TEMPORARY ADMINISTRATIVE ORDER
INCLUDING STATEMENT OF NEED & JUSTIFICATION

PH 23-2020
CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILING CAPTION: Designation of Emergency Health Care Centers

EFFECTIVE DATE: 04/15/2020 THROUGH 10/11/2020

AGENCY APPROVED DATE: 04/15/2020

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ARCHIVES DIVISION
SECRETARY OF STATE
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NEED FOR THE RULE(S):
The amendments to OAR 333-003-0130 make the requirements for requesting designation as an emergency health care center clearer and provide more specificity about what needs to be included in an operations plan and a credentialing plan that must be submitted with the request. This clarification and specificity are necessary to ensure that a facility that is designated as an emergency health care center for COVID-19 positive patients can safely house these patients while protecting the health and safety of facility staff and visitors. The amendments also make it clear that a designated emergency health care center must report certain information to the Oregon Health Authority, Public Health Division, including information about the status of the center and the individuals being served, as specified in the designation order. This clarification for reporting is necessary to ensure that the Division can effectively support and monitor the facility to best prevent the spread of the COVID-19 virus.

JUSTIFICATION OF TEMPORARY FILING:
The Oregon Health Authority (Authority) finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and those being affected by the COVID-19 disease outbreak. These rules need to be adopted promptly so that the Oregon Health Authority can facilitate the designation of emergency health care centers as needed to assist in the response to the COVID-19 epidemic. Emergency health care centers may be needed to help provide for the care of individuals suspected to infected with, or who are infected with COVID-19.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:
None

AMEND: 333-003-0130

RULE SUMMARY: Temporary amendments to OAR 333-003-0130 make the requirements for requesting designation as an emergency health care center clearer and provide more specificity about what needs to be included in an operations plan and a credentialing plan that must be submitted with the request. This clarification and specificity are necessary to ensure that a facility that is designated as an emergency health care center for COVID-19 positive patients
can safely house these patients while protecting the health and safety of facility staff and visitors. The amendments also make it clear that a designated emergency health care center must report certain information to the Oregon Health Authority, Public Health Division, including information about the status of the center and the individuals being served, as specified in the designation order. This clarification for reporting is necessary to ensure that the Division can effectively support and monitor the facility to best prevent the spread of the COVID-19 virus.

CHANGES TO RULE:

333-003-0130  
Impending Public Health Crisis: Designation of Emergency Health Care Centers

(1) The Division may designate a health care facility, a portion thereof, or any location as an emergency health care center.

(2) During a declared emergency a designated emergency health care center may be used for:

(a) Evaluation and referral of individuals affected by the emergency;

(b) Provision of health care services; and

(c) Preparation of patients for transportation.

(3) A local public health authority may designate a health care facility, a portion thereof, or any location as an emergency health care center if authorized to do so in a cooperative agreement executed by the Division and the local public health authority.

(4) A health care facility or other location may request designation as an emergency health care center by submitting the request in the manner prescribed by the Division and submitting the documentation required, including the emergency operations plan and the credentialing plan as described in section (5) of this rule.

(5) In order to be designated as an emergency health care center a health care facility is required to have an emergency operations plan that includes but is not limited to:

(a) An emergency operations plan that at a minimum must include:

(A) A detailed plan regarding the center’s operations during the emergency, including the level of medical care provided at the location and the number of beds that can be staffed.

(B) A command structure with the names and contact information for command staff, that must include a medical director.

(c) An ICS structure;

(b) Procedures for increasing staff during an emergency;

(c) A credentialing plan that:

(A) Governs the use of registrants and volunteers; staffing plan for the facility or location, that takes into account staff that may become infected if the emergency is related to a disease outbreak.

(D) A plan for ensuring the on-going availability of necessary staff, supplies and equipment, including personal protective equipment (PPE).

(E) An infection control plan that:

(i) Includes standard precautions for preventing transmission of infectious agents in healthcare settings, including proper use of PPE;

(ii) Includes isolation of infected patients from staff, visitors, and non-infected patients to the greatest extent possible;

(iii) If the emergency is related to a disease outbreak, describes how staff and visitors will be monitored for exposure to the disease;

(iv) Ensures appropriate environmental cleaning, disinfection, and waste management supplies and procedures are in place and adhered to; and

(v) Ensures that staff and patients understand prevention and control measures and practices for infectious agents.

(F) A security plan that includes who is permitted at the center.

(G) A process for obtaining any necessary approvals from the Fire Marshal and any other state or local
government agencies.

A wrap-around services plan that describes how the center will provide patients with basic services and supplies for daily living, including food service, laundry, access to medical supplies and services for non-COVID health issues, and cleaning.

A plan for how patients will be transported to acute care facilities in a timely manner if their medical needs surpass those available at the center.

(b) A credentialing plan for volunteers and registrants that:

(BA) Provides for emergency privileges to be granted upon presentation of any of the following:

(i) A current picture hospital ID card;

(ii) A current license to practice and a valid picture ID; issued by a state, federal or regulatory agency;

(iii) Identification indicating that the individual is a member of Oregon Disaster Medical Assistance Team (ODMT);

(iv) Identification indicating that the individual has been granted authority to render patient care in emergency circumstances, such authority having been granted by federal, state, or municipal entity; or

(v) Presentation by current hospital facility or medical staff members(s) with personal knowledge regarding practitioner's individual's identity.

(B) A description identifies the individual or individual(s) responsible for granting emergency privileges;

(e) A mechanism to readily identify the emergency-privileged individuals; and

(f) A process, to begin as soon as the situation that gave rise to the declaration allows, for verifying the license and any other information relevant to a registrant or volunteer who is granted emergency privileges under the credentialing plan.

(5) If the Division designates a location other than a health care facility as an emergency health care center the Division shall utilize its own emergency operations plan or ensure that the location is operated using a plan that includes the provisions described in section (4) of this rule. Giving emergency-privileges are readily identifiable.

(6) The Division shall consider the following in making a decision to designate a facility or another location as an emergency health care center:

(a) Whether the existing health care system is overwhelmed or incapacitated;

(b) Whether patients with a particular communicable disease need to be concentrated at particular locations or one location;

(c) Whether registrants are being activated to provide care at particular health care facilities or whether registrants or volunteers are needed to provide emergency health care services;

(d) Whether it is necessary for the state to direct activities at a health care facility or other location where emergency health care services are to be provided; or

(e) Whether a health care facility is being asked to perform services outside of the general scope of services it customarily provides.

(7) In order to facilitate the designation process during a declared emergency, the Division shall make every effort to pre-designate health care facilities, a portion thereof, or any location as an emergency health care center. Pre-designation shall include review and approval of the facility’s emergency operations plan. For a location that is not a health care facility, the Division shall review the operations plan that would be utilized at that location.

(8) A facility or location that has been pre-designated does not automatically become a designated emergency health care center upon a declaration. Designation shall be made in accordance with section (9) of this rule.

(9) If a facility or location is designated as an emergency health care center the Division shall notify the person in charge of a facility or location in writing and shall issue orders to the emergency health care center that identify the emergency response required by the Division and the time period that the designation is in effect. The liability protection described in OAR 333-003-0210 only extends to activities undertaken by a designated emergency health care center that are directed by the Division. A designation order shall include but is not limited to required...
reporting to the Division on the status of the center and individuals being served.

(10) To the extent practicable, the Division shall request that a facility accept the designation as an emergency health care center. However, acceptance of a designation is not required for the Division to exercise its authority under ORS 401.657.

(11) If the Division pre-designates a facility, portion thereof, or another location in accordance with section (7) of this rule, the Division shall review the applicable emergency operations plan every two years to ensure it remains acceptable.

(12) A designated emergency health care center may determine the services to be provided by a registrant or volunteer deployed under these rules.

Statutory/Other Authority: ORS 401.651 - 401.670
Statutes/Other Implemented: ORS 401.651 - 401.670