring to post-acute care facilities?”**

*A: As more patients are treated and recovering from COVID-19, ADHS is aware that appropriate discharge to other healthcare settings could be challenging. To facilitate this process, hospitals should develop diagnostic testing policies and procedures for patients ready for discharge to facilitate a safe discharge.*

**Q: Can the Department provide clarification on the requirement to implement “policies and procedures that prioritize elective, non-essential surgeries based upon urgency following the CMS Adult Elective Surgery and Procedures Recommendations?”**

*A: Hospitals, healthcare facilities and providers should develop internal policies and procedures that follow, as much as practicable, the CMS guidance in order to preserve the necessary beds and PPE in the event of a COVID-19 surge prior to resuming elective and non-essential procedures.*

## **SECTION 3 FAQ**

**Q: If at some point, if providers can no longer meet the 14 day PPE requirement, can providers voluntarily relinquish the “Request for Exemption” and then request assistance from the State and the County?**

*A. Yes, but providers will not be eligible to request PPE from the State or County until 14 days after they relinquish their Request for Exemption. In addition, providers will not be eligible to apply for another exemption for at least 14 days after receiving assistance from the State and County and must report adequate supply in EMResource before submitting attestation.*

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## DENTAL PROVIDER FAQ

**Q: What is meant in the Executive Order by “elective, non-essential surgeries” for dental providers?**

*A: Under this Executive Order, the definition of what is an “elective, non-essential surger[y]” is a dental treatment or procedure that: (1) involves removal or alteration of the hard or soft tissues of the patient’s oral cavity or surrounding structures, **AND** (2) is solely and only performed for a cosmetic purpose. Both of the foregoing elements (1 and 2) must exist in order for a dental treatment or procedure to be considered “elective, non-essential surgery.”*

**Q: Does the Executive Order and its criteria apply to dental providers or dental practices that never perform procedures meeting the definition of “elective, non-essential surgeries”?**

*A: The Executive Order and its criteria only apply to dental providers and dental practices performing “elective, non-essential surgeries.” The Executive Order and its criteria do not apply to a dental provider or dental practice that never performs a treatment meeting the foregoing definition of “elective, non-essential surgery.”*

**Q: Under this Executive Order, can dental treatments or procedures that do not meet the foregoing definition of “elective, non-essential surgeries” be performed by dental providers?**

*A: Yes. Dental providers are able to perform dental treatments and procedures (examples: general dentistry, exams, x-rays, hygiene, specialized dental care, etc.) that do not meet the definition of “elective, non-essential surgeries.” Regardless of the type of dental treatment or procedure, dental providers must keep in mind that although certain requirements of this Executive Order may not apply to treatments or procedures that are not “elective, non-essential surgeries,” all dental providers are still subject to exercising professional judgment, making well-informed and appropriate decisions, following the standards of care, complying with federal, state, and local laws (including statutes and regulations involving the practice of dentistry), and following their malpractice insurer’s policies.*

**Q: How is the more than 14-days PPE supply calculated or determined?**

*A: The 14-days PPE supply for the provider and the provider’s staff is ultimately determined by the provider’s judgment, experience, and should account for the need for increased precautions during the pandemic. The provider must obtain PPE from a non-governmental entity and have available a continuing supply of PPE to last more than 14 days.*

**Q: Does this section 1, subsection (b) require dental providers to do anything?**

*A: No. This subsection does not apply to providers who are not hospitals.*

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**Q: When does a dental provider need to implement a robust COVID-19 testing plan?**

*A: A dental provider only needs to implement a robust COVID-19 testing plan prior to the scheduling of an elective, non-essential surgery or during the pre-operative time period of an elective, non-essential surgery.*

**Q: If a dental provider is going to perform an elective, non-essential surgery, how do they implement a robust COVID-19 testing plan?**

*A: Per the Executive Order, the testing plan must test all at-risk healthcare workers and the patient undergoing the elective, non-essential surgery. That criteria must be met and the plan is ultimately based on the provider's professional judgment, taking into account COVID-19 testing information publicly available at the Arizona Department of Health Services' website - [www.azhealth.gov/covid19](http://www.azhealth.gov/covid19) and Arizona State Board of Dental Examiners' website - <https://dentalboard.az.gov/>.*

**Q: Is a dental provider required to perform COVID-19 testing if the dental treatment or procedure does not meet the definition of "elective, non-essential surgery"?**

*A: No, however dental providers are strongly encouraged to [screen patients](#) and staff, prior to any dental treatment or procedure, for COVID-19.*

**Q: How does a dental provider implement a universal symptom screening process for all staff, patients, and visitors prior to entry into the facility?**

*A: Per the Executive Order, the screening process must screen all staff, patients, and visitors prior to entry into the facility. That criteria must be met and the process is ultimately based on the provider's professional judgment, taking into account COVID-19 [screening information](#) publicly available at the Arizona Department of Health Services' website [www.azhealth.gov/covid19](http://www.azhealth.gov/covid19) and Arizona State Board of Dental Examiners' website - <https://dentalboard.az.gov/>.*

**Q: What is the enhanced cleaning process for dental providers?**

*A: The enhanced cleaning process is ultimately based on the dental provider's professional judgment, but should [use guidance provided by ADHS](#) and the CDC.*

*The CDC states to "[u]se products with EPA-approved emerging viral pathogen claims That list can be downloaded here:*

*[List N Products with Emerging Viral Pathogens AND Human Coronavirus claims for use against SARS-CoV-2.pdf](#).*

## AMBULATORY SURGERY CENTER FAQ

### Q: What is meant in the Executive Order by “elective, non-essential surgeries” for ASCs?

*A: Under this Executive Order, an “elective, non-essential surgery” is defined as a surgery that (1) can safely be postponed without causing progression of disease and/or risk to the future health of a patient **AND/OR** (2) is a surgery solely and only performed for a cosmetic purpose. Each surgical specialty has specific guidelines that are pertinent to surgical procedures within that specialty and must be considered when decisions are made.*

*Additional guidance can be found here:*

*<https://www.facs.org/covid-19/clinical-guidance/resuming-elective-surgery>*

### Q: Does the Executive Order and its criteria apply to ASCs that never perform procedures meeting the definition of “elective, non-essential surgeries”?

*A: The Executive Order and its criteria only apply to surgical facilities performing “elective, non-essential surgeries.” The Executive Order and its criteria do not apply to a surgical facility or organization that never performs a treatment meeting the foregoing definition of “elective, non-essential surgery.”*

### Q: How is the more than 14-days PPE supply calculated or determined?

*A: The 14-days PPE supply for the provider and the provider’s staff is ultimately determined by the provider’s judgment and experience, and should account for the need for increased precautions during the pandemic. The provider must obtain PPE from a non-governmental entity and have available a continuing supply of PPE to last more than 14 days.*

### Q: Does Section 1, subsection (b) require ASCs to do anything?

*A: No, this subsection only applies to hospitals.*

### Q: If an ASC is scheduling an elective, non-essential surgery, how do they implement a robust COVID-19 testing plan?

*A: Per the Executive Order (EO), the testing plan must test all at-risk healthcare workers and each patient undergoing the elective, non-essential surgery, as defined above. That criteria must be met and the plan is ultimately based on the provider’s professional judgment, taking into account COVID-19 testing information publicly available at the Arizona Department of Health Services’ website - [www.azhealth.gov/covid19](http://www.azhealth.gov/covid19).*

*The EO does not mandate which test (antigen or antibody) the ASC must use. It is an internal decision based on internal policies and professional judgement. 1) The antigen test or Polymerase chain reaction tests, known as PCR, are the most common and most accurate tests for determining whether someone is currently infected with the novel coronavirus. A swab or*

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sputum sample from the back of the patient's throat or nose, is obtained. That swab or sputum sample is stored in a sterile tube, vial or collection bottle and is then sent to a lab for processing. 2) Antibody tests, which are also known as serology tests, do not detect the virus itself. Antibody tests detect whether someone has the antibodies in their immune system to fight off the novel coronavirus.

Sonora Quest Laboratories and LabCorp offer COVID-19 antibody testing at their patient service centers. However, antigen or PCR testing specimens are not collected at either laboratory. The specimens must be collected in physician offices or other healthcare locations and sent to the lab for processing. Each facility must contact the laboratory directly to obtain detailed information on available testing and protocols for testing.

**Q: How do ASCs define “at-risk healthcare workers” for robust COVID-19 testing?**

A: Any health care worker with significant exposures and those that are elderly or at risk for complications. Additionally, ASCs should define “at-risk health care workers” in their policies and procedures. Criteria should include staff that have provided care to a known or unknown COVID-19 case without the minimum necessary personal protective equipment. Each organization should define “at-risk healthcare workers” and exercise professional judgment, making well-informed and appropriate decisions for COVID-19 testing.

**Q: Do ASCs need to implement a universal screening process?**

A: All ASCs must implement a plan to screen all staff, patients and visitors prior to entry to the facility. The screening process should take into account the screening information available on the Arizona Department of Health Services’ website at [www.azhealth.gov/covid19](http://www.azhealth.gov/covid19), the Centers for Disease Control (CDC) recommendations and the provider’s professional judgment.

**Q: Once the Attestation for the Exemption submission is completed and confirmation email is received, will the ASC be receiving a formal approval or can the ASC move forward to resume operations?**

A: Once attestation is completed, an e-mail will be sent to the requestor, acknowledging receipt by the Department. Requestors should retain this acknowledgment for a period of one year. If the requestor meets and continues to meet the conditions of the Executive Order, elective, non-essential surgeries may resume May 1, 2020. There will be no further communication from ADHS unless there are questions or technical issues with your submission.

**Q: How do we go about using our Surgical Center as an overflow facility for the hospital?**

A: You should reach out to Administrators at your local community hospital.