



Environmental Health Services

● *Healthy Environments = Healthy People* ●

DEHS Directors' Meeting: 05/07/20

Meeting recording available; <https://ihs.cosocloud.com/px3gnymw0n9w/>

Next conference call July 02, 2020 1:00-2:00PM ET

Alaska:	Denman Ondelacy	Nashville:	Riley Grinnell
Albuquerque:	Brian Hroch, Sam Frank	Navajo:	Donna Gilbert
Bemidji:	Tim Duffy	Oklahoma:	Danny Walters
Billings:	Darcy Merchant	Phoenix:	Vince Garcia
California:	Carolyn Garcia	Portland:	Shawn Blackshear
Great Plains:	Chris Allen	Tucson:	Travis Bowser
Environmental Health Support Center: Jeff Dickson, Angela Hodge			
Rockville: Kelly Taylor, Martin Smith, Holly Billie, Charles Woodlee, Molly Madson, Stephen Piontkowski			

1. Director's Welcome and Update (Kelly Taylor)

- a. Public Serve Recognition Week
 - i. "Thank you for all your public service"
- b. Area highlights: contact tracing (latest summary from the Areas in the download pod of the AdobeConnect); COVID-19 updates; other significant program highlights
- c. The COVID-19 Area updates submitted to DEHS/HQ are helpful
 - i. Example: Area updates provided content to DEHS presentation on [COVID-19 Virtual Town Hall: Improving Health in Our Communities - April 29, 2020](#) (DEHS begins at 20th minute), hosted by IHS & Johns Hopkins Center for American Indian Health
- d. Commissioned Officer
 - i. Deployments
 1. 13 IHS EHOs deployed externally for COVID-19 response
 2. Ensure COs know their deployment status; found on Reddog Self Service >> Team Membership
 - ii. Promotions ongoing for this year
 - iii. All COs have waivers for PHU, APFT, & BLS during COVID-19 response; this means you can't upload any documents in eDOCU while you have active waivers
 - iv. Reddog self-service webpage very informative



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2. Area Highlights

Are DEHS staff in your Area conducting contact tracing?

If so, what program is in charge of contact tracing?

If not, does your staff have the capacity to get involved with contact tracing? Why or why not?

Did your staff receive contact tracing training and who conducted the training?

Background for these focus questions: It is recognized that gaps exist for efficient and effective contact tracing to occur in Indian Country for a variety of reasons. DEHS staff possess the foundational background and training to be a component of a comprehensive contact tracing operation, but participation in contact tracing varies across IHS and we seek to determine our collective capacity to assist.

[A summary of the Area responses](#) follows the Area and HQ highlights portions of the minutes.

- a. Alaska
 - i. COVID-19 contact tracing: responses from AK programs pending
 - ii. Other COVID-19
 - 1. All EHS staff highly engaged
 - 2. Spotlight: Alaska Native Medical Center N-95 decon trailer (i.e. *hot box*) operational
- b. Albuquerque
 - i. Other COVID-19
 - 1. Exceptional performance & response from all EHS staff
- c. Bemidji
 - i. Other COVID-19
 - 1. All EHS staff highly engaged
 - 2. 1 Commissioned Officer currently deployed
 - ii. Staffing
 - 1. Senior EH Specialist (GS-11) vacancy announcement in Bemidji, MN forthcoming
- d. Billings
 - i. Other COVID-19
 - 1. Wind River SU has most of the COVID+ cases in Billings Area
- e. California
 - i. Other COVID-19
 - 1. All EHS staff highly engaged
 - 2. If any EHS staff able to assist CA Area for 1-2 weeks w reopening TDY please contact Carolyn Garcia
 - ii. Staffing
 - 1. Redding and Ukiah vacancy announcements forthcoming



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- f. Great Plains
 - i. Other COVID-19
 - 1. All EHS staff highly engaged
 - ii. IP data improvements
- g. Nashville
 - i. Other COVID-19
 - 1. Majority of work focused on community-based and institutional EH
 - ii. Staffing
 - 1. New EHS reporting to duty in June
- h. Navajo
 - i. Other COVID-19
 - 1. Brian Johnson is IHS liaison to the Nation
 - 2. Where should we enter COVID-19 work and alternate care sites in WebEHRS? COVID-19 related work equates to a project
- i. Oklahoma City
 - i. Other COVID-19
 - 1. Timothy Arr returned from deployment last week
 - ii. Danny Walters no longer Acting Director, OEHE, OKC Area, but following-up on a few loose-ends
- j. Phoenix
 - i. Other COVID-19
 - 1. All EHS staff highly engaged
 - 2. Patti Wrona returned from 21 day deployment
 - 3. Landon Wiggins serving as IHS liaison to Nevada Staffing
 - ii. Staffing
 - 1. Mike Welch retiring at end of May
 - 2. Landon Wiggins reporting as Reno District EHO in May
- k. Portland
 - i. Other COVID-19
 - 1. NWPAlHB contact tracing webinar on 09 May
 - ii. Staffing
 - 1. Shawn Blackshear transferring to NWPAlHB
- l. Tucson
 - i. Other COVID-19
 - 1. Travis Bowser serving as Area SO & EMPOC
 - 2. Area office not closed; 50% of Area staff on telework status
- m. EHSC
 - i. Other COVID-19
 - 1. Jeff Dickson in Planning Section of Area ICS
 - ii. Exploring options to make online training more engaging to participants



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3. HQ Announcements

- a. Injury prevention (Holly Billie & Molly Madson)
 - i. EPI Fellowship Symposium
 - 1. When: September, 2020, exact dates TBD
 - 2. Where: Virtual
 - ii. IP Specialist Meeting
 - 1. When: 23 June, 12-4:30 p.m. ET
 - 2. Where: Virtual
 - iii. Area IP Projects
 - 1. Progress reports due 15 May
 - iv. TIPCAP
 - 1. Part IIB sites end 30 June
 - 2. Parts I & IIA sites end 31 Aug
 - 3. No-cost extension info to be shared soon
 - 4. Flexibility & compassion remain a top priority
 - 5. NOFO for 2020-2024 cycle delayed; no updates as to when it will be announced
- b. IEH (Charles Woodlee)
 - i. COVID-19
 - 1. IEHOs were involved with the face coverings requests; ASPR reported that the face coverings are with USPS for shipment & on the move. No tracking information has been provided yet.

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On 07 May 2020 the Area DEHS Directors discussed their programs' involvement, roles, capabilities, and challenges related to contact tracing and the table below summarizes that discussion.

Area	Did DEHS staff in your Area conduct contact tracing?	If so, what program is in charge of contact tracing?	If not, does your staff have the capacity to get involved with contact tracing? Why or why not?	Did your staff receive contact tracing training and who conducted the training?	Other
Summary	No, or as an alternate if needed	Primarily PHNs	Varies by Area, but all agree they will remain focused on their valuable COVID-19 response efforts related to community-based EH, Institutional EH, & ICS.	Some have completed ASTHO's online course	DEHS is a partner but not the lead in contract tracing & will continue to provide valuable contributions to COVID-19 response, prevention, & recovery efforts.
AK					
AQ	No	N/A, but Area PHN Consultant of the Contact Tracing	Our Area's PHN Consultant is filling the position of "Case & Contact Surveillance Officer" & is working with the various partners to manage & monitor the case & contact surveillance, tracking & investigations. As a contingency, there is the possibility that EHS staff could perform contact tracing. The EHS staff are currently performing essential EHS functions, as well as serving in Area-wide ICS roles with Safety/Infection Prevention, Liaison, Logistics & Planning Sections.	Some of our EHS staff have received an overview of the internal/external processes for case investigations, case monitoring & contact monitoring.	Does HQ, (including OEHE/DEHS) have an expectation that Area EHS staff conduct contact tracing? Are there other HQ, (including OEHE/DEHS) expectations of Area EHS staff?
BE	Not yet, prepared to address hot spots &	It varies by tribe, Infection Control Officer, Public Health Nursing, State EPI – they have a specific process in place to follow.	Yes	Yes; ASTHO online	



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	those programs lacking resources. We have been involved in the planning.				
BI	No			No	
CA	No	None—we have relied upon the training plan provided by CDC which draws on online trainings by ASTHO, training.org, & maventraining.com https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/identify-primary-components-of-contact-tracing.html#follow-up-for-positive-covid-cases	No. We have deferred to OPH on this matter. The California Dept. of Health is able to provide contact tracing training to tribal health programs in person when a COVID19 cluster occurs. Also, after looking at the recommended training plan by CDC it would require 20 plus hours to deliver the training & involve subjects outside the scope of EHS.	DEHS staff are in the process of completing the ASTHO contact tracing training series which is about 12 hours to complete.	DEHS should spend its energy on synthesizing the guidance issued by OSHA, CDC & other entities to provide technical support to tribal facilities planning to reopen.
GP	Yes	PHN	Yes. Staff have either had Epi Response Training or they have had training through State to assist with or conduct contact tracing.	Some have received the training through Epi Response courses that have been held over the years, several State Health Depts. have put out training & finally IHS is putting out some content for PHNs, CHRs etc. While other Service Units have set up their own training with PHNs. Others came to our program with training in this area of PH.	DEHS is a partner but not the lead in contract tracing. Sometimes it's just a matter of helping with conducting follow-up calls with those being quarantined or assisting a PHN with their PPE usage. We can have a role in this process that is of value to the Service Unit.



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					A lot of what we can bring to the table is organization & another set of hands to assist with paperwork.
NA	No	OPH	No, only one person in EH; Safety Officer on ICT	No	
NV	No	PHN	DEHS may assist & provided back-up if needed		
OK	No		They do. However, with the increase number of individuals who will be trained within our federal healthcare sites, & with the 1000 member team the state is putting together & with the increase field work that will be coming in, staff will not be included at this time.	No	
PH	No	NA	<ul style="list-style-type: none"> • We established that contact tracing for COVID-19 was a primary function of healthcare personnel (PHN, RN, etc.) & wasn't going to be a primary function of DEHS • DEHS focused on community-based COVID-19 response work (outreach & follow-up with vulnerable populations such as those in childcare, senior centers, & detention facilities, as well as IC support, technical assistance re: alternate care Sites) 	<p>No formal training received by PHX Area DEHS specific to COVID-19 contact tracing</p> <p>FYI: AZ Public Health Association shared ASTHO training portal with some staff recently; https://learn.astho.org/p/ContactTracer</p>	



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			<ul style="list-style-type: none"> • DEHS staff—particularly junior staff—have experience (albeit limited) with contact tracing for outbreaks typically handled by DEHS (e.g., food & water-borne illness outbreak investigations) • DEHS program has been careful not to overcommit itself to COVID contact tracing due to community-based needs 		
PO	Yes, as back-up	PHN	Yes, will be asked as needed	Training via Washington Health Dept.	
TU	No	PHN			
EHSC	No	PHN & clinical nursing	No, b/c we don't have the available employees	No	
HQ					