



Department of Health
Emergency Preparedness Senior Advisory Committee

Senior Advisory Committee
Minutes / June 22, 2009
VT HAZMAT Offices

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

Haak, Ed – Chair	Keeler, Fran ^{VT}	Peterson, Jean
Cobb, Peter	LeBaron, Dawn	Reinfurt, Chris ^{VT}
Earley, Steve	Leene, Jim	Severance, David
Gordon, Gary	Mireault, Maria ^{VT}	Stetson, Tim
Gougelet, Rob	Nagy, Ross ^{VT}	Tousignant, Scott*
Hausler, Carl	Olson, Jill	Wilson, Emily ^{VT} *
Herrick, Chris ^{VT}	O’Neil, Mike	Winters, Stephanie

SAC members absent/unable to attend:

Benoit, June	Farr, Barb ^{VT}	Stanovich, Mark*
Berger-Wabuti, Gretchen ^{VT}	Lavalee, Michelle ^{VT}	VanDyke, Neil*
Bushnell, Andrew	Miller, Wes*	Wilcke, Burt
Destito, Chris	Phelps, Chris	
Callahan, Sherry	Skeels, Heather	

VDH Staff present:

Wendy Davis, Cmsr	Larry Crist ^{VT}	Mary Bronson ^{VT}
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Guests: none

General Meeting: Called to order at 9:00 a.m. by Ed Haak, Chair

Welcome/Introductions: Patrick Malone, from the Initiative for Rural EMS Program at UVM is joining the committee. Welcome Patrick.

Minutes Review/ Approval: Minutes accepted as written

OPHP Director’s Report/Larry Crist:

- CEFO (Career Epidemiology Field Officer) Brant Goode arrives in August. He is a nurse by training, with a great deal of pan flu planning experience. Being transferred by CDC from Hawaii to VT. VT very fortunate to get him.
- Rob Lunn working well as Exercise Coordinator
- CDC Grant has been submitted
- HPP grant application being developed for submit end of June.

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Old Business

1. Committee Organization

- a) Membership:
 - i) Welcome Patrick Malone from the Initiative for Rural EMS at University of Vermont.
 - ii) Emily Wilson sitting in today for Gretchen Berger-Wabuti
- b) Meeting space: Consensus is that HAZMAT space works. Room not available in September, but future mtgs will be held here.
 - i) Conf call capability: Not preferable method of attendance, but we'll offer it if someone requests call-in capability. Requests must be received by Wednesday of the week prior to meeting for us to set up the conf call number and get information to the caller(s).
 - ii) Set-up room as U, not classroom style.

2. HPP Grant Administrator Position Update – Steve Salengo has accepted the responsibilities, is immersed in writing the HPP grant application.

3. CDC Grant update: Application submitted June 17. Mary provided handout of PHEPCA overview.

4. SAC Priorities

a) ASC: Altered Standards of Care

- i) Larry to follow up on status of draft Altered Standards of care plan.
 - ii) Draft expected to be coming out and sent to respective committees (hospitals, EMS, external facilities ie nursing homes, res care, extended care facilities, etc), then comments back with revised draft ready for September 14 SAC meeting.
 - iii) Rob Gougelet – putting money into HC Standard. Altered facilities, Cmty-based facilities, equipment, ventilators, and antiviral supplies.
- b) Pan Flu Plan** – SAC will help make decisions. Current novel H1N1 virus is a pandemic, but so far no more serious than seasonal flu.
- i) Concerns:
 - No vaccine for this novel strain (yet),
 - Extended flu season. Tracking much like the 1830 flu.
 - ii) Flu shots this year might be two –stage. If H1N1 vaccine, Vermont is estimating 1-1.5 million shots over a 2 to 3-month period. (about 1/3 (200,000) normally seek flu shot, then add heightened awareness, and possible 2-phase shot for H1N1.)
 - iii) Based upon the state's response to H1N1, a master list is being compiled that identifies gaps. Administration will need to review which items to be focused on (resource intensive - cost, personnel time, etc). Weaknesses in our overall approach to plan. Our plan really only pointed to heavyweight flu, but this was a lightweight flu that showed gaps that we hadn't prepared for.

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- iv) Feds will supply vaccines and all supplies for H1N1 (needles, syringes, etc). States must provide supplies for seasonal flu.
- v) **ACTION ITEM:** Ross will provide after action report on H1N1 for September SAC meeting. Storage issues, fit-testing.
- c) **ACCs: Acute Care Centers** – Concern that ACCs don't yet exist. Ie: St. Albans lead town planner left his position and NMC is now 'dead in the water'. Had been working with Hospital District Office; NECEP charged with ACC development. Need to re-start the discussion of who takes the lead.
 - i) ACC's – low level of care. Co-habiting of Mass Care with Med Surge. Never part of the plan to have ill/contagious patients in with well patients.
 - ii) Feds will send in 250 beds and staff for a Katrina-like event, not for flu.
 - iii) Per NECEP - Ownership is in local coalitions. Not enough resources in state or local government or hospitals to staff the ACCs – staffing needs to come from the community (EMS, red cross, faith-based, etc)
 - iv) Facilitation of meetings re ACC development falls on VDH or NECEP. Who is in charge still has not been answered.
 - v) Discussion about 'ownership'/ taking the lead. NECEP offered to facilitate meetings of the group who 'owns' it. Note: Public Safety districts are geographical areas, not a specific location/body.
 - vi) Per Jean Peterson: Barre ACC is slowly moving along. Members of the planning committee each took a different responsibility to follow up on. Minutes are kept.

New Business: H1N1 feedback. Each member present was given opportunity to state concerns about the H1N1 response in Vermont. See attached addendum to minutes for details.

Summary / Next Meeting Planning: Next meeting of the Senior Advisory Committee will be held on September 14th, at Capital Plaza in Montpelier.

Meeting adjourned at 12:10 pm, for lunch and networking.

*Respectfully submitted,
Mary Bronson*

Next meeting: September 14th to be held at
Capital Plaza Hotel and Conference Center
100 State Street, Montpelier

Find SAC information at
<http://healthvermont.gov/emerg/sac.aspx>

2009 SAC Meeting Schedule

- January 26, 2009; March 30, 2009; June 22, 2009;
 September 14, 2009; November 16, 2009

June 22, 2009 SAC De-briefing on VDH's Spring 2009 H1N1 Response

Name/Org. & What worked	Concerns...
<p>Ed Haak – Director of Hospital Emergency Department Directors;</p> <ul style="list-style-type: none"> ✓ VDH was wonderfully organized ✓ Daily calls to hospitals were invaluable 	<ul style="list-style-type: none"> • Hospitals seen as central providers • EMS asking hospitals for masks, Hospitals needed to give advice to EMS, etc • How do we deal with primary care providers? • Will VDH and district offices support/educate primary care providers & EMS? • Who 'owns' the primary care providers? • Need: Keep moving on Altered Stds of Care and Alternate Care Centers. • What is going out to community for community preparedness – are we educating, getting info out to cmty so there is no panic in the fall, no rushes to hospitals. • How does VDH work with business community to help prepare? • Ed requested pan flu report from Brant at next SAC meeting
<p>Jean Peterson – Co-Chair Hospital Emergency Preparedness Committee:</p> <ul style="list-style-type: none"> ✓ Agree with Ed about what worked. 	<ul style="list-style-type: none"> • Community not yet involved with Altered Standards of Care for planning. • ACCs – need work • Concern that hospital identified as central providers of antivirals – and no protocols. • CVMC-owned practices had been fit-tested, but no kits. Others in the community had kits, but hadn't been fit tested. Requests to fit test 18 at PHWC • Can we get reimbursed thru Stafford act (as non-profits) • Town of Berlin – emergency planners meet monthly.
<p>Ross Nagy – Vermont Emergency Management</p>	<ul style="list-style-type: none"> • Reimbursement for costs: non-profits can be reimbursed thru Stafford Act. • US Gov't designation didn't get passed. Work to be done in the 'who pays' part. • Very few contingency funds to help. • Re: Communication. We really need to get this right before we tell local jurisdictions what is going on. Balancing act between making it perfect and getting word out in timely manner. • Need to identify the essential needs of communication.
<p>Fran Keeler – Division of Licensing and Protection, DAIL</p>	<ul style="list-style-type: none"> • Communication with/from VDH slow to start. • Had to get "underground" copies of notes until got connected. • Division of Licensing and Protection should be part of hospital conf calls.
<p>Gary Gordon – Statewide Behavioral Health Response Team</p> <ul style="list-style-type: none"> ✓ Activated all 10 response teams. ✓ Not a lot of inquiries ✓ Ready in case of surge activity. 	<ul style="list-style-type: none"> • Trying to encourage hospitals, district health offices and mental health offices. • Severity so low not a lot of inquiries. • PPE for mental health responders. Who purchases, how are they fit-tested, no plan through department of Mental Health to help the mental health providers. • Lab/Epi working like crazy. Mary Moulton visited twice.

Name/Org. & What worked	Concerns...
<p>Dawn LeBaron – FAHC</p> <ul style="list-style-type: none"> ✓ Great collaboration with VDH (Chris Grace, Susan Schoenfeld) ✓ FAHC well prepared in family practice sites. ✓ Daily education updates distributed to all FAHC doctors. ✓ Fanny Allen would be the flu hospital if flu severe cases. Set up 5 treatment stations in ambulance bay – didn't need to use them. 	<ul style="list-style-type: none"> • Unaffiliated doctors wanted to be supplied with PPE. • Did not give the PPE, Tamiflu, etc, but instead educated them as to where to find it, how to get it. •
<p>Dave Severance – Town Emergency Planners</p>	<ul style="list-style-type: none"> • Information flow to those in the field was minimal to non-existent. This is VT & people are resourceful, so they'll get information from one source or another – not necessarily correct info. • PPE (N95s) purchased, but no training or fit testing. • Masks didn't match what is in state stockpile. • Not enough information. • Looking to VDH and VEM for guidance on what they should be looking at.
<p>Chris Herrick – Vermont HAZMAT</p>	<ul style="list-style-type: none"> • Force protection should be a major category. • Concern about vaccination & fit-testing of folks. • Silly to wait until we have flu before we fit test. • More direct approach with clear guidance, not just for EMS, but for fire departments, too.
<p>Rob Gougelet – MMRS</p>	<ul style="list-style-type: none"> • Modular Emergency Medical Systems document is ready to distribute. • Coordinate with community based coalitions (fire, ems, hospitals, faith-based, red-cross, etc) • Limiting factors are medical personnel and security. • Identify roles and responsibilities, especially in times of emergency. • Focus on identifying buildings of opportunity, funnel fed'l resources to those facilities. • Will be overwhelmed with immunizations – prioritize staffing models, and buildings of opportunities. • MMRS is available for response and for planning

June 22, 2009 SAC De-briefing on VDH's Spring 2009 H1N1 Response

Name/Org. & What worked	Concerns...
<p>Maria Mireault – Department of Disabilities, Aging and Independent Living.</p>	<ul style="list-style-type: none"> • Reiterate concern about communication. • Sharing information with community partners is challenging when spotty communication with VDH, etc. • Concern that the general public is desensitized and won't take public health awareness messages seriously. There's been somewhat of a downplay in the seriousness of messages.
<p>Steve Earley – Chair, Vermont School Crisis Planning Team</p>	<ul style="list-style-type: none"> • Schools coming back late August to early September. Communication is really important. • Mis-information runs rampant in schools (students, faculty, etc) • Letters out to superintendents in June from feds. Letters not read. • Send letters to superintendents in early August so they're on their radar screen and they can plan accordingly. • Superintendents start meeting with administrative teams during first week in August. Best time for communication to schools. • Steve offered to meet with Jeff Francis, head of VT Superintendents, plus head of principals, etc. & Commissioner of Education. • Great concern that information needs to get out.
<p>Carl Hausler – VNG Scott Tousignant– VNG</p> <ul style="list-style-type: none"> ✓ Armed forces started asking are you feeling well questions. ✓ Fabulous relationship with OPHP and VEM, SNS task force 	<ul style="list-style-type: none"> • Force protection needs to be planned. • Part of VNG plan is surveillance of troupes. PPE, etc. • Operationally – communication worked well between OPHP, VEM, VNG. • “Plans are worthless, but planning is critical” •
<p>Wendy Davis – Commissioner Vermont Department of Health</p>	<ul style="list-style-type: none"> • Asked VNG if they want to be part of the communication link. • Answer is yes: National Guard – Col Schumacher should get the information.
<p>Chris Reinfurt – Vermont Homeland Security</p> <ul style="list-style-type: none"> ✓ Information flow worked well from his perspective. 	<ul style="list-style-type: none"> • VDH should codify what systems they will use to push out information. • Some people will never listen, or will choose not to listen. • Messages from schools resonated in his kids (who came home from school with clean hands).

June 22, 2009 SAC De-briefing on VDH's Spring 2009 H1N1 Response

Name/Org. & What worked	Concerns...
<p>Mike O'Neil – Burlington Fire</p>	<ul style="list-style-type: none"> Force protection needs to be addressed. What are the priority levels. If we lose 40% of our workforce we're stuck. Public Information – need to tell the public. What else do we do as a community? Look to VDH for direction. First responders need guidance on what to say, do.
<p>Jim Leene – US Attorney's Office</p>	<ul style="list-style-type: none"> Invite congressional staffers to participate. Need for feds (which-ever branch that is) to know what is going on. Staffers are eyes and ears for getting information to congress to address concerns.
<p>Side bar - Ed Haak, Ross Nagy, Jim Leene.</p>	<ul style="list-style-type: none"> Involve congressional staffers for H1N1, Altered Standards of Care Ross Nagy – legislators too. Jim – meet with staffers on the side and bring documents, educate them and invite them to participate. Jim Leene to take the lead and reach out to congressional staffers.
<p>Peter Cobb – Home Health</p> <p>✓ Information turn around time was pretty good.</p>	<ul style="list-style-type: none"> If H1N1 problem in the fall, HHAs will work with VDH, and nurses could assist if needed.
<p>Jill Olson – VAHHS</p>	<ul style="list-style-type: none"> Communication When community providers are not fully prepared, that impacts the ability of the hospitals to respond.
<p>Tim Stetson – American Red Cross</p>	<ul style="list-style-type: none"> Communication was poor. Got information from VEM, not VDH. Used to receive HAN messages, but then apparently got tossed out of the system. This is an ongoing issue brought more to light during H1N1. Will provide Larry with a list of how ARC can be supportive. There is no plan to use the Mass Care part of the shelters for well individuals. How do we serve the people sheltering in place in their homes when they run out of supplies?

End.