

Health and Safety Minutes 12/3/14

Present: Joe Pollock, Nicholas Bense, Beth Hesketh, John McLain, Robyn Herring, Allie Van Nostran, Andi Seabert, Pam Garland, Mischa Chernisky

1) Minutes Approval

- Minutes from September meeting were reviewed and approved

2) No public commenters

3) Update on Safety Concern: Intersection at Overhulse and Driftwood Rd

- When college hires signmaker (hopefully by winter quarter,) following updates will occur:

 - New stop sign w/ reflective flags

 - 3-way stop signage

 - New pedestrian crossing sign

- Next spring, the following updates will occur:

 - Wider painted stop bar and narrowed lanes upon approach

 - Speed bumps on Driftwood

- Inadequate lighting is also a concern at this intersection

 - Robyn has recommended the LED street light be turned up from "low" setting (3 settings total)

 - If this doesn't help, a different streetlight head configuration may be warranted

- Question re: safety at walkway from F-Lot to dorms

 - Current striped walkway paint reduces wear and subsequent costs of repeated re-painting

4) Illness/Accident Reports

- Committee reviewed accident report list from October-present

5) Ebola/Health Center Update

- Susan Camp and Bill Mikesell from Evergreen attended Regional Infection Control Meeting

 - *Beth will provide minutes from this meeting (see attachment)

- Relevant authorities are monitoring closely; an outbreak in this area is highly unlikely

-Mumps outbreak in Idaho

-Health Center has MMR vaccines (\$5 for uninsured/underinsured students)

-In the event of an outbreak at Evergreen, students who signed vaccine waivers will be asked to leave campus until further notice

-Beth has information about a free webinar on bedbugs at schools happening Dec 16

-Flu incidence is low in WA right now; Feb and Mar are typical high points

-Get your flu shot! Health Center continuing to hold shot clinics

6) Bicycle/Pedestrian Safety

-Many folks observed on and around campus without helmets

-Commuter Trip Reduction Program and other schools have great literature on bike safety

-Discussion of an event or other way to distribute free/reduced cost helmets or lights

*Allie will contact Bike Shop about potential collaboration

*Allie will contact Michelle Swanson @ Thurston County about free supplies

*John will contact Susie Seip re: collaboration with CTR

8) Survey re: work for H&S Committee

-Opting for an open message to the community explaining who we are

-Potential for collaboration with staff Wellness Committee

*John will contact Nicole about having a Wellness Committee member join us at our next meeting

9) Other Business

-Allie is resigning her position; leaving the college at end of calendar year

*She will talk to SSSSU about a union member to serve on the committee

The meeting was adjourned.

ACTION ITEMS

Beth – Email minutes from Infection Control Meeting

Allie – Contact bike shop & Michelle Swanson, talk to SSSSU about new S&H Committee rep

John – Contact Susie re: bike safety collab; contact Nicole re: Wellness Committee collab

Health and Medical Systems Ebola Readiness Meeting

Monday, December 1, 2014
 11:30 a.m. – 1:00 p.m.
 Thurston County Public Health and Social Services
 412 Lilly Rd. NE; Olympia 98506-5132
 Conference Room 107ABC

Attendees:

Thurston County PHSS	Dr. Rachel C. Wood; Deb Ward; Kristy Matthews; Marianne Remy; Phuong Nguyen; Cindy Meyer; Nicky Upson; Deborah Allen; Martha Darrah Brown
Thurston County Emergency Management	Sandy Johnson
Providence St. Peter Hospital/SW Region	Aimee Talbot; Gerda Barlow; Preeti Bhalla; Carrie Moore
Providence St. Peter Family Practice	Kevin Haughton
Medic One	Pete Suver
Capital Medical Center	Amy Larson; Karen Pitman
Lewis County EMS	Pat O'Neill
Madigan	Dr. Rodd Marcum
Evergreen State College	Susan Camp; Bill Mikesell
City of Olympia	Greg Wright
Lacey Fire District #3	Steve Brooks
Olympic Ambulance	Byron Hamilton
St. Martin's University	Howard Thronson
South Bay Fire	Brian VanCamp
ESD113	Lynn Nelson

Meeting Notes

Introduction	Deborah Allen called the meeting to order at 11:35 a.m. Introductions followed.
Questions/Issues Attendees Would Like Addressed	Meeting attendees identified the following issues they would like addressed/discussed at the meeting. <ol style="list-style-type: none"> 1. General update on Ebola 2. Outpatient protocols 3. EMS transport 4. Protocols for medical staff who have monitored or cared for traveler or person with suspected case of Ebola.
Update from Madigan on soldiers returning from West Africa	Dr. Marcum from Madigan provided on update on service members returning from West Africa: <ul style="list-style-type: none"> • JBLM received first cohort of service members (16 people) returning from West Africa – all with no known exposure to Ebola. • Service members are on Day 7 of a 21-day isolation. There is no outside contact with community. • JBLM conducts screening and monitoring. • None of the service members are from Thurston County, nor do they have family in Thurston County. • JBLM will have the ability to conduct Ebola testing soon.

<p>Updates from Health Officer</p>	<p>Current Situation:</p> <ul style="list-style-type: none"> • Worldwide: 16,000 people have been diagnosed with Ebola. There have been 7,000 deaths. • United States: 4 Ebola cases to date, with 1 death. • Washington State: <ul style="list-style-type: none"> ○ There are no confirmed or suspected cases in Washington. ○ Eight hospitals in Washington are prepared to care for possible Ebola patients. Two hospitals are in Eastern Washington, and six hospitals are in Western Washington. Site visits have been tentatively scheduled with CDC in December for three of the hospitals. ○ JBLM is monitoring 16 staff returning from West Africa. ○ The Department of Health is working with local health officials to monitor 16 travelers from Ebola-affected countries who are in Washington. ○ DOH has monitored 39 individuals to date. • Thurston County <ul style="list-style-type: none"> ○ No suspected cases in Thurston County, and no monitoring at this time. ○ Thurston County Public Health Department is currently using Incident Command System to ensure we are prepared, and sends out Situation Reports after every meeting.
<p>EMS Readiness</p>	<ul style="list-style-type: none"> • Pete Suver from Medic One provided the following update: <ul style="list-style-type: none"> ○ Screening questions are being developed. ○ PPE is on back-order, which has hampered the ability to train with hospitals as far as getting patient into transport vehicle and hand off to hospital. Training will include decontamination. ○ Worked with 911 on pre-arrival instructions, which have been developed. • Pat O'Neill from Lewis County EMS reported that his county, like most small counties, has very few resources/infrastructures to deal with Ebola. They are in the process of developing their protocols, education, training, and resources. • Dr. Wood advised that DOH has identified AMR as an EMS responder for the state, and will have rigs available. This is an option for smaller counties who do not have the resources to use their own transport vehicle. However, there could be a 3-4 hour wait for the rig to arrive. <ul style="list-style-type: none"> ○ Dr. Wood advised that EMS Online is a resource that offers online courses for EMS professionals: http://emsonline.net/. EMS online is a partnership effort of King County EMS, Seattle, Medic One, Seattle Fire Department, UW School of Medicine, Harborview Medical Center and Medic One Foundation.
<p>PPE</p>	<p>Dr. Wood shared the following PPE update:</p> <ul style="list-style-type: none"> • DOH placed an order this week for 72 sets of PPE that can be utilized by the Epi Task Force, Lab, Hospitals, etc. Some supplies are back-ordered until January with one vendor, Grainger. If urgent, DOH will work to fill local requests. • DOH obtained concurrence with L&I on PPE guidance. • Thurston County Public Health has set internal protocols, and does not anticipate the need for use of full PPE. • Medic One discussed the need for PPE for training. Discussion took place about whether providers could share/exchange equipment (see follow-up question below). Area hospitals mentioned using alternate hoods and reusing PPE during training.

Contact, Tracing, Monitoring and Investigation	<p>Dr. Wood provided the following update:</p> <ul style="list-style-type: none"> • Thurston County is not currently monitoring any individuals. • Capital Medical Center and Providence St. Peter Hospitals have worked on coordinating protocols for someone arriving at the hospital with Ebola symptoms. Preferred option is for person to transport self to hospital and park outside the emergency room. • Dr. Wood advised that local hospitals should be prepared to evaluate and hold patient up to 72 hours to confirm diagnosis. • In case of positive Ebola test, hospitals will notify Health Officer, who will contact DOH. DOH determines hospital for treatment of patient, which may not be closest hospital. • Discussion took place about follow-up protocols for health care workers and EMS transport workers. Dr. Wood advised monitoring guidelines for travelers should be followed. Dr. Marcum advised that travelers returning from West Africa are undergoing monitoring for 21 days, and being restricted. • Discussion took place about monitoring of health care workers, and whether healthcare employer can call Health Department to see if it is safe for employee to come back to work. Dr. Wood advised is it preferable for employee to disclose information to the employer directly. (See follow-up question below.)
Communication	<p>Dr. Wood provided the following update:</p> <ul style="list-style-type: none"> • DOH has posted FAQ's on their website. • DOH has contracted with Poison Center should statewide call center be needed.
Quarantine	<p>Dr. Wood provided the following update:</p> <ul style="list-style-type: none"> • DOH has set up two hard-walled facilities – one on the East side of State and one on the West side. • DOH conducted a drill to test West facility, including wrap-around services; Eastern Washington facility drill is today. • DOH has two quarantine trailers in addition to hard-walled facilities. • DOH and King County are working with WSDA Vet Reserve Corps on housing for animals of patients suspected of having Ebola.
Environmental Public Health	<p>Dr. Wood provided the following update:</p> <ul style="list-style-type: none"> • DOH has set up agreements with Stericycle and Waste Management for medical waste transport. • DOH has biohazard cleanup contract in place.
Follow-Up from Meeting of 11-3-14	<p>Below is an update on the three “gaps” identified during last meeting:</p> <ol style="list-style-type: none"> 1. Where to send patient for evaluation and specimens: <i>Providence St. Peter Hospital or Capital Medical Center</i> 2. Where to hold patient while waiting for test results: <i>Providence St. Peter Hospital or Capital Medical Center. Note: Providence St. Peter Hospital noted that Capital Medical Center can draw initial lab and then transport to Providence St. Peter Hospital, if needed.</i> 3. How to transport patient: <ul style="list-style-type: none"> ○ Preferred method is personal car. ○ If that is not possible, wait for AMR rig. ○ After PPE available and training complete, local EMS providers may be able to provide transport. <p>Note: Thurston County Health Officer needs to be notified before transport of patient.</p>

<p>Other Discussion Points</p>	<ul style="list-style-type: none"> • Discussion took place regarding protocols for outpatients with Ebola symptoms. Dr. Wood advised because of screening procedures in place for travelers, the likelihood of someone coming into an outpatient center with symptoms is remote. • Capital Medical Center advised they are putting together a phone screening tool. If they answer affirmatively to travel questions/symptoms, they will be advised not to come in. Will call Health Department for guidance. • Influenza: There are no new reported influenza cases in the area, but flu activity is expected to increase in the coming weeks. Dr. Wood asked attendees to review flu-related handouts, and called attention to the handout entitled “Is it Flu or Ebola?” • There was a discussion about the ethics of resuscitation of an extremely ill patient needing invasive medical procedures.
<p>Next Steps</p>	
<ul style="list-style-type: none"> • Follow-up questions needing answers: <ul style="list-style-type: none"> ○ Are State quarantine facilities available for use by EMS and hospital staff? ○ Can hospitals legally hold a patient who has a positive history of travel and symptoms and needs to be evaluated for Ebola, but wishes to leave against medical advice (AMA)? ○ Have the U.S. hospitals that treated Ebola patients experienced a decline in their business? ○ Once a person tests positive for Ebola, what protocols are in place <i>for the EMS provider</i> for further evaluation and management? What information can be provided to employer during the 21-day monitoring period? ○ Does DOH have transport available from local hospitals to regional hospitals? ○ Has DOH done any work on MOU's for the share/exchange of PPE equipment since there is a shortage of PPE and orders are backlogged? • Next meeting:TBD; likely in the New Year or sooner if needed. <p>Meeting adjourned: 12:35 p.m.</p>	

Distributed Informational Materials: Is it Flu or Ebola? (CDC); Top 10 Things You REALLY Need to Know About Ebola (CDC); Interim Guidance for Public Health Agencies on Triaging and Transferring Persons Under Investigation for Ebola Virus Disease (DOH); CDC Influenza Division Key Points; FluView Week 46 ending November 15, 2014 (CDC)