

CAL2-CDPH TELECOM UNIT MS 1803

Moderator: Louise Karsten
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Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question and answer session of the conference. At that time, if you would like to ask a question, you may press Star then 1.

Today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the call over to Mr. Mike Wilkening. You may begin.

Michael Wilkening: Thank you, Operator. Thank you all for joining us this afternoon. I'm Mike Wilkening, the Under Secretary of the California Health and Human Services Agency and our agency is coordinating the efforts between the Governor's office and the key state departments.

Most, if not all, of you have been actively tracking developments with Ebola. And, as you know, the situation in the United States and, in fact, throughout the world changes daily. At this point, there are no confirmed cases in California. We want to emphasize that fact for everybody.

We know that as first responders and caregivers, you're concerned and want to make sure you and your colleagues are prepared if a patient is diagnosed with Ebola in California. And we know that those concerns are especially

heightened following the death of Thomas Eric Duncan in Dallas and the infection of one of his nurses, Nina Pham.

The California Department of Public Health has been providing information for quite some time in a variety of formats to various audiences including through CAHAN. And recently, as of October 8, the Department along with SAMHSA has activated the Medical and Health Coordination Center.

We want to make sure you all have access to the latest information as we distribute it and also the point of contact where you can get your questions answered. The Web site of the California Department of Public Health, www.cdph.ca.gov, is going to be the best place for you to go for state agencies to get all of that information.

Here with me today we have assembled Dr. Ron Chapman who is our State Public Health Officer, Mark Ghilarducci, the Director of the California Office of Emergency Services, Dr. Howard Backer, who's the Director of the California Emergency Medical Services Authority, and Christine Baker who is the Director of the Department of Industrial Relations.

Each of them will provide an update on the current situation for their department, what steps we're taking at this point; and what is planned including our ongoing frequent communications with you and your groups. With that, let me introduce Dr. Ron Chapman.

Dr. Ron Chapman: Good afternoon. And as Michael Wilkening said, the Ebola situation in the United States is changing rapidly everyday. We hear the news reports and know that we, in California, need to be prepared to handle Ebola cases.

I'm here today with our Emergency Management experts so that we can brief you on the current situation and steps we've taken to date. We will continue to adjust our efforts as the situation changes.

Ebola is a severe, often fatal, disease in humans and non-human primates. The 2014 Ebola epidemic is by far the largest in history primarily affecting three countries in West Africa, Guinea, Sierra Leon and Liberia. There were a small number of cases in Nigeria and a single case reported in Senegal. However, these cases are considered to be contained with no further spread in these cases.

There was a separate, smaller outbreak in a remote area of the Democratic Republic of Congo. As you know, one travel-associated case was diagnosed in the United States on September 30, and October 12, a healthcare worker at Texas Presbyterian Hospital who provided care for the index patient tested positive for Ebola.

At this time we have no confirmed cases in California. A person infected with Ebola cannot spread the disease until symptoms appear. The time from exposure to when signs or symptoms of the disease appear is 2 to 21 days and the average time is eight to ten days.

Signs of Ebola include fever, higher than 101.5 degrees Fahrenheit and symptoms like severe headache, muscle pain, vomiting, diarrhea, stomach pain or unexplained bleeding or bruising. The natural reservoir of Ebola is believed to be animals, particularly bats and non-human primates.

Researchers believe that the first patient becomes infected through contact with an infected animal. When an infection does occur in humans, there are several ways the virus can be spread to others.

These include direct contact with the blood or bodily fluids of a person who is sick with Ebola, contact with objects that have been contaminated with the blood or bodily fluids of an infected person, or with infected animals. The virus in the blood and bodily fluids can enter another person's body through broken skin or unprotected mucus membranes in, for example, the eyes, nose or mouth.

The virus that causes Ebola are often spread among families and friends because they come in close contact with blood or bodily fluids when caring for ill persons. Ebola is not spread through the air, water or food.

Diagnosing Ebola in a person that has been infected for only a few days is difficult because the early symptoms such as fever are not specific to Ebola infection and are seen often in patients with more commonly occurring diseases such malaria and typhoid fever. And, of course, as we know the flu season is approaching. This looks similar to the flu.

However, if a person has symptoms of Ebola and if they traveled to a country where Ebola is circulating, the patient should be isolated and public health professionals notified. If appropriate, samples from the patient can then be collected and laboratory tests done to assess infection.

Currently there are no specific vaccines or medicines that have proven to be effective against Ebola. Symptoms of Ebola are treated as they appear. The following basic interventions when used early can significantly improve the chances for survival such as providing intravenous fluids and balancing electrolytes, maintaining oxygen status and blood pressure, and treating other infections if they occur.

Timely treatment of Ebola is important but challenging since the disease is difficult to diagnose clinically in the early stages of infection. Supportive therapy can continue with proper procedures to prevent transmission until samples from the patient are tested to rule out or confirm infection.

Experimental treatment has been tested and proven effective in some animals but has yet to be fully evaluated in humans. When cases of the disease do appear, there is increased risk of transmission within healthcare settings. Therefore healthcare workers must be able to recognize a case of Ebola and be ready to use appropriate effective control measures.

The aim of these techniques is to avoid contact with the blood or bodily fluids of an infected patient. Appropriate procedures include standard contact and droplet precautions. Important steps include isolation of patients with Ebola from contact with unprotected persons, wearing of appropriate personal protective equipment, PPE, by persons caring for Ebola patients, and careful environmental cleanup following CDC guidelines.

We in the Department of Public Health, as has been mentioned, activated our Medical Health Coordination Center, our BOC. Our Department and local public health departments in California are constantly monitoring disease activity throughout the state through active and passive surveillance systems.

The Department continually works with the healthcare community and local public health departments to identify potential suspect cases and avoid spread of disease. As new guidelines or updates are released by the CDC, the Department has subject matter experts reviewing the guidelines and providing commentary if necessary.

Once reviewed, the Department provides the document to healthcare providers and other emergency responder groups through various statewide mechanisms such as posting the documents on the California Health Alert network referred to as CAHAN, posting the documents on the CDC's Web site under the appropriate disease. Our Web site is www.cdph.ca.gov, and emailing through massive distributions to local public health departments and others throughout the state.

Specifically, the Department has been working with local public health departments and hospitals regarding the care and safe management of patients suspected of having Ebola. Just last Friday as an example, a healthcare associate infection program began assessing hospital preparedness and capacity, working with infection control specialists throughout the state.

We will be establishing weekly calls with local public health departments and a separate weekly call with providers. The Department has held statewide teleconferences for hospitals, local public health departments, and public health laboratories to review specific guidelines from the CDC.

The Department has developed additional guidance for public health laboratories for packaging and shipping potential Ebola laboratory samples. The Department maintains a 24-7 system to provide expert consultation to local health departments for Ebola.

I want to thank all of you for taking the time to be on the call and for what you do everyday to keep Californians healthy and safe. We are all in this together. Thank you.

Michael Wilkening: Great, thank you Ron. Now we'll go to Dr. Howard Backer who is the Director of Emergency Medical Services Authority to talk about EMS.

Dr. Howard Backer: Good afternoon and thank you for joining us. The emergency medical services that are commonly accessed through 911 is the major means of providing medical care outside of our usual healthcare setting and of transportation and access to healthcare.

And it serves as a key component of our healthcare safety net. The patients who have symptoms who fear Ebola infection are likely to call 911 to access the medical system. EMS is provided by a mosaic of both private and public safety fire personnel.

Although scope of practice may be determined at the state level, transportation and care in the field is provided through specific protocols developed by local EMS medical directors and local agency policies and agreements with their healthcare facilities.

This means that it's absolutely critical in the Ebola planning that our healthcare public health and EMS agencies work together at the local level. EMS is often described in fact as the bridge between public safety, public health, and healthcare systems.

EMS personnel are at increased risk when approaching undiagnosed patients initially and when managing them in an uncontrolled environment or in the confined space of an ambulance. So it's critical that we all work with our EMS providers to ensure their safety and their protocols for identifying patients.

The EMS approach to Ebola is actually analogous to our specialty care systems such as trauma, stroke and cardiac. Even the need for infectious precautions has been part of our healthcare culture but not usually as compulsive as needed for Ebola.

So in this system of specialty care, patients need to be identified as needing this specialty care as soon as possible. This is often done through a combination of screening at dispatch and evaluation by medics in the field who respond to the call.

Then medics follow care protocols provided and approved by their local EMS medical director. Transportation is to a facility that's appropriate to provide the needed level of care. And it's important to note that the transportation protocols are the responsibility of local EMS agencies.

Communication must precede arrival at the hospital to assure that the expert healthcare provider teams are prepared to accept the patient and move them rapidly through the necessary evaluation and treatment. Then emergency departments will confirm the field impression and initial protocols for the patient evaluation and response. Or they'll determine an alternate explanation and allow the alerted teams and resources to stand down.

All aspects of care within the hospital from diagnosis to rehab are integrated from the time of the 911 call to discharge to assure quality care. So you can see that this type of system is well adapted to our planning for Ebola.

So currently the Emergency Medical Services Authority is partnered with the Department of Public Health to activate the Medical Health Coordination Center. EMSA and Public Health have reviewed the CDC guidelines. Initially we made some minor modifications where appropriate and distributed this to the EMS providers.

We're gratified to see that some of these modifications that we made have been adopted into the more recent CDC guidelines. However there is still

several areas where EMS guidelines are not specific enough to be converted into local protocols. And these define some of our next steps.

This will require discussion among public health, healthcare, EMS agencies, EMS providers and public safety. A few examples of where we need to better define our policy include how to appropriately identify suspect cases and assure notification of subsequent providers as the patient is passed along the emergency care continuum.

We need to assure that the epidemiologic criteria is followed and not base the diagnosis on ethnic and racial profiles. We also need a careful approach of cases in the home to determine whether there is sufficient risk to the EMS personnel to don their full personal protective equipment and maintain this through the hospital.

So they need to question patients initially to do the epidemiologic and symptomatic screening without getting too close of contact if they have not put on their PPE. We need further guidelines of how to decontaminate equipment especially ambulances before returning them to service.

We need to determine the testing and understand the testing protocols and how further evaluation is done to determine when it is safe to begin to reuse or re-circulate the equipment and the personnel involved in the case.

And then we need to assure that we are all communicating together and we have to assure both effective and rapid communication very quickly from the field not just to the receiving facility but to our local public health who needs to be involved in the further investigation, any testing, any laboratory work that may be done.

We have a call planned next Monday that is specific for these EMS issues. This call will include EMS leadership around the state. And subsequently we're likely to form a group of subject matter experts among EMS and public health personnel to develop additional guidance where needed.

Our local EMS agencies and local public health are the primary points of contact for our local EMS providers, public safety and anyone involved in emergency medical services. They should also be the primary point of contact for any specific incidents in patient care in the field.

Anyway I thank you and we look forward to working with you to assure that we can continue to respond both appropriately, safely, and with quality services to the members of the public.

Michael Wilkening: Great. Thank you, Howard. Operator, is Christine Baker's line live?

Christine Baker: Hello?

Michael Wilkening: Is this Christine?

Christine Baker: Yes.

Michael Wilkening: So Christine Baker, the Director of the Department of Industrial Relations.

Christine Baker: Thank you. Good afternoon and thank you for the opportunity to speak to you all today. I'm the Director of the Department of Industrial Relations and within my agency I have the Cal OSHA Division which has the mission of protecting the health and safety of employees at work.

Fed OSHA has delegated authority to Cal OSHA as the state plan. And we are required to be as effective as Fed OSHA. We have jurisdiction over virtually all non-federal employees both private and public in California.

We use a number of methods for protecting workers by developing regulations, publishing information, and doing public workshops and educational events, enforcing regulations, and providing consultation services. We work with other agencies including local health departments, the State Department of Public Health and Cali PA to ensure that our actions are consistent and will achieve the best outcomes for California workers.

We're particularly excited to be a part of this team in order to ensure that there is consistency. And that our health and safety contribution is included and considered. While isolation precautions for patients protect the general public, healthcare workers must enter into the environment of infected patients. Therefore we must ensure that healthcare workers are effectively protected.

California has two major regulations that apply to Ebola. The first, blood borne pathogens is similar to Federal OSHA and requires that employers train employees, utilize universal precautions -- which in healthcare have become standard precautions -- engineering controls, and personal protective equipment to protect employees against contact with blood and other potentially infectious materials.

Personal protective equipment must prevent bodily fluids from reaching the employee's clothing or body. This standard also requires effective disinfection of the worksite and appropriate cleaning of disposable PPE.

The second regulation, aerosol transmissible diseases, is a California only standard that was adopted in 2009. Ebola for which the CDC recommends

droplet precautions is covered by this standard. According to the ATD standard and CDC guidelines, Ebola virus may be spread by droplets.

CDC recommends droplet precautions for Ebola to provide additional protection. CDC also recommends aerosol protections if aerosol generating procedures are done. The ATD standard made the CDC and CDPH requirements enforceable by Cal OSHA for the protection of employees.

This standard requires that employers follow CDC guidelines for droplet and contact precautions and to follow any additional precautions recommended by the CDPH or the local health department.

Cal OSHA regulations also apply to personal protective equipment. Employees exposed to Ebola, suspected or confirmed cases, should use fluid resistant PPE which may include fluid resistant gowns or overalls, head coverings, eye and face protection such as face shields, gloves and any other covering necessary to protect the employee's clothing and skin.

In addition, respirators are required to be used for any procedures that may generate aerosol. The term respirator refers to a device that has been approved by the National Institute for Occupational Safety and Health that will effectively reduce the concentration of aerosol that the employee will breathe in.

Cal OSHA regulations also require that the employer have effective decontamination procedures which include formal procedures for doffing, removing, and disposing or cleaning personal protective equipment. Proper PPE should prevent contamination of an employee's clothing.

But if a PPE failure occurs, employees should not take contaminated clothing home for cleaning. It should be managed onsite. Employees must be trained in these procedures and should practice them in dry runs. Employees who are also using PPE should assist other employees in donning and taking off, doffing PPE.

Supervisors must be instructed to oversee PPE use. Cal OSHA will work with CDPH and the local health officer as well as hospitals, emergency response organizations, employees and the unions to ensure that employees have the necessary protection so that they can do their jobs without fear of exposing themselves and their households.

We also have our information on our Web site at www.dir.ca.gov. Thank you.

Michael Wilkening: Thank you Christine. And now we'll go to Mark Ghilarducci, the Director of the Governor's Office of Emergency Services.

Mark Ghilarducci: Okay great thanks Michael. Good afternoon. So part of this effort has included at the state level a very clear direction from Governor Brown who has recognized the importance of us all leaning forward.

And has really directed us to ensure that we are fully coordinating, communicating amongst the various state agencies, many that are on the call here with you today. But also with all of you and with other state and federal agencies to ensure that we are as coordinated as possible. And that we work to be on a common page with regards to messaging and response and the protocols that are being suggested.

Part of this includes holding regular briefing calls with the Governor's cabinet members and other state directors to ensure that the state continues to remain

coordinated in its approach. The Department of Public Health, EMSA, Health and Human Services Agency, Department of Industrial Relations and OES are working very closely and working together on plans and procedures and also coordinating very closely with the CDC at the federal level on situational awareness and on any need for implementing specific CDC guidelines.

Last week we participated in a call with the White House. And Cal OES has been engaged with the Department of Homeland Security each day this past week on issues associated with our airports, travel of individuals coming into the United States, the respective ports of entry on the East Coast. And then transfer of those traveling folks through the United States into California as well as what's happening along predominately our Southern border.

And we'll continue to reach out to you. We understand that these events start at the local level. And so we're engaging very carefully and routinely with you as the first contact in our public safety leaders to help ensure that coordination will continue to take place.

In addition, we have an extensive advanced planning initiative underway. Really what that is, is Cal OES is working closely with the respective state agencies or federal agencies to plan for any possibility of this particular situation reaching a larger or unusual level.

So we're considering the potential of various areas and making sure that as part of that we are revisiting our infectious disease and other pandemic plans. We're using the foundations of the Department of Public Health emergency operational procedures. And we're ensuring that our public safety partners at all levels through California's proven system, through the standardized emergency management system at our mutual aid programs are engaged and

informed. And that we're considering any type of potential as we move forward.

Part of this effort beyond the recommendations that have been made from Dr. Chapman's and Dr. Backer, and Director Baker, I'm recommending that you consider actions on both your local and regional level within your respective agency or department.

The first is to please make sure that you're connected with the appropriate emergency management, law enforcement, fire and/or public health depending on what agency or discipline you're from. Now to begin the discussions, coordinate; make sure that you are ahead of this by reviewing protocols and procedures, any guidelines and ensuring that everyone knows the leaders and the organizations that exist within your county.

Your emergency management official at the county level is a good starting point to help coordinate potential meetings or conference calls to encourage this and facilitate this discussion. I also ask that you revisit your particular department, agency's or facility's contagious disease prevention policy and procedures so that everybody is in the know. And that there is no ambiguity or question with regards to that.

Also review the already released CDC guidelines. And of course you can access those through the CDC's Web site or through the Department of Public Health's Web site. And ensure that you have those right contacts whether it's law, fire, or health communities locally so that can get the right people dispatched or engaged in a particular suspect case, the right people at the right time.

And one of the things that you should be doing is to go back and check your inventories of hazardous materials and personal protective equipment and gear or supplies. To ensure that it's either not expired or your stockpiles exist over there.

Since roughly 2009, OES has granted more than \$12 million to local governments for procuring PPE at various stages as well as through the Department of Public Health to healthcare facilities. Through HRSA funding, there has been money made available for purchasing PPE for bioterrorism or for bio events.

So one thing you need to do depending on what jurisdiction you're from is to go back. And that's a good place to tie-in with the various disciplines that I spoke about before, fire, law enforcement, EMS, emergency management. So that all of you are looking at the PPE and equipment that you currently have available should it be needed as this situation continues to evolve.

Know also where to refer the media to ensure for a coordinated message. You know, as Dr. Chapman mentioned, there has not been a confirmed case in California yet. So, you know, ostensibly this is an issue of managing the public's perception of the threat. And it's very critical that we try to work to be on the same message and being able to get information and data out so that we're common in that.

And that will help also maintain the public's confidence that government and the public health system are operating in a coordinated and effective manner. For those that have responsibility for 911 centers or dispatchers, again it would be important to make sure that your dispatchers, your 911 supervisors, floor supervisors, are aware of the guidelines and that are being recommended by the CDC should they get calls.

Dr. Backer mentioned earlier that we are rolling into normal flu system. And, you know, certainly our 911 centers could be, you know, impacted by a lot of calls, people who just don't know. And so it would be really important to review the guidelines.

And if you have any questions beyond the Web site or your normal operational, day-to-day, sort of 8 to 5 contacts in the public health community, you can always call 24-7 the State Warning Center at area code 916-847-8911, 916-847 - oh sorry, 845 -- geez -- 845-8911.

Okay one more time, 916-845-8911. And the warning Center will connect you with the Department of Public Health or EMSA duty officer 24-7. So if you've got a suspect case, if you need any clarifications on anything that gives you 24-7. All the 911 Centers are connected into the Warning Center as well. So that's a place for you to have as a resource.

We know that the situation will continue to evolve. And we're trying to kind of continue to remain out in front of this. But again, it's really managing the perception of the threat. And we'll continue to keep you informed through additional calls in the coming weeks as we continue to coordinate this together on behalf of the Governor, thank you.

Michael Wilkening: Thank you, Mark. Operator, we're ready for questions now.

Coordinator: Thank you. At this time we would like to begin the question and answer session of the conference. If you would like to ask a question, please make sure your line is un-muted then press Star then 1.

You will be prompted to record your first and last name along with your affiliation clearly to ask your question.

To withdraw your question, please press Star then 2. Once again, to ask a question, please make sure your line is unmuted. Then press Star then 1, record your first and last name along with your affiliation clearly.

One moment for your first question, please. One moment for your first question; your first question comes from (William Shortsman), West LA Veterans Hospital, you may ask your question.

(William Shortsman): Yes, my question has to do with the recommended methods for PPE. In the non-intensive care setting for healthcare workers and the method of doffing which has been recommended by CDC, some CDC documents actually show a single gloved hand with removal of the glove which involves the risk of contacting -- in the image provided -- of contacting the knitted cuff of the protected impermeable garment.

This seems to be inconsistent with what the bio isolation centers have recommended which involves double gloving or triple. Or even first removing the double glove and then proceeding to try and remove the garment without contacting of the externally contaminated surfaces. With this kind of inconsistency coming from CDC, how are we to proceed?

The second has to do with current consideration of the referral centers. Given that the degree of training provided is so extensive and required is so extensive that it looks like CDC is considering regional specialty centers. And I wonder if the state and the local authorities are continuing to stick with what was last week's recommendations?

Dr. Ron Chapman: So this is Dr. Ron Chapman, the State Health Officer. I can answer the question regarding the regional centers first. So we've been in close contact with the hospitals and local public health. There already is a good amount of local activity to determine which hospitals at the local level have the highest level of capacity and readiness to care for an Ebola patient on their wards.

And so we've done outreach and are going to be coordinating and collaborating with all of those local efforts across the state. So you're going to, all of you, are going to hear more about that as we move further along.

(William Shortsman): Thank you.

Dr. Ron Chapman: Regarding the first question, I don't know if Christine or Howard, or others, Christine do you have a comment on the first question maybe?

Christine Baker: I'm going to defer to my experts here. So there has been inconsistency in doffing procedures. And we're hoping to get people on the same page.

Obviously the specific doffing procedures for any given personal protective equipment ensemble has to be figured out in advance. So yes, double gloving or triple gloving even is one way to choose for hazardous material so that we don't contaminate.

So you can remove your personal protective equipment in the right order, right. And you're trying to work from dirtiest to cleanest and not contaminate yourself in the process.

So I haven't seen that particular video that you're talking about. We've been...

(William Shortsman): This was a graphic that's all. It was just a static graphic. It actually gave you several options, this particular graphic.

Christine Baker: Right. The thing is that really you've got to look at each individual PPE ensemble and figure it out. I hate to say this from Cal's point of view but you have to figure it out for yourself right now.

(William Shortsman): Okay.

Christine Baker: Because there's only general guidance from CDC. And you're absolutely right that double gloving or even triple gloving but certainly many PPE ensembles, double gloving may be a way to reduce contamination during the decom procedure.

(William Shortsman): Okay. Thank you.

Dr. Howard Backer: This is Howard Backer. I wanted to add one point to the destination that designated facility issue. We're really talking about a couple of different levels of designation potentially. CDC is talking about designation, that's relatively few facilities that can be used for either confirmed or, you know, very high suspect returning cases.

But there is also talk at the local regional level among healthcare systems designating specific facilities so that they can concentrate their efforts and their resources and ensure the highest safety and quality. The last point is that any local destination protocol is under the, you know, is approved by the EMS medical director.

(William Shortsman): Got it. Thank you.

Michael Wilkening: Next question, please. Operator, how many questions are in the queue?

Operator, how many questions do we have in the queue?

Coordinator: We have over 20, sir.

Michael Wilkening: The next question, please.

Coordinator: Your next question comes from (Patricia Hueing).

(Patricia Hueing): Hi, this is (Patricia Hueing). My question really is concerning the laboratory testing piece.

Michael Wilkening: Can you identify please where you're from and affiliated with, thank you.

(Patricia Hueing): Sure, Washington Hospital.

Michael Wilkening: Thank you.

(Patricia Hueing): So there is a lot of focus on PPE for the healthcare worker. In the laboratory there are three stages. One is before a known case of Ebola and how we're handling samples, two, with the Ebola known patient and highly suspect patient and how we handle those. So there's a lot of literature out there from the American Society of Microbiology. But has CDC published anything specific for the laboratory personnel?

And also phlebotomy for those individuals going before a patient, you know, that has been really clearly identified as a suspect say in the outpatient areas, et cetera. Where can I find more information on these?

Michael Wilkening: So Dr. (Watt), do you want to comment on this please?

Dr. (James Watt): Sure, I'd be happy to.

Dr. (James Watt): Hi, this is (James Watt); I'd be happy to comment. The CDC does have laboratory guidance available on their Web site as well, as you mentioned, the American Society for Microbiology has guidance. The ASM guidance provides some additional options for laboratories and emphasizes the use of point of care testing if at all possible. So that's another possibility.

With respect to your question about phlebotomy, I think that the key point here is that it's really important for healthcare facilities to screen patients and identify suspect patients before they have a lot of interactions with the healthcare system. So that screening should happen before somebody's drawing blood on them.

So that people who are caring for them whether it be a phlebotomist or anyone else is able to take the appropriate steps.

(Patricia Hueing): Thank you.

Michael Wilkening: Thank you; Operator, next question.

Coordinator: Your next question comes from Dr. (Grace) from San Mateo Medical Center. You may ask your question. Dr. (Grace), your line is open.

Dr. (Grace): Hi, sorry. Yes this is Dr. (Grace) from San Mateo Medical Center. I'm an ID doc, Infection Control Officer. And I was just wondering if the concept of using PPE beyond our disposable but rather suits, tie-back suits and chlorine disinfection, might be more pragmatic but, you know, in terms of ease of

decontamination because doffing is definitely the most risky part of this procedure.

However, you know, most of our hospitals are not setup to do that easily and in continual care of a patient. So this question was really already addressed which was just the issue of establishing regional centers that are really designed to care for these Level 4 bio, you know, bio agents. Which, you know, I realize may and will take time if and when it happens. And in the meantime we all need to do our best to work with what we have. But I just wanted to voice that concern. Thank you.

Michael Wilkening: Thank you. Next question, please.

Coordinator: Your next question comes from (Richard Clayfield), South Plaza Fire, you may ask your question.

(Richard Clayfield): Yes, good afternoon. This is (Rich Clayfield) and I'm with South Plaza Fire District in Northern California. Really my question is as far as decontaminating equipment in the ambulances, do we still proceed with a bleach solution. Is that going to be sufficient?

And I was wondering if anybody has heard any evidence pro or con against UV lights?

Dr. Howard Backer: This is Howard Backer. There is some CDC guidance under the EMS guidance in the Ebola section of their Web site. And it recommends using hospital-level disinfectants that are specifically approved for viruses and a certain kind of virus.

That some of those may be bleach because I know that bleach is recommended and used for certain parts of the decontamination and others may be other types of disinfectant chemicals but they're well marked and designated. I have not seen them recommend UV light at this stage although it's a well known means of disinfecting. I don't know how you would achieve that for equipment or an ambulance.

(Richard Clayfield): Yes just for everybody this information, there are companies out there that provide UV lights in the back of the rigs. And they're set by timer. Once you get back, you just plug your rig in and it turns on automatically and it runs for a certain amount of time.

Dr. Howard Backer: That may be adequate for air but that is not adequate for flu contamination which has to be wiped down.

(Richard Clayfield): Yes, okay.

Dr. Howard Backer: You go through particulates.

(Richard Clayfield): I understand. All right, well thank you very much.

Michael Wilkening: Thank you. Next question, please.

Coordinator: The next question comes from (Martha Mead); affiliation was not recorded. Ms. (Martha Mead), please state your affiliation.

(Martha Mead): Hello. This is (Martha Mead). I'm a Public Health Nurse and I'm with MCC Clinic in Eureka, California. And my question is I'm concerned that the screening questions only address if someone has traveled outside of the United States in the last 30 days.

But I'm wondering if we can include some other screening questions that would include if they believe they've been exposed to the virus by someone inside the United States like a healthcare worker or something along those lines. I think we need more screening questions is my concern. Thank you.

Michael Wilkening: Dr. (Watt), do you want to answer that one, address that?

Dr. (James Watt): Sure. You raise a good point. I think that the screening questions are targeted at what the current risk situation is. Currently there is no Ebola transmission in the United States. And so the risk of someone being exposed here in the United States would not really be relevant.

I hope we never get to that place. But if we do, we could adapt those screening questions. Right now, the key risk for transmission is exposure in one of the three West African countries where the virus is circulating. And so that's really the foundation of the screening questions as well as combining that with fever or other symptoms of Ebola virus disease.

Michael Wilkening: Thank you. Next question, please.

Coordinator: Your next question comes from (John Greathouse). Please state your affiliation.

(John Greathouse): Yes, this is (John Greathouse), Meade Memorial Hospital. And I'm an Emergency Preparedness Coordinator. My question is also regarding PPE. Is there a recommended level of fluid resistant gown, Level 2 or Level 3?

And then also on the coveralls, some of the guidance I saw recommended taped seams and not all tie-back has that and not all tie-back has been rated for

blood borne pathogens. Do you have a recommendation on what tie-back material you should be considering?

Michael Wilkening: Christine, would you like to answer that or one of your experts there?

Christine Baker: First of all, tie-backs, in and of itself, is generally not fluid resistant because it's kind of parched paper. But there are plasticized versions of tie-backs. And we're using tie-backs which is really a brand name right so tie cam is that particular brand's name of something that's been plasticized.

We're not concerned about the vapor resistant. So, you know, the taping may or may not be necessary depending on the design of the suits. Sometimes those suits have overlapping flaps that cover the seams and that's probably sufficient.

You know, we're looking at splashes and sprays of bodily fluids. So I think in part it depends on just how bad the situation is. But so far, they're both - well the CDC is saying well fluid resistant gowns or some kind of body suit. And we're not aware of a more specific recommendation.

And we're not really prepared to make one right now. But we do think - and should be something that's been tested by ASTM and met some ASTM standard. And generally the FDA has been involved in reviewing that testing.

(John Greathouse): Thank you.

Michael Wilkening: Thank you. Next question, please.

Coordinator: Your next question comes from (Julie Montague); please give your affiliation.

(Julie Montague): Hey (Julie Montague) from Palm Dale Regional Medical Center in Palm Dale, California. And I just wanted to mention that it would be helpful to receive an email with all of the various contact information.

I've gotten a few of them. The State Warning Center number, the CDPH Web site, et cetera. But could all of the contact information be sent via email similar to the email we received the information on this call for?

Michael Wilkening: We'll send that out and then we'll also be posting things on the CDPH Web site.

(Julie Montague): Okay. Thank you.

Michael Wilkening: Thank you for the suggestion. Next question, please.

Coordinator: Your next question comes from (Alice Blackman), please state your affiliation.

(Alice Blackman): I'm from Kaiser at South San Francisco. And I hope I heard correctly on the PPE. We're you saying not to wear your regular clothing underneath it? You said something about the clothing.

Michael Wilkening: Christine, could you address that?

Christine Baker: This probably was (Deborah Bold). And what we said was that if you - some places are just wearing scrubs under PPE but it's because they're easily retained by the institution. But what we were saying was that if there was a PPE failure so that the clothing became contaminated, that clothing needs to be managed by the institution not sent home with the employee because it's contaminated.

So that's the statement we were making. And it depends again on your level of risk and how your facility figures out how you're going to manage things. I guess in some of the facilities that have treated these Ebola patients, they have essentially just used scrubs as went under the PPE and that may be a good solution should you get an Ebola patient.

(Alice Blackman): Okay. And are you planning to make - you know, what I find strange is the CDC template for doffing is quite different from the World Health Organization. Do you know why that is? Why there are two different doffing procedures, World Health and CDC?

Christine Baker: No. We don't know that here. You know, we always look first to OSHA for guidance, federal OSHA for guidance on stuff like that. They've done a pretty good thing on non-hospital decontamination.

We're hoping there'll be some more guidance coming out either from federal OSHA or from us in combination with CDPH. But I can't speak for either CDC or World Health Organization.

(Alice Blackman): Okay. Thank you.

Michael Wilkening: Thank you. Next question, please.

Coordinator: Your next question comes from (Eric Rudnick). You may ask your question and please give your affiliation.

(Eric Rudnick): Yes, this is (Eric Rudnick) from Santa Clara EMS and North CAL EMS, again another question about PPE. Many ambulance providers do not carry

PPE suits that are water and fluid impermeable. They carry gowns which may put them at greater risk getting in their street clothes.

With PUI, does the panel feel that these high risk patients warrant a suit that is water or fluid impermeable?

Michael Wilkening: Okay.

Man: Well I would also refer to Cal OSHA or DIR that the CDC is recommending fluid impermeable clothing or protective gear. So I think that would be the answer. And it may be that they have to up the level of the protection of their gear.

(Deborah), would you want to comment on that further?

(Deborah): Right. Well the only thing is that I think to some extent there, you know, there's questions about what's available and what's necessary. There are pluses and minuses to using something like a full body coverall with, you know, some plasticized. They're difficult to work in.

And in some ways, you know, in some ways a gown that's fluid resistant may be appropriate but not if there's large quantities of fluids that's anticipated. So to some extent that's going to be a judgment call made at each institution.

And maybe at this point since we're only talking about -- well we're not talking about any California patients -- we may be talking about an individual patient rather than kind of like, you know, a mass of patients like with influenza or something. And so I think the main thing about PPE and I really want to stress this, people need to be comfortable working in it.

They need to become familiar with working with it, with putting it on correctly and taking it off correctly. It's probably more important than the specific attribute of any given piece of PPE though it does need to be fluid resistant because, you know, you need to protect people's clothing.

So if you're using a gown, the question becomes how are you protecting the shoes? Are you going to use shoe covers? If you use shoe covers there is a problem with slipperiness. Are you going to use leg covers.

So that's why I think each institution needs to make decisions for themselves. And I think we're all going to try to have some future discussion about recommendations. But in the end, it's partly going to depend on what people actually have and can get.

(Eric Rudnick): Thank you.

Man: I think (Deborah) makes a good point that it is really dependent on the patient. A person of interest who only has fever and headache doesn't require any more than the PPE that everyone has available. But if there is GI fluids, you know, flowing than that becomes a different issue.

(Eric Rudnick): Thank you very much.

Michael Wilkening: Thank you. Operator, how many questions are in the queue?

Coordinator: Sir, we have 11.

Michael Wilkening: Great. Next question, please.

Coordinator: Your next question comes from (Kimlynn Gayle). You may ask your question.

(Kimlynn Gayle): Hello yes, this is (Kimlynn Gayle) from Whittier Hospital. My question is related to PPE as well. And the only question I have is everything that you see is showing head covers and along with the mask or the papper. But the head covering and the neck covering, there is nothing that talks about the doffing of that and when that comes off and how that comes off.

And so that is and also with the boots. Or the full body suits, there is nothing that - put out by the CDC about removal of that. So can you make any comments to that?

Michael Wilkening: Christine, would you take?

Christine Baker: Okay. So generally speaking, respirators and other things that are worn close to the body come off last. And that's why you recommend double gloving or and sometimes there are glove washes involved.

Most of the videos that have been created about this kind of donning and doffing of PPE ensembles have been in the context HAZWOPER or hazardous waste and emergency response operations. Right so hazardous waste sites where they have very detailed decontamination procedures for people who are exiting the site.

And I think we're going to be trying to put together some materials in conjunction with the hospitals, and the employee unions, and such, and CDPH to come up with some more specific guidance. So maybe, there are a lot of questions about PPE.

And I think we're going to have to sit back and look at what hospitals are actually using and figure out some guidance for everybody. It seems we're getting a lot of questions on that. So I think we take that under advisement and we'll try to move forward with that in CAL OSHA in conjunction with all the partners that we mentioned.

(Kimlynn Gayle): Yes, and I think the confusion comes because what you see in the media. Everybody's dressed in these suits but that's not what's addressed when you guys are putting this stuff out in the CDC guidelines.

Christine Baker: Right. Well we don't put out the CDC guidelines. But, yes, that's true. And so you're absolutely right. And, you know, they say one thing and then you see people in pappers at Emeryville.

(Kimlynn Gayle): Yes.

Christine Baker: Or cappers or head cappers and stuff like that. And we have been in touch and US Davis has been doing some work on PPE ensembles. And so it's not like we're ignoring the issue. Since everybody is not going to have the same ensemble, it's hard to come up with the right guidance. But we will work with you on this.

(Kimlynn Gayle): Okay. Thank you.

Michael Wilkening: Thank you. Next question, please.

Coordinator: Your next question comes from (Joseph Botrus). You may ask your question and please give your affiliation.

(Joseph Botrus): Okay. I'm (Joseph Botrus) from Marina Del Ray Hospital. I'm the Infection Control Director over here. And I actually have a couple of questions. The first question is about the patient placement especially when there is like a variety of signs and symptoms.

Sometimes the patient might only be complaining of fever. In some other situations, the patient might be complaining or having like severe vomiting or diarrhea. So is it recommended that we have to place the patient in a private room with an anteroom as well as a private bathroom? Also is it recommended at this point to place the patient under airborne circulation? This is my first question.

And then my second question, we are considered one of the nearest hospitals from LAX. So we have an ER. But our ER, we don't have like a room with a private bathroom or a room with an anteroom. So what if we are receiving a patient from the airport? Would we be able to accommodate such a patient? And finally, what is the definition of the hospitals capable of handling patients with Ebola?

Dr. Ron Chapman: This is Dr. Chapman. I'm going to take the last question first and then ship it over to Dr. (Watt).

So we actually have an assessment tool that we used during H1N1 that is extremely applicable to the situation we're in now with Ebola. So that's one of the tools that we at the Department can use and slightly customize and modify for what we're dealing with in terms of Ebola.

But the general answer to your question is we need to be working with at the state level, with the local hospitals, and public health departments, and EMS to figure that out locally because there's just going to be different levels of

capacity and readiness between hospitals at the local level. So a lot of that assessment and figuring out is going to be at the local level.

But we're going to be collaborating and coordinating with the locals in doing that. Dr. (Watt), do you want to answer his other questions?

Dr. (James Watt): Sure.

Dr. Ron Chapman: Thank you.

Dr. (James Watt): There is CDC guidance on patient placement. But you raise some important questions. The first thing is that I would say is that it's really important for all healthcare facilities to have a plan for how they're going to manage someone who may come to their emergency room. And that's going to differ depending on what kind of facility you have, what kinds of rooms you have.

But it's going to be important to find a place where you can isolate the patient as best as possible and where you're able to stage the use of personal protective equipment. And as personal protective equipment suites vary so do hospital layouts vary. And so you really need to look at that in your own situation.

The second point that you made about the kind of room where a patient needs to go to if they're admitted, the CDC recommendations are a patient should be at least in a private room with a private bathroom. But you raise some important points about anterooms.

I think that some of the experience that has happened so far is that an anteroom can be very, very helpful for staging. And also you asked about airborne isolation rooms; those are recommended if there are any aerosol

generating procedures being done. And some facilities have opted to go ahead and place patients in those rooms so that patients don't have to be moved in the event that some kind of aerosol generating procedure does need to be done.

These issues around the kinds of rooms that are available also play into your question about which hospitals have the highest level of readiness for managing Ebola patients. And I think those are the hospitals...

(Joseph Botrus): Have there been any designated facilities so far to be the primary facility to handle Ebola cases?

Dr. (James Watt): So as Dr. Chapman mentioned, we are working closely right now with hospitals and local health departments to look at the capacity of different facilities and address that question.

Michael Wilkening: Thank you. Next question, please.

Coordinator: Your next question comes from (Bethany Edhome), you may ask your question and please give your affiliation.

(Kristy Myers): Hi (Bethany) stepped out so this is (Kristy Myers) from Laughlin County Public Health. And the question is we have actually some chatter locally about some healthcare workers that have intentions to go back and visit family and do some humanitarian work over where the disease is very prevalent.

And so we were wondering if there are recommendations on what we should do to get ready for them coming back? And exactly what our responsibility is in that.

Michael Wilkening: Dr. (Watt) do you want to take that question?

Dr. (James Watt): Sure. There are also CDC recommendations for returning humanitarian workers. So I would refer you to that. I think it's really helpful for local health departments to know who those folks are.

It's really important for those folks to have a personal plan so that should be doing regular fever checks, twice daily for 21 days after their return. And that they should know what to do and who to call should they develop a fever. So that they can go to the place where they can be effectively evaluated and get the best possible care.

(Kristy Myers): Can I add one question to that? One of the people works in healthcare. And so because I haven't seen the recommendations from CDC and it probably states it on there. Just in case it doesn't, so when they come back, that 21 day timeframe, should they be allowed to return to work in the healthcare facility? This person happens to work in the prison healthcare facility so.

Dr. (James Watt): Yes the guidance is that returning healthcare workers can work as long as they remain afebrile and asymptomatic.

(Kristy Myers): Okay, great thank you.

Michael Wilkening: Thank you. Next question, please.

Coordinator: Your next question comes from (Dannette Williams), you may ask your question and please state your affiliation.

(Dannette Williams): Hi this is (Dannette Williams). I'm affiliated with Kaiser Permanente in Oakland, California. My question is we note that the County of LA has quick

testing availability in their lab. They can get their results back in three to four hours versus the delayed testing results that we would have sending ours out to the CDC.

Are we looking at locally finding a laboratory here in Northern California that could do the same for us so that we don't have delay in getting test results back for our patients?

Michael Wilkening: Go ahead, Dr. (Watt).

Dr. (James Watt): Sure. There are a couple of issues related to testing. So the first is that CDC is coordinating all of the testing at this point. And any testing that's done outside of the CDC needs to be confirmed at the CDC. So right there you have some delays built in.

Another issue that's important to know is that you can have a negative result for the first 72 hours because there may not be enough virus in the blood to show up positive on the test. So the guidance is if you're within that first 72 hours after symptom onset, you have to do another test.

And so I think it's just really important for folks to realize that rapid testing is not really the reality right now. And that there will be some delay before we can get definitive test results. And so we need to do our preparedness and planning in that context.

(Dannette Williams): Is that information available somewhere for us?

Dr. (James Watt): We can make that available for you. I'm trying to sort of click through what's on the Web site right now. But if it's not there we can put that up there for you.

(Dannette Williams): I think that's pretty important. Thank you for that.

Michael Wilkening: Okay next question, please.

Coordinator: Your next question comes from Dr. (Julie Fields). Please state your affiliation and ask your question.

Dr. (Julie Fields): Oh hi. I tried to retract my question because you already answered it; thank you very much.

Michael Wilkening: Thank you. Next question, please.

Coordinator: Your next question comes from (Mark Limburg). Please give your affiliation, one moment.

(Mark Limburg): Hello, thank you very much. This is (Mark Limburg), Health Officer of Butte County. I wondered, fortunately we've had no cases ruled in. But how many times have we had to rule out a case -- people admitted in California and ruled out.

And the other question I had was there any estimate of how many people in California residence that meet the travel criteria? Any estimates of that?

Michael Wilkening: Go ahead Dr. (Watt).

Dr. (James Watt): Sure. So to date there have been two individuals who have met the criteria for testing or have had sufficient risk where testing was deemed to be warranted. Both of those people tested negative.

There have been a significant number and I don't have a count of queries that have come into us asking for consultation with CDPH about individual situations. All of those have deemed to not warrant testing so only two individuals have warranted testing so far.

And then I'm sorry, could you repeat your second question?

(Mark Limburg): The other one was there any estimate of how many people in California meet the travel criteria? How many people have crossed our border in the last 21 days who would meet the travel criteria to those countries in West Africa?

Dr. (James Watt): Thank you that's a great question. And I'm sorry I don't have that information.

(Mark Limburg): Would it be known?

Dr. (James Watt): Unless someone else does.

Man: I'll follow-up on that.

Dr. (James Watt): Yes, we do not have that information but we'll follow-up; thanks.

Michael Wilkening: Next question, please.

Coordinator: Your next question comes from (Timothy Diehl) from Alexander Care. You may ask your question. Excuse me, Mr. (Timothy Diehl)?

(Timothy Diehl): Hi, sorry about that. Can you hear me?

Michael Wilkening: Yes.

(Timothy Diehl): I'm currently interning at a skilled nursing facility in West Hollywood. We do not have any PPE that would even come close to being prepared for this kind of outbreak. The Web site you mentioned would better guide us to that type of equipment, yes?

Man: If you're in Los Angeles County then I would recommend that you would tie-in with your public health department or your emergency management. I'd just do your public health department and they can be a resource for you in being able to get PPE or identify where PPE is located close to you if it's needed.

(Timothy Diehl): Thank you very much.

Michael Wilkening: The next question.

Coordinator: Your next question comes from (Lisa Hernandez). Please state your affiliation.

(Genuine): Hi, can you hear us?

Man: Yes.

Man: Yes.

(Genuine): Thank you. Dr. (Lisa Hernandez), our Health Officer from Santa Cruz County has stepped out of the room to take an emergency call. My name is (Genuine). On behalf of Dr. (Hernandez), I have a question regarding PPE resource.

Dr. (Hernandez) wanted to know recently some local hospital has reached out to our local public health department wanting to know if there is funding available from federal or state levels to provide additional resource, funding

resource, to get more PPE for the local communities. So I was wondering if we could ask the question is there is any funding available for us to look into that?

Mark Ghilarducci: Hi this is Mark Ghilarducci from OES. There is no funding immediately available at this particular point. We have been talking with the federal government about sort of the longer term.

But in the interim, what I have suggested is that you coordinate back through our emergency management department, in your case, the Santa Cruz County Emergency Management or your public health office to determine PPE that has been procured. Since roughly 2009, the county did both for your first responders and through some hospital grants purchase some PPE.

So I would take an inventory of the PPE that's available. And then if you should need more between now and if you have a case, put the request in through the system and, you know, we can provide additional PPE. But as far as additional funding at this particular time or juncture we have not received any from federal government.

(Susan Tully): We have received permission...

Man: Identify yourself.

(Susan Tully): Oh this is (Susan Tully) from Emergency Preparedness Office. We have worked with the Hospital Preparedness Program. And they will allow us to use Hospital Preparedness funds to purchase hospital equipment. So if you work through your local HPP entity and they have unspent funds we can and we have done that already, redirected those funds towards the purchase of PPE.

Michael Wilkening: Okay. Thank you. The next question, please.

Coordinator: Your next question comes from (Deborah Johnson). You may ask your question and please give your affiliation.

(Deborah Johnson): Good afternoon, this is (Deborah Johnson) calling from Salinas Valley Memorial Healthcare System. I just have a couple of comments I guess.

The first comment would be for some of the individuals I've heard on the call may be consider reaching out to their local hospitals, to the infection control nurses in those hospitals.

One of the things that we are doing here in Monterey County is collaboration and working together to ensure that, you know, all the hospitals that are in the county here, that we're on the same page with the messages going out to the public. And as to how we're stocking our rooms and developing our processes in our emergency department.

Michael Wilkening: Thank you.

(Deborah Johnson): I think the other thing about the PPE on comments about PPE and the masking, I feel that, you know, at least, you know, and just looking at the things that, you know, all the visuals that we're seeing from press in Africa, that we need to keep it in perspective.

And remember that they're over there in the bush in Africa in a third-world country. That we are prepared for emergency response processes. That we utilized HRSA funds in all the hospitals across the country in preparedness in bioterrorism, you know, back in, you know, when 9-11 occurred.

And that, you know, we continue to do so. And that a lot of the items and the things that we have will protect us. You know, having a buddy system with donning and doffing PPE is a definitive process that you would utilize with something like this just like you would with something like anthrax.

You would watch somebody put on their equipment and take it off. And so I just encourage people to reach out and to touch base, the EMS personnel, anybody with the hospitals in their area. Thank you.

Mark Ghilarducci: (Deborah), it's Mark Ghilarducci over at OES. Thank you for that. I think that's a great example of the kind of collaboration and coordination we're talking about with the various disciplines within your county. And that you're spot on with regards to the equipment, the trainings that's been provided. So thank you for that.

Michael Wilkening: Next question.

Coordinator: Your next question comes from (Jay Goldman), please state your affiliation.

(Jay Goldman): This is (Jay Goldman) from Kaiser Permanente in Whittier, California. While there are differences, obviously, county by county regarding resource availability and local geography there are a lot of granular issues to be addressed in county EMS policies that really beg for standardization across the state.

I'd like to know if there is a plan for the state to provide a template to facilitate the rapid development of local EMS agency policies in each county?

Dr. Howard Backer: Well (Jay), it's Howard Backer; thank you for the question. And you know that has been something that I've long advocated but there is a constant tension in the state between local autonomy and state consistency or authority.

So what we will do going forward for some of these more difficult issues is hopefully use one of our expert advisory groups and at least come up with guidance in a template or templates for some of the protocols that can be used.

I think we've had success in the past with a few protocols where we at least set the key issues for determining points of determination or decision making and allow them to put them in a protocol of their format. So I'll look forward to having your support for that.

(Jay Goldman): You've got it.

Michael Wilkening: Thank you. Operator, how many calls are left or questions are left in the queue?

Coordinator: I have one question left.

Michael Wilkening: Great, thank you.

Coordinator: Your last question comes from Ms. (Mayar) from VA Northern Hospital. You may ask your question.

(Erkshaw Mayar): Hi, this is (Erkshaw Mayar), I'm the Chair of Infection Control at VA in Northern California Healthcare system. And we're a relatively small hospital in the Sacramento area where our acute hospital is. We have mini clinics in the area.

But one of the questions that came up in our tabletop exercise last week was, you know, if a local regional center was identified where we could transfer a suspected patient with Ebola, what would be the logistics of actually getting a transportation, an ambulance, from our facility to whatever hospital that was identified as that regional healthcare facility?

So my question is, as part and parcel of this discussion about identifying these regional Ebola facilities, what has the conversation been about arranging transportation from facility to facility? I could certainly picture a scenario where a private ambulance company may not be willing to transport a patient from site to site.

Dr. Howard Backer: This is Howard Backer; I'll take that one. EMS agencies routinely do inter facility transports. And you're right, often the inter facility transport if they're just BLS or even the ALS ones are done by private companies that may or may not be comfortable.

But I would suggest that most larger, private ambulance providers would be comfortable and are as competent at doing a transfer as any other provider. But the idea of a local or designated hospital and destination protocols again, has to be developed at the local level involving the local EMS agency, medical director, healthcare, and probably the public health officer should be involved as well in setting up any system of care.

Once that system of care is setup, I assure that we will have - you'll have the capability of using EMS to transfer patients.

Michael Wilkening: Great. Thank you. We really appreciate all of you taking the time to join us on this call this afternoon and for all of the questions. Again, the best Web

site for you to use for information related to Ebola is www.cdph.ca.gov, that's the California Department of Public Health Web site.

Also look for alerts coming through the California Health Alert Network which we'll continue to be using to send out updates. And we'll continue to have calls and get information out to people as we have more information to provide.

So again, thank you very much for joining us this afternoon. Operator, thank you.

Coordinator: Thank you. This concludes today's conference. All participants can disconnect at this time. Thank you.

END