

Date: July 12, 2021

From: Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer (CMO)(11)

Subj: COVID-19: Update on Room Downtime Requirements and Pre-Procedure Testing (VIEWS# 5476008)

To: Veterans Integrated Service Network (VISN) Directors (10N1–23)
VISN CMO (00)
VISN Chief Nurse Officers(10N1-23)

1. This memorandum provides updated guidance to VISN and Veterans Affairs Medical Center (VAMC) leadership regarding the use of vaccination status and local rates of SARS-CoV-2 (COVID-19) infection to develop facility-specific transmission mitigation strategies. This is intended to apply to all healthcare settings and **does not** change guidance for staff providing direct care to patients with suspected symptomatic infection or confirmed COVID-19.
2. Occupational Safety and Health Administration (OSHA) recently published emergency temporary standards (ETS) for health care ([29 CFR 1910, Subpart U](#)). Updates to Veterans Health Administration (VHA) COVID-19 guidance including the *Moving Forward Guidebook* are in process and expected shortly. In the interim, updated VHA guidance on room downtime from the new OSHA ETS is presented below.
3. Room Downtime Requirements – OSHA ETS provides standards for rooms where persons with suspected or confirmed COVID-19 have undergone certain aerosol generating procedures (AGP) procedures. Specifically, the OSHA ETS minimum standard list includes: open suctioning of airways; sputum induction; cardiopulmonary resuscitation; endotracheal intubation and extubation; non-invasive ventilation (e.g., BiPAP, CPAP); bronchoscopy; manual ventilation; medical/surgical/postmortem procedures using oscillating bone saws; and dental procedures involving: ultrasonic scalers; high-speed dental handpieces; air/water syringes; air polishing; and air abrasion. Facilities may choose to discontinue room downtime requirements for other high-risk procedures listed in the [PPE in Ambulatory the Care Setting, 2.0](#) and [Guidance for Resumption of Procedures for Non-Urgent and Elective Indications, 2.0](#) in the *Moving Forward Guidebook*.
4. Pre-Procedure Testing – VHA *Moving Forward Guidebook* outlines the use of [pre-procedure SARS-CoV-2 testing](#) for certain high risk, AGPs.
 - i. Pre-procedure testing may be exempted for fully vaccinated patients (more than 2 weeks after the last indicated dose of vaccine) who are asymptomatic and have had no high-risk exposure in the prior 14 days.

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- ii. It is recommended that pre-procedure testing and room downtime guidance continues for procedures cited in in the OSHA ETS defined in section 3. Facilities may choose to discontinue pre-procedure testing and room downtime requirements for other high-risk procedures listed in the [PPE in Ambulatory the Care Setting, 2.0](#) and [Guidance for Resumption of Procedures for Non-Urgent and Elective Indications, 2.0](#) in the *Moving Forward Guidebook*.
5. Information on the impact of vaccination on SARS-CoV-2 transmission continues to evolve as does the presence of COVID-19 variants. VA guidance will continue to provide flexibility for facility-level decisions based on the levels of COVID-19 activity in local communities to determine the best approach to risk reduction while growing services to address deferred care.
6. Questions can be submitted to the COVID-19 Resource Room or send an email to VHACOVIDRR@va.gov.



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