

Butte-Glenn Emergency Preparedness Healthcare Coalition (HCC)

Meeting Minutes

January 20th, 2021, 2:00PM-3:30PM

Purpose: *To plan for a coordinated and effective medical response to a mass medical disaster in Butte and Glenn Counties*

Attendees: Jessica Driskill (BCPH), Matt Washburn(BCPH), Elena Reyes (BCPH), Patti Carter (SSV), Joanne Gilchrist (CDPH), Mary Thomas (Glenn County), Laura Medina (Glenn County), Patti Arena (Enloe Hospital), Michelle Wetmore (Far Northern), Don Wessel (Willows Post-Acute), Cindy Snelgrove (Ampla Health).

1) Welcome/Introductions

Jessica Driskill, Emergency Preparedness Coordinator introduced herself and Matt Washburn, the new Butte County Public Health Emergency Preparedness Coordinator.

2) HCC Updates

a. HCC MOU and Statement of Participation

- Signed by Public Health & Area Hospitals; enables us to streamline the process.
- If you are interested, review Statement of Participation (attached) , review, sign two original copies in blue ink & mail originals to Public Health Emergency Preparedness, 202 Mira Loma Dr. Oroville, CA 95965 to officially become an HCC member.
- This form may be utilized share resources or to provide funding to those part of HCC.

b. HPP COVID Funding

- Butte County has received COVID funding specific to PPE supplies, NOT vaccine planning. Complete an HCC Wish list (attached). Please be specific on item needs, including vendors.
- Glenn County also has funding available and is offering to their partners. Email them directly to inquire.

3) COVID-19 Updates

a. Situational Overview

Butte County: Currently has 9,368 total cases, 123 deaths, Purple Tier (1) for County Data Monitoring, under Greater Sacramento Region for ICU Bed Monitoring Availability; No longer on State stay at home order as of 1/13/21. Dashboard please go to www.buttecounty.net/ph/COVID19 for more statistics and information about hospital surge, hospitalizations, testing percentages and more.

Current priorities include monitoring surge in hospital settings, congregate living outbreaks, and vaccinating the community within tiered approach system. BCPH is ALL HANDS ON DECK – some programs are either on HOLD, or on pause for response and vaccination.

Glenn County: Currently has 2,299 total cases, 20 deaths, 378 active cases, Tier 1 Purple, ALL HANDS ON DECK; 3 Clinics per week; 1st & 2nd doses; added phone lines and staff to take increase in calls now that 65 year olds included.

b. Crisis Care Orders

i. <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-91.aspx>

- Includes checklist and Hospitals to send their plans to BCPH (publichealthdoc@buttecounty.net). Please review and contact BCPH with information or technical assistance you may need to process.

c. Resource Requests/Staffing Request MOU Templates

- Please send Resource Requests and inquiries to publichealthdoc@buttecounty.net
- Avoid sending directly to individuals in case of missed emails.
- Be very specific with your request; make sure you can't get resource somewhere else, explain what avenues you have taken to obtain resource; need for additional staffing, etc. It lessens back and forth of information gathering; avenues taken to get resource.
- Staffing Resources: Require supplemental questionnaire & MOU with State. These resources take time, please don't wait until last minute Be PREPARED to pay State Pay Rates; each resource has different pricing points
- Staffing Agency: Contracted Prices; CAL MAT Team (Free for 1st 72 hours); National Guard, and other Health Care Volunteers. It is a mixed bag; State prioritizes entity dispatched; please ensure you can pay these expenses. Lower priority to those who've previously requested staffing and cancelled it after sending up to the state.
- Are you willing to take DHV volunteers for vaccination clinics? Work with your Human Resources to see if you can accept volunteers at your facility.

d. Hospital Bed Polling/ER Holds

- Daily Bed Polls are mandatory. We cannot afford to skip on these, this helps determine what tier we end up in. ER Holds submitted to state on Mondays, Wednesdays and Saturdays; factors in to where we stand statewide.
- Patti Carter: SSV is asked by state to pull data more often due to rise in Southern CA cases. Information about available ICU beds is extremely important.

e. Vaccine Planning

i. <https://www.buttecounty.net/ph/COVID19/vaccine>

ii. Current Tier Status, Online Form

- Butte County has added a vaccine page to the website and updates it regularly. A new graphic on the vaccine page shows those sectors/tiers that are actively vaccinating.
 - Moving through Phase 1A Tiers quickly. Online forms available to Butte County residents to notify if they believe they were missed, in addition to forms for individuals and organizations to express interest in vaccine once the supply becomes available for their sector.
 - iii. Disaster Healthcare Volunteer (DHV) <https://healthcarevolunteers.ca.gov/>
 - Healthcare volunteers very interested in helping with vaccine clinics, and administration.
 - iv. Open Registration <https://calvax.cdph.ca.gov>
 - Now up and accepting applications for new COVID-19 vaccine providers; follow the steps to enroll and apply.
 - v. Michelle/Far Northern shared they are working on ways to be of assistance for their clients by using their Day Program as a vaccine site, having vendors in place to assist clients for things such as transportation assistance, interpreters for communication barriers, etc.
- f. Mid Event Hot Wash
- COVID-19 Survey Monkey: Butte County will be sending out an additional survey late January/February for feedback on the COVID response. Please make an effort to participate to list strengths and weaknesses that we can all learn from and improve on in the future. If you are uncomfortable filling out the survey online, you may send us an email with your feedback.

4) Healthcare Partner Roundtable - All in attendance

- a. Day to day operations/Current planning activities & best practices/Lessons learned/challenges encountered

Enloe Hospital: High census, ED busy with the usual mix of patients. Currently, 36 COVID patients, and 3 new admits. These numbers are decreasing. Command Center Group is activated daily, with weekly check-in meetings on Zoom. Mitigating COVID surge by utilizing rooms in ICU for Monoclonal treatments (4-8 patients per day). Currently supervised by two physicians. Patients reporting that these treatments are lightening their symptoms; very few had a repeat visit to ER/admission. Vaccination Clinic is going well; working with BCPH. To date 7,200 vaccines have been administered to their designated tiers. Oxygen concentrators are often times sent home with patients for home care which also helps to control the surge, BCPH has helped with supplying those as needed.

- Willows Post-Acute (Don): Collaboration with Glenn County public health with UV unit; accelerating recovery for residents; thank you.
- Ampla Health/Cindy: 10-20 vaccines per day at Chico & Oroville locations; received 100 doses (LOT on Pause – received from Butte County); Extra doses in Moderna vials; scheduling 1-2 additional appointments to use those doses. Working on 75+ and healthcare workers.
- Far Northern/Michelle: Developed vaccination work groups for 9 different counties and their respective health departments. Working with vendors to overcome barriers.
- Patti Carter: Region 3 Webinar for SNF administrators, directors of nursing, and infection control practitioners to discuss issues & barriers to being able to help Hospitals decompress by receiving COVID+ patients from Hospitals. CDPH, HAI, CDPH, MHOAC, Local HCC Coordinator and RDMHS Program.

b. Emergent Transportation for Facilities Affected by Evacuation Orders

- Concerns for evacuating skilled nursing facilities, assisted living facilities, and hospitals during an emergency. Each facility needs to have a Transportation plan and Evacuation plan in place for their own facilities. In case of multiple evacuations occurring simultaneously, there might not be available resources through the Ambulance system and Public Health. Although BCPH does work with ambulances, it does not currently have a contract with a transportation agency.
- Please contact MHOAC immediately in case of evacuations to get resources needed to assist with evacuation. These requests are prioritized by where facilities stand under evacuation orders or warnings.
- Please specify ambulatory, non-ambulatory, or bed-bound. An Ambulance Strike Team can be called but it does take some time.

5) Next Meeting – March 17th, 2021 2:00PM - 3:30PM

If you have any items you'd like to discuss, email publichealthDOC@buttecounty.net and we will add it to the next meeting Agenda.

State Public Health Officer Order

1/5/2021

California is experiencing an unprecedented and exponential surge in COVID-19 cases, and staffing and other resources are becoming strained. COVID-19 hospitalizations have increased sevenfold over the last two months, while COVID-19 Intensive Care Unit (ICU) hospitalizations have increased **by over sixfold** over the last two months, and large proportions of California hospitals have reached significant strain on their ability to provide adequate medical care to their communities. Over half of California hospitals have requested waivers for conventional staffing ratios per patient, and more anticipate ongoing staffing shortages. There is a shortage of ICU bed availability and many hospitals have added surge ICU beds but still need additional staffing to meet the ongoing demand. The distribution of COVID-19 hospitalizations is focused in some areas and hospitals, and the burden of care needs to be shared across our statewide healthcare resources. If this increase of COVID-19 patients continues, hospitals may be unable to provide necessary emergency and critical care to Californians.

Immediate action is necessary to preserve resources, to help prevent the need to adopt crisis standards of care, and to ensure that hospitals can continue to care for critically ill Californians suffering from COVID-19 as well as other life-threatening conditions.¹ Crisis care occurs when resources are scarce and the focus changes from delivering individual patient care to delivering the best care for the patient population. When intensive care unit capacity is limited by staffing, supplies, or space due to the surge of COVID-19 hospitalizations and ICU admissions, immediate measures must be taken to ensure there is system-wide capacity to provide safe and appropriate medical care. When hospitals are overwhelmed, they are unable to provide care meeting appropriate medical standards or to implement appropriate infection control measures needed to prevent further spread of COVID-19 disease in the healthcare setting. If hospitals lose the capacity to care for seriously ill COVID-19 cases, those highly

¹ In June 2020 the California Department of Public Health published and circulated [California Sars-CoV-2 Pandemic Crisis Care Guidelines](#).

infectious COVID-19 patients will be pushed into the general community which will further increase community transmission.

NOW, THEREFORE, I, as State Public Health Officer of the State of California, order:

1. In order to prioritize services to those who are sickest and prioritize resources for providers directly caring for them, when a county is in a region under the [Regional Stay at Home Order](#) that has zero percent ICU availability (0%) and the CDPH calculation of the ICU availability for that county is ten percent (10%) or less:
 - a. All hospitals and ambulatory surgery centers shall categorize all elective procedures by Tier using the [Elective Surgery Acuity Scale](#) (ESAS) from St. Louis University and suggested by the American College of Surgeons.
 - b. All hospitals and ambulatory surgery centers operating under the hospital license or hospital based clinic in the county shall delay ESAS Tier 1 and 2 surgical procedures for at least as long as this order remains effective in the county.
 - c. All ambulatory surgery centers still performing surgical procedures shall coordinate with local hospitals to ensure the hospitals where post-surgery admissions are usually referred to have capacity to accept any possible post-surgery admissions prior to performing any surgery or other invasive procedure.
 - d. A hospital in the county that has reached crisis care and does not have the ability to examine and treat patients shall notify their [Medical and Health Operational Area Coordinator](#) (MHOAC)², Local Health Officer, and CDPH Licensing & Certification District Office³ that the hospital has reached crisis care.
 - e. When capable, a hospital in the county that has reached crisis care shall, when clinically appropriate:
 - i. Transfer patients as directed by the:

² Medical Health Operational Area Coordination (MHOAC) Program: A comprehensive program under the direction of the Medical Health Operational Area Coordinator (MHOAC). The MHOAC Program coordinates the 17 public health and medical functions within the operational area as specified in [Health and Safety Code §1797.153](#). In each operational area the county health officer and the local EMS agency administrator may act jointly as the medical health operational area coordinator (MHOAC). If the county health officer and the local EMS agency administrator are unable to fulfill the duties of the MHOAC they may jointly appoint another individual to fulfill these responsibilities.

³ See [AFL 20-91](#) "California Crisis Care Continuum Guidelines: Implementing During the Surge of Coronavirus Disease 2019 (COVID-19) Cases"

1. Medical Health and Operational Area Coordinator (MHOAC), when transfers are coordinated within the affected patient's operational area or county
 2. Regional Disaster Medical Health Specialist (RDMHS), when transfers require coordination out of the affected patient's local operational area, but within the same Office of Emergency Services (OES) region
 3. EMSA Director or designee, when transfers require coordination outside of the affected patient's OES region.
 - ii. Utilize the California Emergency Command and Transfer Center (855) 301-2337, when the RDMHS or EMSA Director levels of transfer above are invoked.
 - iii. Comply with all non-waived and otherwise sections of the federal Emergency Medical Treatment and Active Labor Act (EMTALA), 42 U.S.C. § 1395dd, including the requirements to provide stabilizing treatment within the hospital's capabilities and capacity prior to the admission of the individual to the facility or the initiation of a transfer to another hospital, and to provide a medical screening examination to any individual who comes to the emergency department and requests examination or treatment.
 - iv. Not consider a patient's insurance status or ability to pay when making transfer decisions pursuant to this Public Health Order.
2. When they are capable and when such transfers are clinically appropriate, all hospitals in the State of California must accept patients from hospitals in crisis care transferred pursuant paragraph 1.f.i. as directed by the:
- a. Medical Health and Operational Area Coordinator (MHOAC), when transfers are coordinated within the affected patient's operational area or county
 - b. Regional Disaster Medical Health Specialist (RDMHS), when transfers require coordination out of the affected patient's local operational area, but within the same OES region.
 - c. EMSA Director or designee, when transfers require coordination outside of the affected patient's OES region.
3. When transferring patients pursuant to this order, the MHOAC, RDMHS and EMSA Director or designee should take all measures to ensure balanced distribution of patients across the hospital system and shall immediately notify the MHOAC and RDMHS in the receiving county if it is different than the sending county or OES region.
4. Hospitals directed and capable of accepting patients under this order must acknowledge their acceptance of the patient within 60 minutes of the request.
5. This Order shall take effect **immediately**.

6. The provisions in Section 1 of this Order shall remain in effect for at least three weeks, and until the order is rescinded. All other provisions of this Order shall remain in effect as long as any county is subject to Section 1.
7. The State Public Health Officer will continue to monitor the epidemiological data and will modify these terms as required by the evolving public health conditions. If the State Public Health Officer deems it to be in the interest of public health and safety to change the terms herein, these modifications will be posted at _____.
8. This order is issued pursuant to Health and Safety Code sections 120125, 120140, 120175, 120195 and 131080; EO N-60-20, N-25-20, N-27-20, N-39-20, and other authority provided for under the Emergency Services Act; and other applicable law.

Tomás J. Aragón, M.D., Dr.P.H.

Director & State Public Health Officer

California Department of Public Health