Text consolidated by Valsts valodas centrs (State Language Centre) with amending regulations of:

9 April 2020 [shall come into force from 10 April 2020];

17 April 2020 [shall come into force from 18 April 2020];

12 May 2020 [shall come into force from 13 May 2020];

21 May 2020 [shall come into force from 22 May 2020].

If a whole or part of a paragraph has been amended, the date of the amending regulation appears in square brackets at the end of the paragraph. If a whole paragraph or sub-paragraph has been deleted, the date of the deletion appears in square brackets beside the deleted paragraph or sub-paragraph.

Republic of Latvia

Order of the Minister for Health No. 59

Adopted 25 March 2020

**Regarding the Restriction of the Provision of Health Care Services during the Emergency Situation**

*Issued pursuant to*

*Sub-paragraph 2.11 of Cabinet Order No. 103 of 12 March 2020, Regarding the Declaration of Emergency Situation*

Considering the current epidemiological situation and possible epidemiological risks, in order to reduce the spread of COVID-19 infection and based on the rights specified for the Minister for Health in Sub-paragraph 2.11 of Cabinet Order No. 103 of 12 March 2020, Regarding the Declaration of Emergency Situation:

1. The provisions of health care services shall be suspended, except for:

1.1. emergency medical assistance and acute assistance, including the necessary examinations and consultations;

1.2. the health care services provided by a general practitioner;

1.3. vaccination services by creating different flows for children and adults;

1.4. health care services at home;

1.5. dental services in acute and emergency cases;

1.6. services to ensure the continuity of treatment – chemotherapy, biological medicinal products, organ substitution treatment, radiation therapy, services of the day hospital for haematological diseases, methadone and buprenorphine substitution treatment, as well as for patients who must continue or complete the treatment started as a matter of urgency on inpatient basis;

[*9 April 2020*]

1.7. oncological and life-saving surgeries, and such surgeries as a result of cancellation of which the person could become disabled;

1.8. services within the scope of the Green Corridor;

1.9. health care services in relation to the treatment of the following groups of diseases – oncology; HIV/AIDS; tuberculosis; psychiatry; contagious skin diseases and sexually transmitted diseases; traumatology;

1.10. care for pregnant women;

1.11. acute and subacute rehabilitation services to person for whom the postponement of this service can cause risk of disability or loss of capacity for work, including to children for whom the postponement of the rehabilitation services is connected with a substantial deterioration of functional disorders;

1.12. medical examinations carried out by a medical practitioner of seafarers recognised by the Registry of Seamen of *valsts akciju sabiedrība “Latvijas Jūras administrācija”* [State stock company *Maritime Administration of Latvia*] by using medical devices at the disposal of such medical practitioner and, if necessary, distance consultations with other specialists;

[*9 April 2020*]

1.13. medical examinations for the determination of exposure to alcohol, narcotic, psychotropic, or toxic substances and chemical–toxicological examinations for ensuring the treatment process;

[*9 April 2020*]

1.14. emergency court-psychiatric and court-psychological expert-examinations of adults carried out on outpatient basis;

[*9 April 2020*]

1.15. starting from 20 April 2020, the following planned health care services:

1.15.1. in secondary health care:

1.15.1.1. the State organised examinations of breast cancer screening (mammography);

1.15.1.2. the carrying out of echocardiography, ultrasound, radiographic, computed tomography, dopplerography, nuclear magnetic resonance, electrocardiography (including Holter monitoring), cycle ergometry and electroencephalography examinations under a referral of a general practitioner or physician-specialist;

1.15.1.3. the initial consultations with an endocrinologist, cardiologist, rheumatologist, pneumonologist, ophthalmologist, and neurologist;

1.15.1.4. the diabetic foot care;

1.15.2. in dentistry:

1.15.2.1. the completion of the commenced process for the treatment of dental diseases and prosthetics works;

1.15.2.2. the orthodontic treatment;

[*17 April 2020*]

1.16.starting from 13 May 2020, the following planned health care services:

1.16.1. in secondary outpatient health care:

1.16.1.1. the health care services provided by specialists;

1.16.1.2. examinations – endoscopy, scintigraphy, neurography, mammography, myography, osteodensitometry;

1.16.1.3. outpatient rehabilitation except for the services of the day hospital;

1.16.1.4. in day hospital:

1.16.1.4.1. coronarography, coronary angioplasty, invasive radiology service;

1.16.1.4.2. eye surgeries where blindness could occur without surgical intervention;

1.16.1.4.3. invasive treatment to patients with heart rhythm disorders;

1.16.1.4.4. maxillo-facial surgery;

1.16.2. in secondary in-patient health care:

1.16.2.1. microsurgical treatment of bedsores, including with complications of osteomyelitis and sustained non-healing and chronic skin and soft tissue ulcers;

1.16.2.2. eye surgeries where blindness could occur without surgical intervention if in-patient treatment is necessary;

1.16.2.3. invasive treatment to patients with heart rhythm disorders;

1.16.2.4. cochlear implantation;

1.16.2.5. organ transplantation;

1.16.2.6. endoprosthetic replacement of joints;

1.16.3. dental services;

[*12 May 2020*]

1.17.from 20 May 2020 services of a day hospital where general anaesthesia (endotracheal anaesthesia or laryngeal mask) need not be used.

[*12 May 2020*]

1.18. from 29 May 2020 in secondary health care:

1.18.1. the planned health care services provided in a day hospital;

1.18.2. examinations;

[*21 May 2020*]

1.19. starting from 3 June 2020, the planned in-patient health care services.

[*21 May 2020*]

2. Health care to patients with chronic illnesses shall, to the extent possible, be provided remotely.

3. Outpatient councils shall be organised without the participation of a patient. If the council cannot take a decision without the participation of a patient, then the head of the council shall be responsible for organising the council with the participation of the patient by complying with the necessary epidemiological safety measures.

4. Where possible, the health care services specified in Sub-paragraphs 1.3, 1.4, 1.6, 1.7, 1.8, 1.9., 1.10, 1.11, 1.12, 1.13, 1.15, 1.16, 1.17, 1.18 and 1.19 of this Order shall not be provided to patients having symptoms of respiratory tract diseases.

[*21 May 2020*]

4.1 Medical treatment institutions shall provide the health care services specified in Sub-paragraph 1.15, 1.16, 1.17, 1.18 and 1.19 of this Order by ensuring separate flow of patients, limiting the number of patients concurrently staying at the premises of the medical treatment institutions and specifying a definite arrival time for the receipt of the health care service.

[*21 May 2020*]

4.2 When providing health care services, medical treatment institutions shall ensure:

4.21. that personal protective equipment is used by the medical practitioners and employees, as well as patients in accordance with the recommendations *Rational Use of Personal Protective Equipment for Coronavirus Disease (COVID-19)* available on the web page of the Centre for Disease Prevention and Control;

4.22. implementation of disinfection measures after each patient and the ventilation of premises, disinfection of door handles and surfaces in accordance with the plan for the hygienic and counter-epidemic regimen of the medical treatment institution.

[*17 April 2020*]

4.3 When providing the services referred to in Sub-paragraphs 1.16.1.4, 1.16.2, 1.17, 1.18 and 1.19 of this Order, medical treatment institutions shall, in addition to that specified in Paragraphs 4.1 and 4.2, ensure:

[*21 May 2020*]

4.31. acquisition and indication in medical documents of the following information regarding a patient:

4.31.1. whether the patient has the following symptoms – increased temperature or fewer, symptoms of an acute respiratory disease (cough, pain in the throat, rhinitis, shortness of breath), acute diarrhoea;

4.31.2. whether a member of the patient’s family has had the symptoms referred to in Sub-paragraph 4.31.1;

4.31.3. whether the patient has had contact with a person who has had the symptoms referred to in Sub-paragraph 4.31.1;

4.31.4. whether the patient has stayed outside of Latvia within the last 14 days;

4.32. in case of planned operations or invasive manipulations:

4.32.1. where a planned health care service is provided to a patient, the attending physician shall decide on the need to take the test for COVID-19 infection;

4.32.2. in post-surgery wards patients are located at least 2 meters from each other.

[*12 May 2020; 21 May 2020*]

4.4 In-patient medical treatment institutions shall ensure the possibility, where necessary, to organise separate flows for COVID-19 and acute patients.

[*12 May 2020*]

5. Medical treatment institutions shall not register patients for the receipt of planned health care services until 22 April 2020. When resuming the registration for the receipt of planned health care services, medical treatment institutions shall, to the extent possible, initially ensure provision of health care services to the persons whom such services were cancelled after declaration of the emergency situation.

[*9 April 2020; 17 April 2020*]

6. The Health Inspectorate shall monitor the compliance with the requirements laid down in the Order.

7. Once per week, the Ministry of Health shall, in cooperation with the National Health Service, Emergency Medical Service and the Centre for Disease Prevention and Control and considering the epidemiological situation and possible epidemiological risks, evaluate the specified restrictions on the provision of health care services.

8. The Order shall enter into force on the day following its publication in the official gazette *Latvijas Vēstnesis*.

Minister for Health I. Viņķele