

PHAC Meeting

October 22, 2024



Public Health
Prevent Promote Protect

Meeting Objectives & Agenda

TOPIC	TIME
WELCOME & PHAC BUSINESS	5:30-5:50
<ul style="list-style-type: none"> • Roll call and icebreaker • Review and approve September 24, 2024, meeting minutes 	
PUBLIC COMMENT	5:50-5:55
<ul style="list-style-type: none"> • Public comment (10/22/2024 PHAC agenda items only) 	
DIRECTOR/HEALTH OFFICER UPDATE	5:55-6:15
<ul style="list-style-type: none"> • Racial Equity consultant update • Respiratory Illness update 	
PUBLIC HEALTH IN ACTION	6:15-6:45
<ul style="list-style-type: none"> • Infectious Disease Prevention 	
BUDGET UPDATE	6:45-7:00
<ul style="list-style-type: none"> • Fund Balance review 	
PHAC UPDATES	7:00-7:25
<ul style="list-style-type: none"> • Bylaws/Membership Committee update • BOH/PHAC retreat planning • PHAC Member/Community updates 	
CLOSING	7:25-7:30
<ul style="list-style-type: none"> • Next meeting: November 26, 2024 (virtual) • Adjourn 	

In accordance with the Open Public Meetings Act (RCW [42.30](#)) PHAC meetings are recorded and posted (audio only) to the PHAC website per RCW [42.30.220](#).



Adult Family Home Epidemic Preparedness Tool

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Overview of AFH Pilot Project

- ❑ Develop additional resources for AFH partners during future epidemics.
- ❑ Develop partnerships to provide **increased health equity** for our AFH partners.
 - CCPH
 - WA DOH
 - AFH Council
- ❑ Incorporate learnings from the COVID-19 pandemic response.
- ❑ Invite AFH partners to participate in pilot and offer feedback on tools.
- ❑ Develop a Toolkit



ENDEMIC

Constant presence of a disease within a particular region or community without importation from outside

Eg: Common cold



EPIDEMIC

Sudden increase in the number of cases of a disease above what is normally expected in that population/area

Eg: Pneumonic plague, Surat (1994)



PANDEMIC

An epidemic that has spread over several countries or continents, usually affecting a large number of people

Eg: COVID-19

Source: K. Park, CDC, WHO

 [angshumankas](#)



Identified Areas for Improvement

- ❑ **Limited resources compared to other long term care facilities**
 - Governors' original proclamation did not include AFH's.
 - Concerns regarding inequity due to:
 - Inability to limit visitation for resident safety
 - Limited access to PPE and other critical supplies
 - Inability to access testing or vaccinations
 - No access to Federal funds



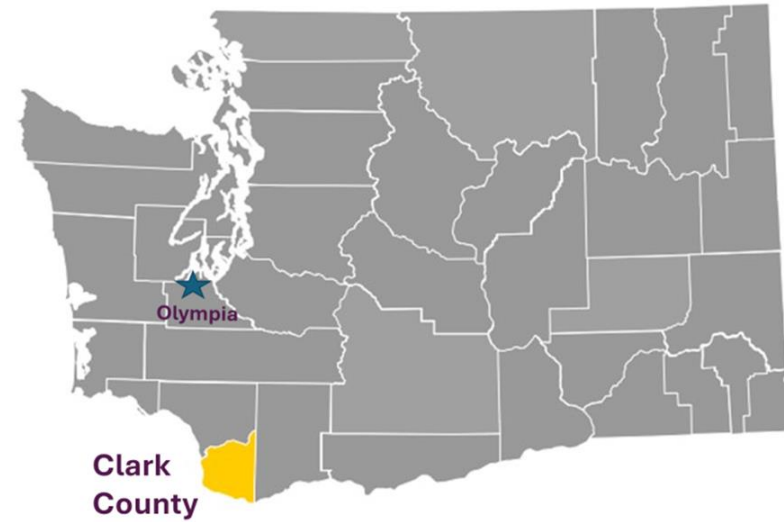
Clark County Local Health Jurisdiction Perspective

CLARK COUNTY

12% AFH growth rate in 2020

367 AHFs → 411 AHFs

- ❑ Clark County shares a border with Portland, Oregon
- ❑ 2024 Clark County:
 - 525,563 people
 - 482 AFHs



Awareness of AFH needs was crucial to the COVID-19 response.



Critical Early Intervention Actions

□ Strategic actions to address identified needs:

- Development of Epidemic (emergency) preparedness AFH PPE pack
- Securing PPE for AFH's from hospital partners to ensure adequate response to immediate outbreaks
- Inviting AFH owners to the COVID outbreak weekly status update meetings
- Partnering with healthcare partners to advocate for AFHs to obtain better access to visiting nurses, testing, staffing
- Provision of vaccine at the AFH
- Partnering with WA DOH to provide ICAR assessments



AFH PPE Push Packs



PPE Push Pack Contents

⚠ Wipes and sanitizer cannot be included in this due to fire storage safety and access to supply.

Item	Amount
Disposable Gowns	80
Face shields	15
Surgical masks	100 masks
Medium gloves	1 box
Large gloves	1 box

Roles and Responsibilities Summary

Case Investigator	Logistics	AFH
<ul style="list-style-type: none"> Identifies outbreak and need for PPE in AFH Notifies Logistics of Push Pack request for AFH 	<ul style="list-style-type: none"> Facilitate the Push Pack transfer to AFH Educate AFH on process to request resources from EOC Logistics using Submit 213RR to replenish cache when stockpile declines to 10 	<ul style="list-style-type: none"> Receive Push Pack supplies Submit 213RR for any subsequent PPE resource requests



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Pilot Project Initiated – January 2023

Goals

1. Gain a better understanding of AFH infection prevention needs.
2. Prepare AFHs for emerging pathogens by increasing access to epidemic preparedness planning.
3. Establish sustainable communication between AFHs and local health departments to continue emergency preparedness for AFHs.



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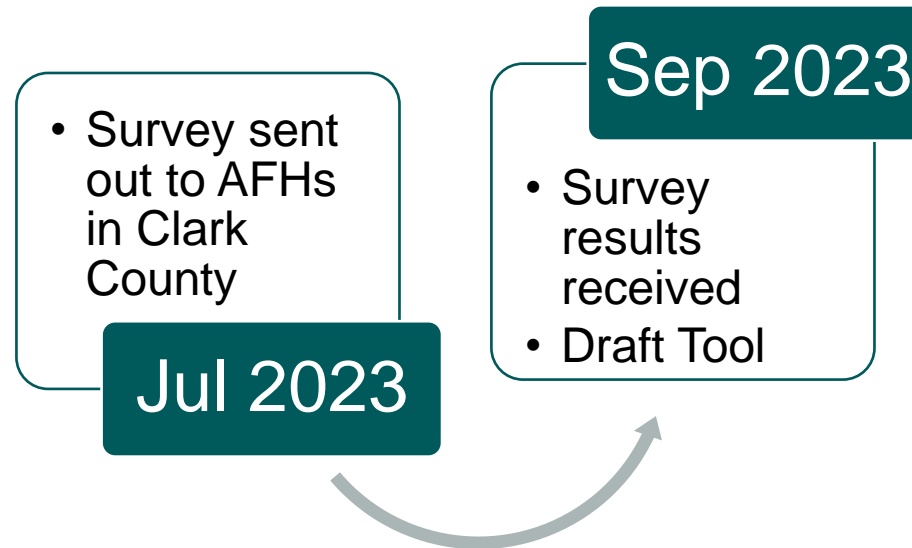
Project Timeline



• In-person meetings were vital to this project



Project Timeline



Survey Findings

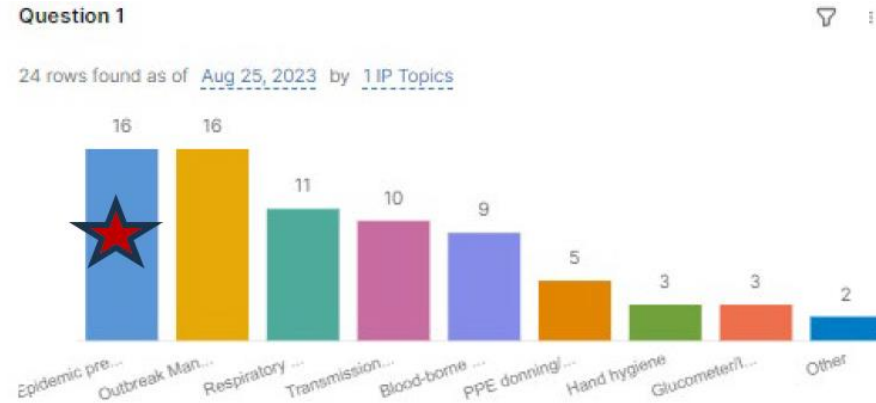
- ❑ 380 licensed AFH's in Clark County received the AFH Pilot Survey and 24 responded.

- ❑ The survey had 7 questions
 1. What infection prevention topics would you like more information about?
 2. What topics have you already received training on?
 3. How do you learn about infection prevention?
 4. What is your preferred learning style?
 5. What setting do you prefer to learn in?
 6. Is there another language spoken the most besides English by your staff and/or residents? If yes what language:
 7. Would you and your staff use resources in your preferred language?

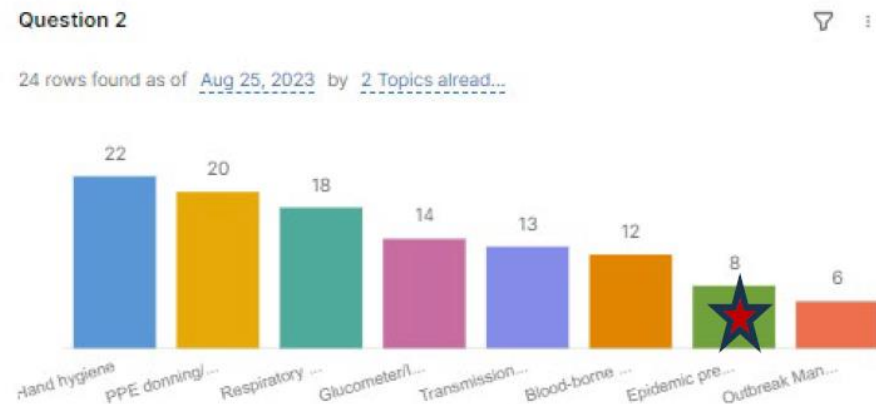


Survey Findings: Most Notable

1. What infection prevention topics would you like more information about?



2. What topics have you already received training on?

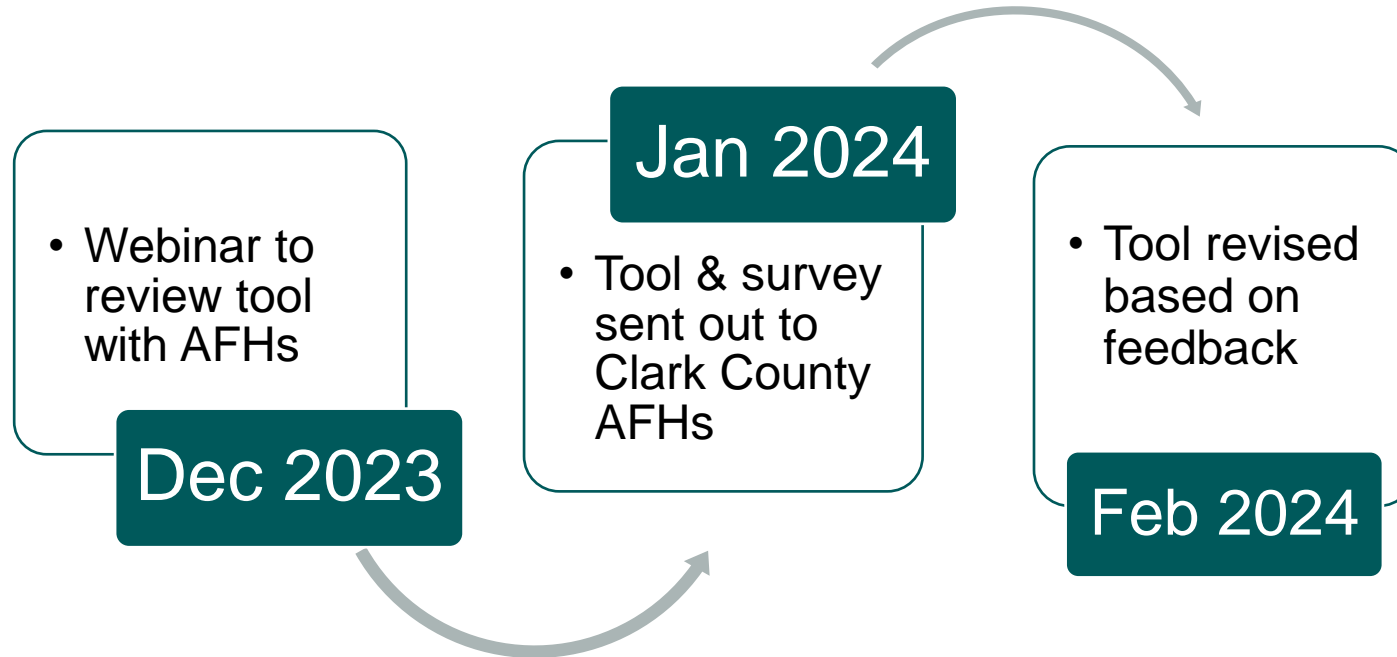


Epidemic Preparedness

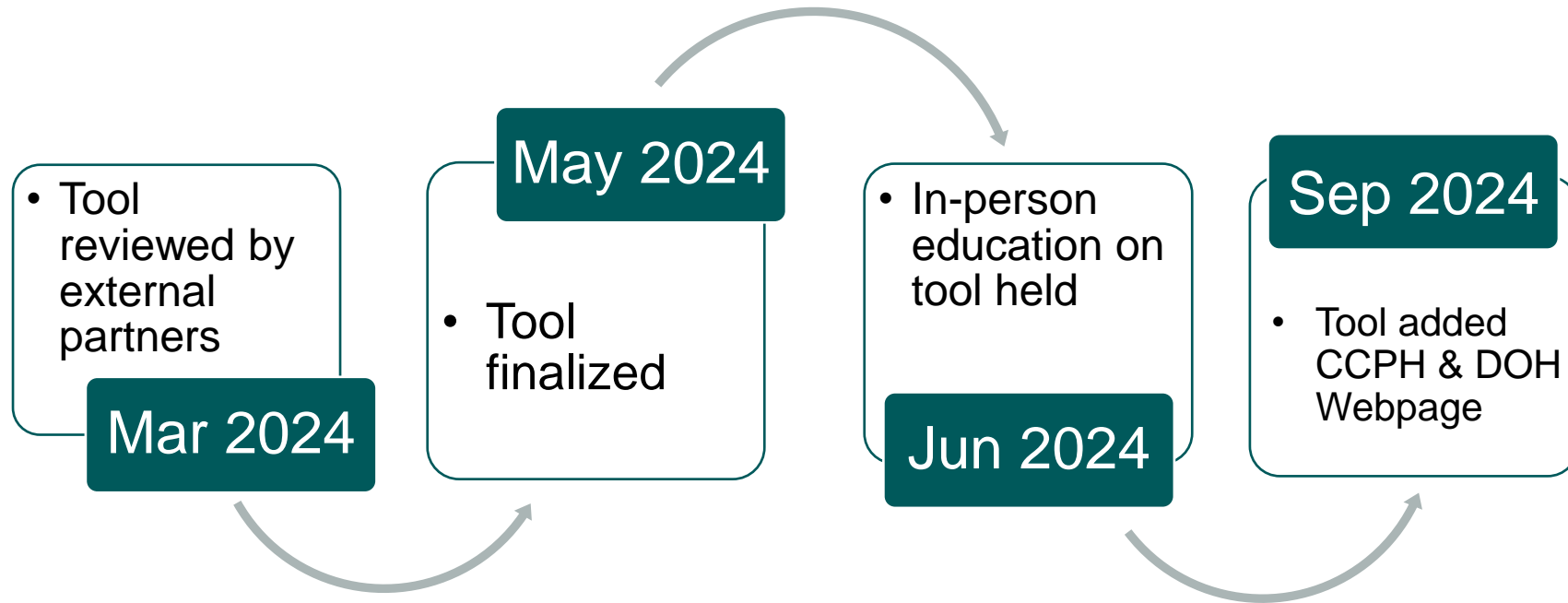


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Project Timeline



Project Timeline



CCPH Long Term Care Facilities Webpage: <https://clark.wa.gov/public-health/long-term-care-facilities>

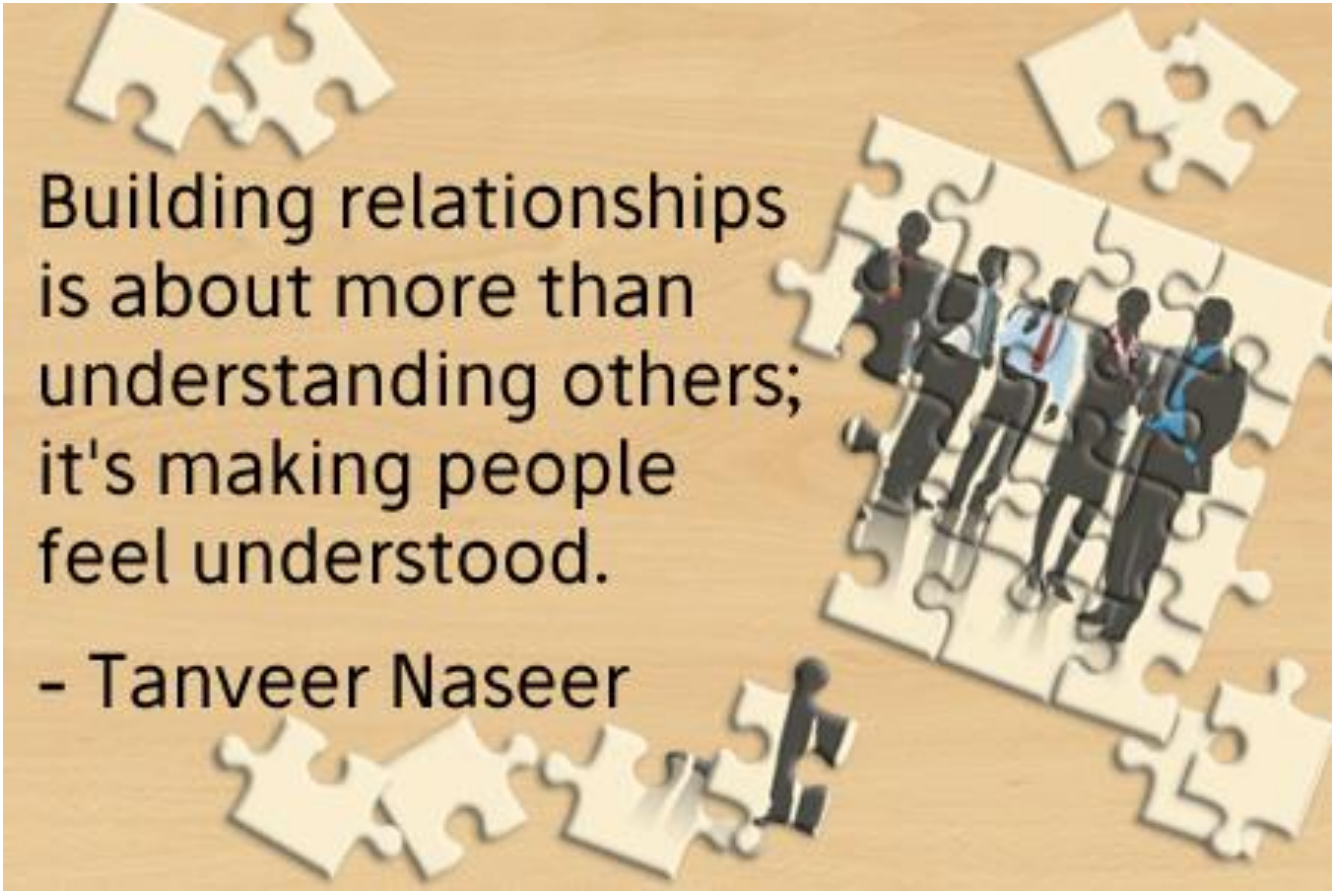
WA DOH – HAI Resource and Tools:

<https://doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/healthcare-associated-infections/hai-resources-and-tools#adult>



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Key Learnings



Building relationships
is about more than
understanding others;
it's making people
feel understood.

- Tanveer Naseer



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Adult Family Home Epidemic Preparedness Tool



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Adult Family Home Epidemic Preparedness Tool

Adult Family Home Epidemic Preparedness Tool

Insert Facility
Logo

Overview

An illness that spreads widely in communities is called an epidemic. Epidemics or illnesses that spread widely, will occur in the future, but it is not always clear when. We want you to be as prepared as possible. We created a tool to help you, an Adult Family Home (AFH) owner, plan how to take care of your residents and staff safely during an epidemic. This is meant to be a supplemental document to your existing emergency response plan.

Instructions

There are four different sections you will review in this tool. Each section will give you ideas to prepare for an epidemic. When you review each section:

1. Check "Addressed" or "Not Addressed" if your AFH has that plan or procedure in place.
2. Write out what else you want to include in your plan or procedure in the "notes".
3. Once you complete all sections, write down the top three items you want to focus on.

Once you have completed your plan, you should review and test it at least every 12 months to ensure it meets the current needs of your AFH. Thank you for taking the time to prepare your AFH for future epidemics so you provide the best possible care for your residents and staff.

Top 3 Items You Want to Work On

1.
2.
3.



Adult Family Home Epidemic Preparedness Tool

Step 1: Assessment and Planning			
<p>AFH providers are encouraged to complete an annual assessment per best practice. Your annual assessment should include:</p> <ul style="list-style-type: none"> - Which infectious diseases your residents are most likely to get (e.g., influenza, COVID-19, norovirus) - The different ways germs spread, such as touch, cough, sneeze, bug bites, or food preparation. - How your AFH will put this plan into practice during an epidemic 			
Review your plan and outline how you will address the following items during an epidemic.	Addressed	Not Addressed	Notes
<ul style="list-style-type: none"> • A process for how you will get supplies to meet resident care needs: <ul style="list-style-type: none"> ○ Personal Protective Equipment (PPE) ○ Medications ○ Cleaning and disinfection supplies ○ Food ○ Water 			
<ul style="list-style-type: none"> • A process that includes how you will care for residents if the number of staff decreases or if the number of residents increases. 			
<ul style="list-style-type: none"> • A plan that includes how you will train all staff in infection control procedures, use of PPE, and cohorts upon hire, annually and as needed. 			
<ul style="list-style-type: none"> • A plan that includes how you will get medical treatment/care for residents and staff if needed. 			
<ul style="list-style-type: none"> • A plan that includes who and how environmental cleaning and disinfection will be done. 			
<ul style="list-style-type: none"> • A plan that includes how you will address an interruption in your supply chain. <ul style="list-style-type: none"> ○ An interruption in your supply chain can make it difficult to care for your residents and protect your workers. Examples of supplies that may be hard to access are PPE, medications, treatments, cleaning and disinfection supplies, food and water. 			

Step 2: Procedures			
<p>AFH providers should have procedures for employee health and safety. Your employee health plan should ensure sick staff don't work and don't interact in spaces residents use when staff are unwell.</p>			
Include the information below in your employee health procedures:	Addressed	Not Addressed	Notes
<ul style="list-style-type: none"> • Guidance for symptomatic staff who should stay at home and not go to work <ul style="list-style-type: none"> ○ Centers for Disease Control and Prevention (CDC) ○ Local Health Jurisdiction (LHJ) ○ Department of Health (DOH) ○ Department of Social and Health Services (DSHS) ○ Labor & Industries (L&I) 			
<ul style="list-style-type: none"> • A process for when it is safe for staff to return to work after illness or exposure to suspected epidemic illness cases. 			
<ul style="list-style-type: none"> • Who staff will contact or report to if they are ill and cannot report to work. 			
<ul style="list-style-type: none"> • How you will care for residents if multiple staff become ill. 			
<ul style="list-style-type: none"> • How you will screen for illness in your AFH (e.g., visitors, visiting in-home providers, staff, residents) 			
<ul style="list-style-type: none"> • How you will monitor infections in your AFH. 			
<ul style="list-style-type: none"> • How and when you will use volunteers to assist you. 			
<ul style="list-style-type: none"> • A procedure in place for environmental cleaning and disinfection and as needed (spills or visibly soiled items). 			
Equipment and Supplies			
Include the information below in your plan:	Addressed	Not Addressed	Notes
<ul style="list-style-type: none"> • A description of all job assignments and worker tasks that need PPE, including respirators, to care for residents in isolation. 			
<ul style="list-style-type: none"> • A process that includes how you will order PPE during business hours and after-hours. 			
<ul style="list-style-type: none"> • A list of suppliers that includes who to contact for medical supplies (PPE, medical equipment) and store it where staff can easily find it 			



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Step 3: Communication Plan			
During an epidemic you need to know who to contact for different reasons to keep residents and staff safe. This includes residents' families or guardians, your local public health partners, and others.			
Develop a communication plan that includes the following:	Addressed	Not Addressed	Notes
• A list of all residents and their emergency contact information.			
• Contact information for local public health partners			
• Local healthcare providers contact information. Example: Residents' care providers, home nurse delegator			
• Local Hospitals contact information			
• Contact information for Pharmacy providers			
• Contact information for Residential Care Services			
• How you will obtain information from primary care providers and vendors for staff and residents.			
• How you will tell residents and their representatives about any public health emergency. For example: email, phone trees, letters, social media.			
• How you will use signs to let visitors know about new changes or guidance. <ul style="list-style-type: none"> ○ Entrance or exit locations. ○ Check-in procedures ○ Visitation locations ○ Required PPE ○ Resident isolation 			
• How staff and residents will share concerns and ask questions.			

Step 4: Training			
During an epidemic, it is important for you, your staff, and visitors to perform certain tasks correctly, so they do not spread illness. Always follow basic infection prevention and control practices.			
Develop a training plan that includes the information below:	Addressed	Not Addressed	Notes
<ul style="list-style-type: none"> • How and when your home will practice epidemic response drills. <ul style="list-style-type: none"> ○ Recommend practice drills at least annually and maintain documentation of the drills. ○ Include family members and visitors in this process. ○ See Appendix D 			
Worker Health and Safety Practices			
	Addressed	Not Addressed	Notes
<ul style="list-style-type: none"> • Ensure all your staff have completed the following respiratory protection requirements: <ul style="list-style-type: none"> ○ Have completed fit testing that includes the medical evaluation and required training at time of hire and annually. ○ Have access to the mask they have been tested for. • Ensure your plan includes training on how to manage staff illness. 			
Infection Prevention			
	Addressed	Not Addressed	Notes
General Education and Control Measures			
<ul style="list-style-type: none"> • How your staff will educate residents on basic infection prevention and control practices. • How and when to use standard precautions and transmission-based precautions. • When you will post isolation precaution signs and when your signs will be reviewed and replaced if necessary. • How and when to perform hand hygiene: <ul style="list-style-type: none"> ○ You have soap, water, paper towels and alcohol-based hand rub readily available for staff. Staff know how to perform 			



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APPENDIX A: Emergency Contact List

Name of Adult Family Home: _____

Name of the Owner: _____

Address: _____

Phone Number: _____

For Emergencies call 911

Emergency Evacuations Reporting Reminder: Part of your emergency preparedness plan includes identification of a secondary site for residents, transportation, and overall emergency response. In the event of a facility/home evacuation, you must report it to Residential Care Services (RCS). Report online or call 1-800-562-6078.

Healthcare Services	Contact Number
Legacy Salmon Creek Medical Center (Vancouver, WA.)	(360) 487-1000
PeaceHealth Southwest Medical Center (Vancouver, WA.)	(360) 514-2000
PeaceHealth St. John Medical Center (Longview, WA.)	(360) 414-2000
Poison Control	1-800-222-1222
Resources	
American Red Cross Southwest Washington Chapter	(360) 553-3619
Clark Regional Emergency Services Agency (CRESA)	(360) 566-8120
Non-emergency Fire Department	
Non-emergency Police	
Transportation	
Utilities	
Clark County Public Health	(562) 253-7300
Clark County Public Utilities District	(360) 566-8120
Clark Regional Wastewater District	(360) 566-8120
NW Natural Gas *if you smell gas do not send an email	1-800-562-6078

APPENDIX B: List of Vendors My Adult Family Home Relies on

Vendor	Critical Resources Supplied	Contact Name	Contact Number	Notes

APPENDIX C: Resources

- [WA DOH Local Health Jurisdictions](#)
- [CDC Infection Control Website](#)
- [DSHS SHB 1218 Epidemic Preparedness and Response Guidelines](#)
- [Emergency Preparedness Workbook for Adult Family Homes](#)
- [Standard Precautions: Adult Family Homes](#)
- [Adult Family Home Influenza Toolkit](#)
- [COVID-19 Toolkit](#)
- [Environmental Protection Agency \(EPA\) Registered Disinfectants](#)



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Adult Family Home Epidemic Preparedness Tool

APPENDIX D: Epidemic Response Drill

Adult Family Home: Infectious Disease Response Drill

Use this scenario to practice and improve your epidemic response plan for your adult family home (AFH).

October 13th, 11 am. The Local Health Jurisdiction (LHJ) is now warning about the increasing flu-like illnesses in the county. This is a virus without a vaccine. Additionally, three more residents are now ill. You're having trouble keeping enough staff. This is because of staff illnesses. You've borrowed staff from another facility. Unfortunately, that facility is now also facing shortages. So, those staff members must return. All the staff you have working are showing signs of burnout and fatigue. This makes them more likely to become ill. Your personal protective equipment and medication supplies are running low. These include:

- N95
- source control mask
- gowns
- gloves
- eye protection (face shields or goggles)
- Tamiflu

Also, it is harder to find these supplies in your area. The delivery of your supplies and medications will be delayed by 3-5 days. This is because your vendors are struggling to find healthy truck drivers. As a result, meeting your resident needs is becoming more difficult.

Emergency Staffing:

- a. Consider how your staff can protect residents, staff, family, and visitors better.
- b. Plan for extra staffing in emergencies after activating your policies.
- c. What are safe staffing ratios for the level of care of each resident?

Alternate Care Sites:

- a. At what point should you consider transferring your residents to another place to properly care for them?
- b. Identify back up care sites for residents if staffing or supplies become critical.

Supply Shortages:

- a. When crucial medications run out, who will you assign to prioritize resident's needs?

Adapted from the California Association of Health Facilities Disaster Preparedness Program: Nursing Home Incident Command (NHICS): Infectious Disease Inject #1 [CAHF-DPP I Exercises & Drills for Long Term Care \[cahfdasterprep.com\]](#)



Thank You to All Our Partners!

- CCPH Team
- WA DOH HAI Team
- John Ficker, Karen Cordero, and AFH Council staff
- Adult Family Home Council - Clark County Chapter
- PeaceHealth Southwest: Care Coordinators, Infection Prevention Team
- Residential Care Services
 - Amy Abbott and her team



Thank you!

Comments and questions

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