# HHP/HPH COVID-19 Community Webinar Series

Monday, September 14, 2020

5:30pm – 6:30pm

HAWAIʻI PACIFIC HEALTH | HAWAIʻI HEALTH PARTNERS

CREATING A HEALTHIER HAWAIʻI

# Host/Moderator – 09/14/20

**Andy Lee, MD**
Medical Director, *Hawai‘i Health Partners*
Chief of Staff, *Pali Momi Medical Center*
Hawai‘i Pacific Health

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# Disclaimer:

- The following is intended as information resource only for HHP/HPH providers, clinicians, administrative and clinical leaders.

- Specific areas may not pertain directly to your clinical practice area and/or may not be applicable to your practice based on your existing workflows, infrastructure, software (e.g. EHR), and communications processes.

# Webinar Information

- You have been automatically muted.
  You cannot unmute yourself.
- You will be able to submit questions via the Q&A section.
  - Due to time constraints, any unanswered questions will be addressed this week and posted on the HHP website
- A recording of the meeting will be available tomorrow on the HHP website and intranet.

# How to Claim CME Credit

1. Step 1: Confirm your attendance
   - You should have completed a brief questionnaire before joining today's live webinar.

2. Step 2: HPH CME team will email you instructions
   - Complete and submit evaluation survey that will be emailed to you within one week of the offering.
   - Your CE certificate will be immediately available to you upon completion of your evaluation.
   - Questions? Email hphcontinuingeduc@hawaiipacifichealth.org

# CME Accreditation Statement

- In support of improving patient care, Hawai‘i Pacific Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
- Hawai‘i Pacific Health designates this webinar activity for a maximum of 1.0 AMA PRA Category 1 Credit (s) ™ for physicians. This activity is assigned 1.0 contact hour for attendance at the entire CE session.

JOINTLY ACCREDITED PROVIDER™

INTERPROFESSIONAL CONTINUING EDUCATION

# Disclosures

- The planners and presenters of this activity report no relationships with companies whose products or services (may) pertain to the subject matter of this meeting

# COVID-19 Updates

**Melinda Ashton, MD**
Executive Vice President
and Chief Quality Officer
Hawai‘i Pacific Health

**Douglas Kwock, MD**
Vice President of
Medical Staff Affairs

**Gerard Livaudais, MD, MPH**
Executive Vice President,
Population Health and
Provider Networks
Hawai‘i Pacific Health

**Shilpa Patel, MD**
Pediatric Hospitalist,
Kapi‘olani Medical Center
Physician Liaison,
Quality & Patient Safety
Hawai‘i Pacific Health

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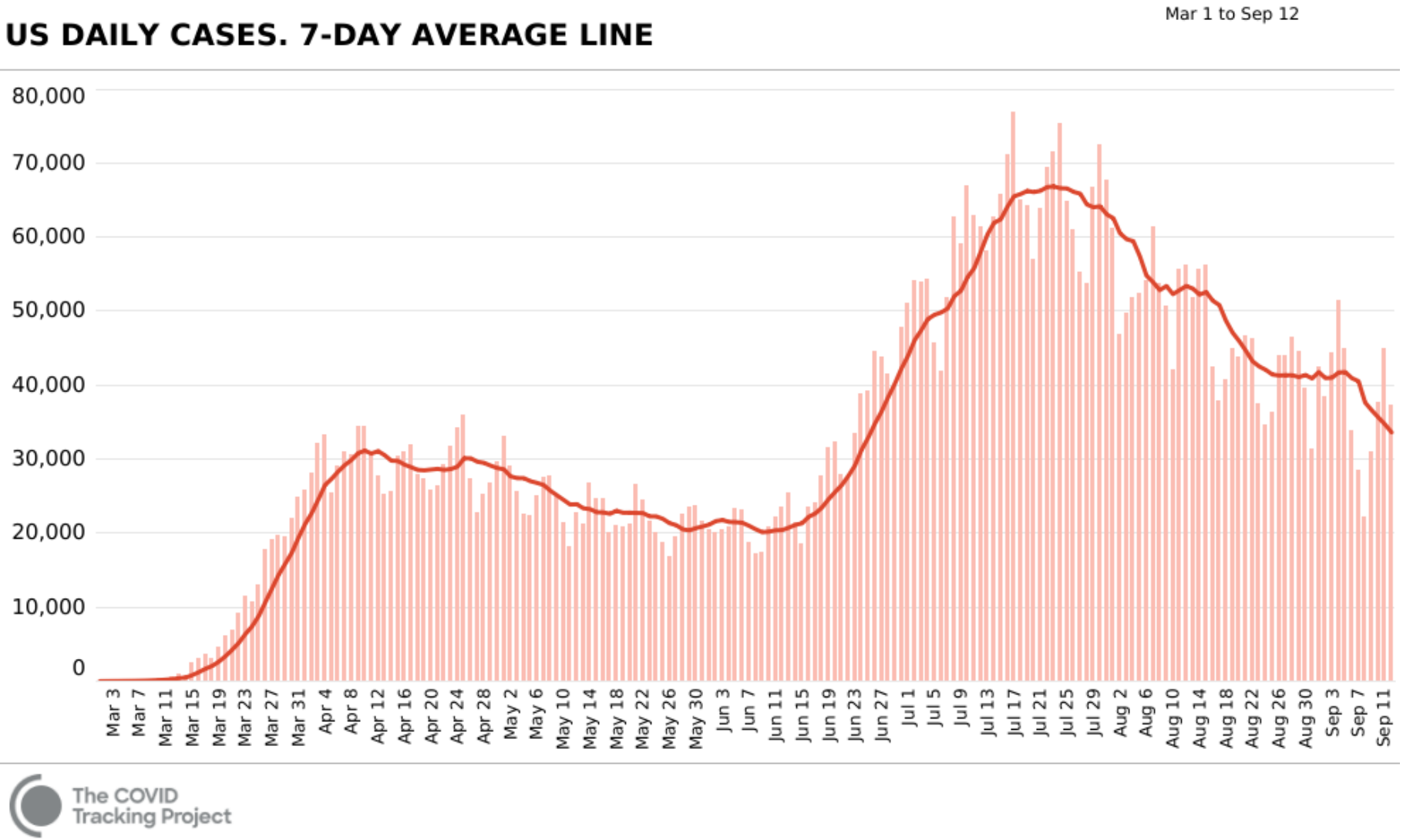
## US DAILY CASES. 7-DAY AVERAGE LINE




The COVID Tracking Project

https://covidtracking.com/data/charts/daily-cases-and-currently-hospitalized accessed 09.13.20

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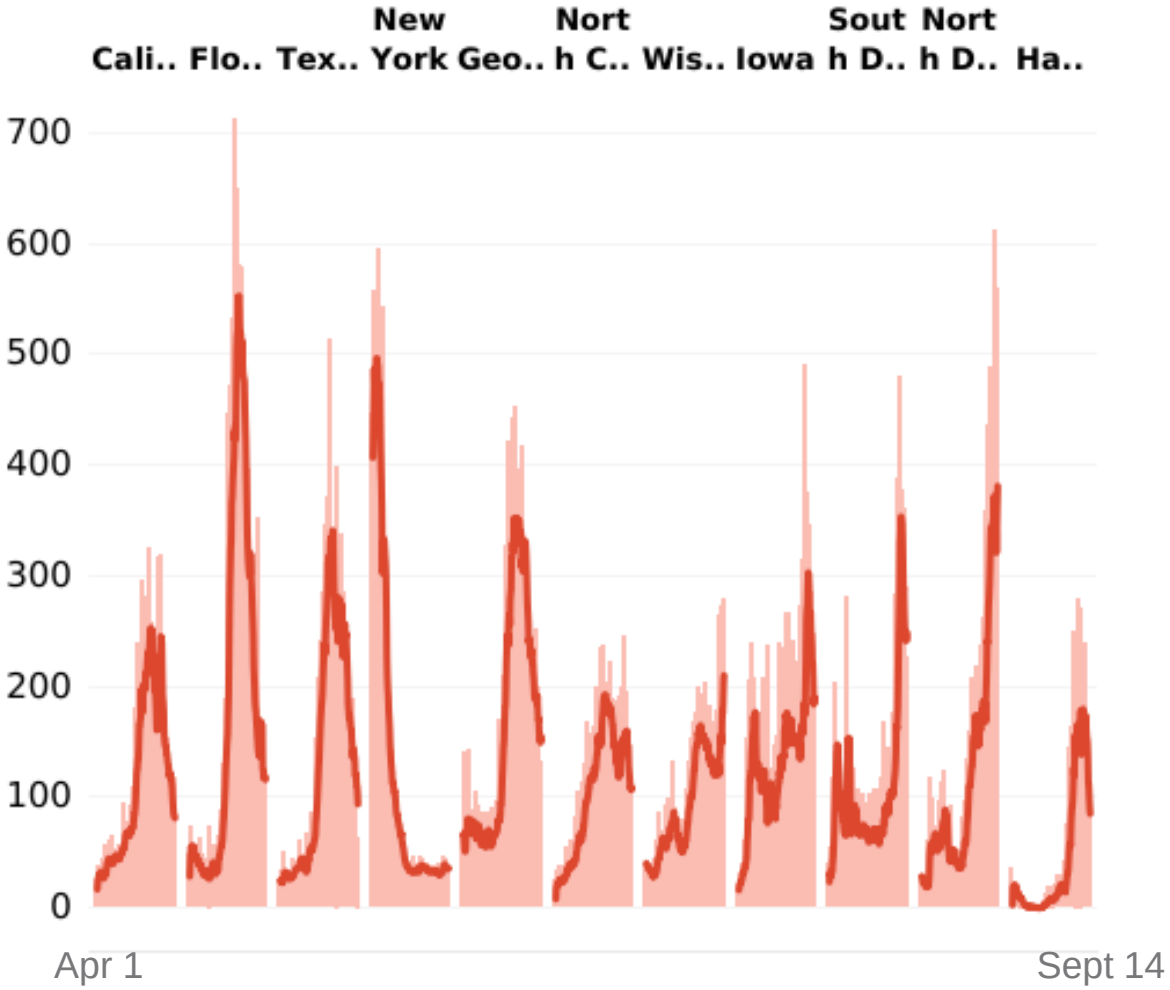
# Daily Cases per million with 7 day average




The COVID Tracking Project

https://covidtracking.com/data/charts/daily-cases-and-currently-hospitalized accessed 09.13.20

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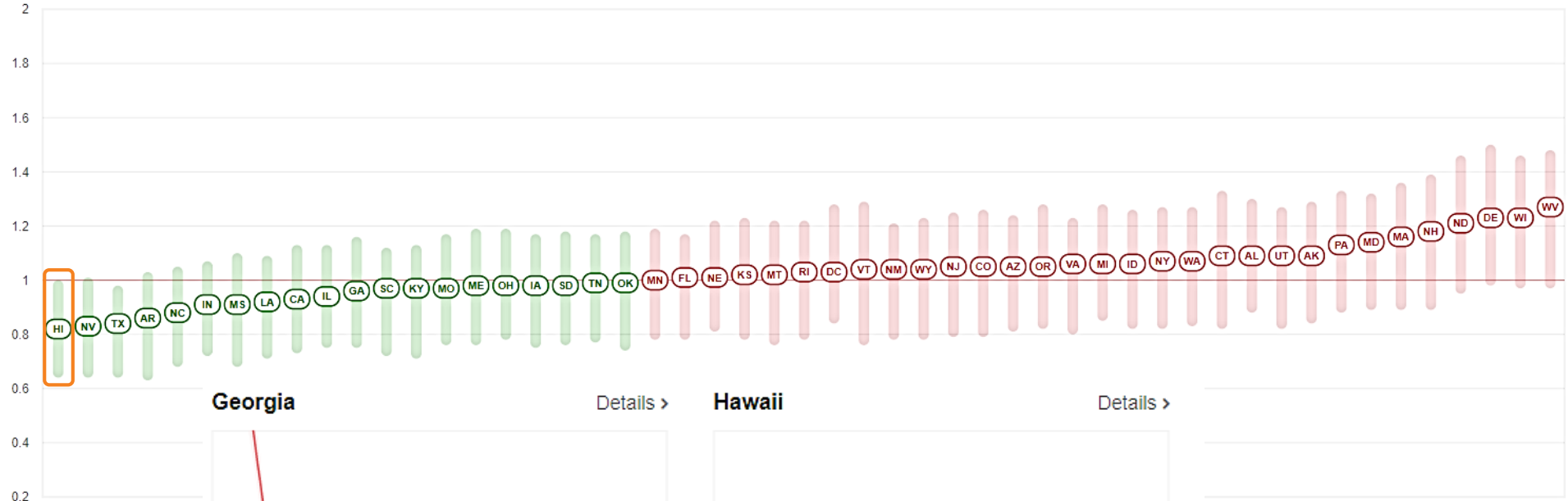
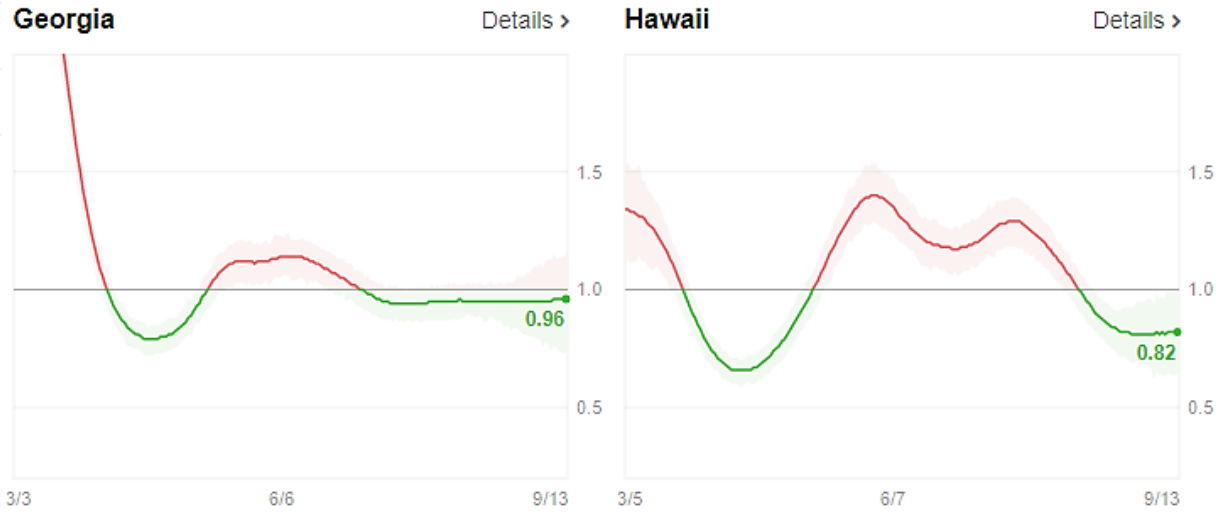
# $R_t$ COVID-19

These are up-to-date values for $R_t$, a key measure of how fast the virus is growing. It's the average number of people who become infected by an infectious person. If $R_t$ is above 1.0, the virus will spread quickly. When $R_t$ is below 1.0, the virus will stop spreading. Learn More.

See details about the spread in **Hawaii** | Data Last Updated: 9/14 at 4:43AM

Latest | 2 Weeks Ago | 1 Month Ago | 2 Months Ago | 3 Months Ago | Filter







https://rt.live/ accessed 09/14/20

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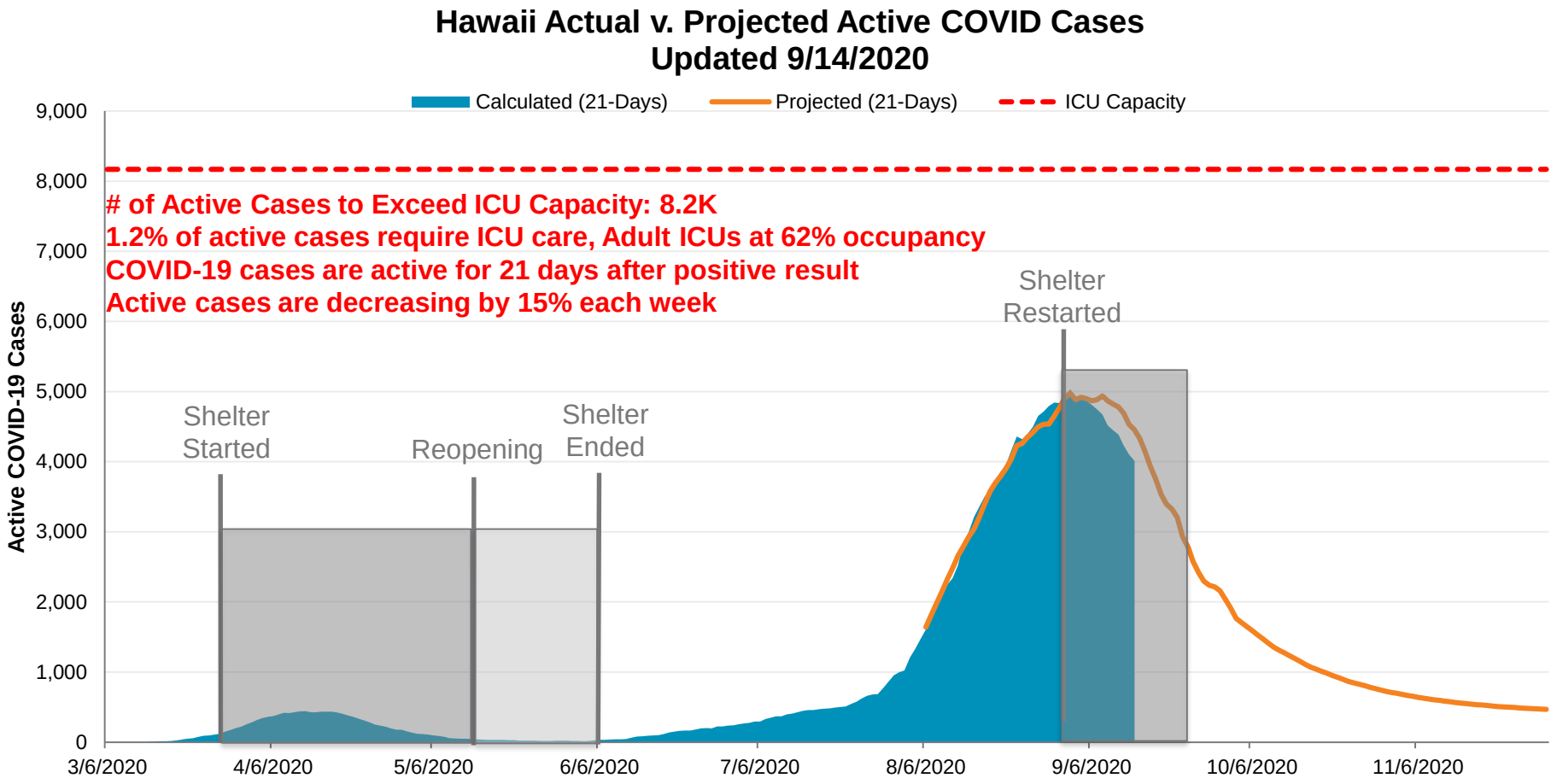
# Projected Active COVID-19 Cases



| As of 09/14/20 | Total Census | ICU beds occupied | # Ventilators in use | # New Admissions w/ COVID-19 screening | # New Admissions w/ positive COVID-19 | # Patients currently hospitalized w/ suspect or confirmed COVID-19 | # Patients currently on a ventilator w/ suspect or confirmed COVID-19 | # Patients currently in ICU w/ suspect or confirmed COVID-19 |
|---|---|---|---|---|---|---|---|---|
| **KMCWC** | 161 | AICU: 2<br>NICU: 77<br>PICU: 5 | AICU: 0<br>NICU: 18<br>PICU: 3<br>Wilcox: 0 | 0 | 0 | S: 0<br>C: 2 adults | S: 0<br>C: 0 | S: 0<br>C: 1 adult |
| **PMMC** | 100 | 14 | 10 | 3 | 0 | S: 2<br>C: 13 | S: 0<br>C: 7 | S: 0<br>C: 7 |
| **SMC** | 120 | 15 | 12 | 8 | 0 | S: 3<br>C: 34 | S: 0<br>C: 7 | S: 0<br>C: 8 |
| **WMC** | 49 | 4 | 0 | 1 | 0 | S: 1<br>C: 0 | S: 0<br>C: 0 | S: 0<br>C: 0 |

S = Suspected; C= Confirmed

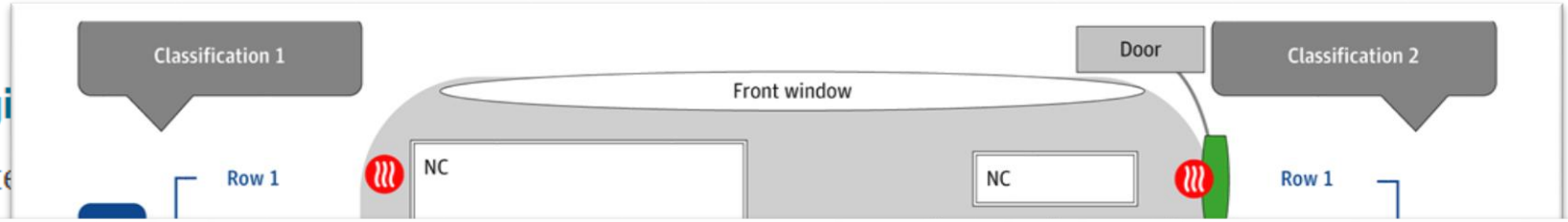
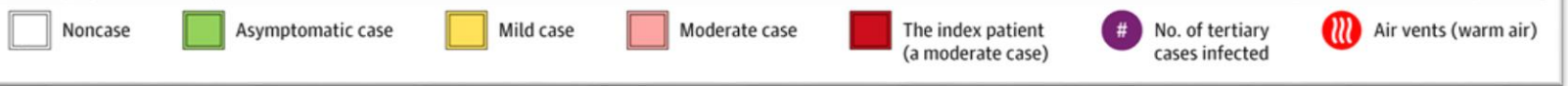



Table. COVID-19 Risk Assessment of Different Sections of the Exposed Bus and Between the Exposed Bus and Unexposed Controls[a]

| Characteristic | Total | No. with COVID-19 | % (95% CI) Attack rate | Risk difference | | Relative risk (95% CI) | *P* value | Relative risk (95% CI) | *P* value |
|---|---|---|---|---|---|---|---|---|---|
| **Exposed bus and other attendees of the worship event, excluding the index patient** | | | | | | | | | |
| Bus 1 | 60 | 0 | 0 (0 to 6.0) | 0 [Reference] | NA | 1 [Reference] | NA | NA | NA |
| All individuals except bus 2 | 232 | 7 | 3.0 (1.3 to 6.2) | NA | 0 [Reference] | NA | | 1 [Reference] | |
| Bus 2 | 67 | 23 | 34.3 (24.1 to 46.3) | 34.3 (23.0 to 45.7) | 31.3 (19.7 to 42.9) | 42.2 (2.6 to 679.3) | <.01 | 11.4 (5.1 to 25.4) | <.01 |
| Overall | 299 | 30 | 10.0 (7.1 to 14.0) | NA | | | | | |
| **Different sections of the exposed bus, excluding the index patient** | | | | | | | | | |
| Classification 1[17] | | | | | | | | | |
| Low-risk zones (rows 1-4, 12-15) | 34 | 9 | 26.5 (14.4 to 43.3) | 0 [Reference] | NA | 1 [Reference] | NA | NA | NA |
| High-risk zone (rows 5-11) | 33 | 14 | 42.4 (27.2 to 59.2) | 16.0 (−6.5 to 38.4) | | 1.6 (0.8 to 3.2) | .17 | | |
| Classification 2[18] | | | | | | | | | |
| Low-risk zones (rows 1-5, 11-15) | 44 | 12 | 27.3 (16.2 to 42.0) | 0 [Reference] | NA | 1 [Reference] | NA | NA | NA |
| High-risk zone (rows 6-10) | 23 | 11 | 47.8 (29.2 to 67.0) | 20.6 (−3.7 to 44.8) | | 1.8 (0.9 to 3.3) | .09 | | |

Abbreviations: COVID-19, coronavirus disease 2019; NA, not applicable.

[a] For exposure-disease categories with 0 counts, we added a value of 0.5 to all cells to calculate risk ratio.



# Droplets versus Aerosols

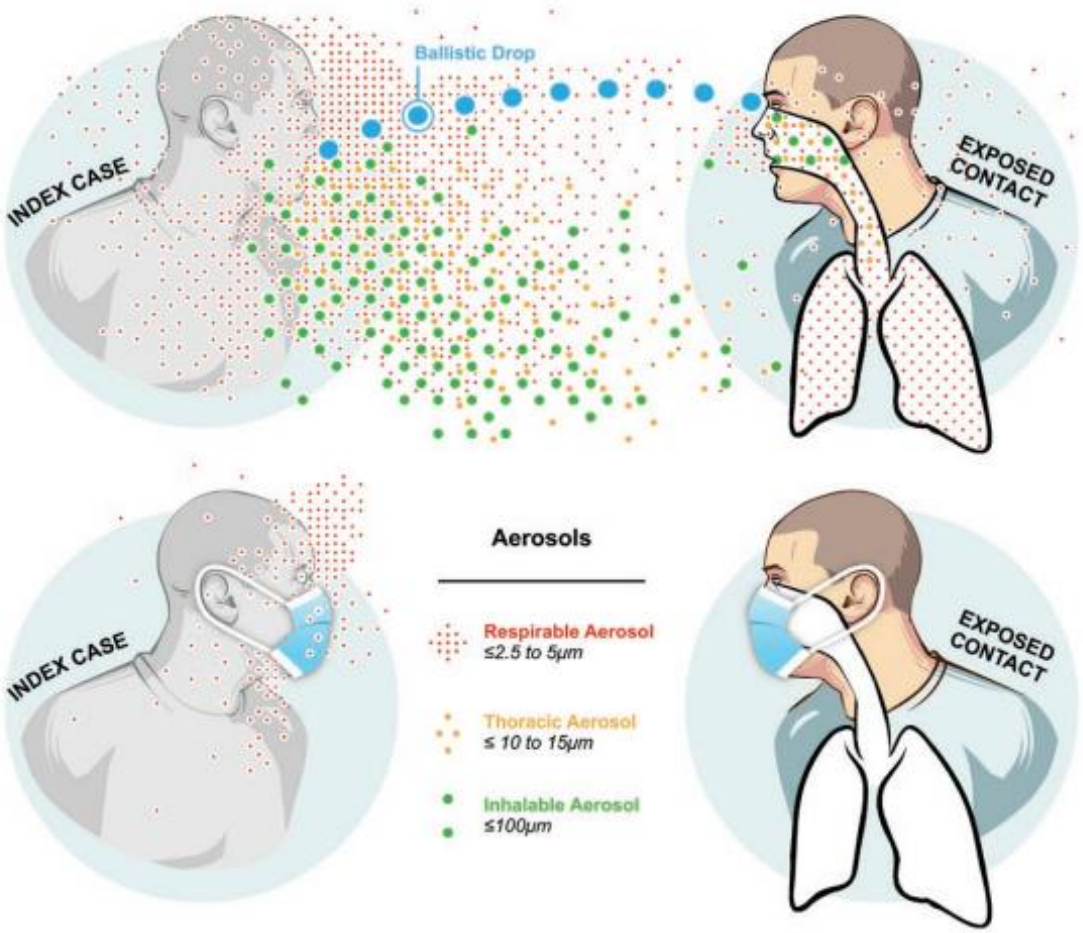



**Figure 1.** Short-range transmission potential of ballistic drops and droplet aerosols in the inhalable, thoracic, and respiratory aerosol size ranges and the impact of face masks as source control.

https://academic.oup.com/jpids/advance-article/doi/10.1093/jpids/piaa079/5875939?guestAccessKey=72cf62f5-ae56-4073-a264-7b3818371f07 accessed 09.113.20

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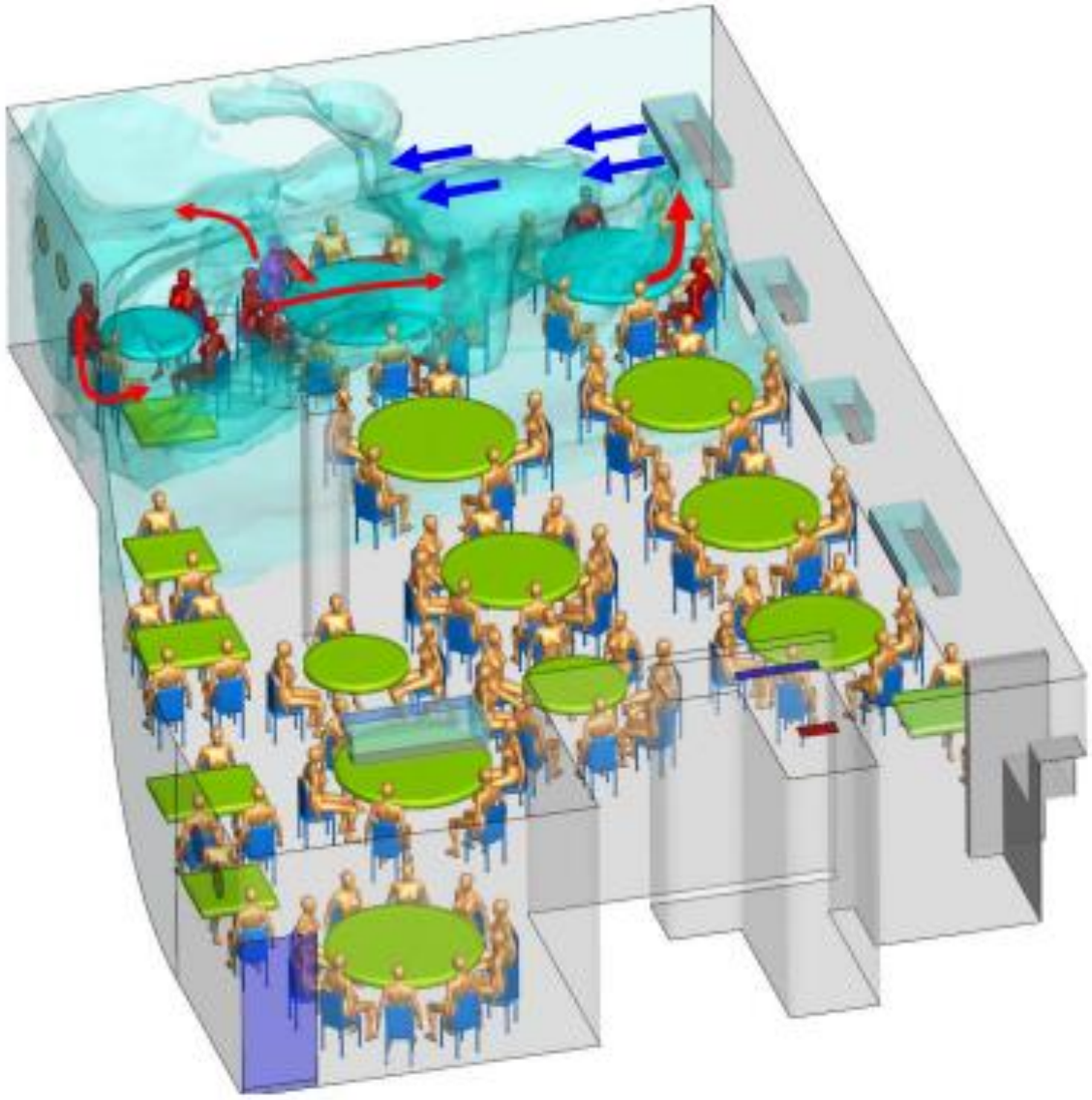
# Back to the Restaurant in Guangzhou



Tracer gas measurements and computational fluid dynamics (CFD) simulations were used to predict the spread of fine droplets exhaled by the index patient and the detailed airflow pattern in the restaurant.

The results of two tracer gas decay experiments show that the air exchange rate was only 0.77 air changes per hour (ACH) at 16:00–17:00 and 0.56 ACH at 18:00–19:30

https://www.medrxiv.org/content/10.1101/2020.04.16.20067728v1.full.pdf accessed 09.13.20

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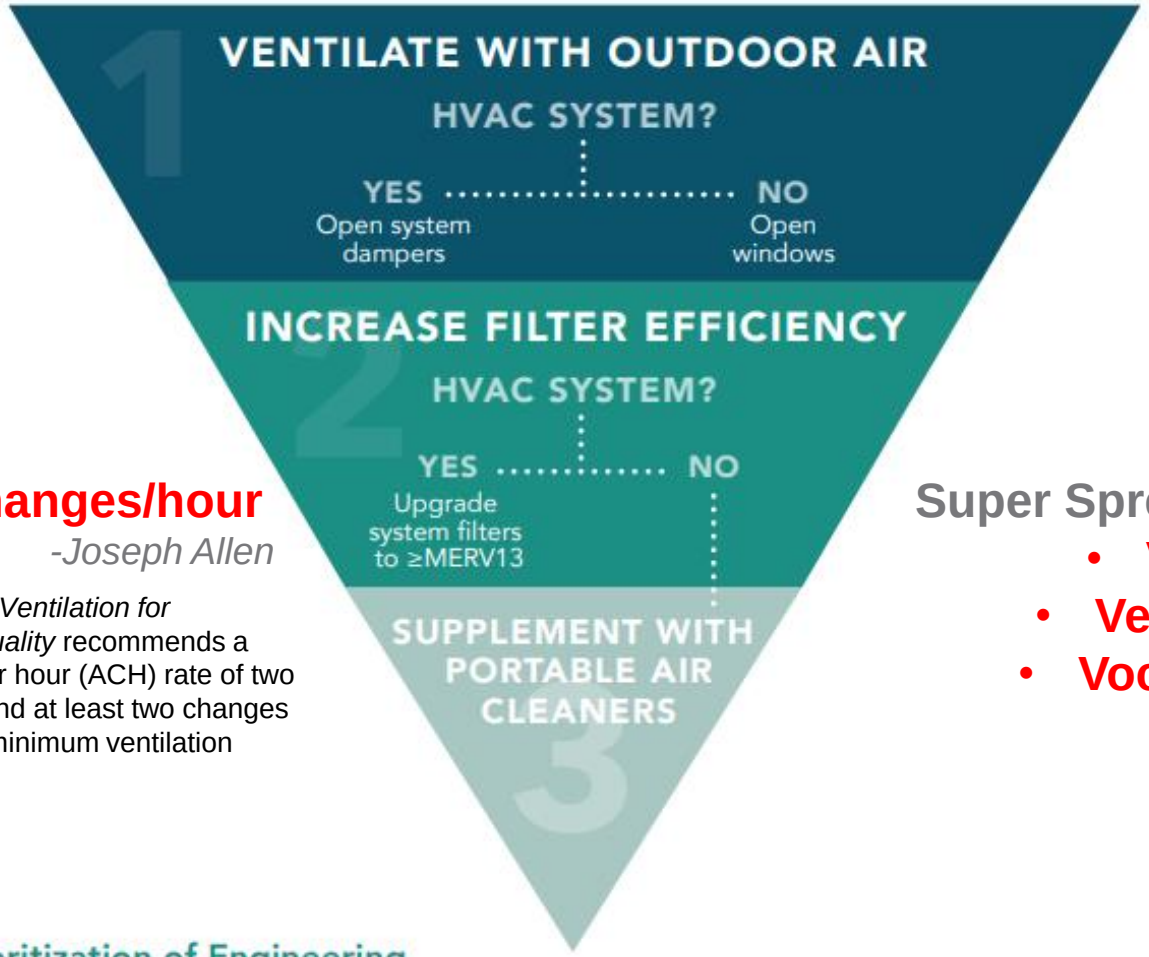
# Ventilation versus “Hygiene Theater”




Prioritization of Engineering Controls to Reduce Long-Range Airborne Transmission

**Goal: 6 air changes/hour**

*-Joseph Allen*

*ASHRAE Standard 62.1 Ventilation for Acceptable Indoor Air Quality* recommends a minimum air changes per hour (ACH) rate of two changes of outdoor air and at least two changes of total air as a general minimum ventilation requirement.

**Super Spreader Events:**

- **Venue**
- **Ventilation**
- **Vocalization**

*-Zeynep Tufekci*

https://schools.forhealth.org/wp-content/uploads/sites/19/2020/06/Harvard-Healthy-Buildings-Program-Schools-For-Health-Reopening-Covid19-June2020.pdf accessed 09.13.20

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## FREQUENTLY ASKED QUESTIONS

View All

### What do we know about aerosol transmission?

Some medical procedures can produce very small droplets (called aerosolized droplet nuclei or aerosols) that are able to stay suspended in the air for longer periods of time. When such medical procedures are conducted on people infected with COVID-19 in health facilities, these aerosols can contain the COVID-19 virus. These aerosols may potentially be inhaled by others if they are not wearing appropriate personal protective equipment. Therefore, it is essential that all health workers performing these medical procedures take specific airborne protection measures, including using appropriate personal protective equipment. Visitors should not be permitted in areas where such medical procedures are being performed.

There have been reported outbreaks of COVID-19 in some closed settings, such as restaurants, nightclubs, places of worship or places of work where people may be shouting, talking, or singing. In these outbreaks, aerosol transmission, particularly in these indoor locations where there are crowded and inadequately ventilated spaces where infected persons spend long periods of time with others, cannot be ruled out. More studies are urgently needed to investigate such instances and assess their significance for transmission of COVID-19.

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/coronavirus-disease-answers?query=aerosol+transmission accessed 09.13.20

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## COVID-19 Is Airborne:
## Here Is What You Can Avoid

# COVID-19 Avoid

**C**rowding

**I**ndoors

low **V**entilation

**C**lose Proximity

long **D**uration

**U**nmasked

**T**alking singing Yelling

**A C I V i C D U T Y**

### What Does This Mean?

- "Aerosol" (aka as "airborne") transmission is similar to droplet transmission (that we can see)
- But the bits of fluid are tiny
- And they can linger in the air for minutes to hours

Think of smoke to help your risk assessment & risk reduction strategies. Just imagine that others you encounter are all smoking: the goal is to breathe as little smoke as possible, and avoid those "smoke filled areas."

Full article: www.time.com/5883081/covid-19-transmitted-aerosols

## COVID-19 Is Airborne:
## Here Is What You Can Do

# COVID-19 Do

**Do** as many activities outdoors as possible, but outside is not magic!

**Do** wear masks - they are essential, even when we are able to maintain social distance - make sure they fit snugly!

**Do** think about ventilation and air cleaning by filtration!

We should continue doing what has already been recommended: wash hands, keep six feet apart, etc.
But that is not enough - follow @jljcolorado on Twitter for more
Source: www.time.com/5883081/covid-19-transmitted-aerosols

Hawaii Pacific Health
Hawaii Health Partners
Community Webinar Series

Hawai'i State Department of Health
Disease Outbreak Control Division

# COVID-19 Case Investigation & Contact Tracing

September 14, 2020

# Sarah Kemble, MD

## Acting State Epidemiologist

Emily K. Roberson, PhD, MPH

Disease Investigation Branch Chief

# Contact Tracing Partnership with FQHCs and CHCs

- Streamlined case reporting
  - Current: Case Report Form
    - https://health.hawaii.gov/docd/files/2020/01/Hawaii-PUI-Form-nCoV-2019.pdf
  - Revised: Case & Contact Short Form

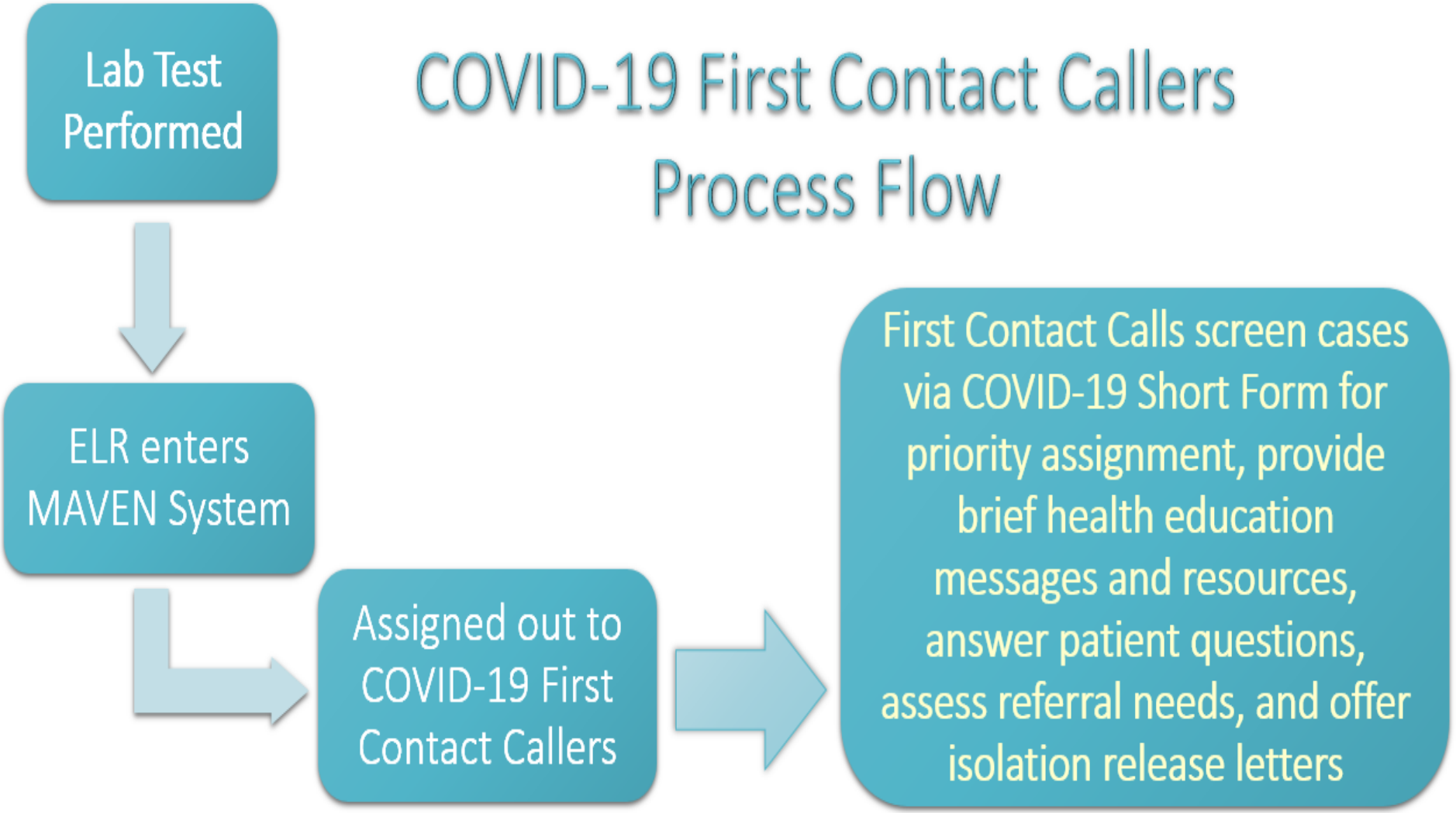
# Contact Tracing Partnership with FQHCs and CHCs

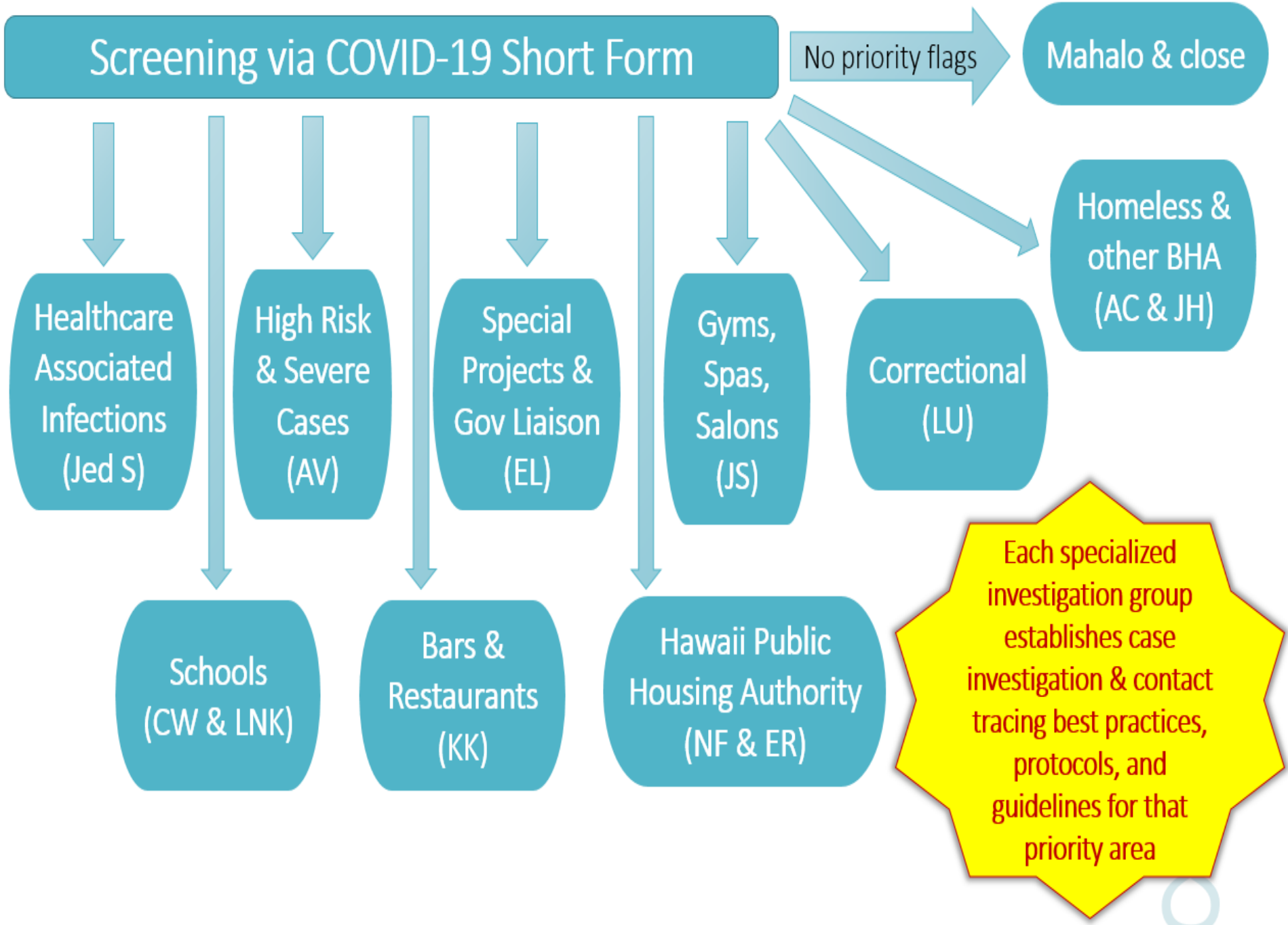
- Web-based information submission (developed with City & County of Honolulu)
  - System created, tested week of 9/8
  - Piloting with contact tracers week of 9/14
- Shorten information processing times, decrease workloads of DOH, FQHC staff

# Contact Tracing Partnership with FQHCs and CHCs

- Working with Hawaii Primary Care Association on MOUs/MOAs
- Full time Nurse Surveyor as lead, DOH liaison (9/11/20 start date)

# COVID-19 First Contact Callers Process Flow




Screening via COVID-19 Short Form
No priority flags
Mahalo & close
Homeless & other BHA (AC & JH)
Correctional (LU)
Gyms, Spas, Salons (JS)
Special Projects & Gov Liaison (EL)
High Risk & Severe Cases (AV)
Healthcare Associated Infections (Jed S)
Schools (CW & LNK)
Bars & Restaurants (KK)
Hawaii Public Housing Authority (NF & ER)
Each specialized investigation group establishes case investigation & contact tracing best practices, protocols, and guidelines for that priority area

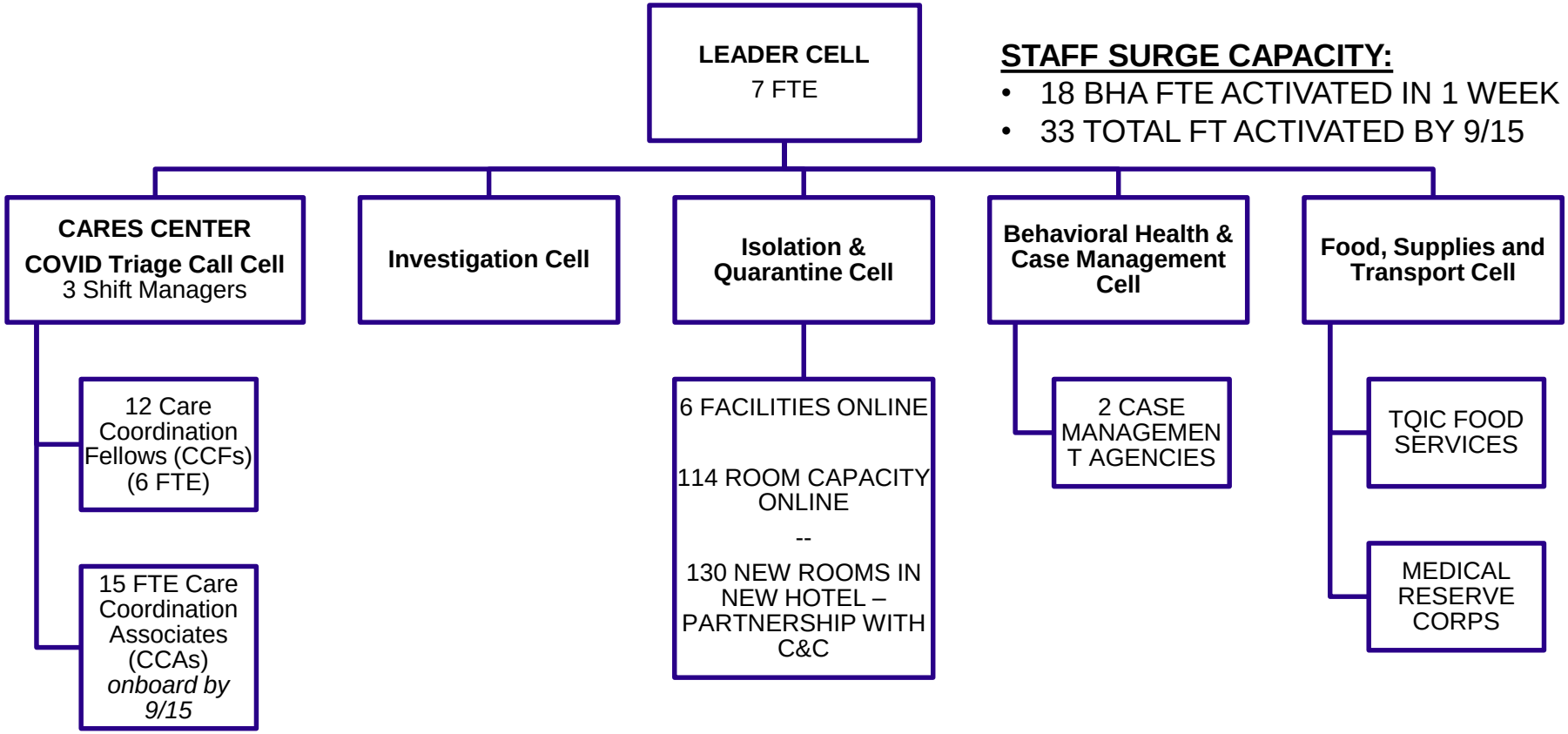

Behavioral Health &
Homelessness Statewide
Unified Response Group
BHHSURG.HAWAII.GOV
September 14, 2020
Presentation to the Hawaii Health Partners and Hawaii Pacific Health on COVID-19

# BHHSURG ISOLATION & QUARANTINE UNIT


**Edward Mersereau, LCSW, CSAC**
**Deputy Director, Behavioral Health Administration**
**Department of Health**

# BHHSURG ISOLATION & QUARANTINE UNIT

## ORGANIZATION STRUCTURE SINCE MON 8/10



# BHHSURG ISOLATION & QUARANTINE UNIT

[UPDATE 9/13 10:30pm]

## OVERALL ISO-QUAR COP SINCE MON 8/10

**TQIC KAAAHI**

- TODAY: 12 IN FACILITY (11 Positive)
- TODAY:  0 ADMISSION / 0  DISCHARGE
- TO DATE: 191

**CARES ISO-QUAR PLACEMENTS**

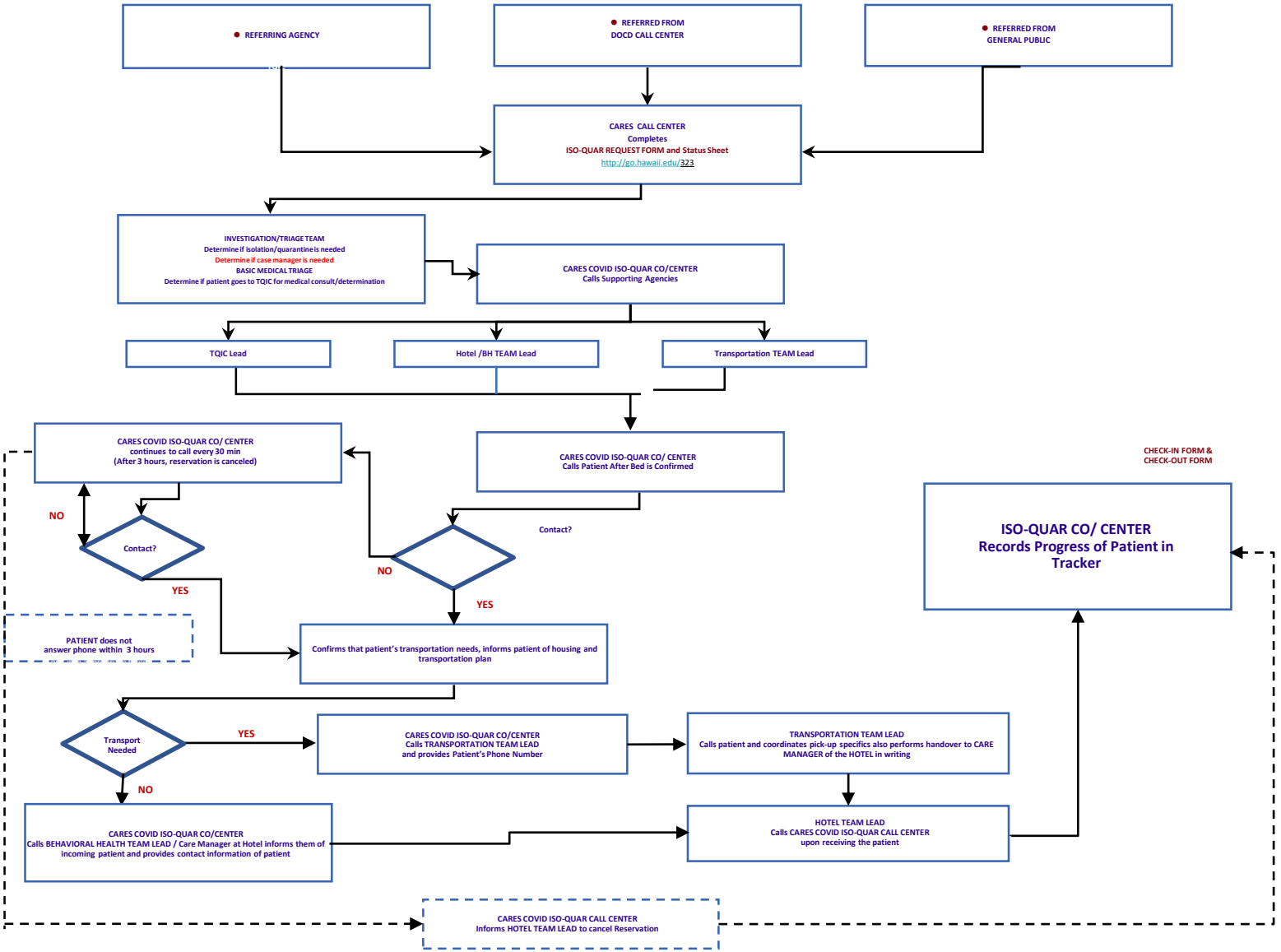
- INQUIRIES SINCE 8/10: ~2200 CALLS/EMAILS (average 230 per day)
- HOTELS:
  - TODAY ADMITTED: 8
  - TODAY DISCHARGED: 13
  - SINCE MON 8/10: 359  PLACED
  - 179 NEW UNITS SINCE 8/10 (EXCLUDING IHS SUMNER)
- NH/PI PLACED IN HOTELS & TQIC
  - 157 TO DATE

**CURRENT MAXIMUM CAPACITY**

- TQIC:
  - KAAAHI: 26 ROOMS
- HSH CONTAINER: 10
- HOTELS:
  - 219 ROOMS IN 4 HOTELS
  - NEW HOTEL SOON ONLINE:
- SUPPORT SERVICES: 33 FAMILIES
- CASE MANAGEMENT SERVICES: 199 FAMILIES
- Services provided: Shelter, Food, Transport, Clothing, Behavioral Health

# BHHSURG ISOLATION & QUARANTINE UNIT

CLIENT INTAKE AND TRANSFER PROCESS
Updated: 2020-08-15



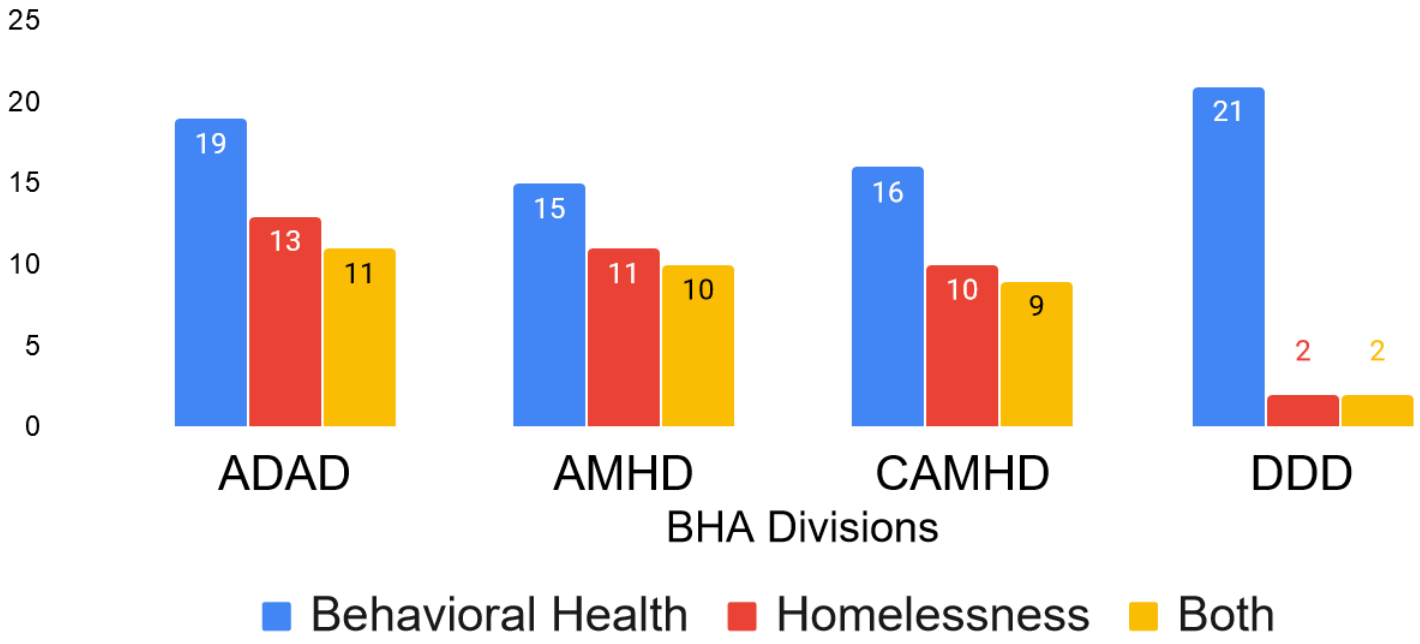
HAWAI'I CARES

# Hawai'i Coordinated Access Resource Entry System (CARES)

**Oahu 832-3100**

**Neighbor Islands 1-(800) 753-6879**

# Key Message: The majority of BHA-contracted providers also provide homelessness services




SOURCE: Preliminary BHHSURG policy analysis results of BHA providers conducted by University of Hawaii Pacific Health Analytics Collaborative Dr Victoria Fan and team of undergraduate and graduate students

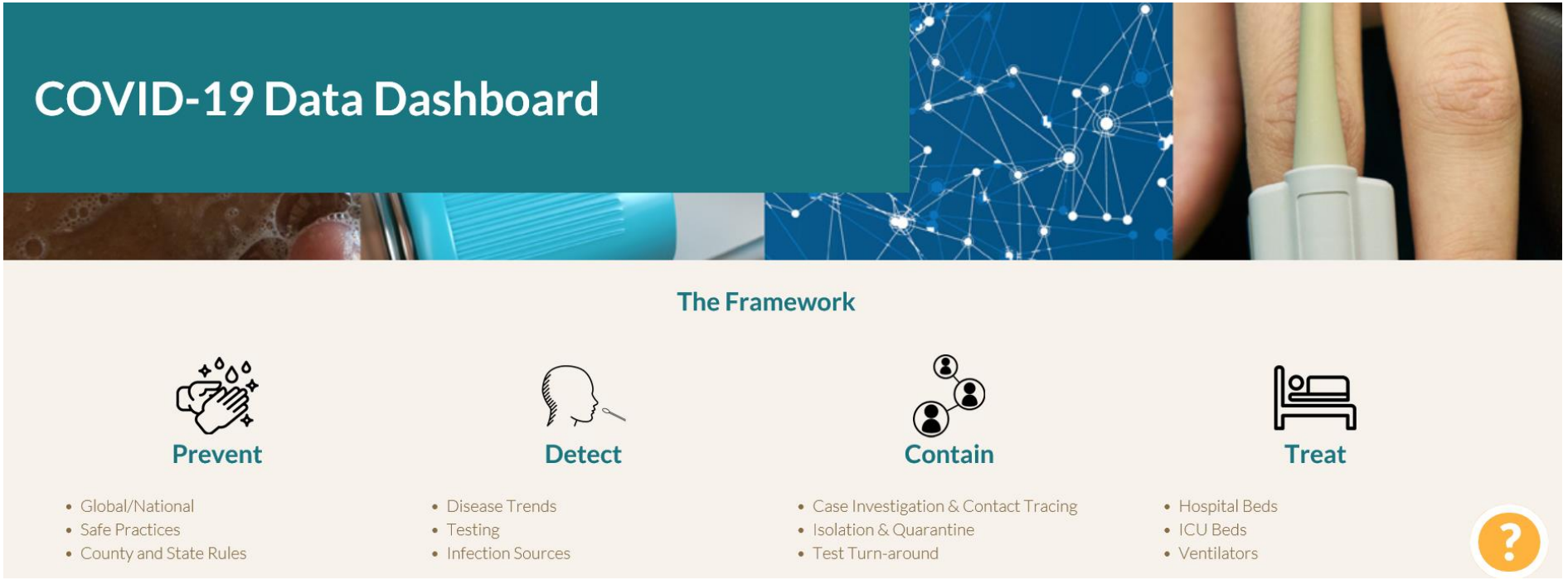
# IT IMPLEMENTATION SINCE MON 8/10

## LIVE WEBFORMS SINCE 8/17

- ISO-QUAR REQUEST WEBFORM: http://go.hawaii.edu/3mr
- ISO-QUAR DAILY ROOM CENSUS WEBFORM – completed by participating facilities daily to track room availability

## LIVE SINCE 8/18

- **TigerText** – industry standard for HIPAA-compliant secure messaging for patient care coordination
- **ISO-QUAR ROOM AVAILABILITY DASHBOARD**




**LIVE SINCE 9/4/20**

**https://hawaiicovid19.com/dashboard/**

# Behavioral Health and Homelessness Statewide Unified Response Group

- A synchronistic partnership between three state offices as well as the counties, the University of Hawai‘i, and other partners
- Aimed at linking and syncing COVID-19 response related to:
  - Response efforts
  - Response policies
  - Response services
  - Response resources
  - Response messaging and information
- In a crisis, coordinated effort and communication is key
- Launched March 21, 2020

# BHHSURG: Short Term Goals

- Continuing to connect clients with essential behavioral health and homelessness services.
- Increasing providers' access to local and federal resources to enhance and scale up essential services throughout the pandemic.
- Amplifying communication with clients, providers, and the public about how to stay connected to behavioral health and homelessness resources and efforts.
- Obtaining and distributing personal protective equipment (PPE) and other critical supplies to providers via Resilience Hubs.
- Developing safe spaces for individuals without shelter to adequately isolate and quarantine in the face of active symptomology and/or while awaiting test results.

# BHHSURG Subcommittee Organization

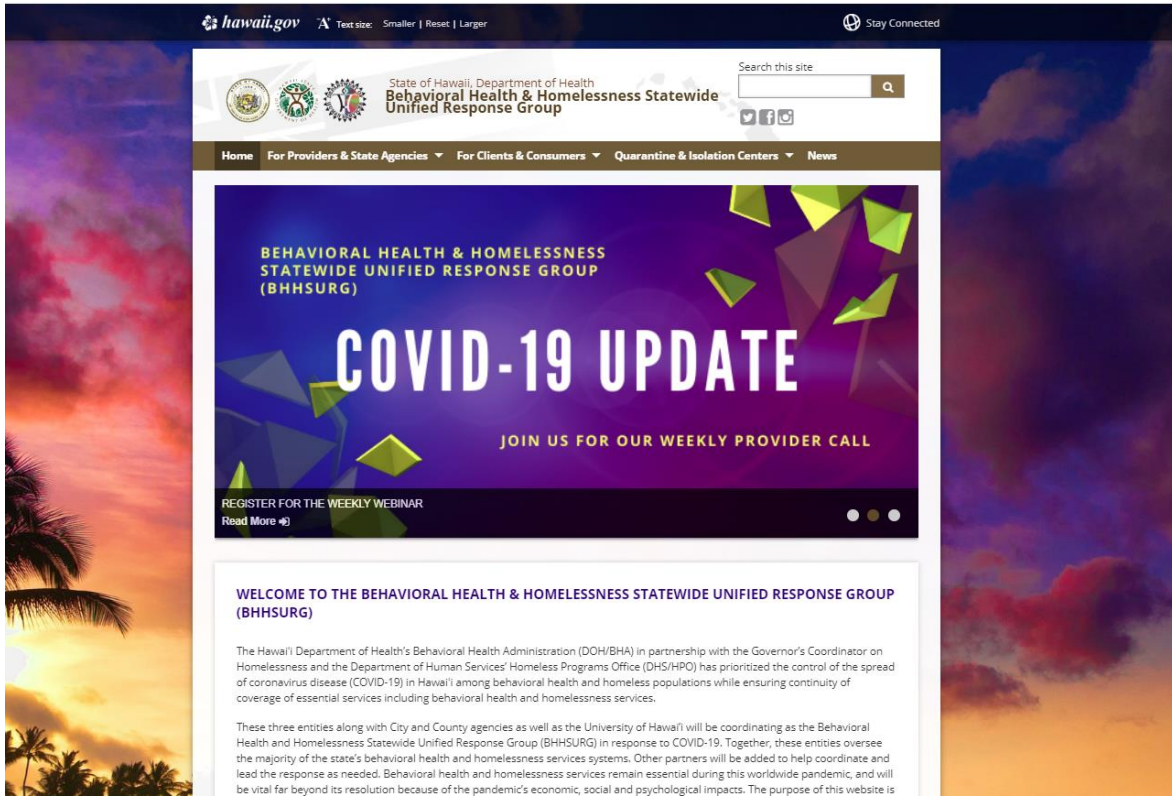
- Digital Media & Strategic Communications
- Logistics & Planning
- Clinical & Operational Guidance
- Contracts
- Analytics, Epidemiology & Evaluation

Each committee includes subject matter experts from BHHSURG partnering agencies

# Resources and Guidance for Providers

# Digital Media Resources

- Website: http://bhhsurg.hawaii.gov/
  - Guidance on important topics for behavioral health and homelessness providers (e.g., telehealth, billing, administrative updates)
  - "Submit a question" function (with 24-hour turnaround), staffed by clinical and administrative experts
  - Linked to other state sites (e.g., hawaiicovid19.com, homelessness.hawaii.gov)
  - Dedicated staff examining national and local guidance
  - Decision trees



# Weekly Provider Webinars

- Mondays via Zoom (12:00 PM – 1:00 PM)
  - 21 sessions since March 23, 2020
  - Informational speakers
    - Examples include: MedQuest Medical Director, Executive Director of Hawai‘i Health and Harm Reduction Center, Assistant Professor of the Department of Psychiatry, City and County Representatives
  - Updates on response efforts
  - Opportunities for informal question and answer
- ~150-450 participants weekly
- Webinars are recorded and stored on the website
- Suggest specific guest speakers or topic areas: DOH.BHA.BHHcovid19response@doh.hawaii.gov
- Sign-up: https://health.hawaii.gov/bhhsurg/weekly-webinar/

# PPE DECISION TREE – April 8th, 2020

START

**Do you have in-person contact with a client?***

**No**

- Per CDC guidance, wear a cloth or home-made mask.
- Frequently wash hands with soap and water, or use hand sanitizer
- Refrain from touching your face.

**Yes**

Always wear a cloth or home-made face mask or reuse a face mask if needed.

Clients should wear a home-made face mask if possible.

See later guidance if client is symptomatic or has been exposed

Screen client using interim guidance on bhhsurg.hawaii.gov. Is the client symptomatic (fever (100.4 degrees F or higher), cough, shortness of breath) or has a household member with confirmed non-recovered COVID-19 diagnosis.

**Yes**

Severe symptoms (difficulty breathing, bluish lips/face, persistent pain or pressure in chest, new confusion or inability to arouse) requiring immediate medical services.

Client should be given surgical face mask and isolated away from other people and triaged to a facility to receive medical services immediately.

**Yes**

Mild to moderate symptoms (fever, coughing, or shortness of breath) not requiring urgent medical services

AND/OR

Has a household member with confirmed non-recovered COVID-19 diagnosis

Client should be given a surgical mask instead of a homemade mask, if available

**No**

Does your service require being in close physical proximity to a patient (within a few feet)?

**No**

Service can be done keeping minimum six feet distance.

As much as possible, maintain a distance of at least six feet when providing services.
In some cases physical barriers made from plastic and other material can be used for separation.
Consider options such as outside tented areas or places.
Wear surgical mask, if available.

**Yes**

- For LAI, if client has confirmed or suspected COVID-19 infection, assess need for LAI to be given. If necessary, wear eyewear, gloves, and a N95 mask (surgical mask if unavailable). Gowns, if available, could provide additional protection.
- For transport, do not transport if symptomatic. If not symptomatic, wear gloves and surgical mask.
- Goggles and eyewear can be cleaned in diluted bleach.
- Limit the time spent within a few feet of the client especially in closed spaces. Consider options such as outside tented areas, drive through services, and places with good ventilation.

Services include administering a long-acting injectable (LAI) and/or transport.

# Behavioral Health & Homelessness Statewide Unified Response Group (BHHSURG)

**COVID-19 UPDATE**

## TELEHEALTH SERVICE DECISION TREE

Updated: 2020-03-27

Does your client have symptoms or have they travelled in the last 14 days?

**Note: During the Governor's COVID-19 Emergency Proclamation period, services should be delivered via telehealth unless clinical judgement determines that an in-person visit is indicated or when the client lacks connectivity.**

### No, the client has **no symptoms and has not travelled in the last 14 days**.

Does your client have telehealth **connectivity**?

**No phone and no connectivity:**
- ❒ Schedule an **in-person appointment.**
- ❒ Provide instructions for the in-person appointment.
- ❒ Ask the client to call if they develop any symptoms.
- ❒ Refer to **PPE Guidance Document.**

**Has telehealth connectivity (with video):**
- ❒ Schedule a **telehealth appointment.**
- ❒ Provide instructions for telehealth appointment.

**Has only a telephone (no video):**
- ❒ Check payer reimbursement on phone-only visits
- ❒ Provide instructions for telephone appointment

### Yes, my client has **in the last 14 days:**
- ❒ at least 1 **symptom (100F+ fever, cough, shortness of breath)**
- **or**
- ❒ **has travelled.**

My client has severe symptoms and difficulty breathing.
Call 9-1-1 if it is a medical emergency.

Check the current guidance on when to refer client for **testing**.

**See CDC or other Interim Guidance for current testing criteria which are rapidly changing**

Does the client have telehealth **connectivity**?

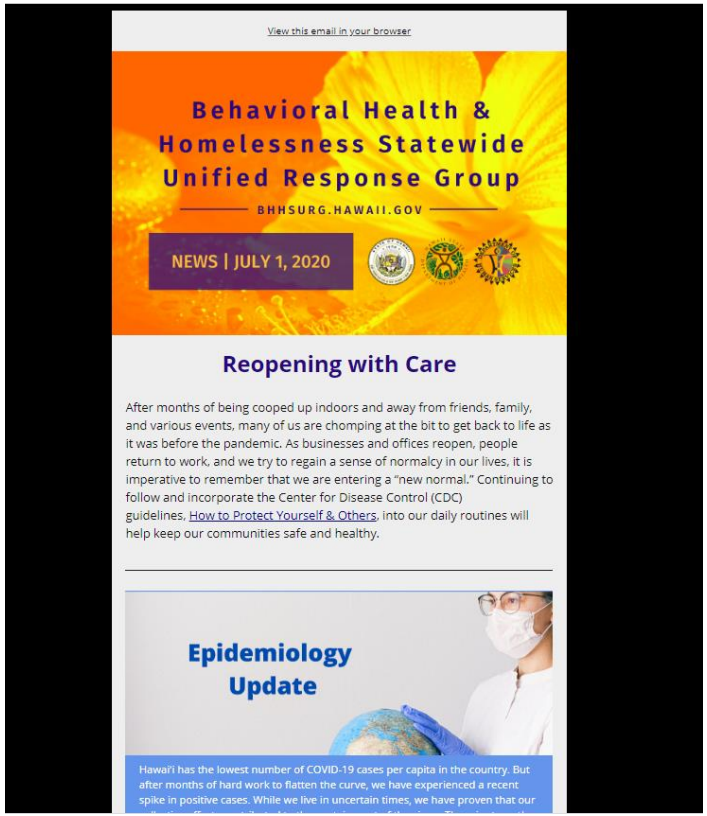
**No phone and no connectivity:**
- ❒ Schedule an in-person appointment for a date at least 14 days from symptom recovery or return from travel.
- ❒ Provide instructions for in-person appointment.
- ❒ Refer to **PPE Guidance Document.**

**Has telehealth connectivity (with video):**
- ❒ Schedule a telehealth appointment
- ❒ Provide instructions for telehealth appointment.

**Has only a telephone (no video):**
- ❒ Check payer reimbursement on phone-only visits
- ❒ Provide instructions for telephone appointment

Web: https://bhhsurg.hawaii.gov
Contact: DOH.BHA.BHHcovid19response@doh.hawaii.gov

# Weekly Provider Newsletters



View this email in your browser

Behavioral Health & Homelessness Statewide Unified Response Group

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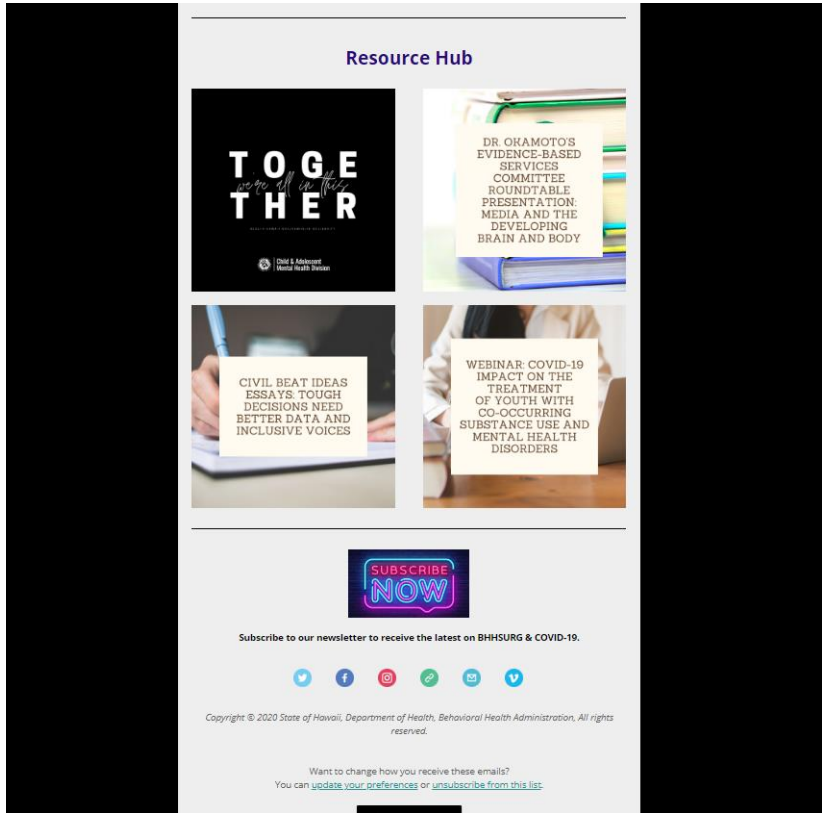
NEWS | JULY 1, 2020

## Reopening with Care

After months of being cooped up indoors and away from friends, family, and various events, many of us are chomping at the bit to get back to life as it was before the pandemic. As businesses and offices reopen, people return to work, and we try to regain a sense of normalcy in our lives, it is imperative to remember that we are entering a "new normal." Continuing to follow and incorporate the Center for Disease Control (CDC) guidelines, How to Protect Yourself & Others, into our daily routines will help keep our communities safe and healthy.




Hawai'i has the lowest number of COVID-19 cases per capita in the country. But after months of hard work to flatten the curve, we have experienced a recent spike in positive cases. While we live in uncertain times, we have proven that our



## Resource Hub
















Subscribe to our newsletter to receive the latest on BHHSURG & COVID-19.



Want to change how you receive these emails?
You can update your preferences or unsubscribe from this list.

# Follow BHHSURG on Social

# Resilience Hubs

# Personal Protective Equipment and Supplies Request Survey

- Survey developed in order to assess and coordinate requests for PPE and other supplies
- Launched March 2020 -> Ongoing
- On website to allow providers to revise and submit additional requests as needs change
- Developed algorithm based on risk of COVID-19 exposure to ensure providers at highest risk will have access to necessary PPE

# Public-Private Partnership to Secure PPE: Resilience Hubs

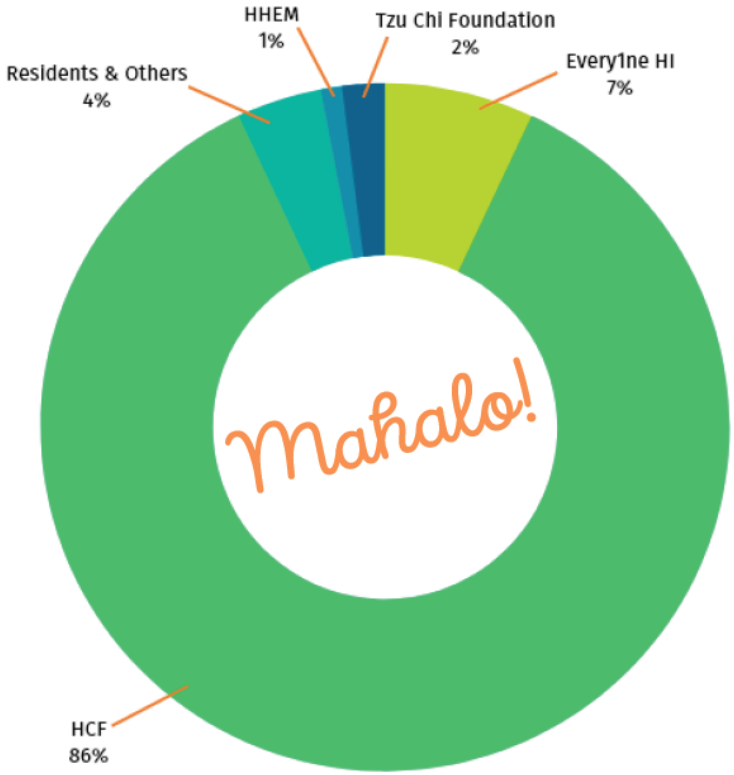

- "Resilience Hubs" developed to receive PPE for essential behavioral health and homelessness service providers
- Mahalo to:
  - Hawaii Community Foundation
  - KROC Center (Salvation Army)
  - KEY Project
  - Kalihi YMCA
  - BlackSand Capital

# Personal Protective Equipment (PPE) Donations

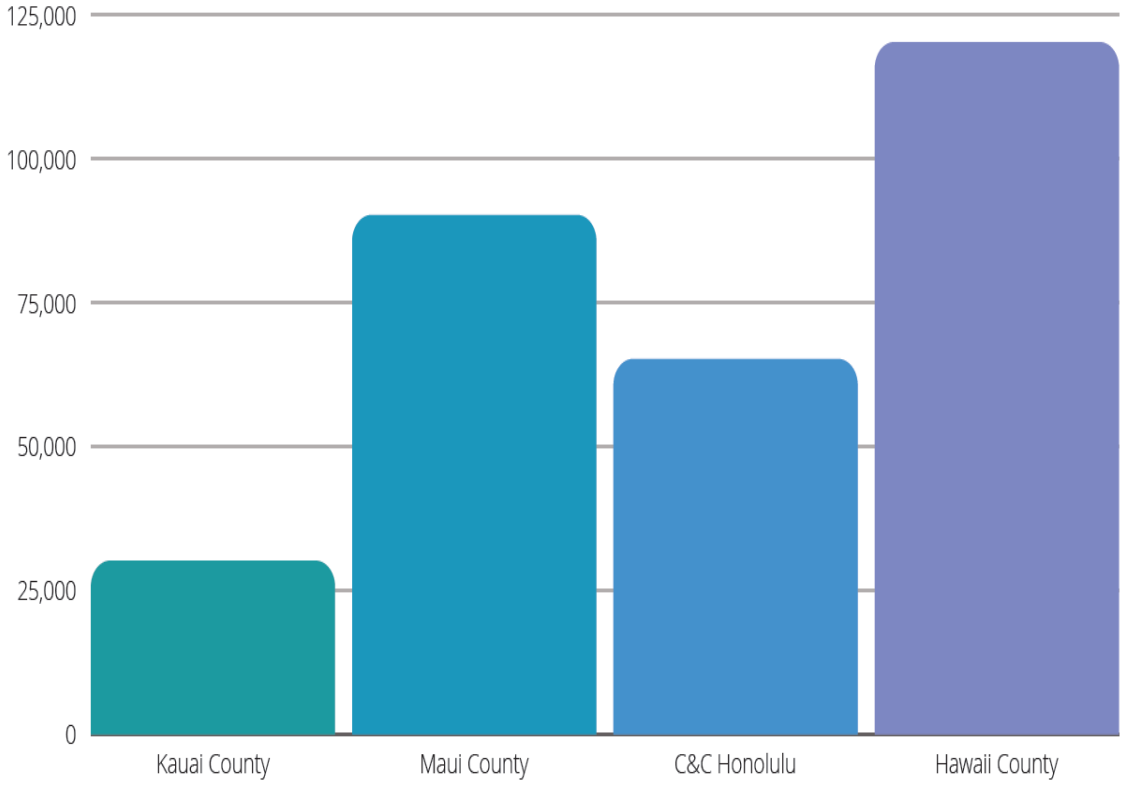
- Three Oahu Resilience Hubs (YMCA of Honolulu – Kalihi Branch, Salvation Army Kroc Center, and KEY Project) were established on April 9, 2020 to accept PPE donations including surgical masks, homemade masks, N95 respirators, face shields, goggles, gloves, and gowns.

- Between April and July 2020, over 476,000 donated units of PPE was received from major donors such as the Hawaii Community Foundation (HCF), the Tzu Chi Foundation, Every1ne Hawaii, Iolani School, Hawaii Health Care Emergency Management, and generous residents.

- Donations from the Home Depot and numerous hotels represented by the Local 5 are, in part, being used at the Temporary Quarantine and Isolation Center (TQIC) in Honolulu.



# Personal Protective Equipment (PPE) Distributions




- Of the 476,000 donated units that were received, the Resilience Hubs on Oahu and distribution partners on the Neighbor Islands, including Kamehameha Schools, on-island DOH team members, and the Hawaii Foodservice Alliance, LLC. distributed approximately 305,000 units between April and July 2020.

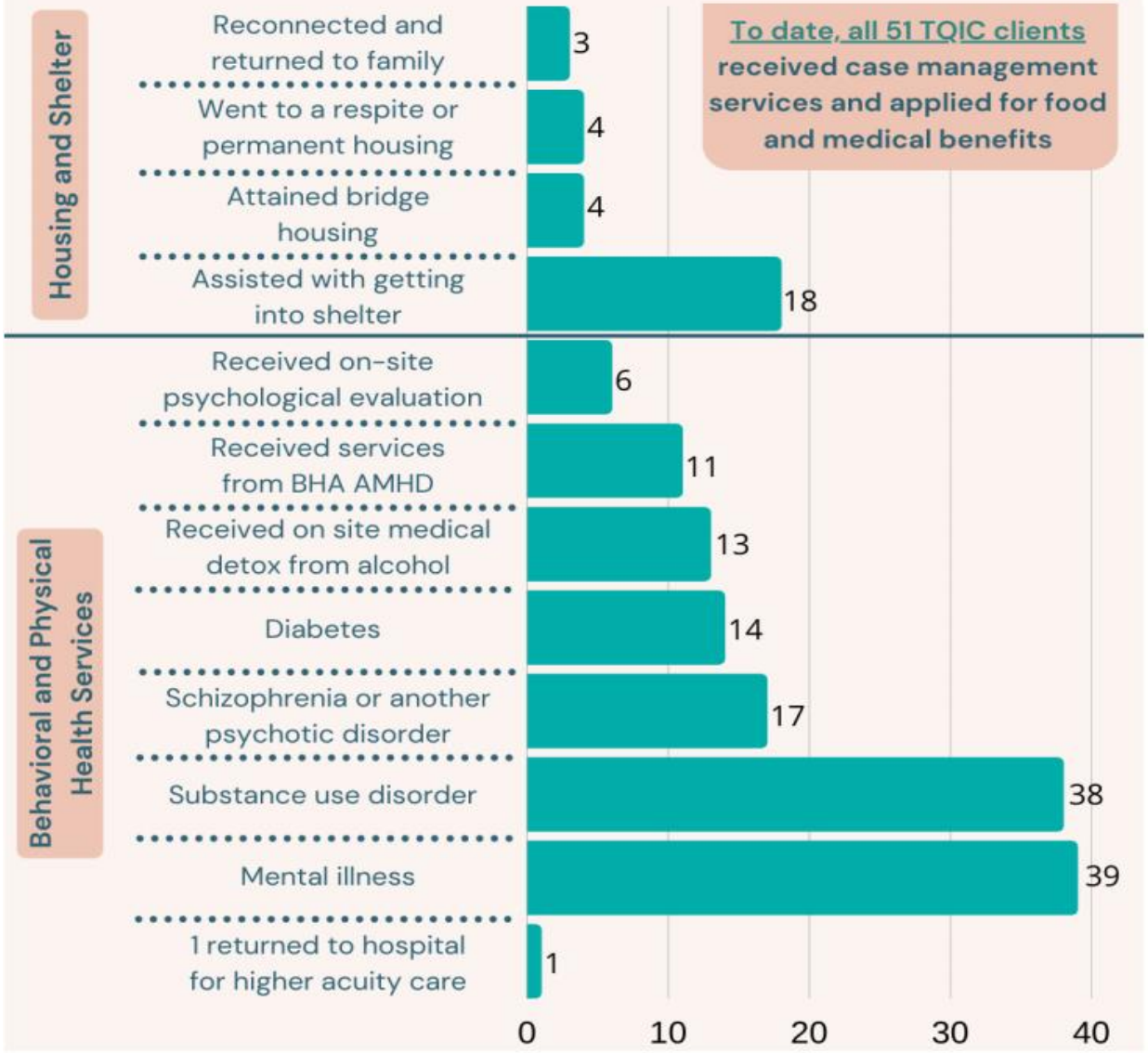
- Remaining units are being distributed to providers and have been assembled into "Go Kits" to be used by providers when responding to urgent community needs.

# One Stop Hotline for the Public

- Crisis support to individuals experiencing a mental health crisis
- Referral to mental health services
- Identification of available beds for residential treatment to reduce wait time for entry into programs
- Triage and referral for quarantine and isolation center/facilities for unsheltered individuals
- Currently running PSAs on radio and TV and developing print collateral to reach individuals who might need the resource most

# Temporary Quarantine and Isolation Centers (TQIC)

# TQIC Outcomes



# Mahalo!

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edward.mersereau@doh.hawaii.gov

# Q&A

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# Thank you!

- A recording of the meeting will be available afterwards.
- Unanswered question?
  - Contact us at Covid19Bulletin@hawaiipacifichealth.org

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