Welcome and Introductions – LPHA/Tribe Liaison (Danna Drum)
Thank you to Washington, Clackamas, and Multnomah counties in their current efforts of contact tracing and working with local partners.

Situation update on COVID-19 – Deputy Health Intel Chief (Haleigh Leslie)
- Operations/Health Intel
  (https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6)
  - World Wide: 87,446 cases
  - U.S.: 72 cases
- PUM/PUI in Oregon
  (https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Pages/emerging-respiratory-infections.aspx)

Situation in Oregon

- Travel advisories
  - Widespread sustained (ongoing) transmission and restrictions on entry to the United States
Administrative Handling: Limited distribution

Confidential epidemiological investigations are underway. All related activities and concerns must be coordinated with the IMT. All external communication with news media, partners and stakeholders must be coordinated with the IMT and PHD Communications.

- CDC recommends that travelers avoid all nonessential travel to the following destinations. Entry of foreign nationals from these destinations has been suspended.
  - China ([Level 3 Travel Health Notice](#))
  - Iran ([Level 3 Travel Health Notice](#))

  - Widespread sustained (ongoing) transmission
    - CDC recommends that travelers avoid all nonessential travel to the following destinations:
      - South Korea ([Level 3 Travel Health Notice](#))
      - Italy ([Level 3 Travel Health Notice](#))

  - Sustained (ongoing) community transmission
    - CDC recommends that older adults or those who have chronic medical conditions consider postponing travel to the following destinations:
      - Japan ([Level 2 Travel Health Notice](#))

  - Limited community transmission
    - Travelers should practice usual precautions at the following destination:
      - Hong Kong ([Level 1 Travel Health Notice](#))

- Testing Protocols at OSPHL
  - Onboard as of 2/28/2020
  - Testing is either batched or STAT
  - ACDP still must approve all testing
  - Preliminary positives sent to CDC for confirmation
  - Still treated as cases until otherwise notified by CDC

- Epi Resources
  - Orpheus
    - Process improvements for PUI monitoring underway
    - DGMQ data now fully imported into Orpheus
  - Testing algorithm to aid LPHAs/Tribes and clinicians in development

- Upcoming Guidance and Resources
- Communications and Media
  - Continuing to develop public facing materials. Translations are coming in Spanish, Russian, Chinese, Vietnamese, Somali, and Arabic. They will be posted to website.
    - See OHA Crisis and Emergency Risk Communication Toolkit: [https://www.oregon.gov/oha/ph/Preparedness/Partners/Pages/riskcommunicationtools.aspx](https://www.oregon.gov/oha/ph/Preparedness/Partners/Pages/riskcommunicationtools.aspx)
  - Press releases will be daily and as relevant as needed for PUM and PUI. Cases will be announced as they come
  - If we have a fatality related to COVID-19 that will be announced.
  - Building out contingency planning

- Healthcare Operations
Personal Protective Equipment Discussion – Health Care Director (Becca Pierce)

- Health care branch working with Logistics to make proper PPE considerations recognizing that some supplies are already low.
- Some lessons learned:
  - Wide range of allocation notices are already being given from manufacturer, being set at historic levels
  - Few have already worked through the optimization guidance
  - Incomplete communication internally in health care facilities
- Looking to make a document to ensure facilities have a checklist to go through to help implement optimization and use mutual aid and MOUs to resource as much as they can before submitting a request
- Logistics is working on making a decision allocation matrix to decide and show what all resource requests will be fulfilled. Goal to have this completed by end of week

Questions Received to Date – LPHA/Tribe Liaison (Danna Drum)

- Working with partners to make an FAQ and talking points for specific audiences and updating EMS guidance
- If you get media inquiries and need assistance send requests through OHA.ExternalRelations@state.or.us. Specific media technical assistance questions can go to Jamie Bash at 503-754-3190.

Health Alert Network - Deputy Health Intel Chief (Haleigh Leslie)

- Verify information
- Local HAN Administrator – Verify group assignments
- Check your email rules to see if you have rules set up to divert HAN emails to different folders.
- Contact your local HAN Administrator for assistance first
- If local HAN Administrators need assistance please contact Nick May nick.may@state.or.us

PHEP Funding and Work Plans – updated Guidance (Dewayne Hatcher)

**Flexing PE12 requirements to meet COVID-19 response demands.**

- OHA recognizes that LPHAs and partners response to COVID-19 is a priority. We understand that attention, focus and staff time is on this response will be potentially resource intensive.
Administrative Handling: Limited distribution

Confidential epidemiological investigations are underway. All related activities and concerns must be coordinated with the IMT. All external communication with news media, partners and stakeholders must be coordinated with the IMT and PHD Communications.

- The federal administrative grant management requirements for a PE12 workplan and annual budget remain in place, however, we want to convey to partners that **OHA will actively collaborate with individual LPHAs and tribes on the current PE12 scope of work - to include any response activity for COVID-19.**
- We want to be clear that **non-COVID-19 related workplan items can be delayed or minimized** from an LPHA / Tribes PE12 workplan scope of work and replaced with the COVID-19 work they are currently doing. **HSPR PHEP Liaisons will be available as always to discuss PE12 workplan adjustments** - to ensure that partners are performing and documenting an appropriate and coordinated scope of work to meet grant requirements. Work plan mid-year reviews will be discretionary as needed or requested.

- Most partners PE12 workplan planning (e.g. ESF8 – EOP Base Plan) requirements are in place and those plans should only be on a review schedule. **HSPR PHEP Liaisons will provide any technical assistance requested for emergency preparedness planning prioritization for COVID-19 response.**
- The annual CDC capability surveys were just updated just a few months ago so this requirement is up to date.
- **Any LPHA or tribal response activation, developing or inclusion in a local Incident Action Plan for response, producing or participating on an after action report or improvement plan, will count for all exercise requirements. If the response or AAR/IP activity continues through the next budget period then that activity will count as well as completed activities for PE12.**
- Because we are communicating ongoing related to persons under monitoring (PUMs), we will suspend the 24/7/365 call testing immediately.

**Resource Requests and Tracking - Deputy Health Intel Chief (Haleigh Leslie)**
- Documentation is important
- Can be discussed verbally- there are some requests that may be very urgent in nature
- Need written requests- at minimum via email
- Work towards using OpsCenter
- Documentation will help for establishing priorities

**LPHA Planning and Partner Coordination Checklist -- Deputy Health Intel Chief (Haleigh Leslie)**
- OHA will work on a checklist and send it out
- If you have any questions about it email Haleigh at Haleigh.M.Leslie@state.or.us

**Statewide Partner Coordination – LPHA/Tribe Liaison (Danna Drum)**
- Liaison Branch has been stood up to help engage beyond government partners to organizations and sectors to help get the message out
• Carey Palm will be connecting with the Tribes
• LPHA representatives, including Multnomah County, have been invited to help meet their unique needs of the Portland metro area. The metro counties don’t speak for all counties in Oregon so Rebecca Austen, Lincoln County PH Administrator, will be participating.

Reminders - LPHA/Tribe Liaison (Danna Drum)

• Confidentiality: May be important to remind this to local community partners
• Preventing Stigma: There is a lot of stigma to those who have traveled and those under monitoring. CDC has some resources on their website about this topic and started to weave in language around stigma and talking points. Will be released as a FAQ
• Use links to OHA website on all communications (don’t post actual documents): This way if the document is updated it will remain the most up to date.
• Electronic information tool sent to get a poll of who all is activated in their information center. Please be sure to compete the survey to help us get an idea of what is happening in your jurisdiction. Smartsheet request updates will be sent out soon.

Other Questions/Concerns via comment box in webinar

When will PPE guidance matrix be out? Planned to be out by the end of the week
Are 211 talking points available for LPHAs in case they set up local call centers? All members are getting the same talking points

Is there guidance for clinics if they get a patient showing any symptoms to determine their need to go to the ED or not to prevent ED surge? If alerted by phone they should see if person needs medical care. If not needed the person should isolate at home. If they need care and testing then should be sent to place that can safely collect samples. Clinicians’ questions about whether a person should be tested should be directed to the LPHA; questions on the part of the LPHA or Tribe should be directed to ACDP (971-673-1111). Questions about specimen collection and shipping should be addressed to OSPHL Client Services Coordinator Sarah Humphrey (503-693-4124).

Is there a plan in place or suggestions for getting specimens to OSPHL from rural areas? We are using our regular plans for regular pick ups to send to lab. There is same-day transport available for some areas, depending on timing and available contracted courier resources. Please reach out to OSPHL to facilitate.

Is there a policy for employers related to telework or having to be out due to quarantine? We are working on those questions to see what we are able to prepare. This would include using sick and vacation time.
Is there policy or guidance on using technology to do other public health work/inspections? We are working with internal programs to see if this is a possibility.

What triggers will OHA use to trigger next level of escalations, such as mass gatherings? At this time we do not see any need to close mass gatherings any time soon.

What is the process for a health care facility that needs to test someone, at what point would local public health be looped in? Criteria for testing is from CDC. An algorithm is in development and will be sent out.

What is the guidance on re-using N-95 masks as part of contingency planning? Not recommended at this time for COVID-19 response. Possible use for cohorted patients for extended use. Refer to Hierarchy of Controls Optimization guidance for additional considerations. CDC guidance is updated this morning to have some additional use for expired. Guidance for LTCF-CDC just released guidance on this this morning found here: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

Should local partners not be working with local media? Engaging with local media is fine and we encourage you to stay on talking points. LPHAs should think about posting county PUM numbers as smaller counties may not be able to and could put them in a difficult situation so please use regional numbers once released. Consider what you are doing with local and community organizations to help calm concerns.

How many attempts should be made to contact a PUM? Guidance is for 3 attempts. Make a note in ORPHEUS if you are unable to reach.

What would a timeline look like for commercial testing? FDA released plans for expansion of testing for larger framework of sites. Not sure what timeline is at this time.

Do we have surveillance testing to show how widespread COVID-19 is? RT-PCR tests cannot be used for surveillance testing, but CDC is working with 6 sites to start this and there are plans to expand that number later this year.

Are positive results at state lab needing to be confirmed at CDC? Yes, but is treated as a case unless proved otherwise. Current case is presumptive (as of now).

Isolation precautions for airborne precautions are suggested due to insufficiency of data on how it is spread.
Will information sent to education agencies include colleges and universities for considerations such as dorm living? Right now the focus is on K-12 and we will work with higher education partners in the near future.

Is there a possibility for medical advice on 211 for the general public? Exploring contract for clinical call line in next 2 days. 211 for general public and providers could go to other phone number. 211 hours have been expanded. Public clinical advice should go to health care provider if feeling sick.

What is the goal we want to achieve- containment or mitigation? We know community transmission so moving to mitigation as well as containment efforts around current case.

Is there airport messaging to travelers? CDC has some materials to help with that messaging.

What happens if hospitals call OSPHL directly? They will be referred to their respective LPHA.

Are education messages going to alternative schools, job corps, and similar agencies? PIO will confirm with Oregon Dept of Education.

Has 211 info been updated (Some people had difficult times getting through to 211 last week and getting information)? The information has been updated and the general public should be able to access 211 more readily now.

For additional questions please email Danna.K.Drum@state.or.us. We are exploring a general email to receive questions.

Final Comments/Adjourn

Next Call – Tuesday, March 3, 2020, 1200