Interim OHA Prioritization Guidelines for Allocation of Personal Protective Equipment (PPE), Mar. 17, 2020

Purpose:
This document is intended to help counties and Tribes prioritize resource requests for PPE during the COVID-19 response. It summarizes the process outlined in the OHA PPE Allocation Decision Matrix. This is important, because PPE is in short supply, and it will not be possible to fill all resource requests. Orders could be partially filled, as stock allows. OHA may modify these guidance criteria based on emerging response needs.

Prioritization for PPE allocation
State stockpile PPE will primarily be allocated for use in healthcare settings. This includes ancillary health settings such as skilled nursing facilities.

Priority #1

1. Healthcare and long-term care facilities and personnel providing care for people with confirmed COVID-19
2. Healthcare facilities and organizations, including EMS, that will not be able to continue day-to-day operations without the allocation
3. For N95 respirator requests, recommend priority to facilities that perform aerosol-generating procedures (mostly hospitals)

Priority #2

4. Healthcare facilities and organizations, including EMS, who will be out of requested PPE within 48 hours, and have known COVID transmission in their county or close vicinity

Priority #3

5. Healthcare facilities and organizations, including EMS, who will be out of requested PPE within 48 hours, and have no cases of COVID infection in their county or close vicinity
6. Healthcare facilities and personnel, including EMS, who request additional supply due to non-critical shortages in PPE due to limited allocations through their usual supply chain and which have known COVID transmission in their county or close vicinity

Priority #4

7. Healthcare facilities and personnel, including EMS, who request additional supply due to non-critical shortages in PPE due to limited allocations through their usual supply chain and which have no cases of COVID infection in their county or close vicinity
8. Requests in which allocations will be used for fit-testing or training
Other Considerations

- Differentiation of prioritization for masks—Recommend the locations that perform aerosol generating procedures have highest risk for transmission.
- Assure adequate distribution to agencies geographically reflected by population and need.
- Local Emergency Managers should keep track of allocations to avoid over-ordering by forwarding requests in excess of those amounts.
Allocation Strategies for Future Allotment Medical Supplies

03/21/2020

Purpose
This document is meant to describe allocation of medical supplies (specifically Personal Protective Equipment (PPE)) by the Oregon Health Authority (OHA) throughout the State of Oregon in response to the COVID-19 outbreak.

History
OHA began distributing PPE in early February 2020 to regions and counties, allocating a percentage to each county by population. A percentage was also held out for tribes and state level agency requests. Since then, Counties have been submitting requests for PPE daily. Prioritization within the county was determined by imminent need due to active cases and type of facility or agency. There were few confirmed COVID-19 cases when this plan was first developed; however, some counties have been more aggressive that others in requesting their allotments. This resulted in un-used PPE in some allotments while other localities were still in need.

Moving Forward
First course of action:
OHA is proposing an updated process which would simplify the procedure, allow more rapid local response to new cases.

- Step 1 - Counties are asked to submit within 48-hours a request for their remaining allotment to either be held regionally or at the county level.
- Step 2 - DAS ships all designated PPE supplies to the receiving facility from the distribution site in Salem.
  This empowers local agencies to prioritize allocation. It also facilitates a rapid local response to potential increases of need due to COVID-9 cases.
Step 3 - SNS PPE cache is to be divided into 2 categories:
  - 70% allocation to Counties with current confirmed cases of COVID-19, prioritizing counties who have exhausted their allocation
  - 30% to OHA Incident Management Team (IMT) Operations, for the following missions:
    - Oregon Medical Station
    - Supporting prioritized testing
    - SERV-OR Activations

OHA continues to request supplies from the federal government, ask for donations from local companies and purchase from the open market. All future requests go through the State ECC via OpsCenter. Any additional supplies received from the Federal Government is re-evaluated at the time of arrival.

Second course of action:
  - Stop filling requests
  - OHA Operations works with Counties and facilities to fill request based on current level of need

Third course of action:
  - Business as usual
  - Continue to put all additional resources into the same prioritization matrix