



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

Nick Drews *Interim Health Agency Director*

Penny Borenstein, MD, MPH *Health Officer/Public Health Director*

HCPWG & HPP Meeting Minutes

Thursday

12/1/2022

11AM -12PM

Attendance: Denise Yi (PHEP), Maya Craig-Lauer (PHEP), Michael Brindle (PHEP), Vince Pierucci (EMSA), Temple Gibson (Oak Park Surgery Center), Brandi Colombo (Home Health and Hospice), Evan Millard (Community Health Centers of the Central Coast), Emma Wilcox (Sierra Vista Regional Medical Center), Stan Vinet (Dignity Health), Dan Field (Infection Prevention Dimensions), David Goss (EMSA), Ryan Rosander (EMSA), Tim Benes (Cambria Healthcare), Chris Anderson (San Luis Ambulance), Melissa Smith-Huff (Templeton Endoscopy Center), Nancy Steffora (Coastal Surgical Institute).

1. Meeting Introduction and Program Update – Denise Yi

a. Grant Updates

- New office location for SLO County PHEP and EMS for more adequate meeting space.
- McMillan will serve as the new Department Operations Center.
- McMillan Address: 2995 McMillan Ave, Ste #178, San Luis Obispo, CA 93401.
- No budget updates to share, the 2023 grant application has not yet been approved.

b. Upcoming Drills and Exercises – Pediatric Burn Surge Tabletop Exercise

- Pediatric Burn Surge Tabletop Exercise will be a discussion based tabletop exercise
 - Thursday February 2, 2023 1pm-3pm
- The exercise will be offered in person as well as Zoom.

2. Communications Update – Michael Brindle

a. November California Health Alert Network (CAHAN) Drill

- ~~The quarterly CAHAN notification drill took place in November 2022. This drill was~~
Public Health Emergency Preparedness Program

very successful, with 80% of people responding to the notification.

- If you did not receive this notification and would like to enroll in CAHAN, please send an email to mbrindle@co.slo.ca.us and we would be happy to get you registered.

3. MRC and HPP Requirement Updates – Maya Craig-Lauer

- a. Ebola Presentation (see attached presentation)

4. Ebola Transportation – Vince Pierucci (see attached presentation)

- a. Ebola Patient Transportation with High Risk Ambulances (HRA)

5. Partner Updates

- a. Emma Wilcox (Sierra Vista Regional Medical Center)
 - Incident command has been activated for RSV.
 - Persistent cycling of being maxed out in the alternate pediatric unit.
 - Sierra Vista needs other hospitals to assist with ED holds.
- b. Brandi Colombo (Central Coast Home Health and Hospice)
 - No update currently aside from staffing issues and COVID surges.
- c. Evan Millard (Community Health Centers of the Central Coast)
 - No major updates other than one more disaster drill this year.
- d. Stan Vinet (Dignity Health)
 - Joint commission went through last year and were 4-5 months behind schedule.
- e. Dan Field (Infection Control)
 - Infection control groups come together at Association for Professionals in Infection Control and Epidemiology (APIC) meetings, however there is currently no local chapter. These meetings are for groups to share meeting findings both virtually and in person.

THE NEXT MEETING WILL TAKE PLACE ON JANUARY 5, 2023
DISASTER HEALTHCARE COALITION MEETING (DHCC) 2995
MCMILLAN AVE SUITE 178

A microscopic view of Ebola virus particles. The image shows several long, thin, orange-red filaments with a textured surface, characteristic of the virus. One prominent filament curves from the left towards the center, while another on the right forms a complex, knotted structure. The background is dark with a gradient of blue and purple, and contains numerous smaller, blurred virus particles.

Ebola Preparedness

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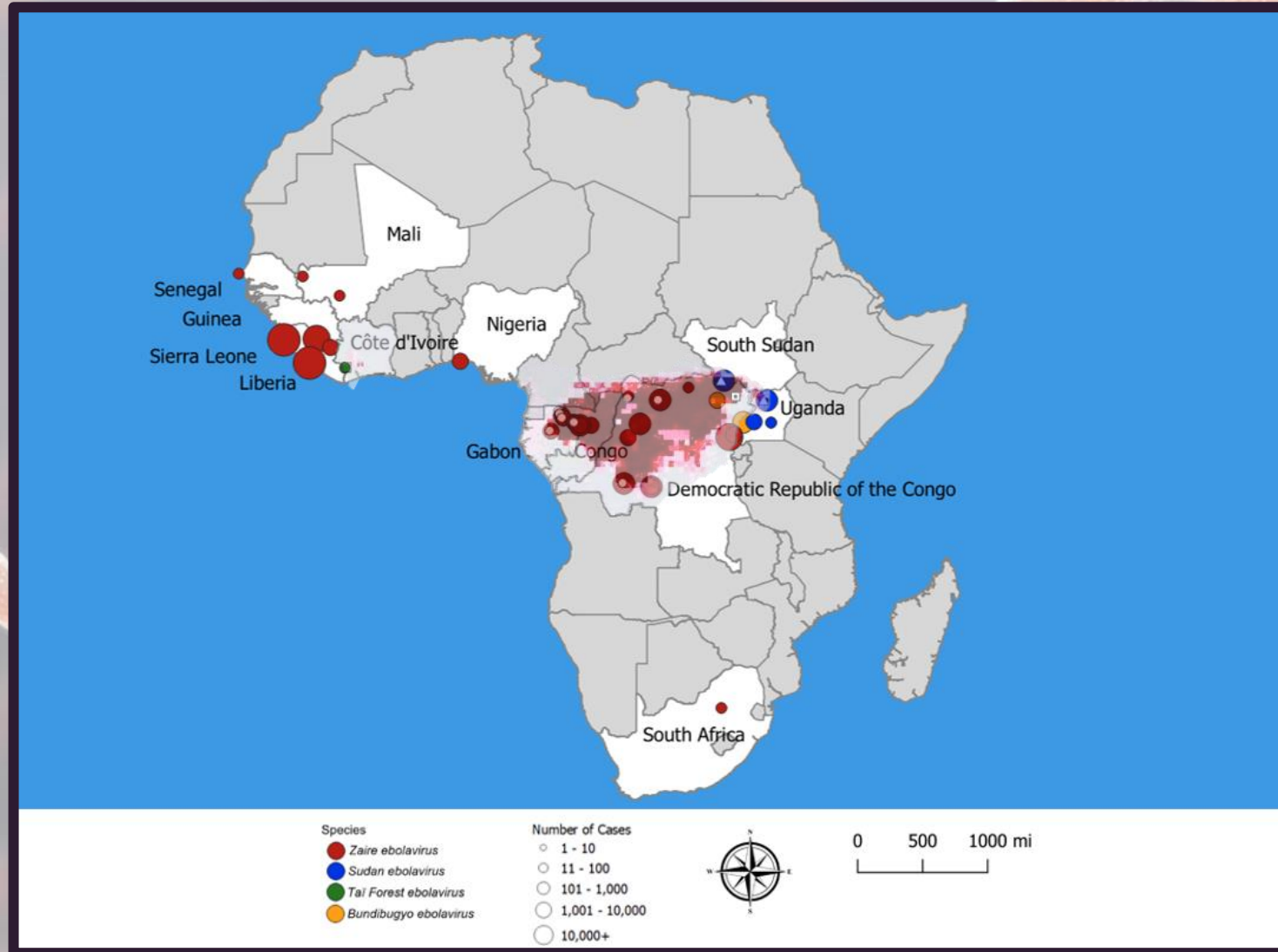
Tools & Resources

The background of the slide is a dark, reddish-brown color with a microscopic image of Ebola virus particles. The particles are long, thin, and filamentous, with some showing characteristic 'shepherd's crook' bends. A large, diagonal orange and black graphic element is overlaid on the left side of the slide.

Disease Characteristics

- Family: Filoviridae
- First identified in 1976 in Central Africa
- There are four different species of ebolavirus *that affect humans*:
 - *Zaire ebolavirus*
 - *Sudan ebolavirus*
 - *Tai Forest ebolavirus*
 - *Bundibugyo ebolavirus*
- *Sudan ebolavirus*:
 - Approximately 50% mortality rate
 - No approved vaccines or therapeutics
 - Early supportive care is the mainstay of treatment

Ebola Virus Distribution



Cases of Ebola Virus Disease in Africa Since 1976; Ebola Zaire and Ebola Sudan Predicted Ecological Niche

INFECTION

Infection occurs after exposure to a person who is sick or has died of Ebola.

Exposure: Direct contact with infectious bodily fluids (urine, saliva, sweat, feces, vomit, breastmilk, amniotic fluid, and semen)



INCUBATION PERIOD

- It can last from 2-21 days (usually 4-17 days)
- Person feels well and has no symptoms
- **The person cannot transmit the virus**



DRY PHASE

Common signs and symptoms are

- Fever
- Fatigue
- Headache
- Joint pain
- Muscle pain
- Back pain
- Sore throat



WET PHASE

Common signs and symptoms are

- Diarrhea
- Nausea/vomiting
- Bleeding occurs in some cases
- Hiccups
- Eye redness



WET PHASE

- The patient becomes more contagious as the disease progresses.
- In fatal cases, death occurs on average 7 to 10 days after the onset of symptoms.
- The amount of Ebola virus is highest at the time of death.



EXPOSURE TO THE VIRUS

NOT CONTAGIOUS



DAY 0 OF THE DISEASE

CONTAGIOUS



DAY 4 OF THE DISEASE

EVEN MORE CONTAGIOUS



DAY 7-10 OF THE DISEASE

THE MOST CONTAGIOUS

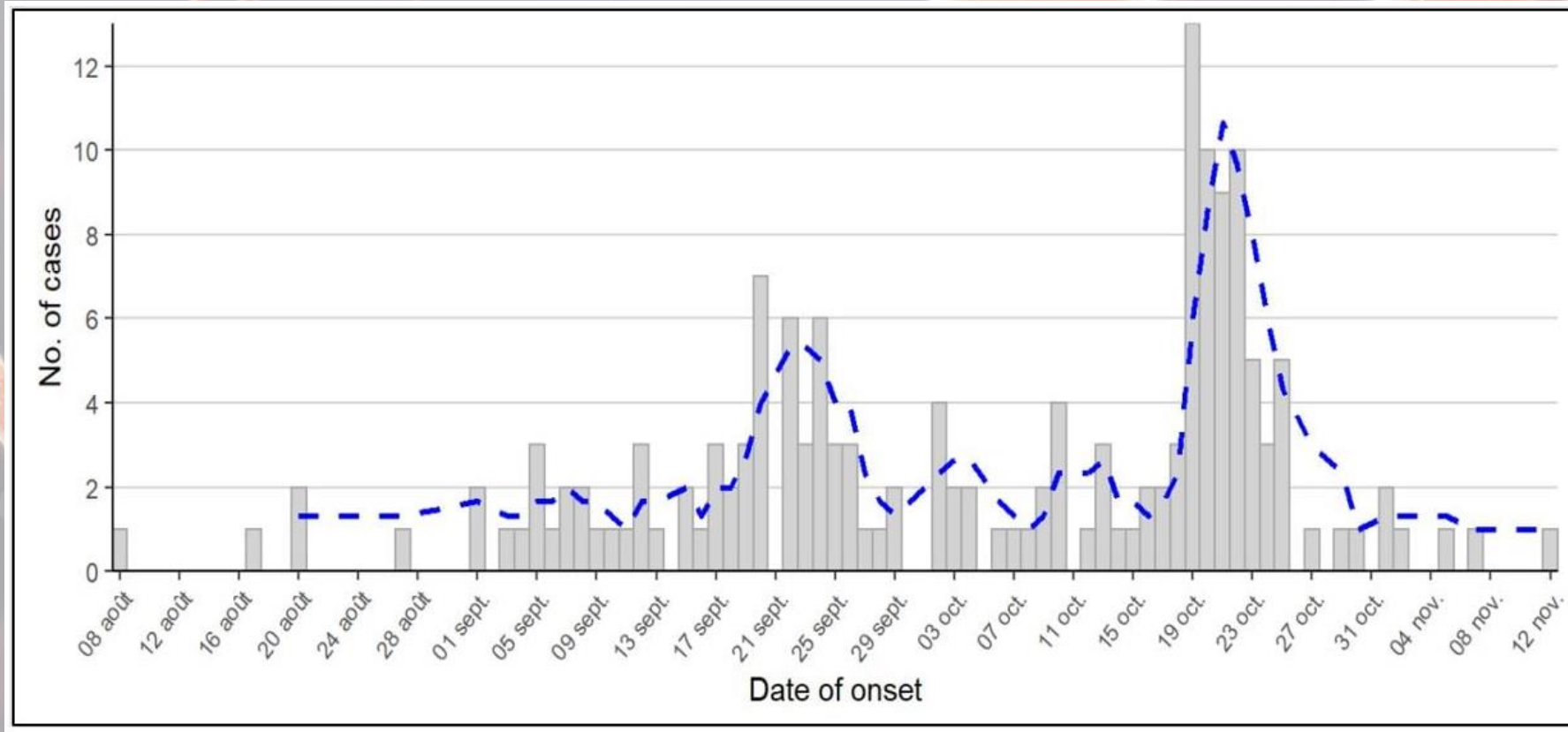
Current Outbreak Status

Sudan ebolavirus Disease Outbreak in Uganda: Key Epidemiological Indicators from September 20 – November 21, 2022

Number of Confirmed Cases	141
Number of Probable Cases/Deaths	22
Number of Confirmed Deaths	55
Number of Recoveries	79
Number of Cases Among Healthcare Workers	19
Number of Affected Districts	19/147
Number of Days Since the First Case was Confirmed	65

Source: [World Health Organization](#)

Current Outbreak Status



Number of confirmed and probable cases of Ebola disease caused by SUDV by date of symptom onset, with 3-day moving average, as of 21 November 2022.

Source: [World Health Organization](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports)

- Frontline facilities: acute care hospitals, critical access hospitals, other emergency care settings such as urgent care clinics
- Responsibilities:
 - Rapidly identify and triage a person with relevant Ebola exposure history and signs or symptoms
 - Immediately isolate, and take appropriate steps to protect staff caring for the patient
 - Immediately inform the facility infection control program and other relevant staff, the local health department, and Licensing and Certification District Office (if applicable)
 - If public health determines a patient is not a PUI and not being tested for Ebola, test, manage, and treat etiologies of febrile illness (malaria, COVID, influenza, etc) as clinically indicated
 - Coordinate with local and state public health departments
 - Transfer PUI to an Ebola Assessment Hospital (EAH) or Ebola Treatment Center (ETC) as soon as possible (12-24 hours)

Frontline Facility Responsibilities

Identify, Isolate, Inform

Identify

- A person under investigation (PUI) is a person who has traveled to a hot spot with a current or recent Ebola outbreak AND has signs or symptoms consistent with the CDC case definition of Ebola.

Isolate

- Ensure the patient is wearing a mask and have them wash their hands. Move them to an isolated area, and isolate family members. Ensure all staff interacting with the patient wear proper PPE.

Inform

- Inform the charge nurse to immediately start the notification process.

Frontline Facility Preparation

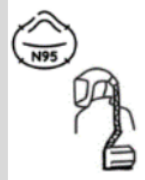
- Develop or re-establish Ebola-specific policies and procedures
 - Roles and points of contact within the facility and with the LHD
- Implement routine triage screening for international travel for patients presenting with potentially infectious symptoms
- Select and standardize the personal protective equipment (PPE) ensemble(s) the facility will use for an Ebola PUI in accordance with CDPH PPE guidance
 - Ensure enough appropriate PPE supplies to care for PUI while awaiting transfer

Frontline Facility Preparation Continued

- Identify, train small group of volunteer staff ahead of time who will care for a PUI
 - Provide repeated training and practice, especially for doffing PPE
- Conduct drills/exercises to review and practice procedures and identify potential gaps in readiness
 - Mystery Patient Drills

Personal Protective Equipment

Stable PUI (no bleeding, vomiting, diarrhea, or need for invasive or aerosolizing procedures)



Face shield (not goggles)

N95 Respirator



Keep hair enclosed

Fluid-Resistant Isolation Gown



Two Pairs of Gloves (outer pair with extended cuffs)

Boots or coverings of feet and lower legs

PUI with bleeding, vomiting, diarrhea, or need for invasive or aerosolizing procedures



PAPR with hood extending to shoulders

Fluid-Impermeable Coverall with integrated feet covering

Blood and viral penetration resistance:
Gown = ANSI/AAMI PB70 Level 4
Coverall = ASTM F1671 or EN14126

Consider Apron

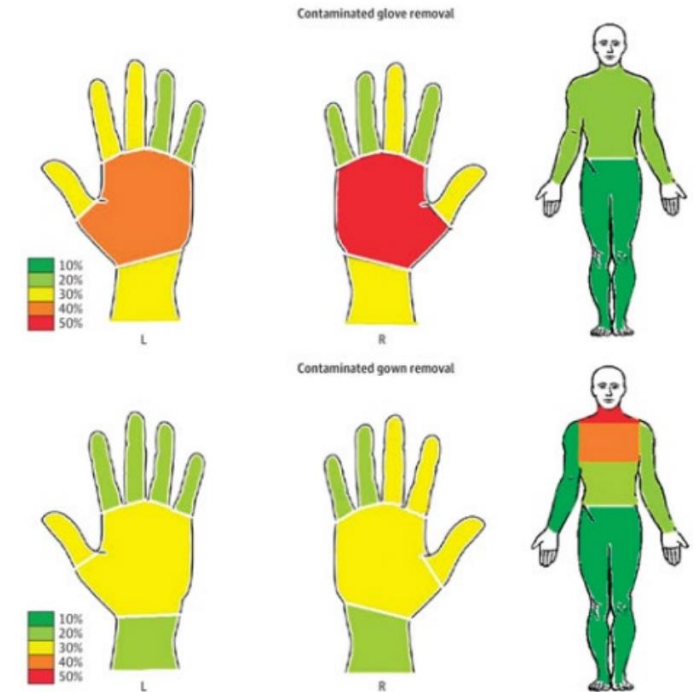


Two Pairs of Gloves (outer pair with extended cuffs)

Boots or coverings of feet and lower legs

Personal Protective Equipment Continued

- A trained observer is essential for donning and doffing of PPE
- An effective TO:
 - is vigilant in spotting defects in equipment
 - is proactive in identifying upcoming risks
 - uses a checklist, but also focuses on the big picture
 - is informative, supportive and well-paced in issuing instructions or advice
 - always practices hand hygiene immediately after providing assistance



Sites of frequent self-contamination while doffing PPE

Waste Disposal and Disinfection

- Waste contaminated (or suspected to be contaminated) with Ebola virus is a Category A infectious substance (US DOT Hazardous Materials Regulations: HMR; 49 CFR, Parts 171-180)
- Develop a plan to securely sequester waste until the patient diagnosis can be established
- Disinfectants must be on the EPA List L

Resources

- [CDPH Ebola PPE Guidance](#)
 - [CDC Donning and Doffing Guidance](#)
- [EPA Approved Disinfectants](#)
- [CDC Category A Waste](#)
 - [CDC Ebola Waste Management](#)
- [CAL/OSHA Ebola Virus Guidance](#)
- [NETEC How Frontline Healthcare Workers Can Prepare for an Ebola Outbreak](#)

Tools

- [CDC PPE Calculator with Staffing Models](#)
- [DASH PPE Supply Estimator](#)
- [NETEC Exercise Templates](#)
- [NETEC Healthcare Facility Special Pathogen Preparedness Checklist](#)
- [NETEC Hospital Readiness Assessment](#)

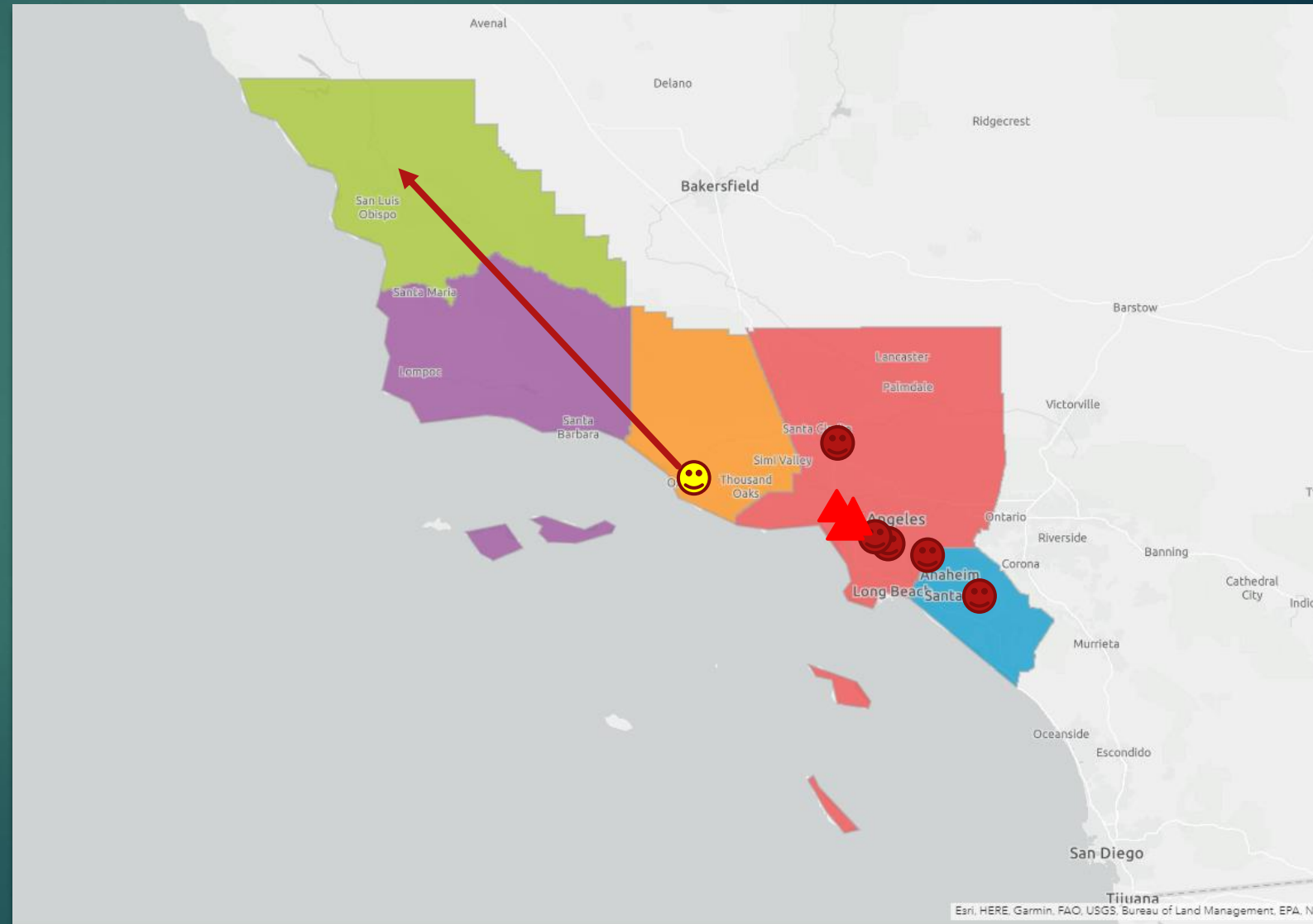
Background Image Source: https://medlineplus.gov/images/EbolaandHemorrhagicFevers_share.jpg

High-Risk Ambulance Project

FALL 2022

Mutual Aid Region 1 and HRA Deployment

- ▶ 5 counties
 - ▶ 15 million people
- ▶ Grant Funded Project
 - ▶ Vehicles (LA/LB UASI)
 - ▶ PPE (HPP)
 - ▶ Training (PHEP)
- ▶ 6 HRAs
 - ▶ Ventura – HRA 106 (3 counties)
 - ▶ LA – 5 HRAs
- ▶ 6 Regional Treatment Centers
 - ▶ Cedars Sinai (US Region IX ETC)
 - ▶ Kaiser LA
 - ▶ UCLA
 - ▶ Kern Medical Center (KMC)
 - ▶ Children's LA
 - ▶ Rady Children's



HRA Project Goal and Objectives

Project Goal

“To address specialized regional prehospital medical transportation situations to minimize impact of these patients/incidents on the healthcare system while maximizing patient and healthcare provider safety”

Project Objectives

- Reinforce the current all-hazard system of information sharing and resource requesting through the EOM.
- Address the operational components of a specialized transport program including:
 - Specialized vehicle preparation and upkeep.
 - Specialized training for transport and evaluation personnel.
 - Effective cooperation between local health department (LHD) authorities, transport personnel, and receiving medical facilities through specialized training and exercising.
 - Decontamination and demobilization of specialized vehicles after an incident.

High Risk Ambulance

- ▶ Separate driver / patient compartments
- ▶ Intercom and patient status lights to communicate between driver and patient compartment
- ▶ Negative pressure in treatment area
- ▶ HEPA filters and UV disinfection for air in patient compartment (BSL-3 equivalent)
- ▶ No shelves or compartments molded seats
- ▶ Iso-pod compatible



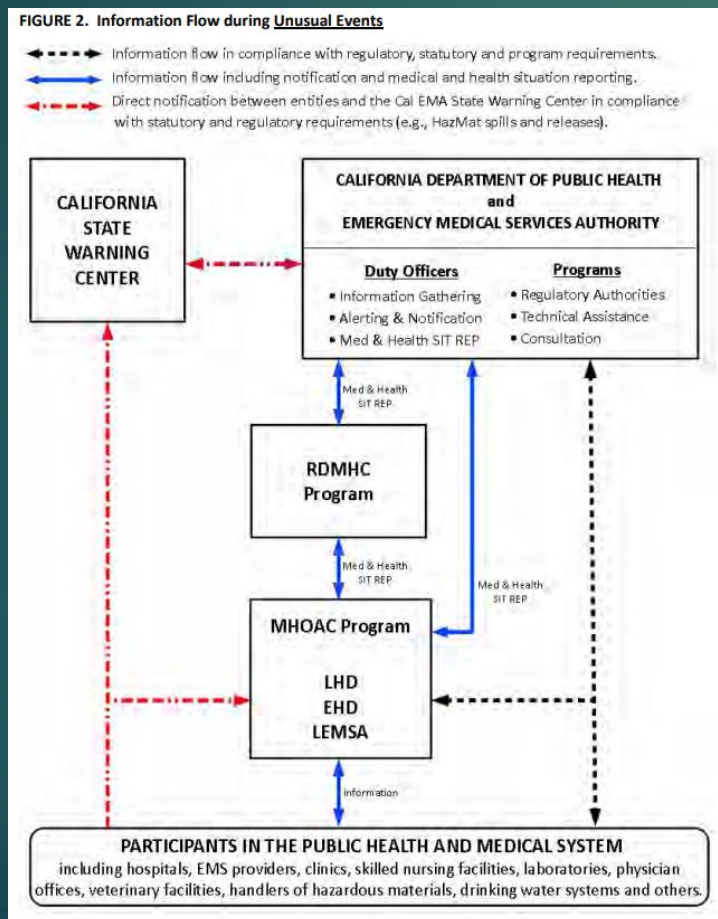
HRA Training

- ▶ Frequent team trainings
 - ▶ PPE
 - ▶ On scene operations
- ▶ Less-Frequent Regional Training
 - ▶ Hospital / HRA team interaction
 - ▶ Transfers of care
 - ▶ Simulated transports
- ▶ Annual Regional Exercise
 - ▶ National/International Travel Scenario
 - ▶ Ebola Treatment Center(s)
 - ▶ RDMHC/S



California Med/Health Coordination

Information Flow



RDMHC / MHOAC

- ▶ Responsible for coordination of med/health information and resources throughout the state during an unusual event and/or an emergency system activation
- ▶ MHOAC is the med/health coordination for a particular operating area (county)
 - ▶ 17 functions (public health and EMS related)
- ▶ In line with SEMS and ICS/NIMS
- ▶ Bidirectional flow of information at all levels