

Healthcare-Associated Infections Advisory Committee (HAIAC) Meeting

June 9, 2021
1:00 – 3:00 pm

Webinar only, PSOB
800 NE Oregon St.
Portland, OR 97232

Agenda, materials, minutes, recordings, and transcriptions for meetings are available at:

<http://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/HAI/Prevention/Pages/Meetings.aspx>

MEMBERS PRESENT:

- Genevieve Buser, MD, Pediatric Infectious Disease Physician, Providence St. Vincent Medical Center (phone)
- Deborah Cateora, BSN, RN, Healthcare Education/Training Coordinator and Nurse Consultant, Safety, Oversight and Quality Unit (SOQ Unit), Oregon Department of Human Services (DHS) (phone)
- Paul Cieslak, MD, Acute & Communicable Disease Prevention (ACDP) & Immunizations Medical Director, Oregon Public Health Division (PHD), Oregon Health Authority (OHA) (phone)
- Pamela Cortez, MBA, BSN, RN, CNE, BC, Director of Patient Safety and Clinical Support, Salem Health (phone)
- Dennis Drapiza, MPH, BSN, RN, CIC, Regional Director - Northwest Infection Prevention and Control, Kaiser Permanente Northwest (phone)
- Sydney Edlund, MS, Director of Research and Analytics, Oregon Patient Safety Commission, Oregon Patient Safety Commission (phone)
- Wendy L. Edwards, RN, BSN, Patient Safety Surveyor, Health Facility Licensing and Certification, Oregon PHD, OHA (phone)
- Jesse Mensik Kennedy, RN, Nurse Practice Consultant, Oregon Nurses Association (phone)

MEMBERS EXCUSED:

- Joshua Bardfield, Supply Chain Services Manager, The Oregon Clinic, P.C.
- Kelli Coelho, RN, CASC, MBA, Executive Director, RiverBend Ambulatory Surgery Center

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- Jon Furuno, PhD, Associate Professor, Department of Pharmacy Practice, Oregon State University/College of Pharmacy, Oregon Health and Science University (OHSU)
- Vicki Nordby, RN, BSN, Nurse Consultant, Marquis Companies, Inc.
- Kirsten Schutte, MD, Infectious Disease and Medical Director of Infection Prevention and Control, Asante
- Pat Preston, MS, Executive Director, Center for Geriatric Infection Control

OTHER PARTICIPANTS PRESENT:

- Lisa Barton, Associate Improvement Advisor, Comagine Health (phone)
- Trista Berry, Infection Prevention/Quality and Risk Manager, St. Alphonsus Medical Center - Baker City (phone)
- Barbara Dommert-Breckler, RN, BSN, CNN, Quality Improvement Director, ESRD Network 16, Comagine Health (phone)
- Mesa Greenfield, Infection Prevention/Employee Health Nurse, Lake District Hospital (phone)
- David Hahm Jr, Interior Systems/ICRA Specialist, Pacific Northwest Regional Council of Carpenters (phone)
- Debra Hurst, Environmental Health Consultant (phone)
- Gretchen Koch, MSN, RN, Policy Analyst, Nursing Practice and Evaluation, Oregon State Board of Nursing (phone)
- Jessina McGregor, PhD FSHEA, Associate Professor, OHSU (phone)
- Shanna Middaugh, MLS, BHA, CIC, Samaritan North Lincoln Hospital (phone)
- Mary Post, RN, MS, CNS, CIC, Infection Prevention/Employee Health Coordinator, Shriners Hospitals for Children - Portland (phone)
- Tom Rollins, MS, RN, Chief Clinical Officer, Prestige Care Inc. (phone)
- Yolanda Ryckman, Infection Prevention/Employee Health/Quality Improvement, Harney District Hospital (phone)
- Joseph Scarpelli, Sales Representative, Stryker Sage (phone)
- Nathan Sweet, MS, Sr. Industrial Hygiene & Ergonomics Consultant, Oregon Occupational Safety and Health

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Administration (OSHA) Consultative Services Portland Field Office (phone)

- Maisie Taylor, Quality Improvement Specialist, Blue Mountain Hospital District (phone)
- Keenan Williamson, MPH, CIC, Infection Preventionist, OHSU (phone)

OHA STAFF PRESENT:

- Therese Antony, RN, Regional Infection Preventionist Public Health Nurse (phone)
- Jeanne Bristol, Client Care Surveyor, DHS (phone)
- Pamela S. Bruhn, RN, BSN, MAN, ANP, Regional Infection Preventionist Public Health Nurse (phone)
- Erin Coke, RN, BSN, MPH, Regional Infection Preventionist Public Health Nurse (phone)
- Anne Eades, BSMT, MPH, CIC, Infection Preventionist Contractor (phone)
- Judy Guzman-Cottrill, DO, Pediatric Infectious Diseases Contractor for Oregon Health Authority, COVID-19 Response and Health-care Associated Infections (HAI) Program (phone)
- Heather Hertzell, MPH, Multi-Drug Resistant Organism (MDRO) Epidemiologist (phone)
- Lisa Iguchi, MPH, Epidemiologist (phone)
- Elizabeth Johnson, RN, BSN, Regional Infection Preventionist Public Health Nurse (phone)
- Laura LaLonde, MPH, CPH, CHES, HAI Office Specialist (phone)
- Meghan Linder, MPH, Council of State and Territorial Epidemiologists (CSTE) Fellow (phone)
- Meghan Millet, BSN, RN, Regional Infection Preventionist Public Health Nurse (phone)
- Valerie Ocampo, RN, MIPH, HAI Public Health Nurse (phone)
- Sarah Odell, RD, Nursing Facility Program Manager (phone)
- Rebecca Pierce, PhD, MS, BSN, HAI Program Manager (phone)
- Dana Selover, MD, MPH, Manager, Healthcare Regulation & Quality Improvement (phone)
- Roza Tammer, MPH, CIC, Infection Control Epidemiologist (phone)
- Nicole West, MPH, Influenza Epidemiologist (phone)

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- ISSUES HEARD:**
- Call to order and roll call
 - Logistics update
 - Approve March 2021 minutes
 - Project Firstline Overview and Question and Answer (Q&A)
 - Healthcare personnel (HCP) and resident COVID-19 vaccination
 - Regulatory update for Oregon: Respiratory protection programs and respirator use
 - Discussion: Topics for future meetings and reports
 - Public comment
 - Final roll call and adjourn

Item	Discussion	Action Items
Call to order and roll call Genevieve Buser, Chair	Forty-two attendees, 8 members	No action items
Logistics update Roza Tammer, OHA	<ul style="list-style-type: none"> ➤ HAIAC membership updates <ul style="list-style-type: none"> • Sydney Edlund is the new Oregon Patient Safety Commission Representative. • Three vacancies: <ul style="list-style-type: none"> • Hospital Administrator with Expertise in Infection Control in a Facility with Fewer than 100 Beds. • Consumer and Patient Representative. • Health Insurer Representative. • Opportunity for current member to serve as Chairperson. ➤ Remote attendees will remain unmuted for meeting; reminder to unmute yourself to speak. Guidance for using webinar platform is included in meeting minutes. ➤ SurveyMonkey survey was sent to members and to attendees to collect information to ensure everyone has an opportunity to serve in a formal role and to fill long-standing vacancies. Request to resubmit with contact information. ➤ Question 	<p style="text-align: center;">Please share “Bring your voice to the table” one- pager with your networks and email Roza if interested.</p> <p style="text-align: center;">Complete SurveyMonkey with contact information.</p>

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	<p>Roza Tammer: Would the group be interested in a video component in these webinars going forward? Group: Yes.</p>	
Approve March 2021 minutes	March 2021 minutes were approved.	Approve March 2021 minutes
<p>Project Firstline - Overview - Q&A Judy Guzman-Cottrill, OHA</p>	<p>See meeting materials pages 6 – 15.</p> <p>➤ Project Firstline overview</p> <p>A national training collaborative for healthcare infection prevention and control to get educational materials in front of diverse HCP in different settings.</p> <p>This is through mentorship with OHA regional infection preventionists through public health to clinical staff.</p> <p>Project Firstline next steps:</p> <p>With a better understanding of who needs infection prevention education and how best to it, we can:</p> <ul style="list-style-type: none"> • Increase awareness about where to find reliable resources. • Provide education in various formats (short videos, printed material, social media). • Work with frontline workers to confirm that these educational tools are useful. • Share feedback and education gaps with CDC other state Project Firstline teams and strategize ways to mitigate knowledge gaps. <p>Summary:</p> <ul style="list-style-type: none"> • The new Project Firstline initiative will increase infection prevention and control (IPC) educational resources across healthcare settings. • Hopefully these will help to improve HCP understanding of ICP in their line of work. • Project Firstline will allow OHA to strengthen partnerships with new HCP groups across the state. • We may need help in pushing out the learning needs assessment recruiting HCP to attend focus group discussions 	

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	<p>➤ Question and Answers</p> <ul style="list-style-type: none"> • What are some effective ways to share this infection prevention education with your frontline workers? <p>Genevieve Buser: Training videos would be useful for people, every six months or yearly, to be reminded of basics like the difference between standard and transmission-based precautions.</p> <ul style="list-style-type: none"> • Based on your experiences, what HCP groups do you think we should prioritize? <p>Barbara Dommert-Breckler: Will Project Firstline have modules for dialysis providers and environmental services?</p> <p>Judy Guzman-Cottrill: Dialysis has their own significant challenges and dialysis happens in so many different types of healthcare settings. It has been eye opening while doing vaccine education work to be there and answer specific questions with environmental services and to have language interpreter services and translation services as needed.</p> <p>Genevieve Buser: It might be useful to connect with educational services or staff education with different healthcare systems and share these tools.</p> <p>Wendy Edwards: Groups that might benefit include HCP in psychiatric units and volunteers in healthcare settings.</p> <ul style="list-style-type: none"> • Suggestions for state organizations or societies that we should approach for partnerships? <p>Pamela Bruhn: The Oregon and Southwest Washington Association of Infection Preventionists could be a partnering professional association.</p> <p>Sydney Edlund: The Oregon Patient Safety Commission can provide contacts with community-based care.</p> <p>Barbara Dommert-Breckler: It would be great to partner with the state survey agencies so where they see</p>	
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	<p>deficiencies the provider knows about the tools to help improve their practices.</p>	
<p>HCP and resident COVID-19 vaccination Lisa Iguchi and Roza Tammer, OHA</p>	<p>See meeting materials pages 16 – 28.</p> <ul style="list-style-type: none"> ➤ COVID-19 Vaccination in Long Term Care Facilities (LTCFs): Tracking and Reporting <p>Vaccination Efforts:</p> <ul style="list-style-type: none"> • In December 2020 OHA defined Phase 1A priority populations including LTCFs residents and staff. Vaccination began for LTCFs (nursing, assisted living, residential care) through the Federal Pharmacy Partnership. <p>Challenges:</p> <ul style="list-style-type: none"> • Lack of denominator data available to understand vaccine uptake percentages among residents and staff. • Lack of time updated information to account for staff and resident changes. <p>LTCFs Vaccine Tracking Tools:</p> <p>Solution:</p> <ul style="list-style-type: none"> • OHA developed vaccine tracking spreadsheets modified from National Healthcare Safety Network (NHSN). • DHS Provider Alert (03/16/21) asked facilities to begin tracking vaccine status utilizing standard tools. <p>Purpose:</p> <p>Helps facilities track individual level data at their facility to:</p> <ul style="list-style-type: none"> • Inform outbreak response and infection control strategies. • Identify key vaccine outcomes of public health concern. 	

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	<p>Facilitates aggregate tracking of vaccine uptake among staff and residents to:</p> <ul style="list-style-type: none"> • Inform vaccine uptake progress. • Facilitate reporting to state and federal public health authorities. • Identify gaps so that vaccine assistance can be allocated appropriately. <p>Reporting COVID-19 Vaccination Information to OHA:</p> <ul style="list-style-type: none"> • OHA developed an online survey for LTCFs to report weekly summary vaccination data. <p>Reporting Timeline:</p> <ul style="list-style-type: none"> • April 4, 2021: Facilities began voluntarily reporting of weekly COVID-19 data. • May 11, 2021: Centers for Medicare & Medicaid Services (CMS) issued interim final rule with vaccination requirements for LTCFs. • June 1, 2021: OAR-411-061 went into effect, requiring all state regulated LTCFs to report weekly vaccination data to OHA. Aligns federal and state reporting requirements. <p>Ongoing Efforts:</p> <p>Reporting by all LTCFs is needed for compliance and to understand the overall picture of LTCFs vaccination coverage in Oregon.</p> <p>Interim LTCFs COVID-19 Vaccination Report anticipated to be released soon.</p> <ul style="list-style-type: none"> • Includes facilities who have voluntarily reported. • Provides overall vaccination percentages as well as by facility type and region. <p>Resources:</p> <ul style="list-style-type: none"> • Resources are available in prior Provider Alerts and on the OHA COVID-19 Healthcare Providers Page. 	
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	<p>(see 'Specific Guidance for Long-Term Care Facilities' under the 'Healthcare Providers and Clinical Laboratories' section).</p> <p>➤ Challenges for healthcare personnel COVID-19 vaccination</p> <p>Challenges of confidence and logistics:</p> <p>Logistical:</p> <ul style="list-style-type: none"> • Appointment availability and timing. • Transportation and parking. • Resource constraints (supplies, staff). <p>Confidence (vaccine hesitance):</p> <ul style="list-style-type: none"> • Speedy development (prior research, urgency of pandemic). • Newness of mRNA technology (used for >10 years in cancer research). • Vaccine contents (fetal cells, animal/human products, microchips). • Vaccination vs. natural infection. <p>Vaccine hesitance in healthcare personnel:</p> <p>Resistance to vaccines, for any reason, can occur and may vary across demographics including race, age, urban vs. rural, etc.</p> <p>Some reasons may include:</p> <ul style="list-style-type: none"> • Belief that the risks of COVID-19 are overstated. • Perspective that getting vaccinated is a personal choice rather than a public health responsibility. • Mistrust of and previous poor experience with the health care system. • Confusing messaging and changing recommendations engendering mistrust of federal (and other) agencies. <p>Vaccine hesitance in healthcare personnel:</p>	
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	<ul style="list-style-type: none"> • Use of a “wait and see” approach due to concerns about safety, effectiveness, or equitable distribution. • Effectiveness/efficacy against variants. <ul style="list-style-type: none"> ○ Only tested on “original strain” – other trials in progress. • Speedy rollout of vaccine using Emergency Use Authorization. • Data on asymptomatic infection, transmission, longevity of response. • Fairly common minor side effects; rare side effects related to blood clotting, anaphylaxis, Multisystem Inflammatory Syndrome in Children/Adults (MISC/A). <ul style="list-style-type: none"> ○ So far, all vaccine safety events have occurred within 21 days of vaccination. <p>Addressing confidence issues in healthcare personnel:</p> <p>Are healthcare personnel (HCP) unique?</p> <ul style="list-style-type: none"> • Many perceptions and anxieties are shared between HCP and community members. • Some are more specific to HCP. <p>Creating a communication strategy:</p> <ul style="list-style-type: none"> • Know your audience. • Repurpose messaging from past successful vaccination efforts. • Develop critical talking points that address specific concerns or questions. • Blame free, neutral, unconditional positive regard. • Ask influential leaders and peers to participate. • Use different modes of communication. • Consider when/how often to reach back out or revisit. <p>Building vaccine confidence:</p> <ul style="list-style-type: none"> • US DHHS’ We Can Do this: COVID-19 Public Education Campaign. 	
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	<p>➤ Discussion</p> <ul style="list-style-type: none"> • For non-long term care settings, are you tracking COVID-19 vaccinations in your facility and if so, how? <p>Genevieve Buser: Who has access to this information, is it just employee health? Is that information then shared with Infection Prevention?</p> <p>Shanna Middaugh: The vaccination rate is tracked by Employee Health.</p> <p>Keenan Williamson: OHSU Occupational Health is able to track vaccine compliance and it is 85% compliant but have plateaued. This compliance number or percentage is shared throughout the hospital.</p> <ul style="list-style-type: none"> • Are there challenges in obtaining vaccination status from HCP? • What perceptions do we see among HCP that we see less of in the community? <p>Jesse Kennedy: The Oregon Nursing Association is getting far fewer questions relating to vaccine hesitancy. However, I am not sure how that relates to vaccination rates.</p> <p>Pamela Cortez: HCP are concerned about the rapid timeframe and lack of study on long-term effects.</p> <ul style="list-style-type: none"> • Do HCP perceptions vary by the type of facility, provider, geography, or individual demographics? <p>Genevieve Buser: Who do you define as HCP and/or is it HCP that you're looking more broadly at? Do you include environmental services like discussed in previous presentations today?</p> <p>Roza Tammer: OHA has a broad definition of HCP which we try to include in all of our materials. It is anyone who is working in that facility regardless of having direct</p>	
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	<p>patient-care duties, including contractors, volunteers, environmental services, and maintenance staff.</p> <ul style="list-style-type: none"> • What type of information is especially helpful to share? 	
<p>Regulatory update for Oregon: Respiratory protection programs and respirator use Nathan Sweet, OR-OSHA</p>	<p>See meeting materials pages 29 – 38.</p> <p>OSHA provides consultation services across the state. Guidance ensures public health and occupational safety and health to be efficient with communication and messaging.</p> <p>Oregon OSHA consultants are ready to connect virtually with you to provide no-cost, confidential services specific to COVID-19. Those services include:</p> <ul style="list-style-type: none"> • Risk assessment. • Respiratory protection and compliance program reviews. • Infectious disease preparedness and response plans, and training. • Returning to work safely and restarting processes. <p>Agenda: Respiratory protection programs in Oregon healthcare workplaces.</p> <ul style="list-style-type: none"> • Timeline for respiratory protection requirements. • General regulatory update. • Optimization of personal protective equipment (PPE). • Resources. <p>The Food and Drug Administration (FDA) provided emergency-use authorization (EUA) included respirators used in other industries, respirators that may have expired, and internationally manufactured respirators to address shortages.</p> <p>FDA and CDC provided guidance to OSHA regarding enforcement discretion and available supplies to meet compliance.</p> <p>CDC provided guidance for optimizing supplies.</p> <p>In early 2021 PPE guidance was provided based on available supplies from manufactures.</p> <p>Beginning pandemic:</p> <ul style="list-style-type: none"> • N95 supply shortages noted during reviews in late 2019. • 2020: Optimization of N95s. 	

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	<ul style="list-style-type: none"> • Full compliance expected, but enforcement discretion provided. <p>Current in Oregon:</p> <ul style="list-style-type: none"> • 2020 Fall: Oregon rule addressing COVID-19. • 2021: N95 supply ample. • April 9, 2021: CDC revised Optimization of N95s. • 2021 May 4: Oregon rule revised. • Full compliance remains an expectation, enforcement discretion remains in place. <p>Updates – Oregon:</p> <ul style="list-style-type: none"> • OAR437-001-0744 Addressing COVID-19 Workplace Risks. • Oregon Occupational Safety and Health: Infectious Disease Rulemaking. • Repealed when not necessary to address the COVID-19 pandemic. • Summary of Key Issues - Revision and Extension of Oregon COVID-19 Workplace Rules. • National Emphasis Program (Federally regulated states). • State Plans not required to adopt identical program. <p>Updates – Federal OSHA (National level): National Emphasis Program – Coronavirus Disease 2019 (COVID-19). National Emphasis Program – Coronavirus Disease 2019 (COVID-19) Occupational Safety and Health Administration (osha.gov).</p> <p>Updates – Oregon COVID-19 rule: Respiratory protection:</p> <ul style="list-style-type: none"> • Full compliance. • COVID-19 rule: PPE management plan in writing. • Follow OHA/OR-OSHA strategies for optimization. • Demonstrate due diligence. <p>Optimizing PPE when shortages: Respiratory protection:</p> <ul style="list-style-type: none"> • Follow OHA/OR-OSHA strategies for optimization. • Use of Personal Protective Equipment by Healthcare Personnel in Resource-Constrained Settings: OHA/OROSHA. <p>CDC Updates – Supply of N95s has increased:</p> <ul style="list-style-type: none"> • Food and Drug Administration defers to the CDC 	
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	<ul style="list-style-type: none"> • CDC - National Institute for Occupational Safety and Health (NIOSH) -approved or CDC/NIOSH Tables 1 & 2 • The FDA EUA includes: • “alternatives to N95 respirators”. • Approved for non-healthcare settings. • Beyond the manufacturer-designated shelf life for healthcare delivery. • N95 FFRs imported but similar to NIOSH-approved (CDC/NIOSH Tables 1&2). <p>NIOSH-approved or FDA EUA:</p> <ul style="list-style-type: none"> • OAR437-001-0744 Addressing COVID-19 Workplace Risks. • “NIOSH-approved or FDA EUA”. • Alternatives to N95 respirators Oregon Tier 1 (CDC Conventional Capacity Strategy). • “expired” is Oregon Tier 3 (CDC Crisis Capacity Strategy). • NIOSH Table 1 is Oregon Tiers 3 & 4 strategy (CDC Crisis Capacity Strategy). • Understanding the Use of Imported Non-NIOSH-Approved Respirators NIOSH Blog CDC. • Strategies for Optimizing the Supply of N95 Respirators: COVID-19 CDC. • OAR437-001-0744 Addressing COVID-19 Workplace Risks. • “NIOSH-approved or FDA EUA”. • FDA EUA Appendix A and Exhibit 1 NOT acceptable when N95 respirators recommended for use. • These manufacturers are not NIOSH approval holders. <p>Effective respiratory protection:</p> <ul style="list-style-type: none"> • Respiratory protection. • Fact Sheet: Three Key Factors Required for a Respirator to be Effective Infographic (cdc.gov) <p>Alternatives to N95s:</p> <ul style="list-style-type: none"> • Respiratory protection. • Fact Sheet: alternatives to N95 respirators. <p>Certified Equipment List:</p> <ul style="list-style-type: none"> • OAR437-001-0744 Addressing COVID-19 Workplace Risks. • Certified Equipment List (CEL). • Listing of NIOSH-approved respirators. 	
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	<ul style="list-style-type: none"> • Surgical N95 Respirators National Personal Protective Technology Laboratory (NPPTL) NIOSH CDC. • Approved Particulate Filtering Facepiece Respirators NPPTL NIOSH CDC. <p>NIOSH Public Health Emergency approvals:</p> <ul style="list-style-type: none"> • OAR437-001-0744 Addressing COVID-19 Workplace Risks. • “NIOSH-approved or FDA EUA”. • Listing of NIOSH-approved respirators. • Use the Public Health Emergency-only approved N95s first as the approvals will be terminated shortly after the public health emergency ends. <p>Authentic NIOSH approved Filtering Facepiece Respirators (FFRs):</p> <p>Authentic NIOSH approved FFRs:</p> <p>Required approval markings of NIOSH approved N95 FFR:</p> <ul style="list-style-type: none"> • Look for headbands – all NIOSH approved products have headbands, NOT earloops. <p>PPE optimization:</p> <ul style="list-style-type: none"> • Be certain to have someone to manage respirator inventory and use. <p>PPE optimization – exhalation valves:</p> <p>PPE optimization - Powered Air Purifying Respirators (PAPRs):</p> <p>Resources:</p> <p>Respiratory Protection Program resources:</p> <p>Oregon Occupational Safety and Health: Respiratory protection:</p> <ul style="list-style-type: none"> • Publications. • Written templates – (Oregon Dental Office Respiratory Protection Program). • Medical Questionnaire. • Fact sheets. <p>Federal OSHA: Respiratory Protection - Overview:</p> <ul style="list-style-type: none"> • Publications – (Small Entity Compliance Guide for the Respiratory Protection Standard). • Templates – (Hospital Respiratory Protection Program Toolkit). • Fact sheets. • Training videos. • Enforcement memoranda. 	
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Discussion: Topics for future meetings and reports All members and attendees	None	
Public comment		
Final roll call and adjourn		

Next meeting will be September 8, 2021, 1:00pm-3:00 pm via webinar only.

Submitted by Laura LaLonde
Reviewed by Roza Tammer