



Alameda County Health Care Services Agency, **Alex Briscoe**, Director
Public Health Department, **Muntu Davis**, Director

Division of Communicable Disease Control and Prevention
Public Health Emergency Preparedness
1000 Broadway, Suite 500, Oakland, CA 94607

November 5, 2014

Conference Call for Alameda County Healthcare Providers/Disaster Preparedness Health Coalition

Call-in Number: (888) 808-6929

Participant Code: 9445482

In Person: 1000 Broadway, Suite 500, Conference Room 5000C

Alameda County Staff:

- Dr. Erica Pan, *Director, Division of Communicable Disease Control and Prevention, Deputy Health Officer*

Please send an email with Subject Line: **Ebola Conference Call 110514** to alcoebola@acgov.org to let us know that you were on the call today; include your name, organization and role. This information will help us identify future needs for calls based on attendance, roles and what subject matter experts to request participation from.

Situation Update

- Updates from the state, nationally and globally have been posted to our webpage; most recent update was posted last Friday. We will try to provide updates weekly or less frequently if things start to slow down.
- Still low risk of Ebola in our state.
- Number of cases in West Africa may be stabilizing.
- The two Ebola cases diagnosed in the U.S. were the patient in Dallas and the NYC doctor who returned from caring for Ebola patients in W. Africa. There have been no additional secondary cases after the 2 health care workers in Dallas who are now well free of Ebola infection.
- Nine cases have been cared for in the U.S.
- There are still only 3 main countries impacted; Guinea, Sierra Leone and Liberia.
- No activity in Nigeria since 9/30 and only 20 cases total there.
- On October 11th, 5 major airports designated as the only entry points for individuals traveling from the three impacted countries.
- Public Health is getting information through state on travelers requiring monitoring and possible quarantine.
- Guidance for identifying patients with possible Ebola virus disease:
 - Identify travel and direct exposure history
 - Identify signs and symptoms
 - Isolate patient immediately: Avoid unnecessary direct contact
 - Inform Health Department and prepare for safe transport.See 11/5/14 CDC Guidance for Ambulatory Care Evaluation of Patients for detailed information: <http://www.cdc.gov/vhf/ebola/pdf/ambulatory-care-evaluation-of-patients-with-possible-ebola.pdf>
- Local Health Officials will assess travelers' risk of exposure and classify into low (uncertain), some, or high risk for Ebola exposure based on CDC guidelines.
- May mean certain restrictions on movement or staying 3 feet away; risk assessment and level of monitoring and any movement restriction will be made based on the risk assessment.
- Presented Ebola updates and planning activities to Alameda County Board of Supervisors, a call with Congressman Eric Swalwell, and upcoming presentation to Oakland City Council.



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- APCHD also participated in Tabletop Exercise with Oakland airport last week in collaboration with CDC quarantine officers stationed at SFO
- This morning on State call – highlighted 70% of people come in through 6 states; 3000 travelers with no contact/exposure and 600 requiring some consultation regarding exposure and symptoms.
- Overall, 60 persons have been tested
- 1-2 travelers report to CA per day that require monitoring.
- Both local and state Public Health Departments are not sharing number of travelers being monitored.

Highlights of New Guidance:

- New guidance is coming out each day from the CDC; new algorithm for Ambulatory Setting and PPE guidance; we will post PPE guidance
- No one should have direct contact with a patient with symptoms. Healthcare workers should wear PPE designated for an ambulatory care setting; face shield and surgical mask, impermeable gown and two pairs of gloves.
- There is also new interim guidance from the CDC on waste management in the community/household setting.
- The State has Environmental Health Guidance that is different from the CDC but not a lot of specifics.
- For Pediatrics - new CDC resource for pediatrics and health care professionals
- ACPHD is also working on some outpatient guidance right now.

Reporting and Lab

- Posters are going up at your healthcare facilities and asking exposure questions is great; isolate and then call us if there are any potential patients and we can discuss.
- UC Medical Centers have been confirmed to receive confirmed Ebola patients; however, all hospitals need to rule out and evaluate patients, and be able to care for up to 3-7 days depending on lab testing results.
- There is a more rapid BioFire Ebola lab test that is not as sensitive and still needs to be confirmed by a PH Lab. Since it's not as sensitive a positive is useful, but not helpful if negative because a negative result may still be positive with a more sensitive test. The manufacturer has an Emergency Use Authorization (EUA); but no validation reagents are available right now for labs to use to validate.
- We are working on a modified hospital assessment tools to work with you to gather information about your readiness levels.
- Meeting with EMS tomorrow to coordinate transportation from clinics or home to a facility where further evaluation can be done. UCSF is only accepting confirmed patients.
- Our PH Lab staff is certified to pick up specimens. Four individuals will be trained and have a buddy system to pick up and package any specimens collected to be sent. Need 4mL in plastic tubes, ideally 2-4 tubes so we can send simultaneously to LA County for testing and the CDC at the same time for confirmation.
- Notify ACD if your facility has a specimen to be picked up:
510-267-3250 (Also on our Ebola Webpage under Contact Information)
925-422-7595 (for after hours PH Duty Officer – we will go through symptoms through transportation)
- State Lab in Richmond will also likely be getting reagents in the next few weeks
- Certified Courier contract has been set up with PH Lab; specimens are not considered Category A Agent until confirmed. CDC posted a video on Donning and Doffing of Personal Protective Equipment
<http://www.cdc.gov/vhf/ebola/hcp/ppe-training/index.html>



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- Kaiser has been working on PPE training video and willing to share with other Health Care providers once ready

Specific Questions

Erica: Ann Petru, Children's Hospital Oakland, Can you explain your situation and question about fecal waste and disinfection?

Ann: We have a former emergency room layout we are using for Ebola isolation unit which doesn't have a bathroom, so we will use a commode in the room; the nearest bathroom is 40 ft away so we will not transport waste. We will inactivate in patient room and solidify. Still need to find out about bleach and solidifiers and time between the use of one and the other – still need guidance on volume of bleach, how long, and type of solidifying agent.

Jorge from Alameda County Environmental Health: Has not found out more; State medical waste management people called and publicly owned treatment works have right to accept or not accept waste. No information on how to solidify waste – we also asked state.

Erica: Question came up on how to deal with Ebola suction canisters?

Ann: Came across Nebraska guidance on suction canister disposal but no information on solidifier and bleach amount; UCSF has bathroom in room so they are not facing this issue.

Erica: Anyone on call have additional information or resources?

Kaiser Oakland: EH: Oct. 28, 2014, from CDPH – 6th paragraph says solidified suction shall be managed as incinerable waste – follow DOD transportation guidelines.

Erica: There have been a lot of questions regarding PPE and shortages and what to order.

Ann: PPE and ordering issues; I think they have been solved for us; we were able to get what we needed. Have made a matrix of gradation of PPE:

- Presenting and asymptomatic
- Presenting with signs and symptoms of Ebola with no bodily fluid
- Presenting with signs and symptoms of Ebola with body fluids

We have 7-8 columns of where the patient is in relation to rooms. Specifically what the nurse and physician will be wearing, spotter: donner and doffer will have slightly less PPE – probably no PAPR required. Environmental Health will clean up hallway and hot zone. We have 7x4 (28) boxes of different scenarios. Still working on this; will add double gloving. We are working on 100% effort to keep our staff safe. Will share when ready.

Erica: We can facilitate sharing and posting of information.

Ann: We have what we need – Tyvek suites better; previously Tychem not as doable - Tychem now a backup.

Erica: Training with full scale 2 - 6 hours?

Ann: First day was train-the-trainer which took many more hours – but the standard training will be a 2 hour training. We will use photos from the University of Nebraska and written instructions with step by step procedures what to be done with poster on wall.

Pam, Berkeley UHS: We wanted to get surgical hoods – they are backordered now.

Ann: We were told there would be a 3 months back log; but we actually got our order in 48 hours.



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Rick Luna, Alta Bates: Jorge made a comment regarding waste disposal of feces and we reached out to EBMUD and they said to call LPHD. It would be good to have a conversation with CDPH and EBMUD on what to do. Go with 10% bleach as we would another bodily fluid unless that changes. But right now they do not have an answer for us.

Erica: From last call: EBMUD recommended 30 minutes of 10% bleach to one facility; we will continue to work on a consistent and operational answer from EBMUD for this on our end.

Rick, Alta Bates: In terms of PPE we have what we need. Some back orders on full suits but no current information on that; have been drilling with Emergency Department and areas where we would screen patients. Starting at Security Kiosk, isolating patient while waiting for responders; privacy screens are good especially when people are donning. We also thought about handing patient or placing literature on what to expect; calming literature. So we are trying to make it comfortable for patient. We will be creating materials.

Erica: We can disseminate and post and we can facilitate sharing of materials.

Michelle UCSF: Toilet system – they have rooms with isolation that they know how much toilet can hold; 1 cup of bleach allowing to sit and then flushing - so no problem after down the drain.

Erica: Patients are in a big volume state when they are sick; Emory and Nebraska: 10-15 L per day fluid loss

Erica: We will be visiting with ValleyCare this Friday to discuss their planning.

Lilly from ValleyCare: PPE: Use hoods no Tyvek suits, have surgical gowns and doing training with employees weekly; planning to do a drill.

Erica: Supply issues seem to be getting better, based on input during this call. If there are more difficulties let us know and we can try to work with CDPH to procure, if needed.

Barbara Alameda Health Consortium: Had a telephone call with clinics - some can get supplies some cannot. Heavy duty suits with head and booties, virtually impermeable – no supply issues from vendor. Our level of donning and doffing is not as high as hospitals. If have someone with more training can come and help us doff? We will work on training but our equipment is less so we are stuck – we do not have face shields. If we could have some assistance with clean up or guiding the clean up.

Erica: There has been some discussion on Civil Response Team and HazMat Team to assist with this and to do more drills on this. We can ask for supplies from state if there are ongoing issues; can also use some HPP money to help with Ebola preparedness. So we will look at that and keep this conversation going with partners to assess needs.

Michelle: We are working with CSTI and UASI to bring biopreparedness and PPE training to our area. Attendees will need to bring their own PPE. Training in December or January. Michelle will send us information on training in Sonoma.

Debbi, St. Rose: We just finished training our ICU ED staff and hospice and ED physicians, we are waiting for Cal OSHA new guidance if they are mandating PAPRs. Do we know what they will recommend PAPR or N95? We have Level 3 gowns; is Level 3 ok vs. 1-5 PPE?

Erica: On the state call this morning will release some OSHA/CDPH joint guidance soon.

Question: Can N95 be used?

Erica: They are trying to work that out at state level.



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Level 3 gowns? Are they adequate?

Comment: Kimberly Clark gowns do not meet Level 4 criteria I heard on Friday. We looked at this before outbreak and looking at impermeable gown as an alternative to thin yellow and ended up with thin blue plastic gown but they were not formally classified as Level 3 vs. Level 4 but probably Level 3 so probably adequate. We were struck that can feel moisture on instead of gown when running water over it which looks like it coming from seams, so if spill on foot the gown is permeable so we put blue apron on top and foot covering over Tyvek suits.

Erica: We will forward the question to CDPH about level 3 vs level 4 gowns and adequacy for Ebola protection?

Alameda Health Consortium: As I recall that it also matters what you are doing so higher level gowns and PAPR for aerosolized procedures, and perhaps less PPE needed in outpatient setting, no bodily fluids

Ann: Just not sure when doing aerosol procedure; so anyone in room will need to wear a PAPR for inpatients at CHO.

Outpatient will be different.

Erica: Are clinics in larger systems planning to use same level of PPE as inpatient care?

No

Ann: Droplet and contact precautions when patient is being escorted then a N95 with a face shield.

- **Erica:** For an interview/brief initial assessment in an outpatient setting, the level of protection needed for inpatient care/aerosolizing procedure is less likely to be needed. Newest recommendations say use (minimum) face shield and surgical mask, impermeable gown and two pairs of gloves in ambulatory care setting.

Other Questions from the Group

Erica: Media has calmed down and most of you further along. Continue to send questions to alcoebola@acgov.org so we can track common questions. We may not do a call next week.

Will do an update with most useful updates from CDC and CDPH and we are sifting through incoming questions to see what is most key to all of you.

Rebecca Rozen, Hospital Council: There will be a strike next week; CNA may be striking at Kaiser Hospitals through Bay Area regarding Ebola; we might want to coordinate on PH messaging; e.g. will PH get calls regarding preparedness in Alameda County? There may be some diversion - impact not known.

Erica: Anything else relevant regarding prior calls with Congressman Swalwell; anything else to share?

Rebecca: Congressman Swalwell involved in hospital preparedness; Congresswoman Barbara Lee not as much. Our Hospital Council perspective: we have been sharing information on our webpage. We do meetings with our Emergency Managers; may want to come together for best practice sharing, maybe after Statewide Exercise.

Erica: Dr. Muntu Davis, our Health Officer will be attending Oakland City Council meeting tonight with Oakland Airport to present Ebola update

Thanks to Oakland Children's for and other partners from Kaiser and Alameda Health System for presenting with us to Alameda County Board of Supervisors last week.

Ann: Issues not solved:



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- 1) Use of a stethoscope; cannot wear while wearing PAPR so need alternative – have had a hard time finding this. Maybe a Bluetooth device to transmit to a computer chip to audio version without taking in and out of ear? Have not found anything so far.
- 2) With regard to family members of patients: Case by case basis of family member in with patient. What kind of restriction to put on person? Wear a N95 mask? There is no fit testing conducted for visitors. What about food? Can the person go to the Cafeteria? Can they go home at night? Can they go to the bathroom? Who will monitor them, how should this be coordinated with public health? This should be on the list of things to be further discussed.

Erica: Kaiser is thinking of allowing one family member to stay in room.

Comment: With no bathroom in room and need to don and doff and then go to what bathroom? public or private – allowed to go to?

Barbara: Nebraska has dealt with this mostly on case by case basis; they might have thought of that already.

Erica: We will think about family members and household contacts, good agenda item for future call.

Also Nov. 20th Exercise - Public Health still using baseline scenario of Anthrax since planning has been done regionally over last 3 years; we are receiving pallets of medication from SNS Some hospitals are testing Ebola plans for the exercise. We will prepare to deal with both agents at our EOC.

Zerlyn: We have informed participants that an infectious disease is a slower paced event

Erica: We will meet with EMS tomorrow regarding protocols around transport from smaller clinic, home, etc. and how the coordination will work.

Reminders:

- Please email alcoebola@acgov.org with questions; please send name, position and organization so we can send notes out to participants of this all.
- This will be a constantly evolving situation and we'll be updating our website as needed.

Number: 510-267-3250

After Hours: 925-422-7595 Fire dispatch ask for PH Duty Officer

Website: cphd.org