

**Workgroup on PPE Guidance for Non-Emergency and Elective Procedures
Recommendations to the Oregon Health Authority
July 20, 2020**

The Workgroup on PPE Guidance for Non-Emergency and Elective Procedures met six times in June and July of 2020 to determine consensus recommendations to the Oregon Health Authority (OHA) on criteria for hospitals proceeding with Non-Emergency and Elective Procedure Guidance related to PPE.

OHA charged the group with making recommendations that:

- Minimize the risk of SARS-COV-2 transmission to patients, healthcare workers and others;
- Avoid further delays in healthcare for Oregonians;
- Reduce financial impacts to Oregon's health system;
- Meet regulatory requirements established by OHA and Oregon OSHA.

The Workgroup defined the problem they were addressing as *ensuring the safety of health care workers while conducting non-emergency and elective procedures in an environment where PPE supplies are constrained*.

The Workgroup agreed that their recommendations had to:

- Support trust and transparency around PPE data and decision making;
- Address accountability mechanisms; and
- Promote and support distribution of PPE across the state.

The Workgroup also agreed that:

- Deferral of elective procedures and surgeries has an impact on the health of Oregonians.
- PPE supplies are constrained and will be for the foreseeable future.
- Health care workers need to be safe.
- We want to maintain the workforce and health care infrastructure.
- There's been a financial impact on systems and providers.
- We have a shared goal of returning to non-constrained PPE use standards as soon as possible.

TRANSPARENCY RECOMMENDATIONS

Standardized dashboard

The Workgroup recommends a standardized, regularly updated dashboard for hospitals that would include the following information about PPE supplies that already is being collected and reported:*

- Days on hand
- Burn rate
- Current inventory

* Each hospital must report on masks, N95 respirators, face shields, gowns and gloves. Additional levels of granularity on reporting (e.g. different types of masks) can be determined at the facility level. Hospitals should include in their reporting the main types of PPE they use (e.g. inclusion of PAPR or CAPR if used at facilities).

Hospitals currently report “days on hand” and “burn rate” through HOSCAP. We recommend that “current inventory” be reported starting August 15th. This data should be reported through HOSCAP weekly.

In addition, the Workgroup recommends that “use of reprocessed masks” be added to the dashboard, understanding this could take additional time to implement.

The information above is a minimum data set. If facilities want to compile and disseminate additional information, the Workgroup encourages them to do so. Additional data (if feasible to capture) that would be useful includes the burn rate of PPE for non-emergency and elective procedures as well as supply chain information/action and activities.

If a facility is part of a regional system where PPE supplies are centralized, each facility must work with their PPE Safety Committee (see below) so that the Committee understands the regional data and how the facility knows that they have sufficient PPE. In addition, in a system with multiple hospitals, Committees should understand how their input and recommendations are shared with the system.

The data must be verifiable, reliable and transparent. The dashboard should be generated by each hospital and overseen by the Oregon Health Authority.

The Workgroup understands that OHA and the OAHHS are working together to explore the use HOSCAP and Edie/PreManage (CMT) for a statewide dashboard. We recommend this work be finalized as soon as possible so that a standardized dashboard is functioning no later than October 1st. In the meantime, since all hospitals are already reporting data outlined above through HOSCAP, hospitals should begin sharing this information with their PPE Safety Committees as soon as they are formed and with hospital staff by August 15th.

In addition, the Workgroup recommends that OHA publish the HOSCAP data by facility to provide a statewide picture of PPE supplies. That information should be available to the public.

PPE Safety Committee

The Workgroup recommends that each hospital operating in Oregon has a PPE Safety Committee at the facility level as a condition to performing elective and non-emergency procedures. The Committee may be a part of an existing safety committee if appropriate, as long as the primary purpose of the Committee is to establish a collaborative venue to ensure employee safety and to promote safe patient care. The intent of the Committee is for front line workers and non-direct care staff to partner with hospital administration to provide meaningful input into PPE policies and procedures and to verify data about PPE. The Committee should foster transparency and trust.

Tasks/Responsibilities of the Committee

- Understand analytics behind facility PPE data/dashboard
- Review and verify data related to PPE
- Seek feedback of experiences of front line and non-direct care workers and reconcile those experiences with the data
- Review and concur with the attestation that the facility is able to meet PPE requirements in order to perform elective and non-emergency procedures. As long as the facility is in

compliance with state and federal requirements, the ultimate decision around elective and non-emergency procedures lies with hospital administration.

- Review and provide input on facility policies on extended use, limited re-use of PPE and re-processing of PPE
- Review information on PPE supply chain information and activities
- Review and provide input on facility mask fit testing process and schedule
- Provide input about employee education regarding PPE safety practices (e.g., donning and doffing, etc.)
- Make recommendations to hospital leadership related to PPE and safety, including advice on PPE-related policies and procedures
- Review and provide input on the facility's chain of resolution for complaints related to PPE safety
- Create a set of meeting ground rules governing how the group will work together (e.g. practice respectful communication, assume good intent, etc.)

Membership of the Committee

- Membership of Committees is 50% administration/facility leadership and 50% front line and non-direct care staff
- Front line and non-direct care staff includes front line workers (e.g., nurses, emergency room providers, CNAs, assistants); ancillary or non-direct care staff (e.g., housekeepers, respiratory therapists, etc.)
- Membership should be interdisciplinary and represent the hospital workforce
- Non-administration members will be chosen by co-workers
- A union representative (one representative per union at the hospital) may attend, but not participate in Committee meetings
- The Committee will decide if/when Committee meetings are open to other hospital staff
- The size of the Committee will be determined by each facility, but should not be so large as to be unwieldy

The Workgroup strongly recommends ongoing and frequent communication with front line workers and non-direct care staff through the PPE Safety Committee as well as other venues, such as the facility's intranet and staff newsletters.

Facilities should begin the process of establishing Committees immediately and, if all frontline and non-direct staff are appointed, Committees must be operating by September 1st."

ACCOUNTABILITY RECOMMENDATIONS

Each hospital facility should have the supplies that they attest to and have an internal process for addressing complaints about PPE Safety. The PPE Safety Committee serves as a significant point of accountability for PPE safety. If a hospital's PPE Safety Committee is not established or if there is a concern about veracity of the data or disagreement about attestation, members should use a facility's chain of resolution to resolve the problem. After utilizing internal processes, members can contact the OHA's Chief Medical Officer or their designee.

Each facility should ensure its procedures for addressing safety complaints regarding PPE comply with state and federal regulatory frameworks. Ideally, hospitals should have a chain of resolution in place that ensures it will respond to PPE safety complaints within 24 hours and resolve within three days. Facilities should maintain a repository of complaints and resolutions

that is shared with the Safety Committee.† The Workgroup recommends that workers with PPE safety concerns exhaust the facility's internal process whenever possible, before engaging with an external process.

The Workgroup understands that OR-OSHA is the main external source of resolution regarding workplace safety issues and remains an option for worker complaints at any time.

The Workgroup recommends that this body (Workgroup on PPE Guidance for Non-Emergency and Elective Procedures) reconvene at least quarterly for the duration of the Covid-19 emergency to discuss progress on recommendations and identify successes and challenges.

PPE DISTRIBUTION RECOMMENDATIONS

The Workgroup recommends that the state work to ensure all facilities have adequate PPE, inclusive of all types of providers that require PPE (hospitals, dentists, ASCs, community medical offices, etc.) PPE supplies should be distributed to ensure safety for all Oregonians. In addition, the Workgroup recommends that the Governor issue a call to action for Oregon manufacturer's to produce PPE and address critical supply chain shortages that are essential to protecting patients, the health care workforce and for maintaining the state's economy.

We suggest that our recommendations, if accepted by OHA, be in place for as long as the Covid-19 emergency endures and the Governor's Executive Order regarding non-emergency and elective procedures is in place. We recommend that PPE Safety Committees remain in place until at least September 1, 2021.

ADDITIONAL INPUT

The Workgroup recognizes that PPE supplies are constrained and will be for the foreseeable future. For that reason, we would not expect PPE use practices to be the same as they were before the Covid-19 pandemic. That said, facilities must utilize PPE practices that keep their workers safe.

The Workgroup is not making a recommendation regarding the criteria a hospital must meet to perform elective and non-emergency procedures.‡ The Workgroup believes these criteria should be determined by medical experts and the OHA. The standards need to be clear so facilities and the workforce understand when a facility can perform elective and non-emergency procedures.

The Workgroup recognizes that hospitals that choose to undertake elective and non-emergency procedures will do so while adhering to contingency capacity strategies that follow OHA safety guidance. Facilities also must adhere to the recommendations outlined in this document.

Hospitals must have policies and procedures in place around continuous use and limited re-use that are deemed safe by state and federal experts. These policies and procedures must be transparent and shared with the PPE Safety Committee.

The Workgroup supports separate guidance for ASCs, dental offices and community medical offices. The Workgroup recommends that OHA's determination regarding hospitals and tier levels will be appropriately applied to guidance for ASCs, dental offices, and community medical

† Note that the Safety Committee does not adjudicate complaints.

‡ See *Interim Guidance: Use of Personal Protective Equipment by Healthcare Personnel in Resource-Constrained Settings*

offices. As OHA drafts or revises guidelines for these entities, they should engage relevant stakeholders with the right expertise.

The organizations represented on this Workgroup agree to engage in good faith efforts to work together to resolve issues or disagreements specifically related to these recommendations, bringing forward concerns to individual hospitals, the OAHHS or to the Workgroup.

WORKGROUP MEMBERS

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**Submitting a separate set of recommendations applicable to Ambulatory Surgery Centers.