Health Care Workforce and PPE Related to COVID-19

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Dana Hargunani, MD, MPH Chief Medical Officer

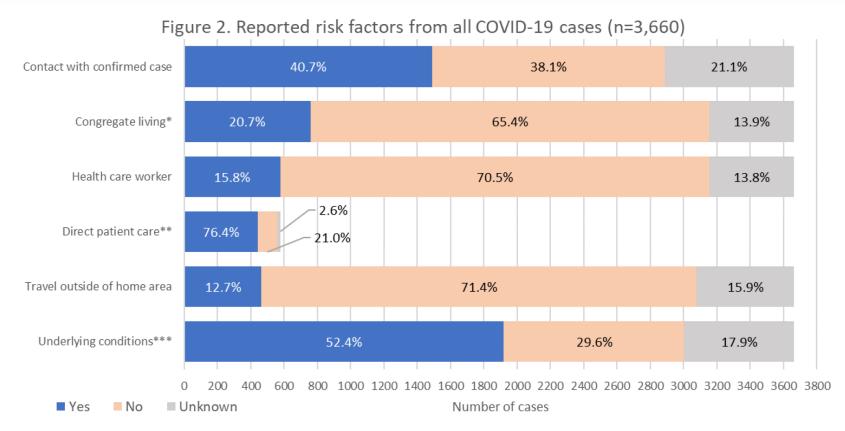


COVID-19 and PPE Supply Constraints

- PPE supply chains have been disrupted throughout the COVID-19 pandemic thus far
 - Improved but still constrained
- CDC and OHA have issued guidance on recommended PPE use and strategies to optimize PPE use
 – FDA emergency use authorizations (EUAs)
- Safety of healthcare workers and patients is a priority



Risk Factors among COVID-19 Cases



*Congregate living situations include, but are not limited to, long-term care facilities, group homes, prisons, shelters, etc. Data include people with confirmed cases who live or work in congregate living situations.

**Direct patient care is only asked if a case is a healthcare worker or volunteer. The denominator is the number of healthcare workers or volunteers.

***Underlying medical conditions include cardiovascular disease, chronic liver disease, chronic lung disease, chronic renal disease, current or former smoker, diabetes mellitus, immunocompromised condition, neurologic/neurodevelopmental condition, obesity, or other chronic diseases.



State's Actions to Address PPE

- PPE Unit established within the state's Emergency Coordination Center
- Press release and healthcare notifications regarding federal changes to EUAs related to PPE
- PPE requirements for resuming elective procedures
- Further PPE guidance underway



Overarching Priorities

- Minimize the risk of COVID-19 transmission to patients, healthcare workers, and others
- Avoid further delays in healthcare for Oregonians
- Maintain adequate hospital capacity in case of an increase in COVID-19 cases
- Minimize transfers to skilled nursing facilities and other long-term care facilities due to the vulnerability of these congregate care settings
- Reduce financial impacts to Oregon's health system



Thank You

