



Department of Health
Emergency Preparedness Senior Advisory Committee

Senior Advisory Committee

January 31, 2011

Central VT Medical Center, Berlin, VT

SAC members Present: (* indicates Alternate; ^{VT} indicates State Employee

Cobb, Peter	Herrick ^{VT} , Chris	Malone, Patrick	Severance, David
Gougelet*, Rob	Keeler ^{VT} , Fran	Natvig*, Nancy	Skeels, Heather
Haak, Ed	LeBaron, Dawn	Peterson, Jean	Stetson, Timothy
Hausler, Carl	Leene, Jim	Reinfurt, Chris	Winters, Stephanie

SAC members absent/unable to attend

Callahan, Sherry	Earley, Stephen	Miller, Wes	O'Neil, Mike
Colston ^{VT} , Hal	Gordon*, Gary	Nagy ^{VT} , Ross	Wilcke, Burt
Destito, Chris	Lavallee ^{VT} , Michelle	Olson, Jill	

VDH & other Staff present:

Charles (Chip) Deasy ^{VT} – EP Chief, Acting Dir	Bill Irwin ^{VT} – Rad Health Chief
Mary Bronson ^{VT} – CDC/HPP etc	Brant Goode ^{CDC} – CEFO
Dixie Henry ^{VT} – Sp Ass't to Commissioner	Mike Leyden – YNH-CEPDR
Tracy Dolan ^{VT} – Deputy Commissioner	

Meeting called to order at 9:04 a.m. by Chair, Ed Haak.

Introductions/Announcements

Minutes from December motion made and seconded, approved as submitted.

Presentations/Updates/Reports

Vermont Yankee – Bill Irwin, Rad Chief, VDH, distributed technical fact sheets on tritium, as well as scatter graphs and a map of the tritium monitoring wells at VY, and an overview of the VDH investigation of the tritium. He spoke of the VY exercises, and how prepared we are as a state to respond, and about the tritium investigation, emphasizing that not knowing the source of the leaks or what is going to leak next is of more concern to public health. Although tritium is not considered as dangerous as other radionuclides, it is a marker of contamination its detection is considered reason for further investigation. Tritiated water behaves essentially the same as ordinary water except it releases radiation that has a half life of ~12 years. A rule of thumb is that it takes 10 half lives to eliminate the radiation. No other isotopes were found in water, but several were found in soil, i.e. Strontium 90, Cobalt 60, Cesium 137. VY has removed contaminated soils so that these radioactive metals don't migrate into the water system. Bill walked the committee through the charts, diagrams, the map showing the positions of wells, and the underground pipe schematic. Bill attributed the success of the tritium investigation to use of Incident Command System the HOC at VDH. Assets of the state's Radiological Emergency Response Plan were used to respond, including a sampling team with members from ANR. HAZMAT, HSU, state police, etc. all had a role in the success. Bill indicated about half the nuclear power plants across the nation have similar problems, some with more extensive contamination. The systems that leaked at VY that have been identified to date are not considered highly critical to plant operation or safety.

Ed asked what SAC needs to know about VY, if the SAC could do anything for VDH. Bill stated that VDH believes that open and transparent communication is critical, that Vermont is unique in that it has state

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statutes that address VY's operations rather than just having the NRC conduct its own efforts, and that a letter of support from SAC reinforcing VDH's roles might be one potential way for the SAC to aid efforts. Deputy Commissioner Tracy Dolan chose to defer comment on the idea of a letter at this time.

Jim Leene asked if the problems could be "fixed;" Bill responded that they have been to date.

Altered Standards of Care – Dixie Henry, Special Assistant to the VDH Commissioner and former AAG to VDH, provided historical review of ASC work, and gave an update on recent work of the ASC legal work team. The work team's efforts initially addressed PPE requirements during H1N1. Efforts were also confounded by a legislative requirement to develop new EMS rules by this March. The work team developed a spreadsheet to define impacts of potential altered standards and whether or not existing state or federal statutes allowed such alterations, i.e. would licensed professionals be allowed to perform under expanded definitions of their scope of practice during emergencies? Would licensed facilities be able to add to their licensed beds count during a surge in demand for medical care? Besides regulatory issues, what other impacts would need to be part of a comprehensive approach to altered standards plan's implementation? The plan is to define triggers for implementing an ASC "self executing" plan that would follow a disaster declaration. Current efforts are to provide a final review of the workgroup's charts and then report back to the larger ASC group, then determine the regulatory and/or statutory changes required to address the issues and develop a comprehensive proposal to do so.

Ed questioned the realistic results of this work. Dixie noted that regulatory agencies would need to be open to discussions about regulations that already exist or that would have to be modified to address needs. She also noted that a lot of the regulations that states have are controlled at the federal level – at what point do we bring them into the conversation. ASC workgroup has identified questions, but we're not yet ready to bring in our federal partners.

OPHP Director's Update – Chip Deasy – provided update on OPHP Director's position. Criteria-based review process identified 8 candidates from a field of 17. VDH will conduct a three-tiered interview process, to begin this week. Interview team includes Dawn LeBaron representing FAHC and the SAC.

For the HPP/Flex grant program coordinator position, six candidates were identified by personnel. VDH will interview all 6 candidates and the team will include a person from hospital quality improvement, and either Wes Miller or Nancy Natvig as representative of the hospital EPC committee.

HPP financial review was concluded last week: VDH was randomly chosen for the financial review. Feedback we gave the feds included the need for improved/clearer guidance from feds, and to reduce the frequency of changes to requirements/guidance, i.e. exercise restraint if considering changes.

Election of new Chair of Senior Advisory Committee

Jean Peterson and Dawn LeBaron were nominated. Committee voted by secret ballot. Ed thanked the group for allowing him the time as Chair and then introduced Dawn as the new chair. Dawn thanked Ed for his work on mission, vision, and objective of the SAC committee and setting the foundation of the committee work. Dawn chaired the balance of the meeting.

SAC Committee Work

Committee Composition (entities represented; filling gaps). Discussion about SAC's mission—see below, and also about membership by group needed to represent interests in order to provide guidance to VDH.

- a. Entities represented –Dawn to ask Mike O'Neil who, if anyone, from Burlington Fire/EMS should take his place.
- b. Peter Cobb requested an alternate: Silvia Davis.
- c. Peter Cobb suggested Laura Pelosi –229-5700, dir. VT Health Care Assn.
- d. Rob Gougelet – offered to represent MMRS
- e. Dave Severance has stepped down from his Emergency Management position
- f. Mental Health hasn't been participating. Contact new commissioner to ask for representative.

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- g. Others suggested representation for the Elderly, Business Sector, Faith communities, schools/colleges, members of the public, Media.

Review of Mission/Vision/Objectives

The mission/Vision/Objectives statements were reviewed and revised for clarity. *Proposed revised language:*

MISSION:

- To review and understand the public health emergency preparedness programs, to advise on the efficient use/prioritization of resources, and enhance Vermont's preparedness through advisory input to the Department of Health.

VISION:

- Vermont and its citizens will be prepared to respond to public health emergencies

OBJECTIVES:

- To provide advice to the Vermont Department of Health in making priority decisions on Public Health Emergency Preparedness policy and resources.
- To inform related emergency preparedness planning efforts
- To encourage public education and awareness are integral parts of public health emergency preparedness.

Areas of Focus for 2011 – Priority List: Composite list was distributed and discussed.

Meeting Schedule: Review of Time/Location: proposed every other month: Jan, Mar, May, (June/July/Aug off) Sept, & Nov. It's important to be able to meet prior to when grant applications are due, in time for input to the application.

January 31st; March 28th; May 23rd; Sept 12th; November 14th

Meetings will be held at Central Vermont Medical Center

Meeting was adjourned at noon.

Respectfully submitted,
Mary Bronson

PS: **If your contact information has changed**, please provide updates to Mary Bronson via email at mary.bronson@ahs.state.vt.us

<http://healthvermont.gov/emerg/sac.aspx>

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January 31st; March 28th; May 23rd; Sept 12th; November 14th

*Meetings will be at **Central VT Medical Center***

Note: the web site has not yet been updated with new meeting location or 2011 schedule.