



PERC-med

Pesticide Educational Resources
Collaborative - Medical

Operating Policies

as of 6/27/19

Purpose:

To help educate the medical community on how to prevent, recognize and treat pesticide-related health conditions.

Objectives:

- **To provide continuing education, training, and technical assistance to relevant audiences**, including high quality, accredited distance-learning modules. A Medical Coordinator will provide technical assistance, interpret the science, develop educational resources and engage in collaborative projects to meet identified needs.
- **To update existing and/or develop new materials and resource tools**. Guided by a needs assessment, these resources would include but are not limited to accredited web-based training modules, videos, guidance documents, mobile apps, databases, and other items.
- **To conduct outreach to existing and new audiences to use materials and tools** by partnering with gatekeeper organizations, curating a website for medical professionals with links to resources (old and new).
- **To develop partnerships and a sustainable network of stakeholders**. PERC-med will invigorate existing partnerships and seek new ones with medical professionals and organizations that serve/inform them.

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1. Administration

a. Personnel

PERC-med is administered at the University of California Davis Continuing and Professional Education (UCD CPE) by Principal Investigator and PERC-med Director Suzanne Forsyth, with approximately 2.0 dedicated FTE. Kaci Buhl serves as the Deputy Director of PERC-med, and Principal Investigator of a subaward from UCD CPE to Oregon State University (OSU). All of the above are co-investigators on the project.

OSU operates under a subaward from UCD CPE, with approximately 0.5 FTE allocated to the project. Their activities include, but are not limited to: co-chairing the Advisory Board, selection of project team members, building/designing the PERC-med website, designing databases or web-based mobile applications as prioritized through needs-assessment, providing publication support (i.e. copy-editing and layout), and reviewing all draft PERC-med publications and periodic activity reports.

The U.S. EPA Project Officer, Jennifer Park, is responsible for oversight of the project, including its budget and work plans. In administering the cooperative agreement, Jennifer Park also serves as a liaison between PERC-med and EPA. All communications between PERC-med staff and/or its project teams and EPA shall include Jennifer Park by copy and/or by prior arrangement.

Diana Simmes, MPH (0.96 FTE) is the **Pesticide Medical Education Director** for PERC-med. She is a Public Education Specialist 4 with UCD CPE, and a Courtesy Assistant Professor of Practice at OSU. Her activities include, but are not limited to:

- Act as lead implementer of the project and serve as a subject matter expert in this area
- Provide curriculum coordination and technical assistance to medical professionals on the use of curriculum and tools.
- Responsible for conducting thorough and ongoing assessments of program and constituency needs; evaluating program activities and functions; collaborations and partnerships with other agencies.
- Serve as primary liaison with project teams and contractors in the creation and dissemination of education and outreach materials.
- Conduct in-person or web-based trainings and/or coordinate the delivery by others as identified in needs assessment.
- Serve as an administrator and convener of the project's Advisory Board.
- Build relationships with gate-keeper organizations,
- Respond to non-emergency inquiries from medical professionals about the recognition and management of pesticide-related illness/injury
- Distribute materials and engaging in collaborative projects to develop and/or deliver training/resources,
- Develop content (i.e. articles, curriculum) collaboratively, and

- Leverage the benefits of co-location with NPIC and PERC, serving as a liaison.

Grace Barajas (1.0 FTE) is the **Administrative Coordinator** for PERC-med. She is a Public Education Specialist 1 with UCD CPE. Her activities include, but are not limited to:

- Document outreach activities and routine progress reports,
- Draft Advisory Board meeting minutes, project timelines, announcements, detailed budgets, and correspondence,
- Onboard and monitor of paid consultants, subject matter experts, and production professionals,
- Coordinate accreditation efforts for new/existing courses with medical organizations (i.e. AAP, AMA, BRN, etc.), and
- Liaise with UC administrative offices to facilitate administration of the agreement, and with OEHHA (CalEPA) to develop, share and/or disseminate web-based modules for medical professionals.

b. Guidance: What Will We Create and/or Promote?

The Advisory Board is asked to consider the following questions in setting priorities for development of new educational materials:

- Will it increase awareness/recognition of pesticide-related illness and injury by medical professionals?
- Will it improve accuracy/timeliness of diagnoses, or improve treatment delivery?
- Will it increase awareness of the importance and need to report pesticide-related illness and injury?
- Will it increase awareness of occupational/environmental health leading to more routine clinical conversations about risk-reduction strategies?
- Will it improve health outcomes for vulnerable, low-income communities that suffer negative impacts from exposure to pesticides?
- Does the approach enable distance-learning?
- Will it promote/strengthen a sustainable network of stakeholders?
- Does it already exist in a format/medium that works for medical professionals?
- Is someone else better suited than PERC-med to develop this material?

In our project proposal, we stated, “We acknowledge vulnerable populations are exposed to pesticides routinely in agricultural, landscape, structural, and hospitality settings, and this project should aim to promote environmental justice by preventing unnecessary exposures and diagnosing/treating pesticide illness in these communities.”

2. Advisory Board

The PERC-med Advisory Board is charged with steering PERC-med activities to achieve its objectives in the most efficient and effective way possible. Their advisory role is essential to ensure that PERC-med resources are used where and when they are most needed to educate the medical community on how to prevent, recognize and treat pesticide-related health conditions.

a. **Co-Chairs:** The Co-Chairs are responsible for the administration of PERC-med and its Advisory Board. The Co-Chairs are Suzanne Forsyth (UCD CPE) and Kaci Buhl (OSU). They will only be invited to vote when needed to breach an impasse, however, every effort will be made to achieve broader consensus. Co-Chairs may call, cancel, facilitate, and adjourn Advisory Board meetings. Alternates from each institution may be invited to attend or facilitate Advisory Board meetings when one or more Co-Chairs is not able to attend/facilitate.

b. Advisory Board Member Selection

Annually, and as needed, applications will be solicited for Advisory Board members with the goal of adequate representation from key stakeholder groups. These groups include, but are not limited to:

- Representatives from at least five out of ten EPA geographic regions
- Representation from different medical disciplines/sectors (i.e. nursing, community health outreach, family practice, poison centers),
- Advocates for vulnerable populations (i.e. farmworkers, landscape workers, hospitality workers), and
- Experts in professional/adult education models.

The Co-Chairs will select Advisory Board members using a published set of criteria. Those criteria may include, but are not limited to:

- Availability to work on PERC-med business 4-8 hours per month
- Availability to attend most Advisory Board meetings, which are exclusively convened by remote teleconferencing
- Applicability of knowledge, skills, and abilities, including multilingual capability
- Capacity to promote partnerships and resource-utilization in their organization(s) and/or constituencies

If desired by the Advisory Board member, PERC-med will offer them compensation commensurate with their experience and capacity for involvement, within limits set by federal regulations and the PERC-med budget.

c. Terms of service

Advisory Board members will serve 12-month terms of service, unless otherwise negotiated with the Co-Chairs, or unless they are dismissed.

d. Resignation or Dismissal

Advisory Board Members may resign at any time during their term of service. He or she will not be replaced until the next annual solicitation for Advisory Board applications.

Advisory Board Members may be dismissed from the Advisory Board at any time by the Co-Chairs. If conduct or communications by an Advisory Board member raise concern, the Co-Chairs shall identify their concerns to the Advisory Board member in writing with a description of possible remedies and/or dismissal. Concerning conduct may include misrepresenting PERC-med or its projects, divulging draft materials without authorization, undermining the collaborative

approach that is emphasized in PERC-med's name, and/or entering into agreements or relationships that present a real or perceived conflict of interest with PERC-med projects or objectives.

e. Meetings

- Advisory Board meetings will be facilitated quarterly by the Director of Medical Education with the goal of completing agenda items within the allotted time, while seeking consensus.
- Advisory Board meetings will be scheduled at least two months in advance, and announced using the PERC-med Advisory Board list-serve (perc-medab@lists.oregonstate.edu).
- Advisory Board members may select alternates to attend Advisory Board meetings by phone, up to two times annually. Alternates should be pre-announced in writing to the Co-Chairs.

f. Roles and Responsibilities

- **Advisory Board members:** The activities of Advisory Board members include, but are not limited to:
 1. Participating in quarterly Advisory Board meetings, sharing perspective,
 2. Contributing to needs-assessment and prioritization using criteria listed in 1b,
 3. Reviewing selected educational materials, as appropriate for their expertise,
 4. Collaborating to publish one or more relevant items annually in journals, newsletters, websites, or other venues. Topics may include case profiles, toxicology briefs for specific pesticides, "letters" about the importance of pesticide illness/injury-reporting, etc.
 5. Share relevant case studies/articles with the PERC-med team
 6. Seek opportunities to promote PERC-med in venues with medical care providers, such as Grand-Rounds, chapter meetings, conferences, and continuing education.
 7. Communicating with the PERC-med team as needed to complete/document the items above.

PERC-med Advisory Board members have unique access to draft documents, work plans, and other material(s). Drafts shall be held confidential until they are released for public consumption. Those announcements will be made via email to perc-medab@lists.oregonstate.edu, at a minimum.

Communications with EPA personnel related to PERC-med documents or business should involve the Project Officer and PERC-med Director, at a minimum. If detailed conversations ensue after the Project Officer and PERC-med Director have been briefed on the general topic(s) of concern, it would not be necessary to copy them on every communication.

3. Curating Content, Continuing Education, Training and Technical Assistance

a. Curated Educational Materials

The PERC-med website will be used to promote pesticide-related educational materials for medical professionals about how to prevent, recognize and treat

pesticide-related health conditions. Materials will be collected, evaluated, and curated from organizations that serve and/or interact with medical professionals. (i.e. national and state organizations for public health professionals, university-based programs for agricultural health/safety and/or occupational/environmental medicine). Training materials may include webinars, presentations, clinical guides, articles, and other media.

Educational materials identified by PERC-med will be evaluated, summarized, and presented to the Advisory Board on a quarterly basis for consensus-based approval/disapproval, based on criteria listed in 1b.

Educational materials approved by a majority of Advisory Board members will be posted on the PERC-med website, newsletter/distribution list, and promoted by other means, as available and appropriate. These efforts will be tracked).

b. Technical assistance

PERC-med will provide technical assistance for medical professionals and other relevant communities about how to prevent, recognize, and treat pesticide-related health conditions.

- 1) The Pesticide Medical Education Director will provide non-emergency assistance to medical professionals referred by the National Pesticide Information Center (NPIC) according to defined criteria. These efforts will be tracked.
- 2) The Pesticide Medical Education Director will attend key forums to interact with medical professionals to help them integrate core skills into practice. This may involve promoting the use of accredited web-based courses, clinical guidelines, interactive web content, databases and/or mobile apps.
- 3) Technical assistance may also be delivered in guidance documents, video tutorials, printed outreach materials, or other means.

4. Building the Network of Partnerships, Engage in Collaborative Projects

a. Publish Targeted Messages

PERC-med and Advisory Board members will collaborate to publish items in journals, newsletters, websites, and other venues. Topics may include case profiles, toxicology briefs for specific pesticides, “letters” about the importance of pesticide illness-reporting, etc.

b. Build Community on Twitter, YouTube, and/or Other Platforms

PERC-med will create one or more email distribution (subscription) lists, a dedicated Twitter account, and a dedicated YouTube channel to share vetted/approved training materials. PERC-med will announce new resources, promote existing materials, and deliver timely reminders/guidance for clinicians, leveraging the criteria listed in 1b.

5. New Development Project Evaluation/Approval Process - New materials to be produced by PERC-med, to include at least two web-based courses for medical

professionals to increase awareness of pesticide poisoning prevention, symptoms, treatment, and/or reporting.

- a. **Source of Ideas/proposals:** Anyone may submit ideas. In order to be considered by the PERC-med Advisory Board, new ideas for materials must be proposed in writing using the web-based submission form provided on the PERC-med website (www.pesticideresources.org/med). This is the case for time-sensitive materials and longer-term needs.
- b. **Approving Ideas/proposals:** The Advisory Board is asked to consider the criteria listed in 1b when evaluating proposals. There are two mechanisms by which materials may be approved for production/revision using PERC-med resources: biannual waves and fast-track approvals.

Biannual waves: On years 2 and 4, the PERC-med team will assemble a master list of proposed projects/new materials/needs, informed by key informed interviews, inventory analysis, and other methods. Substantively similar proposals should be combined. Smaller projects that fall within the scope of a larger project (both on the list of proposals) should be combined.

The Pesticide Medical Education Director will evaluate the proposed projects and compare it to existing resources. If appropriate, she will identify 1-2 preliminary approaches for each proposal (including potential methods of production/distribution), and estimate the resources that may be needed to complete the proposed project(s).

The list of proposed projects will be provided to Advisory Board members by September 13, 2019 and September 17, 2021. The Advisory Board will review the list of proposed projects and make informed recommendations.

The Advisory Board will meet (remotely) before the end of 2019 and 2021 to discuss priorities, strategies, and potential collaborations. Proposed projects will be vetted using quantitative methods. This may include scores on a scale of 1-10 to express the proposed material's importance, potential impact, and/or other metrics. The numbers will be discussed with qualitative feedback at an official Advisory Board meeting, where some projects will be rejected (**the red-light list**) and the remainder will be generally ordered by priority level.

The PERC-med Director will evaluate how many of the prioritized projects can be produced within the PERC-med budget and time constraints. She will identify a **green-light list**: those projects that PERC-med will pursue as top priorities and a **yellow-light list**: those projects that PERC-med may pursue if resources are available after the green light projects have been initiated and projections are made based on SME compensation needs, anticipated distribution mechanisms, and other factors.

Fast-track approvals: As time-sensitive needs are identified, PERC-med must be agile in responding within its resource capacity. When web-based

submissions are flagged by the submitter as 'time-sensitive', the PERC-med Director and Deputy Director will evaluate the proposal within two weeks. They will apply the same criteria listed above (1b) in the national context, using the best information available at the time. They will also consider the resources necessary to execute the project.

Proposals may be rejected by the PERC-med Director and Deputy Director if, for example, the need is not so time-sensitive that the biannual wave process would not be adequate, the material is already being produced, or the project falls outside the scope of PERC-med activities.

Submitters may be encouraged to use the web-based submission form and rely on the annual evaluation process, which is more robust and representative of national needs. Submitters may be asked for clarification, connected with an Advisory Board member with relevant expertise in order to problem-solve the short-term need outside the PERC-med umbrella, and/or referred to EPA.

When the PERC-med Director and Deputy Director agree that the proposal is time-sensitive and congruent with needs expressed in other settings by the Advisory Board and/or key stakeholder groups, they will work with the submitter to define the scope of the project and potential development methods.

The fast-track proposal will be described to the Advisory Board via email (perc-medab@lists.oregonstate.edu) by the PERC-med Director and/or Deputy Director. **Barring any objections**, the fast-track approval will be announced to the Advisory Board and Project Officer after seven days, and the project will be added to the PERC-med web page (project status).

6. New Development Project Management

- a. **Scoping Phase:** The PERC-med Director and Deputy Director will collect information in order to inform the solicitation. They might confer with the Project Officer, one or more Advisory Board members, or other experts in order to narrow the possible outcomes and bring focus to the project.
- b. **Solicitation for Subject Matter Experts (SMEs):** PERC-med staff will prepare a draft solicitation describing the project and the desired qualifications. That document will be made available to the Advisory Board and Project Officer before dissemination, with three business days available to provide comments/suggestions.

Advisory Board members who are considering participation in the project should recuse themselves from the written solicitation's review stage. They should notify Diana Simmes in writing that they wish to see the solicitation only when it's final (published) for all potential applicants. In this way, no unfair advantage can be conferred or perceived. PERC-med may reject any application(s) if they perceive a conflict of interest.

SMEs will be selected using a flexible scoring mechanism by the PERC-med Director and

Deputy Director. No additional points will be awarded for membership on the PERC-med Advisory Board or previous participation in PERC-med projects.

- c. Solicitation for Production Professionals:** Production professionals may include photographers, videographers, programmers, copy-editors, printing services, etc. If the skills or capacity to produce materials are not available within the PERC-med staff (UCDE and OSU), PERC-med staff will prepare a draft solicitation describing the project and desired qualifications. Production professionals will be selected by the PERC-med Director, consistent with competitive selection policies at the Federal and University levels.
- d. Project Plan and Coordination:** A coordinator will be identified for each project. That coordinator may be one of the selected SMEs, a PERC-med staff member, or a member of the PERC-med Advisory Board. That coordinator will work with the PERC-med Director and Deputy Director to develop a formal project plan for delivery to EPA. Dates, milestones, and personnel will be identified in the project plan. The project's coordinator will be responsible for ensuring good communication between project team members and PERC-med staff (as needed), ensuring that deliverable items are completed according to the project plan, completing documentation, and facilitating communication between team members.
- e. Post-publication changes to PERC-med documents/materials:** Recognizing the costs (monetary, confusion, version control, etc.) of making changes to previously-published materials, they will typically be considered only when the revision will certainly impact human health, environmental protection, and/or regulatory compliance. The PERC-med Director and Deputy Director will seek input from Advisory Board members and others, as needed, before making a decision about whether or not to embark on post-publication changes to PERC-med documents/materials.

7. Acceptable Use of PERC-med Publications

a. Linking to PERC-med website and PERC-med publications

Anyone is welcome to post accurate information about PERC-med and links to PERC-med resources on websites, with appropriate attribution. No advanced permission is needed.

b. Modifying PERC-med publications

PERC-med resources are intended to be used by others, and modification is acceptable within limits explained in 1-3 below.

- 1) Some resources are required to be accredited for continuing education credits, applicable to various requirements for licensure. Such resources would require new evaluation/approval if substantive modifications are

made.

- 2) The PERC-med logo must be maintained on the modified material, and attribution given. For example, "This document/material is based on a publication that was developed by the Pesticide Educational Resources Collaborative - Medical (PERC-med), through cooperative agreement #X-83935901 with the US EPA."
- 3) Credits for photographs and illustrations must be maintained in their entirety.
- 4) If the material is distributed, it must carry the same license that is described below.

c. Selling PERC-med publications

PERC-med publications carry the following copyright/license.



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It allows *non-profit* entities to charge a fee for use/distribution.

It does **not** allow *for-profit* entities to charge for PERC-med products, even if they add value.