Oregon Health Authority

Healthcare-Associated Infections Advisory Committee
June 9, 2021

Transcription provided by outside vendor
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Speaker: Good afternoon, and welcome to the June 9th Healthcare-Associated Infection Advisory Committee. This is Genevieve Visarelbi moderating the call today. Just to remind you that attendees have joined in listen-only mode. If you need to ask a question, uh, you can raise a hand, and we can un, can unmute you. And you can also type questions into the chat box on the right-hand side of your screen.

Next Speaker: So ****, Genevieve, is that –

Next Speaker: Yes.

Next Speaker: – um, I, um, I unmuted everyone so they can mute themselves.

Next Speaker: Excellent. Uh, so just a reminder, so you are unmuted now, or you can unmute yourself, uh, if you would like to ask a question **** later on, raise your hand. Uh, just, uh, if you're not participa, or you're not, um, don't need to speak, please stay muted. And there we go. And do we have to worry about people putting the, the phone call on hold? I would say do not put this phone call on hold. If you need to take another phone call, uh, please just exit and then join later just in case we get feedback. So what I would like to do is, uh, when, after calling this to order, I am going to go ahead and read the names that are, uh, people who are joined, uh, instead of doing the roll around the virtual ****. And then at the end, we'll see if there's anybody, ne, uh, new attendees have joined. So we have Ann Eadies, Barbara Dommer-Greckler, Deborah Catora, Dennis Trapeza, Elizabeth Johnson, Gretchen Carpenter, Edward Hertzel, Jesse Kennedy, Judy Guzman-Catrell, Keenan Williamson, Lisa Gucci, Macie Taylor, Pamela Broom, Paul Cieslak, Sarah Odell, Sidney, Sidney Edland and Wendy Edwards. And this is, uh, also, um, the **** here are assisting with us are Brittany Williams, Rosa Tammer, uh, Lond and myself ****. So I think we will go ahead, and I'll pass it over to Rosa for a logistics update. Thank you.

Next Speaker: Thank you, Genevieve. If anyone else on the line – I don't think anyone should be on the line that didn't have their name called – but if you are on the line and you didn't have your name called, would you mind unmuting yourself and just saying hello to us and introducing yourself or typing your name in the chat box? Either one is fine. Okay. Great. Um, so just a very brief logistics update. I have, um, two short updates. One of them – well, three short updates – one is our regular update about our vacancies. So, um, we have actually brought on, um, Sidney Edland, I believe this is your first meeting in your formal role. Hopefully I'm correct

in that. Um, so Sidney is filling our, um, role as a repre, representative of the Oregon Patient Safety Commission who does not represent the healthcare provider. Um, so Sidney, thank you so much for joining us. Sidney is the director of analytics and the **** the Oregon Patient Safety, um, Commission. And then we have two vac, I'm sorry, three vacancies on our HI advisory committee at this time. First, we have our health insurer representative position; we have a consumer representative position, and finally, we have our hospital administrator with expertise and infection control at a facility with fewer than 100 beds. So these are our three vacancies. Um, I believe there is a informational sheet, um, that has all of that on it that went out with the meeting materials. Um, Laura, is that correct? Okay, well, I think they went out at the meeting –

Next Speaker: Correct.

Next Speaker: – ****, but we will – okay. Perfect.

Next Speaker: Correct.

Next Speaker: So, um –

Next Speaker: This is Laura –

Next Speaker: – that is –

Next Speaker: – **** correct. Yes. And thank you, Genny, for –

Next Speaker: Great. Thank you.

Next Speaker: – confirming audio and visual.

Next Speaker: Okay. Um, so we're gonna, um, you know, ask you of course, um, we usually do, if you know of anyone or you're interested in taking on one of these vacant roles, um, I just really encourage you to let me know. And then the, in, um, other news as well, if you are interested in taking on the role of chairperson, um, I would love to hear, um, from you as well. So again, that is our chairperson hospital admin, um, at a facility with fewer than 100 beds, consumer representative and, um, health insurer representative. And I will just segue now right into another topic for a logistics update which is the attendee and number survey. Um, so many of you who have already completed the survey, thank you so much. Some of you completed a previous version of the survey that did not ask for your contact information, so there was no way for me to follow up on your responses. Um, so the version that I sent this morning, um, should have gone to everyone on this call if you, if I do not have a response from you yet, um, and if you had already completed it, the reason why you're getting that reminder is because you had completed it before the version asked for your contact information, so I would ask that you just go ahead and complete it again. They're super short. It's really intended to allow our group to make sure that all of our vacancies are filled and that people who want an opportunity to take on a formal role have that opportunity since so many of our members tend to stick with us for a long time which we love so much, um, and we want to give, yeah, everyone a shot if they want it and

also make sure that we have the information we need in order to fill all of our vacancies, um, as the, um, committee was intended to. So, um, please keep an eye on your email, um, from this morning for those survey links. Again, super, super short. And then the last logistics update I have is that we have the capability to actually include a video component in these webinars going forward, and I'm curious to know if folks would be interested in, um, you know, in that kind of aspect going forward, um, if anyone has strong feelings against or for, would it kind of improve your engagement. Um, so any feedback on that, I am curious to hear. Otherwise, that is all I have for our logistics update today.

Next Speaker: Okay. Thanks. And cl, Rosa, you're, just to clarify, you mean, like, having that as something like a, a Zoom or a Teams meeting where we would have video options to create –

Next Speaker: Exactly.

Next Speaker: – uh, more of a sense of a, uh, community during the **** meeting? Okay. Great. And to, people should –

Next Speaker: Yes.

Next Speaker: – just, uh, put in the chat maybe their opinion –

Next Speaker: Yeah.

Next Speaker: – maybe –

Next Speaker: Put it in the chat –

Next Speaker: – ****?

Next Speaker: – or email me your thoughts. Anything is fair game here.

Next Speaker: Yeah. So on the right-hand side of the screen, you can see, like, there's the attendees' chat, etcetera, so feel free to put in there. Okay. Thank you very much. Uh, next, we're gonna move forward and, uh, ask for a motion to approve the March 2021 minutes that, uh, Laura sent out, it looks about March 10th if you're looking back through your emails. So do I have a motion, um, of someone, uh, who would review that, one of the members, uh, to move that we accept them –

Next Speaker: Uh –

Next Speaker: – ****?

Next Speaker: – this is Wendy Edwards. I could make a motion to approve the meeting minutes.

Next Speaker: Thank you.

Next Speaker: This is –

Next Speaker: ****.

Next Speaker: – Deborah Catora. I can second that.

Next Speaker: Great. Thank you. And so mo, so Rosa, the March 2021 minutes are approved. And –

Next Speaker: ****.

Next Speaker: – ****. Questions or clarifications, corrections, uh, please send them to, uh, Rosa Tammer. Great. So next on the agenda is to hear from Dr. Judy Guzman-Catrell from, uh, OHA to provide a project first line overview.

Next Speaker: ****.

Next Speaker: And, uh, do we have slides for you, Judy, that we should pull up?

Next Speaker: Hi. Um, hi, Gen, can you hear me?

Next Speaker: We sure can. Yeah.

Next Speaker: Great. Um, yeah, I, um, since we don't have ****, um, Laura and, um, what was the, how do you want to do the slides?

Next Speaker: Um, I don't know if you wanna, um, show them on the screen, um, the pdf that you sent, um, before the meeting?

Next Speaker: I think Laura's gonna pull those up.

Next Speaker: ****.

Next Speaker: Yes. I am going to pull them up right now.

Next Speaker: Thanks.

Next Speaker: Just doing that. I had it ready to go.

Next Speaker: Great. And then I'll just tell you to advance when we need it.

Next Speaker: Great. Thank you so much, uh, Laura, for the tech support and for the intro, uh, Genevieve. Um, this is, uh, Judy Guzman-Catrell for those of you who I don't know. Um, I am a pediatric infectious disease physician. I work part time for **** at OHSU, and then the other part of my time I spend as a contract to OHA doing, um, various projects. Uh, I do projects with, um, with HSPR which is the Hospital, um, uh, Security, Preparedness and Response Group with,

um, the COVID-19 crew, um, with the immunization program and with the HAI program. And today, um, I'm going to be, um, for some of you, it may be a first introduction; for others of you, you may have heard me talk about this before or others at the HAI program. It's called Project Firstline. And, um, so I'm here to introduce what this initiative is. It's a national initiative, and I'm gonna be helping the HAI program over the next couple years with really, um, uh, um, identifying the best ways to utilize the resources of Project Firstline and how to roll it out in a meaningful way. Um, and, uh, I would love everyone's input here on how to do that best as many of you are working with those frontline healthcare workers. Um, next slide please. Thank you. Um, so this is the, if, if you actually Google CDC Project Firstline, this is what you'll find. Project Firstline is a new national initiative, um, that actually, honestly, has been rolling out for over 6 months now, but, um, many of the states and jurisdictions, as with so many of us, have been focused, um, urgently on COVID-19 response and recovery that, um, this initiative just hasn't been, um, really in front of the eyes of the people who it needs to be at every state. So, um, Project Firstline is CDC's national training collaborative for healthcare infection prevention and control, and it really is focused on trying to identify who needs the, um, who needs infection prevention education, um, at, literally at the frontline, and, you know, we've always, I mean, I feel like for, for all the years I've been doing this, we oftentime focus on, you know, the nurses, the physicians, kind of the obvious frontline healthcare workers, but there's so many people who also are there at the frontlines in the healthcare facilities from tr, um, clini, from ambulatory clinics all the way to, um, post-acute care and long term care facilities, and they all have a role in infection prevention, and I think this pandemic has really demonstrated that in a very, um, stark way. Um, and so, um, Project Firstline is, I, uh, I kind of see it as the next step once we all recover from the pandemic and everyone who's in healthcare realizes that they do play a role, um, in infection prevention. Next slide. Whoop. All right, and the next slide after that. There we go. So what are the key features of – oh, oops – of Project Firstline? Sorry. Um, so the key features are, um – oops, sorry.

Next Speaker: Are you trying to get into presentation mode, Laura? There we go.

Next Speaker: So there's gonna be core training that's available that's being created by the CDC and, um, going to be pushed down to all of the states and jurisdictions to address immediate workforce infection control training leads, practical tools, and one of the really cool things about the practical tools is trying to figure out the different ways how we get the education material in front of the eyes of the different healthcare workers. Um, you know, some may like just a little blurb on a, on a push text notification; others may wanna sit in front of a webinar for an hour during their lunchtime, and some may, uh, actually wanna sign up for an in-person, um, educational, um, and a more personal, uh, um, live, uh, you know, live educational sessions. There's gonna be partner engagement, um, with different healthcare settings and also different societies. Um, I'll talk about that in a little bit more in a second. We wanna create some mentorship. So, um, you know, we now have regional infection preventionists, um, through the OHA HAI program, so I'm gonna be working with those IEPs across the state, um, to kind of do a, you know, the trickle-down effect where we train the trainer, educate those at the frontline from the public health to the clinical side. Um, providing public health technical capacity, um, to leverage public health workforce, to facilitate knowledge and tool sharing, both at the, uh, at the, on the state level all the way down to the local public health. And innovation, so trying to learn different ways how people learn most effectively 'cause one person's, um, best way of learning is

gonna be different than the next person's. Next slide please. So as you can see there, um, um, one of the things I mentioned was partner engagement. The CDC has already partnered with a lot of different society as you can see here listed on the right side. Um, I'll show you some, uh, some, some great educational, uh, material that's already been pushed out by the American Academy of Pediatrics in collaboration with the CDC, and you can see a lot of these are national organizations and also academic, um, centers and hospitals, and all of these groups are helping to kind of digest the infection control education and modify it so it works best for the groups that they represent. Next slide. So I'm just gonna show you another example of something. Some of you may have seen these already. This is just a screenshot of some infection control videos that are already online. Any of you can use these for any type of education that you are pushing out or doing for, um, people at your hospital, at your clinics, in your healthcare systems or for those in public health in your, um, in your jurisdictions. So you can see here that these are videos that are posted on the web. These are all open access, YouTube and Facebook, and, um, all, and plus transcript. And all of these are very short videos. The goal is to have them to be no more than 5 minutes. Some of them are a little bit longer than that. These are some that were made, um, very quickly specific, to, um, COVID-19, although, um, Project Firstline is not supposed to be only focused on COVID-19 because, of course, we know there are a lot of other infectious diseases out there. So just three examples here. What is the goal of infection control? SARS-CoV-2 and COVID-19, what's the difference? And then third, what's a virus? So those are, uh, the first three episodes that came out that are already available. Next slide. So these are some more that are available just so you know that they are there. What's a respiratory droplet? Why does it matter? How do viruses make you sick? How do viruses spread from surfaces to people? And again, these are made for, um, all healthcare workers at all levels of education, so you can even use these for new employee orientation, or if you have an, um, employee that, um, needs to do kind of their just general Infection Prevention 101 annual competency. These are some examples where you could use these. Next slide. So here's a for more. How does, uh, COVID-19 spread? And then the next two are focused on multidose vaccine vials because we know the COVID-19 vaccines that are available in the United States come in multidose vials. So these are COVID-19 specific, um, uh, education on how to safely use a multido, mu, multidose vaccine vial. Next slide. And then a few more. PPE, what is it? Uh, Episode 10 is why is eye protection recommended for COVID-19? Episode 11 is why are gloves recommended for COVID-19. Next slide. Why are gowns recommended for COVID-19? What's a respirator, and what's an N95? So you can see that they even try to use terminology that is more frequently used by frontline healthcare workers who aren't, like, people like us who are experts in infection prevention who really know the technical lingo. People call N95s N95s, so that's what they call it, um, for this episode. Next slide. And then how do I se, how do I, uh, test the seal on my N95? And cleaning and disinfection, what's the difference? So these are already available, as I mentioned, on the Pro, on the, um, Project Firstline web site. They also, um, I attend, uh, uh, these, um, office hours every other week with the CDC, and they give us updates on the deliverables and ref, um, resources they're making, and they are in the midst of making ma, many if not most of these, um, in the Spanish language as well. Next slide. So a couple other educational opportunities that are already available and coming up. Project Firstline, um, has, uh, partnered with the Asian and Pacific Islander Health Forum to create, um, Project Firstline training. This is coming up on June 17th. So if you serve a community or if you have, um, healthcare workers in your workforce that, um, um, are, uh, primarily of Asian descent, Tagala, which is Filipino which is what I am, I'm Filipino, Vietnamese, Mandarin, Chinese, Bengali,

there's going to be bilingual champions at this livestreamed, um, livestreamed, um, educational session. Again, it's June 17th, and if, uh, you want more info on that, you can go to Project Firstline at the CDC web site. Um, I can tell you from some of the, you know, from the work that I've been doing at OHSU, um, with, uh, COVID-19 vaccine education and access, um, one of the things I've been doing in that line of work is I've been meeting at all different crazy hours of the day, including nightshift, um, with shift huddles as they come on and off shifts at the hospital, and many of these, as you, um, as you would guess, um, English is not their first language. So in the education that we've been doing, we've been, um, uh, talking to the, um, the, uh, managers of those shifts, um, from the envir, environmental services and asking, you know, what are the primary languages that are being spoken of the employees that are scheduled to work tonight, and, um, we've hand language services, um, uh, interpreters come in person for those sessions. So as we all know, um, you know, to, to, uh, provide the best information we can about infection prevention and vaccines, we need to make sure that, um, it's appropriate in terms of, um, cultural and language, um, uh, discussions. So, um, this is something that is, uh, very, very much understood by the CDC with Project Firstline, and so there will be, um, bilingual champions for many of these, um, many of these educational sessions, sessions that they're offering. Next slide. Um, Project Firstline, as I already mentioned, is also partnering with the American Academy of Pediatrics. And so they are, um, using the Project Echo, um, as a way to provide tele-mentoring programs in infection prevention. So these of course are focused on, um, pediatricians, especially those who are community pediatricians that work in ambulatory care. I've already reached out to the, um, the Oregon Pediatric Society to see if this is something that they'd be able to help, um, disseminate among our pediatric, uh, providers across the state as well, and I'll be doing that with other, um, specific, um, societies, um, healthcare societies across the state. Next slide. So here's just an example of the AAP infection, um, prevention and control Echo sessions that have, um, that have happened or are already happening. You can see these were, um, from April, um, and May of this year. And so again, these are all focused on, uh, on COVID-19, but then the, um, the, uh, one from May is just on standard and transmission-based precautions. And so since this is a partnership with the AAP, it's kind of more focused on, uh, um, those who manage, um, children and, um, infants, children and adolescents and how to incorporate infection prevention in the work that they do. Next slide. There's also some on principles of using PPE safely and recognizing risk in our daily work, which, of course, is something all of us in infec, infection prevention are always trying to educate every healthcare worker, that they have to understand their own risk to be able to prevent them or mitigate them. So these are just some other great examples of partnerships with CDC and, um, some, um, societies across the country of, um, really trickling down infection prevention education to, um, healthcare workers. Next slide. So the initial steps for Oregon, I'm working on a needs-assessment survey, and, um, the survey is, it, it is gonna be an online, um, survey via email that'll be pushed out. Um, I know that, you know, I've been trying to delay it a little bit just 'cause I know people are really tired about infec, talking, thinking and answering surveys about infection prevention and COVID-19, um, but, um, yeah, I feel now that we're moving into summer, maybe it'll be a, a, a quieter time and, you know, we're starting to see more vaccinations and, and less hospitalizations. So the goals of the needs assessment will determine target audiences that want more information, determine the most trusted educators. 'Cause we know, you know, um, people learn best from people who they know personally and who they trust. Um, I'd like to understand what resources these healthcare professionals are, are, personnel are using when they have questions related to, uh, the infection prevention. Do they go to their supervisor? Do they

Google? Do they go to a certain society? Do, uh, they go to the CDC web site? OHA web site? That's gonna be really important for us to understand so that we know that the Project Firstline educational tools are at that place where they're looking. Um, we did have a really good understanding of what regulatory bodies require infection prevention education like licensing boards, joint commission, employers, etcetera. Next slide. Social media based advertising of Project Firstline. Um, the infection, the HAI program in Pennsylvania has been, um, really kind of moving forward quickly with Project Firstline, and they've actually created a way that healthcare per, um, personnel can sign up for, um, push notifications by text on just these very detailed and kinda targeted infection prevention, um, uh, little, uh, I don't know, just these little, little nuggets of information. And I, so, of course, I signed up for it, so I get the texts, and so that's something that I would love to push out, um, for, um, for Oregon. For example, I got a text on, on June 1st that said, "PA, P, um, Pennsylvania Project Firstline: When you sneeze, you sh, you shoot droplets with up to 100,000 bacteria and virus into the air at 100 miles per hour. For more information, click here." So just these little tidbits of information that are pushed out intermittently and over, you know, over the weeks, um, which I think would be a really, really neat way to push out more education. Next slide. So also partnering, I'll be partnering with OHA's regional infection preventionist to utilize our materials for, um, for healthcare personnel training and education across the state as needed. Next. Partnering with state-level organizations and professional societies. I would love to hear from any of you. You can put it in the chat, or you can email me about specific societies or groups or even specific kind of influence, uh, influencing type of people in different lines of work. And I'm not talking about just physicians, nurses, IEPs; I'm talking, like, you know, somebody who may be a naturopath or somebody who might be a chiropractor or someone who works in a long term care facility who is passionate about infection prevention or who tends to ask questions a lot about infection prevention who I could tap into to kind of be one of those people that, um, I help to educate so they can push the information out, um, to their specific groups. Next. And then I'll be doing small-group discussions later this year to better understand sources of information, so these will be, um, who knows if they'll be in person, if not, they'll be in Zoom groups, of specific to, you know, focus groups, say we talk to EVS workers, and, uh, get a better understanding of the information, um, that they look for and to make sure that we strategically provide that education. And then I'll also be working with other jurisdictions. Um, I have a meeting with a few other Project Firstline, um, team members from other states tomorrow to learn about what's effective so far and what's not in the work that they're doing. Next. So moving forward, once we have a better understanding of who needs infection prevention education and how best to provide it, then we'll be able to increase awareness about where to find reliable resources, be it the OHA HAI program web site or other places with this information. Next. We'll be able to provide education in various formats like the short videos, the printed material, social media if I can get that to work, if I can figure that out. Next. Be able to work with healthcare personnel, uh, um, frontline workers to confirm that these educational tools are useful. So we'll push information out, but then we want feedback. Is this helpful? Is it not? What is it missing? What is not understandable? What needs to be clarified? So we really want to make sure that we're spending our time wisely and investing our time wisely. Next. Um, and then I'll, I'll be sharing the feedback and education gaps with the CDC and other state teams, and so we'll strategize ways to mitima, mitigate those knowledge gaps. So something that makes total sense to me when it comes to infection prevention education might not quite make sense to somebody else, and so we wanna make sure that, um, that it really is useful. Next. So in summary – next. The new Project

Firstline initiative will increase infection prevention and control educational resource across all of our healthcare settings, at least that's our goal. Next. Hopefully, these will help to improve healthcare personnel's understanding of infection prevention in their specific line of work every day. Next. Project Firstline will allow OHA to strengthen partnerships with new, um, healthcare personnel groups across the state, so this is where I need the highest, um, input is who are those kind of key movers and shakers in the groups that we need to, that we need to focus on. Next. I might need your help in pushing out the needs-assessment survey also and recruiting healthcare personnel to attend focus group discussions. So, um, don't be surprised if you hear from me in the near future. Next. So some questions for you: What are some effective ways to share this, um, education with your frontli, frontline workers? Based on your experiences, what healthcare personnel groups do you think we need to prioritize? And I'd love some suggestions also for state organizations or societies that we should approach for partnerships. And I think that might be it. You wanna go one more? And that's it. Thanks so much.

Next Speaker: Thank you, Dr. Guzman-Catrell. Uh, uh, so much for, uh, you being the bridge that you are between the clinical world and great, uh, projects like this on the state and national level for better infection prevention. So, um, all right, I think you **** actually a couple groups that this would be I think, uh, a great tool for, or have some good people in them to, um, take these tools and share them.

Next Speaker: Okay. I'd love to hear that.

Next Speaker: So what's the –

Next Speaker: ****.

Next Speaker: – best way for people to, to give feedback to you? Unless they have, would like to do so now?

Next Speaker: Yeah. Um, so if anybody, just off the top of your head, if you think of somebody or in a group or, um, a type of healthcare worker that you feel like has been ignored or really needs good education or during any of the COVID, COVID, um, uh, pandemic, um, that you felt like really was kind of a, a new group of healthcare workers that you didn't even really realize were out there – like, when Becca Pierce and I talk about it, you know, there's that, there's that whole group of people that are, have the term care providers that are usually, you know, not licensed people that are hired, usually minimum wage, to work in places like long term care facilities, um, those type of places, um, post-acute care that are really just helping with tasks around but, of course, you know, may be at risk for exposure or, you know, being someone who if they don't understand infection prevention might end up being part of a transmission chain. So, you know, that was one group that was kind of like a, one of those aha moments. Um, and so it's, it's groups like that that I'm hoping people in **** can help me identify. So if you know of anybody right now, groups or, um, societies who you think might be good to partner with, you can just put those in the chat. And then I'm also gonna put my, um, I have a specific Gmail email account that I use for my contract work with OHA, and I'll put that in the chat as well, and you can, anybody who has ideas and you wanna email me directly, then, um, you're welcome to email me at any time, um, with any ideas, any questions, um, or if you just wanna be on a list,

um, of people that as I, as I learn of more things that are coming out through Project Firstline, I can, um, send those to you as well. So I think tho, those will be the best way. Thanks.

Next Speaker: Great. Thank you so much. Would anybody like to share, uh –

Next Speaker: ****.

Next Speaker: Go ahead.

Next Speaker: This is Laura. We just have two quick things in the chat. Um, first is – I think you answered this but it's in the chat – um, is the information on the Project Firstline limited to one state or can providers in other states access this information?

Next Speaker: Oh, that's a great question. Yeah, no, um, it's providers from all states, um, and so, uh, each state ha, does have, is developing or has already developed kind of their own Project Firstline core team because there also is a, you know, a suggestion from CDC to create your own training materials or educational materials that make sense based on your needs-assessment survey. So, um, uh, so there, I, I suppose there may be some situations where some states may create some sort of training material that's only available for them, but in general, um, really, the spirit is in sharing. As I mentioned, I'm, I'm meeting with some team members from Project Firstline from I think three or four other states tomorrow, and we have a standing meeting now just so that we don't recreate the wheel and we can all share, um, the materials that we're making. So this is, should be all available, you know, kind of open access if you will s, um, across all the states.

Next Speaker: Okay. And then the second one is: Thanks, Judy. Um, Oregon and Southwest Washington Association of Infection Preventionists could be a partnering professional association.

Next Speaker: Great.

Next Speaker: Um, and then third ques, uh, third comment, question is: Hi. Project Firstline will have modules coming out for dialysis providers. One other group to target might be Environmental Services.

Next Speaker: Yes. Absolutely. I have them on my list as well. I think both of those groups, dialysis and EVS, I think are two really critical, um, groups to, um, to provide education to. Um, dialysis has their own significant challenges for sure, um, and, uh, yeah, and dialysis happens in so many different types of healthcare settings too, I think which is a challenge. Um, and EVS, like, uh, like I, you now, like I mentioned with the vaccine education work that I've been doing, it's really so, it's been so eye opening to me to be able to be there and answer specific questions one on one with EVS workers and then also to make sure that, um, we have the, um, language interpreter services and translation services as needed, um, for all of our workers. So thanks for those comments.

Next Speaker: Yeah. That's what I see in the chat so far, but people are welcome to unmute themselves.

Next Speaker: Um, hi, this is Sidney, um, with the Oregon Patient Safety Commission. I'm also the chair of the Quality Measurement Council, um, which is for community-based care quality-measurement requirements with DHS. And, um, I'm wondering if, uh, you have contacts in community-based care or if we could, um, help make that connection.

Next Speaker: Oh, I would love that connection. I don't have any yet. So, um, yes, why don't we connect, um, by email, and then we can have a separate discussion 'cause I would, I would love to make some connections there. It's a great idea. Thank you.

Next Speaker: Excellent.

Next Speaker: Thanks.

Next Speaker: And this is, uh –

Next Speaker: Hey.

Next Speaker: – ****.

Next Speaker: Go ahead.

Next Speaker: Oh, go ahead.

Next Speaker: Nope. I just wanted to make sure that we weren't missing, talking over someone.

Next Speaker: Oh. Okay. Sorry. This is Rosa. Judy, I put it in a chat to you, but if, I'm happy to, to get on the phone with you and maybe share some contact as well if you wanna chat after this meeting or on Friday.

Next Speaker: That would be great. Yeah, I'm not seeing, I'm not seeing, um, seeing it in the chat. I don't know if it's, uh, for some reason –

Next Speaker: Oh, it's probably my own technical limitations.

Next Speaker: You, like, have your own **** or something I think. So yes, let's definitely connect and, um, and discuss other partnerships. I would love that.

Next Speaker: Thanks, Rosa.

Next Speaker: Great.

Next Speaker: Yeah, and, uh, do you guys wanna, uh, you mentioned briefly about, uh, training or, you know, what people have to, you know, yearly kind of stuff, and I was just thinking, those

kind of videos I think would be so useful for people, uh, for the, whatever, uh, every 6 months or yearly, what, that kind of thing where people have to be reminded of basic stuff like what's the difference between standard and transmission-based precautions because, uh, those are the questions I get on a weekly basis, really trying to clarify that.

Next Speaker: Uh huh.

Next Speaker: Uh huh.

Next Speaker: Yeah, that respiratory viruses, you know, yes, it says droplet, but, you know, if you're dealing with **** secretions, you need to think about protecting yourself more. So, um –

Next Speaker: I don't know, connecting with the educational services or, uh, you know, staff education at the different healthcare, health systems. These might be tools that they would, um, appreciate having access to.

Next Speaker: Great.

Next Speaker: Hi.

Next Speaker: Yeah. ****.

Next Speaker: This is Barbara. I think it would be great to partner with the state survey agencies also so where they see deficiencies, they can let, uh, the, whatever the provider is know that these tools are out there to help improve their practices.

Next Speaker: Oh, yes. That's a great idea. And who was this that just said that, just commented?

Next Speaker: Hi, Judy. It's Barbara Dommer-Greckler.

Next Speaker: Okay. Great. Thanks. I may, can, I may, uh, email you just to, um –

Next Speaker: Absolutely. I'm your tie in to dialysis too.

Next Speaker: ****.

Next Speaker: We can talk about that separately –

Next Speaker: Oh. Yeah.

Next Speaker: – **** email, so.

Next Speaker: ****. It's perfect. Okay. Thanks, Barbara.

Next Speaker: Okay, great. Well, uh, anybody, uh, not hearing any other, or any other pe, people want to, uh, mention before we break? I'm gonna do a quick, uh, rundown of any new people I see on the attendees. So we have Dana Salivar who has joined us, Erin Cook, ch, Justina McGregor, Joseph Scarpelli, Lisa Barton, Mary Post, Macie Greenfield, Nathan Sweet, Nicole West, ****, uh, Pamela Cortez, Becca Pierce, Shawna Midda, or Middow, excuse me, Trista Berry, Valeria Ocampo and Therese Anthony. So that's ****. Thank you for all your feedback to, uh, Dr. Guzman-Catrell's talk, and we will go ahead and break for, and return at 1:50. Does that work, Rosa?

Next Speaker: I think so.

Next Speaker: About a little over 5 minutes? Okay. So we'll come back at 1-5-0, and, uh, see you then. Thank you.

Next Speaker: ****.

Next Speaker: Hey, folks. Are we ready to get started? Gen, are you back with us? Can anyone hear me?

Next Speaker: Yes. I'm sorry. Here we go.

Next Speaker: ****.

Next Speaker: Okay.

Next Speaker: Apologize for that, Genevieve.

Next Speaker: No worries.

Next Speaker: Uh, yes. This is ****.

Next Speaker: Yeah. So, uh, thank you for rejoining us. We're on to the second, uh, second half of the meeting here. Uh, I just wanna call out in the question, uh, box, uh, that, uh, Wendy Edwards also had some great comments, uh, for the last presentation for Dr. Guzman. It says, uh: Thank you. Great presentation. Um, the groups that might benefit from, might be volunteers in various settings such as hospitals and **** healthcare workers in psychiatric units. I think, uh, this is just my, I think that's a great callout because we definitely had outbreaks in, uh, closed psychiatric units of COVID, uh, during, during this last year. Um –

Next Speaker: Thank you. Noted.

Next Speaker: Yeah. And she also offers to answer any questions from a regulatory, uh, perspective if that would be helpful.

Next Speaker: Okay. Thank you.

Next Speaker: ****.

Next Speaker: I appreciate it.

Next Speaker: No problem.

Next Speaker: And **** to do our volunteers. I –

Next Speaker: Yeah.

Next Speaker: – I wonder how, I've, I've never seen, like, for people who volunteer in healthcare settings what type of training, if any, uh, that they –

Next Speaker: Mm hmm.

Next Speaker: – get from every volunteer. So, um, so that's a, that's a great, great idea as well. These would be great tools for that.

Next Speaker: Yeah.

Next Speaker: Thanks so much.

Next Speaker: You're welcome.

Next Speaker: Thank you.

Next Speaker: So on to our next, uh, presentation from Lisa Gucci and Rosa Tammer with OHA regarding healthcare personnel and resident COVID-19 vaccination, a big question for a lot of us here. So let us know when you're ready to begin.

Next Speaker: This is Genevieve just checking in. Rosa, I know I heard you earlier.

Next Speaker: Oh.

Next Speaker: Lisa?

Next Speaker: This is Lisa. Can you guys hear me?

Next Speaker: Yeah. We can, I can hear you.

Next Speaker: Okay.

Next Speaker: Mm hmm.

Next Speaker: Thank you.

Next Speaker: No problem.

Next Speaker: Um –

Next Speaker: Um, do you have slides, uh, for Laura to –

Next Speaker: Yeah. I'm **** –

Next Speaker: ****.

Next Speaker: – Laura.

Next Speaker: Okay. Yeah. I was just going to ask ****.

Next Speaker: Yeah, and as Laura's pulling that up, I just wanted to say, um, yeah, this is Lisa Gucci. I'm an **** with the Oregon Health Authority. I'll be kind of covering the first topic on this agenda item that is about, um, tracking and reporting COVID-19 vaccination in a long term care facility, and then I'll pass it on to Rosa to discuss, um, the topic of challenges with healthcare personnel, and then we'll see, um, we have some discussion questions, so we'll see how much time we have for that. Um, I see my slides are not in slideshow view yet, Laura.

Next Speaker: Yes. One second. Okay.

Next Speaker: Okay. Thank you. Yeah. You can go to the next slide please. Okay. So I'm sure many of you are, you know, aware that back in December – sorry – um, the –

Next Speaker: Oh.

Next Speaker: Can you guys hear me? I, I keep getting muted and unmuted. Um –

Next Speaker: I can hear you, Lisa.

Next Speaker: Okay.

Next Speaker: Yeah. I saw that.

Next Speaker: Thank you.

Next Speaker: And I saw that it's, hopefully it's good now, but I did see that, uh, but now you're coming through.

Next Speaker: Okay. Great. I think I can see my name as well on the side, so I'll make sure that it's working. Okay, so yeah, that, I'm sure many of you are familiar that, you know, back in December, long term care facility residents and staff were identified as one of the top priority populations to receive the COVID vaccine, um, and during the **** pharmacy partnership is pri, mainly how vaccine clinics, um, were, you know, began for these long term care facilities, and

I'm specifically referring to the 600 and plus, you know, nursing, assisted living and residential care facilities licensed by DHS in Oregon. Um, we really wanted to understand, you know, how are these clinics going, how is vaccination going in, uh, in these long term care facilities, um, and what is vaccination coverage looking like. The acute challenge that we identified early on is that there wasn't a clear source of **** data for us to calculate and understand vaccine update percentages among residents and staff in these facilities, and what, you know, data we may have had is not time-updated information that will account for staff and resident changes. Um, you know, one mechanism we identified, um, is through the National Healthcare **** or NHSN. Um, they offered, for nursing facilities specifically, um, an optional COVID-19 vaccination module that asks for vaccination information from residents and staff on a weekly basis. And so, you know, um, they thought that this was a good model to kind of base off our own tracking and reporting leads, um, from – the next slide please. So, you know, we worked to develop, um, vaccine tracking tools that were modified from, you know, the, the data that was being asked, um, by NHSN as well as the frequencies of the weekly reporting that was being asked of, by NHSN and, you know, offer these vaccine tracking tools to our long term care facilities, um, back in mid March. Um, I'll show some screenshots of the tools on the next slide, but these tools are really intended for facilities to enter in individual-level information for staff and residents, and it will automatically calculate summaries, specifics and percentages for them. And we thought that, you know, these were valuable tools, um, that there are kind of two, two purposes. Um, first, at the facility level, facilities can track individuals, um, and their vaccination status to inform outbreak response and infection-control strategies and identify key **** public health concerns such as vaccine breakthrough infection. Because they have **** automatically calculate summary statistics, um, we, it can also facilitate **** tracking of vaccine **** and residents. And so at the facility level, they can monitor, you know, their own vaccine uptake progress as a performance measure, um, and then we'll also facilitate reporting to us as well as to NHSN to help us understand, you know, overall as a state, you know, how are we doing, um, with our vaccination uptake in your long term care facility. Um, using this data then can help us to identify gaps so that we can allocate vaccine **** and assistance appropriately and help us to inform policy. Next slide please. Thank you. So this is a screenshot of, um, one of our, um, **** for staff and a similar one for residents. Um, essentially, we're asking facilities to enter in line-level information, just demographics for residents and staff and then vaccine information. So if they were vaccinated, when and which, with which type of dose. If not, if they had a medical contraindication or if they declined. Next slide please. And here is just some sample data that shows, you know, how facilities would input any information. If you can, push next, Laura. Um, and then one more time. Yeah, so facilities can input this information for their staff and residents. Um, I wanted to just note that we also put in a cal, put in a calculation that will automatically calculate a fully vaccinated date for, um, any residents or staff who received, um, you know, a complete vaccine series. And then, um, from this, you know, line-level information, so she will automatically calculate weekly summary vaccination counts, and this is the information that we ask the facilities to report to us. Next slide please. Um, so from that sample data, you can see here that, you know, this shows for the week of May 24th to May 30th, um, you know, how many, how many staff, um, were in the facility, that they're **** data, um, and then, you know, of those, you know, how many have received a COVID vaccine so far broken down by type and dose and then, um, the number of, of staff or a similar sheet for residents, um, with other conditions such as medical contraindications or if they declined their vaccination. Um, the cells that are highlighted in red are the, are the cells that we are really asking facilities to report

as well as, um, what, what NHSN is asking nursing facilities to report. Um, the percentages on the right are really just for, um, the facility's own internal use, and they can readily pr, you know, they can readily see, you know, what is the percent of fully vaccinated residents or staff, um, for, you know, the particular week of interest. And, um, this sheet will allow you to just change the weeks as you go along, um, but as long as you maintain the line list information and update that routinely, um, the total will, will just change accordingly. You don't edit any data on this sheet. Uh, next slide please. So, you know, we thought this tool was going to be really useful for both facility tracking as well as reporting to us, um, but we did identify a need to develop our own, um, online survey and database for, um, well, all of our long term care facilities to report this weekly summary vaccination data. And so you can see that we're collecting, um, on a weekly basis, you know, number of staff and residents in the facility, and of those, how many have received the COVID vaccine broken down by type and dose as well as, um, how many have a medical contraindication. Next slide please. Uh, if you could, go the other way please. Uh, one more time. Okay, thanks. Um, so, you know, as I mentioned, we released those sheets, um, to facilities back in mid March, and we opened our survey for reporting in early April, and facilities began voluntarily reporting, uh, weekly data to us. Um, and so we continue to monitor, you know, week to week and do outreach and get more facilities onboarded, so we definitely identified, um, a need to make this into a temporary role to increase compliance and get reporting from all of our facilities. Along with these lines as when we're working on that, um, back in May, CMS issued an interim final rule, um, for nursing facilities. So as I mentioned, NHSN, which was previously an optional, um, vaccination module for reporting has now become a required, um, module for reporting, and, um, in, on June 1st, um, which was last week, we also released our temporary rule to get this weekly reporting from long term care facilities, um, for all, for all long term care facilities. Uh, next slide please. So, you know, we continue to work to get all of our long term care facilities reporting, um, to really understand the overall picture of, you know, vaccination coverage in our long term care facility residents and staff. Um, however, we do recognize, you know, that we have received, um, a lot of data from facilities who have so far reported to us, and we do plan to release an interim, um, vaccination report soon. Um, this is still going, um, undergoing clearance, so I'm unable to share the data, um, and the findings today. I'd be happy to do so at another, um, **** meeting. Um, and so this is, uh, this will be, you know, a useful report for us to get a better sense of, you know, how vaccination coverage is looking like, um, for, you know, the fraction of facilities who have reported, and we definitely appreciate those facilities who have continued to, um, report on a weekly basis to us. Um, so with that, I will pass it on to Rosa.

Next Speaker: Thank you. Thank you, Lisa. I appreciate that. And then I will be, um, presenting on, um, some of the challenges, um, regarding healthcare personnel vaccination. Laura, if you wanna bring those slides up, um, and then we'll, uh, have a brief discussion at the end. Great. And let's just go ahead and go to the next slide. Okay. So challenges with vaccinations. This is by no means an exhaustive presentation really. It's just meant to kind of throw some discussion as a jumping-off point from the tracking presentation that Lisa just gave. Of course, there are logistical challenges to getting folks vaccinated like appointment availability and training, transportation and parking, resource constraints. Um, and then there are also challenges of confidence, or we can call it vaccine hesitance. So some of the confidence challenges I think that we hear about are things like, you know, is the, these vaccines were speedily developed, um, whether or not this MR, uh, MRNA technology is pro, is proven

enough, um, what contents are in these vaccines, whether or not vaccination or natural infection is preferred. Next slide please. And then, um, you know, what I would say is that resistance to vaccines for any reason can occur and might vary across demographics. You know, um, other reasons that sometimes healthcare personnel specifically are concerned or are hesitant to be vaccinated include, for example, the belief that the risks of having COVID-19 are overstated, the perspective that getting vaccinated is a personal choice rather than a, sort of a public health responsibility, mistrust with, of and previous poor experience with the healthcare system, and then confusing messaging and changing recommendations that then could translate into confusion, uh, and mistrust. Next slide please. Um, along these same lines, there's a lot of **** in healthcare I think who want to take a wait-and-see approach, and some of the concerns are safety, effectiveness, equitable distribution, um, and related to this wait-and-see approach are kind of things that healthcare personnel themselves, right, might, um, be thinking about. So is, are these vaccines effective and efficacious against variants. Um, you know, these vaccines were rolled out speedily. Is it under ****, uh, data regarding asymptomatic infections, transmission, longevity of the immune response caused by a vaccination, and while, um, minor side effects are fairly common, there are also some rare side effects related to, um, uh, multisystem inflammatory syndrome, clotting and anaphylaxis. So what I wanted to talk about, and hopefully the group will discuss and there will be some discussion questions at the end, are, you know, are healthcare personnel unique, right? So many perceptions in, in societies about vaccination and healthcare in general are shared both between healthcare personnel and providers as well as community members, and some are more specific to healthcare personnel. So of course when we're creating a communication strategy to improve vaccination uptake, we wanna know our audience, repurpose messaging from past successful efforts, um, addressing specific concerns or questions by developing talking points that are kind of most, that are relevant and specific to our audience, using a blame-free neutral tone and kind of giving them that unconditional positive regard in having these conversations, asking influential leaders and peers to participate, using different modes and timing of communication and thinking about how often to reach back out and revisit issues. Next slide please. So I'm just gonna ask Laura to kind of quickly sort of go through these slides. So I based the next few slides using the, um, User Guide for Nurses Tool Kit, um, from the federal DHHS, uh, We Can Do This COVID-19 public education campaign. They have tool kits both for nurses and community health workers. There are tons of good resources **** regarding education for vaccines. I'm giving this one here because I thought the nurses tool kit kind of gave a really nice, uh, quick summary. So let's just slide through the next couple slides, Laura, if you don't mind. I just want people to kind of get a sense of what it includes. So you're the priority. That's the message from one of their, uh, posters. Go ahead, next slide. And you can kinda keep advancing, you know, addressing some common questions. This is the approach. Empathy and understanding. What vaccines are out there? How do these vaccines work and, you know, have they been approved by FDA? There is a section on side effects and safety monitoring. Uh, more on safety here. Vaccine distribution. How to get vaccinated. And then sort of what happens after. Right? Um, so what, what recommendations are still in place. Talking about workforce empowerment. We want people to feel confident about their choice to get vaccinated. Right? We don't want to be sort of twisting people's arms if whenever possible. Next slide. Um, some strategies which kind of overlap with what I have sort of given. Resources, again, are out there on the CDC's web site, um, but also, of course, from many other agencies including ours. Next slide. So just to take us to the discussion, and I'm not sure how much time we have, so the questions here are, and hope, maybe we can just, um, snag a

couple of minutes, um, from our next presentation if we overstep, but, you know, in non-long-term settings, we're curious to know if folks are tracking vaccinations in your facility and how, if you've had challenges getting vaccination status from healthcare personnel, and then, um, the next few discussion points are really about kind of what I just presented on briefly. So what perceptions are we seeing among healthcare personnel that are sort of unique, um, to them versus the general community regarding vaccination hesitancy? Are there variants in the types of perceptions that are kind of leading people to be hesitant to be vaccinated that you are seeing by, you know, demographics, type of facility, provider type, etcetera, and what types of information have you found especially helpful to share with your personnel that might be, have been hesitant or have concerns about being vaccinated? And I will just turn it back over to the group.

Next Speaker: ****.

Next Speaker: ****, Gen, I think we're just gonna –

Next Speaker: ****.

Next Speaker: – ****.

Next Speaker: We have 5 minutes.

Next Speaker: ****.

Next Speaker: Yeah.

Next Speaker: Let me know.

Next Speaker: Yeah, we've got 5 minutes. It's fine. Please go ahead. Yeah. 5 minutes is great.

Next Speaker: Oh, good.

Next Speaker: This is Genevieve. I'm just gonna –

Next Speaker: This is Laura.

Next Speaker: – ****.

Next Speaker: ****.

Next Speaker: Th, this is Laura. I don't see anything in the chat yet, but, um, everyone should be able to unmute themselves if they have a comment.

Next Speaker: This is Genevieve, and I'll just jump in to kinda get things started. I think, uh, one piece I would say is what do you, who do you define as healthcare provider and/or is it healthcare worker that you're looking more broadly at? I just know, and that we've had, you know, that was brought up in the prior presentation about including the EVS workers, other

really important parts of the team that while they might not be spreading disea, have the potential really to spread to patients but amongst their, you know, their coworkers that can lead to outbreaks in the workplace and, you know, really affect staffing and other things like that too. So I just wanted to put that there about the definition and –

Next Speaker: Yeah, Gen, those look great.

Next Speaker: ****. I think, you know, here at OHA, we have a really, really broad definition of healthcare personnel which we kind of try to include in all of our materials. Um, it's really anyone who is working in that facility regardless of having direct patient-care duties. So absolutely, it would include contractors or volunteers, EVS, uh, maintenance folks as well. So we'd like to see everyone getting vaccinated that's present in these environments. Um, but I'm sure that other facilities have different strategies.

Next Speaker: I just, uh, one, one quick question. Are people able to track COVID-19 vaccinations? I know there's been some chatter about wh, who can have access to that vaccination of healthcare employees. Is it just employee health or can that information be shared more broadly? 'Cause I know ****, uh, healthcare facilities are running into even being able to obtain that information, or challenges even obtaining that information.

Next Speaker: This is Jesse Kennedy. Uh, I, I can't speak specifically to that data point, but, um, from, uh, my experience at the Oregon Nursing Association, I've definitely seen that we are getting far fewer questions, uh, relating to vaccine hesitancy, uh, from, from nurses, so, uh, I, I am not sure exactly how that translates into vaccination rates, but I can say that early on, uh, we were getting, you know, inundated with questions, uh, requesting additional information, all that kinda stuff. Uh, but I would say that certainly in the last 3 months or so, 2 and a half months, um, they have dropped down, uh, quite drastically as far as the, the frequency of, of hearing from, uh, nurses specifically who, uh, have questions or, or hesitance. So I don't know if that means that those who, um, are hesitant are, uh, are no longer asking the questions or if, you know, we have reached some sort of saturation point with those who are willing to ask the questions.

Next Speaker: ****. Thanks. Uh, sorry, I'm, uh, my unmute button. Uh, thanks for, uh, I think it's, uh, something many people are having their questions answered. That's excellent. Uh, Pamela Cortez mentions that we still hear that they are concerned about the rapid timeframe, uh, **** healthcare workers are concerned about the rapid timeframe and lack of study on long-term effects. Um, and, uh, Shawna Middow mentioned that the vaccination is tracked by Employee Health, and I was wondering as a follow up, is that information then shared with Infection Prevention or is that just something that Employee Health has, uh, uh, and that's been a question that's come up when we've been investigating outbreaks and things like that. Rosa, who, um, uh, should we just have folks direct other, um, comments to you? Uh, Keenan Williamson from OHSU says that, uh, Occupational Health is able to track vaccine compliance, and I would, I want to say we are about 8, 85 percent compliant but have plateaued, and this compliance number or percentage is shared throughout the hospital. Thank you.

Next Speaker: Thanks. Yeah, these are –

Next Speaker: ****.

Next Speaker: – helpful comments for sure. I think, Gen, we should move on for the sake of time, but anyone –

Next Speaker: Yeah.

Next Speaker: – who has questions about, or has thoughts about these discussion questions would be more than welcome to email them to Lisa or myself or continue to paste them in the chat box.

Next Speaker: Great. Thank you. So next on our agenda, we're going to hear from our guest speaker, Nathan Sweet, from Oregon OSHA on a regulatory update for Oregon on respiratory protection programs and respirator use. And Nathan, if you wouldn't mind, uh, introducing yourself to the group, that would be great. Thanks.

Next Speaker: Good afternoon. Uh, let me know if I'm audible please.

Next Speaker: You are.

Next Speaker: You sound great.

Next Speaker: You are.

Next Speaker: Okay, great. Um, my name is Nathan Sweet. I'm with Oregon OSHA Consultative Services, and, uh, my education, uh, has been in industrial hygiene and, uh, at a master's level. And then with Oregon OSHA, for a little over 24 years, the last 15 or 16 of those have been in, uh, consultative services, and over the past year, uh, I've been working closely, um, with, um, folks with OHA like Becca Pierce and some others and, uh, helping, uh, to ensure that guidance that relates to both, uh, public health as well as, um, areas where, um, occupational safety and health, uh, might overlap, um, that we're as efficient, uh, as we can be with our communication and messaging. Thank you for, um, having me present today, and just to kinda let you know beforehand, uh, our presentation material that were provided, um, is probably enough for about a 90-minute chat or a 90-minute talk, so I'm going to really pare this down to, um, to allow for the time that we have, so we'll proceed. So, um, next slide please. Okay, just a little, uh, line about the purpose of Oregon Occupational Safety and Health is to advance and improve workplace safety and health for all workers in Oregon. Next slide please. And, uh, one thing that we wanted to do is just let employers know about Consultative Services. Uh, we have offices around the state, their phone numbers. Uh, please make use of our services. There are some very, um, knowledgeable folks in many different fields, um, so we're more than happy to help. Uh, just, um, reach out to us and we'll do everything we can to support your efforts. Okay, next slide please. So, uh, what I'd like to cover during this presentation is a little bit of a timeline about respiratory protection requirements, um, and then just mention what, um, existing general regulations, uh, have been, and then just touch on optimization of PPE and specifically for, uh, respiratory protection in healthcare settings and then provide some resources. Next slide please.

So the next three slides really are the core, um, slides that I wanted to provide, uh, to folks today. Um, so if you focus on these three slides, that's pretty much a summary of, um, uh, what I'm thinking is important information to pass along. Uh, if there's questions, please let me know. Uh, I took the liberty to predict what might be interesting, uh, to the group today, so hopefully I've hit the mark. Um, so in review, in late 2019, uh, we started hearing about shortages of disposable Niosh-approved, uh, filtering facepiece respirators and, specifically, the N95, uh, respirators that, um, as we came to learn were so important during this, uh, past, uh, year and a half or so. Um, so because of that shortage, the FDA provided emergency-use authorizations which included, uh, respirators that are typically used in other industries, included respirators that may have, uh, expired, uh, for their shelf life. It also included important, uh, internationally manufactured respirators as part of their emergency use to try to address the shortage that we are experiencing. The CDC, as probably everyone knows, uh, has provided optimization strategies during the shortages. And this was not new. This has been done before. Uh, of course, this **** is more relevant to, uh, the current situation. Um, so along with FDA activities and CDC activities, um, enforcement agency, OSHA, provided response to the situation. I remember getting calls, uh, from folks, uh, across Oregon, uh, "What do I do? I don't have the supplies." And so what OSHA had said is, um, they will provide enforcement discretion when it comes to, uh, respiratory protection and meeting that standard. So the expectation is for full compliance with the respiratory protection standard, but there is the ability to use discretion in enforcement on that depending on what employers have done, depending on what the status of supplies are. So in response to the shortage, manufacturers really ramped up production of Niosh-approved N95s, uh, filtering facepiece respirators. I think there were approximately 18 or 19 approvals, new approvals granted by Niosh, um, for manufacturers, um, to produce Niosh-approved respiratory protection in the United States. So that was a turning point. Uh, next slide please. So in late May, this is the statement that was posted on the CDC page for optimizing the supplies of specifically N95 respirators. So essentially, what happened was manufacturers were granted Niosh approvals to manufacture, um, respirators that would have that Niosh certification. So that was done. The manufacturers produced many millions of N95 filtering facepiece respirators, and, um, I think, um, a lot of establishments and employers, uh, for whatever reason, maybe they weren't aware of the availability, maybe it was a big change in, like, their supply chain and how they obtained, um, PPE, uh, nevertheless, uh, there was a push from the manufacturers in early 2021, um, especially to the CDC, to Niosh, to OSHA saying, "Look, there are lots of respirators around now, and, uh, we just wanna make sure that employers are aware of that so, uh, we can, we can protect our, um, our employees, especially our healthcare providers, uh, to ma, to the maximum extent possible, and especially with Niosh-approved, uh, respirators. So this is the main point. So the CDC and the FDA have both recognized that there are, um, increased supplies and availability of Niosh-approved respirators at this time. Okay, next slide please. So in response to more, uh, PPE availability, specifically N95 respirators, the CDC revised the optimization strategies back in early April. Um, I'm sure many of you are aware of that. Um, so in response to that, in, in response to the situation, uh, in Oregon, so now I'll talk, would like to talk about, uh, what Oregon OSHA expectations are, and at this point, Oregon OSHA expects employers to provide Niosh-approved respirators, uh, when they're appropriate. Um, and, you know, we still recognize, the agency still recognizes that, uh, uh, there might be difficulties in obtaining, um, specifically N95 respirators. Uh, over the past couple weeks, working with, uh, colleagues with, at OHA, we reached out to some members in our advisory group, um, that was working with us regarding, uh, PPE use and supply constraint settings, and we were hearing that

indeed, uh, Oregon employers were able to, um, obtain Niosh-approved N95 respirators. And, um, for example, one particular, um, **** clinic that's been working with us mentioned that they were able to obtain Niosh-approved N95 filtering facepiece respirators I think for about $0.80, um, per respirator. So that person was saying that it seemed reasonable, uh, a reasonable cost. So another, uh, point that I wanted to make sure I covered was, um, there's been a respiratory protection standard in place, um, for the United States since about 1971, and then in, uh, the late '90s, that standard was updated. It was revised. Um, so that's been in place, and depending on situations, um, what the exposures, uh, there might be, um, what kind of work is being done. Um, there are certainly situations where respiratory protection would be required in, in healthcare settings. Um, so some of that, uh, has, has been longstanding. Okay, so now we're in a new situation with the onset of COVID-19. So probably people know about the Oregon administrative rule that Oregon OSHA developed. Um, they, the agency worked up on its own authority to develop a, uh, temporary rule to address, uh, COVID-19 risks in workplaces, and that was basically revised and became what's, what's technically called a permanent rule, um, but that's sort of in the details. Uh, the main point is, um, the, the current rule addressing COVID-19 risk in workplaces, um, became effective in early May, and groups, the, the advisory group, uh, that is working with Oregon OSHA to develop that will be meeting no later than, uh, July of this year to take a look to see if there are certain areas of that standard that should be repealed or if the entire standard, uh, will be repealed. And those, uh, the groups involved with that will meet at least every 2 months until this COVID-19 standard in Oregon is completely repealed. So that's something to keep in mind. Um, one of the new, uh, provisions in that standard that was effective in early May was Bullet Point 3. So it's requiring basically, uh, healthcare employers to develop a written policy for situations where, um, th, there might be difficulty obtaining, uh, PPE, and then if that's the case, here are the steps that, uh, will be followed, um, to manage that situation. So that's one big update, um, that was different from the temporary COVID-19 rule. And the way that the agency expects employers, uh, to, to do business is, first of all, so we're talking about PPE, and as, uh, I'm certain you know, um, I feel like I'm talking to the choir in, in so many situations here, so PPE is really a last defense in, uh, providing protection from hazards that might be in the workplace. Uh, first of all, it's expected that engineering controls are in place, administrative controls are in place. So we've been talking about, um, multiple layers of protection, um, uh, especially over this past year, uh, to 16 months. And so now we're sort of focusing on, uh, personal protective equipment. And so what Oregon OSHA expects is they expect employers to make a good-faith effort, uh, to comply with respiratory protection standards, um, you know, perform their reasonable due diligence to do everything they can to meet the standards. Um, and so that would include the respiratory protection standard; that includes, um, the COVID-19 rule; it would include blood-born pathogens. Um, so, uh, if there are some that are wondering about, uh, enforcement policy, um, that is a comment on enforcement policy from the agency. Um, okay, next slide. Let's see where we are. Okay, so I'll move through these next slides very quickly, and I think, uh, perhaps they can be used as resources, uh, for those who would like, uh, to know more information, uh, about this topic, and, um, there are some links in the pdfs, um, uh, to various resources that I think could be helpful. So just as a review, respiratory protection standard; there's a personal protective equipment standard, blood-born pathogen standard that's been in place for quite a while. Okay, next slide. Uh, I thought this was interesting. Um, this is an example of a very early, uh, respiratory protective device. Basically, that's a veil with cotton inside that was developed over in Europe, uh, as a response to chlorine gas. Um, next slide please. So there's an example of how it was

used. Uh, initially, it was too difficult to use because, uh, it essentially prevented, um, people from being able to breathe through them, so they were soaked in a solution, um, and then it turns out that these particular, uh, devices would last about 5 minutes for chlorine, so I thought that was an interesting background on, um, how far we've come from them, from, uh, in a little over a hundred years. Okay, next slide please. So there's information about, uh, respiratory protection standard. There's been one in place since 1971. It was updated in '98. Next slide please. So there's more of, uh, the timeline. And again, OSHA, at a federal level, and Oregon OSHA, as expected, full compliance with the standards, but they've made a provision for enforcement discretion. Okay, next slide please. There is more about the current situation, uh, with reference to the temporary COVID rule. Uh, early 2021, we started hearing from manufacturers that, um, there were significant supplies of, um, Niosh-approved N95 filtering facepiece respirators. April 9th, the CDC revised their optimization. Okay, next slide please. So there is a link to Oregon OSHA's rule addressing COVID-19. Um, and again, just keep in mind, it will be repealed when it's no longer necessary to address the pandemic. Uh, at the federal level, there was a national emphasis program, uh, launched to address COVID-19. Uh, next slide please. So there is basically the high points about the national emphasis program and a link to that document if people would want to look into that, uh, more. Next slide please. Okay, so, uh, as far as regulatory updates, uh, related to respiratory protection, again, full compliance is expected. Um, there is the written PPE supply and crisis-management plan that is, uh, I think that was supposed to be in place, um, either mid May or early June, and the rule does allow for situations where, uh, PPE supplies might be disrupted or there may even be shortages, um, and so in the COVID rule in Oregon, uh, points employers to follow the guidance for optimizing PPE that was developed, uh, by an OHA as well as Oregon OSHA. There's a link I believe in, um, the standard text, um, uh, that will open that guidance for optimization. Uh, next slide please. So there are three links here that I thought would be helpful for folks that are perhaps still developing their PPE supply and crisis management plan. Um, there is the PPE burn rate calculator from the CDC. Um, the second bullet is a link to the guidance for Oregon, the use of PPE by healthcare personnel in resource-constrained settings, and then probably many folks are already familiar with the publication. I think it was from 2015. It was, it's a very nice tool kit, uh, the healthcare respiratory protection, um, program. Actually, that's another link, but this, this link on this slide is, um, two additional resources, um, from Niosh basically. So, um, I think the, uh, this slide and the previous slide will be helpful for those who are the midst of developing their crisis management and a PPE supply plan. Okay, next slide please. So a couple weeks ago in late May, I was able to listen to a presentation from, um, the CDC about their updates to their strategies for optimizing PPE. So I, to keep it simply, I basically did a screenshot and I pasted it, pasted several, several into this presentation. I just felt like that would be, uh, the best way to do it, uh, to be efficient. So there are bullets that, um, were provided to, uh, the audience during that presentation. Okay, next slide please. Here's another point that perhaps, um, folks have, uh, been wondering about, uh, and it is how the CDC and the FDA and OSHA sort of all work, huh, alongside with each other or with each other or maybe separately from each other. Um, so hopefully this slide will, the next couple slides will hopefully clear up, um, questions that folks may have. So the FDA, when it's referring to respirators and whether they're approved or not and whether they're appropriate or not in whatever situations, refer to the CDC and Niosh. So the pages that describe the emergency-use authorizations basically say, "Here are EUAs. Here are devices that are covered by the EUA. However, you need to follow what the CDC says." So as long as the CDC says that these are appropriate, then use 'em. If, uh, if the CDC is saying,

"Those are no longer acceptable as even a crisis, uh, capacity strategy," then these are not approved any, any longer or they're not authorized any longer. So that's one key point to keep in mind that the FDA has deferred to the CDC, uh, especially in regards to respirators. So there's a paragraph in the Oregon OSHA standard where it mentions that, um, Niosh-approved respirators or respirators that have emergency-use authorization, authorizations need to be used, um, when, uh, there are patients that are suspect or confirmed positive with COVID-19, and, uh, when I first looked at that, I thought, "Wait a minute. What's happening here?" Uh, so I spent some time looking into it, and basically, the interpretation of that is, again, the FDA de, defers to the CDC. So we go to the CDC web site essentially where they provide guidance for optimization, and there are some devices that are under the EUA that are still, uh, acceptable to the CDC, and I listed some of those here. So alternatives to N95 respirators. That's a category that, uh, is still in their, uh, optimization strategies. Uh, another example is, uh, respirators are N95 respirators that are beyond the manufacture designated shelf life. Those also are covered by the emergency-use authorization. There are imported N95 filtering facepiece respirators that are still acceptable to the CDC as a crisis-capacity strategy, but please keep in mind, there are several, well, there's a couple of lists that are no longer acceptable, um, by the CDC. And so I tried to incorporate that here. Uh, basically, the CDC and Niosh has a Table 1 that lists N95s that are imported but they're very similar to Niosh-approved, um, N95 respirators. And Table 1 lists those; Table 2 lists, I believe they list the cartridges that would, uh, be used with, uh, air-purifying respirators such as elastomeric type of respirators, um, that are still acceptable to use, um, uh, to the CDC. Uh, next slide please. So this slide is explaining, uh, the situation, alternatives to N95 respirators in Oregon. Consider **** one which is, uh, the CDC conventional strategy. Expired is a crisis-capacity strategy. And then those devices in the Niosh or CDC Table 1 are also a crisis-capacity strategy. Um, these links on this slide will provide the information, um, related to the bullets here. Next slide please. So here are the two lists that are no longer acceptable when N95 respirators are recommended for use. Um, this is what the CDC has said. So it's the FDA emergency-use authorization Appendix A and Exhibit 1. So those are imported N95 respirators that had an easy way for a while, but now that there are lots of Niosh-approved N95 filtering facepiece respirators available, the devices on this Appendix A and Exhibit 1 are no longer acceptable even as a crisis-capacity strategy when N95 respirators are recommended to be used, and that is according to the CDC. Uh, next slide please. So the picture bottom left, that is a filtering facepiece respirator with, uh, straps. That is one key. All of the Niosh-approved respirators have straps. So there are no Niosh-approved respirators that only have ear loops. So keep that in mind. That's a good, quick way, um, to check to see if this is going to be acceptable to the CDC and Niosh. Uh, next slide please. Here's an example of some alternatives to N95 respirators. Next slide please. Um, Niosh maintains a certified equipment list. So all of the Niosh-approved respirators will be on this certified equipment list. All of them. So that's a great resource, uh, for someone who is looking to see, uh, if their equipment that they're preparing to order is going to be acceptable or if, if, if an employee is, uh, needing to use a respirator and they want to look to see if it's approved by Niosh, then they can go here. Next slide please. Um, so there's some other public health, or there's some other approvals that, uh, I just wanted to mention, but for sake of time, um, I'll just let folks look through these slides on their own. Um, there's some other resources that are available, and, um, let's skip down. If you don't mind, uh, let's move through the slides to where my contact information is. So we can just move to there fairly briefly please. Okay, let's pause there just for a moment if you don't mind. Uh, let's go back one more slide please. So I wanted to point out the hospital respiratory protection program

tool kit. That was developed, I believe it was 2015. That is an excellent, um, tool kit. And then, uh, OSHA has also provided a small-entity compliance guide for a respiratory protection standard. That's another great reference to have. Okay, let's, uh, move forward please on the slide. Okay, let's pause there. So there is my email address as well as, uh, my office phone number, and I'm more than happy to help folks if, uh, they're looking for specific information or they're looking for tips on, you know, maybe a next step or, or how do, how do we, uh, make this big change within, within our workplace. Uh, you know, we're more than happy to lend a hand and, and support employers, uh, throughout Oregon. So thank you for having me. Hopefully, uh, I hit the high points, and, um, if there are questions at this time, I'm happy to address them.

Next Speaker: Great. Thank you, Mr. Sweet. That was, uh, yeah, excellent to remember all the, the fine details with this and how we're, we're back on normal processes now. So thanks for the resources as well. And these slides will be at, with the minutes and included in, uh, the minutes as well. Any questions? Uh, we probably have time for, like, one, maybe two if there's anything, either in the chat. Otherwise, we'll –

Next Speaker: Hi, uh, this is Paul Cieslak at the, uh, Oregon Health Authority. Thanks, uh, a bunch, Nate, for, um, being with us today. Uh, ju, sort of more of a comment, um, we get questions from healthcare facilities, uh, like, um, "Well, if we've got a bunch of vaccinated staff, can they have a meeting without wearing a mask?", and, uh, apparently, our requirements are more restrictive than CDC's. I think CDC says, uh, you don't need a mask if all the staff are vaccinated, but, um, but we're continuing to say, you know, basically, everybody in the healthcare setting needs to be masked. So, so maybe something for, um, Oregon OSHA to consider.

Next Speaker: And this is –

Next Speaker: Uh, yes, Paul –

Next Speaker: – Genevieve ****.

Next Speaker: – I, I, oh, yeah, I appreciate that, and I think that the way that we've been proceeding, I know that, uh, Michael, the administrator, uh, has been working closely with OHA, and, uh, posted, uh, basically our position, and so, I mean, um, you know, source control and, and facemask use is, um, we definitely follow OHA's, uh, guidance on that.

Next Speaker: Excellent. Thanks. Any other questions? Comments? Okay, well I think –

Next Speaker: I think, uh, if you don't ****.

Next Speaker: Oh, go ahead. Yes.

Next Speaker: ****. If, if, uh, if you don't mind, Paul, if I take advantage of the, uh, opportunity that I have, um, wh, what would, what would you say for a campus, um, a hospital campus where there are areas th, where there are no healthcare procedures being performed, um, so in regards

to wearing masks at healthcare settings, is it sort of a blanket expectation for the entire campus, or can it be broken down into basically where there's more risk or less risk of transmission?

Next Speaker: I mean, my own opinion is, yeah, you, we, you know, some risk stratification might be possible, but, uh, I, I just wanna surface the issue as, you know, something to, um, look at because, uh, you know, I don't feel strongly either way, and I would certainly want Becca Pierce to weigh in on this as well. But, uh, uh, you know, as, as a general rule, if, if our, uh, requirements are consistent with CDC's, uh, we get fewer hassles. Huh, so it, it's easier for people to swallow.

Next Speaker: Sure. Thank you.

Next Speaker: Yeah, and this is Becca Pierce. Uh, I'll just add one thing because there were a couple of guidance documents that just were released probably an hour ago. Um, so there, there are some FAQs related to the new masking updates. Um, so these are keeping with CDC recommendations that fully vaccinated individuals, um, do not need to mask, sorting that out for healthcare and healthcare tangential settings. Um, so it does have some really helpful guidance about what is considered a healthcare facility and what isn't which was a surprisingly complex question, uh, and it does differentiate based on, you know, completely separate structures where patient care isn't provided versus those that, you know, do provide those type of interactions. Um, so that is worth taking a look at. Um, and then I think there is more to be sorted about the CDC, um, guidance in relation to fully vaccinated healthcare providers unmasking in the healthcare setting in very specific scenarios, um, like the one Paul mentioned, meetings, meals is another one, and then for long term care facilities, residents who are fully vaccinated being able to do group activities without their mask if they are fully vaccinated. So we are considering how to approach those scenarios, and we'll be updating our infection control guidance with Nate's help and others, um, just, just to make sure we're in alignment with OR OSHA. So more to come.

Next Speaker: That's great. Thank you. And will, uh, one of the pr, questions we get from providers is what about face shields, uh, especially now that there's more vaccinations. So whether that's addressed separately or with the masking I think would be, would be helpful.

Next Speaker: Yes, agreed. And there is some updated information in the new guidance about that as well.

Next Speaker: Okay. Great. Thank you. So excellent. Well, thank you so much for that. Uh, more to come. Uh, I'm gonna move us into the final segment of our meeting today. Uh, so the next piece is questions on discussions, uh, uh, sorry, topics for future meetings and reports, uh, and wondering if anybody has anything that they'd like to share as recommendations. I'm just going to mention that we also, uh, we're also able to put any comments or suggestions into the chat box. So hearing none, I'll move over, uh, move on to the next, uh, short but important part, uh, where we open up to pu, public comment to anyone who would, um, uh, like to make a comment on today or other suggestions for future topics. Thanks.

Next Speaker: Okay, great. Well, hearing none, I am looking at our attendee list, and it looks to be the same as when we, um, heard it at the halfway mark, so I will, um, now adjourn this meeting and wish you, uh, a good rest of your Wednesday afternoon. Thank you very much, and look forward to seeing you in 3 months. Bye.

Next Speaker: Yeah, thank you so much, Genevieve.

Next Speaker: **** one ****. This is Laura. Hi. Um, **** anyway.

Next Speaker: Oh, excuse me. I missed that. Dana, go ahead if you had ****.

Next Speaker: ****.

Next Speaker: Oh, just ended her as well. Let's see. **** unmute. Okay, uh, Laura, do you, uh, can you unmute her? Laura, are you able to unmute?

Next Speaker: Yeah.

Next Speaker: Mm hmm.

Next Speaker: ****.

Next Speaker: Okay.

Next Speaker: All right. Thank you.

Next Speaker: ****.

Next Speaker: Sorry, I, I logged in as public. This is Dana Salivar. I'm the section manager for Healthcare Regulation, Quality and Improvement, and we have, um, the, uh, uh, basically, Wendy's group, Wendy Edwards, um, the healthcare facility, uh, surveyors, basically, the state survey agency for non-long term care which, by the way, has a new name. It's called Acute and Continuing Care. Um, so we're trying to get away from what we don't do instead of what we do. But, um, just a quick note on, um, hosp, the hospital setting, specifically in any licensed facilities. Unfortunately, CMS has not updated their guidance, and they're still, they still have that guidance from March 2020, um, and it really does apply to the whole hospital as far as I know. So Paul, your question about, you know, ma, unmasking for meetings and things like that, um, uh, uh, unfortunately, they're still on the hook for the CMS regulations. So we, if CDC has updated it, as Becca said, I'm assuming that CMS will follow, um, uh, closely and put something out, or maybe they've been waiting for that. They did long term care, but they did not do, um, the hospital, ambulatory surgery, dialysis and all those other, um, traditionally non-long term care settings. So, um, uh, in spite of OSHA and all the rest of that, they still have to follow CMS, um, and that's gonna be a bit of a, um, a bit of a lag and a nuisance for those who work in hospitals and, and for visitors and everybody else. So that's just a note for everyone.

Next Speaker: Thanks.

Next Speaker: ****.

Next Speaker: ****. Yeah, thanks for enlightening me there. Uh, it's complicated.

Next Speaker: Yeah, it's not –

Next Speaker: ****.

Next Speaker: – ****, but it's what we've got, so.

Next Speaker: Yeah. Uh, Genev, this is Genevieve. Yeah, thanks so much for that clarification. Uh, it makes a lot of sense ****. So.

Next Speaker: We need, we need, like, a, uh, a web site just dedicated to, uh, um, the crosswalk between all of these regulatory bodies, so.

Next Speaker: Well, excellent. Well, on that note –

Next Speaker: Hi, this is –

Next Speaker: Oh, go ahead.

Next Speaker: Uh, uh, this is Laura. I just see where might we find the updated resources that were just released from Jesse?

Next Speaker: Is that in the question? Oh, where, uh – I would have to look it up. Uh, I'd say pr, we'll probably put those in the minutes. It sounds – unless Becca can jump on and say where they are. It sounds like it was the CDC web site.

Next Speaker: Yeah, they, they are both posted to our web site, but I, I know those can be a bit tricky to, um, find, so we will put them in the minutes just so everyone has access.

Next Speaker: Thank you, Judy, um, for posting the CDC web site.

Next Speaker: ****.

Next Speaker: Um, I don't –

Next Speaker: Okay.

Next Speaker: – I don't see anything else in the chats or any other hands raised, but if anyone else has a comment?

Next Speaker: Okay. I think we're good.

Next Speaker: Okay.

Next Speaker: Um –

Next Speaker: Thank you.

Next Speaker: – **** the rest of your afternoon.

Next Speaker: Okay. Thank you.

Next Speaker: Yeah.

Next Speaker: Thank you everyone for presenting and attending today.

Next Speaker: Yes.

Next Speaker: Send me –

Next Speaker: Thank you very much.

Next Speaker: – Rosa, anything you have in mind for our next meeting, and we will do our best to fold it in. Take good care.

Next Speaker: Okay. Thank you. Okay, I am ****.