VERMONT
Department of Health
Emergency Preparedness Senior Advisory Committee

Senior Advisory Committee

Minutes

November 10, 2008
Capitol Plaza Hotel

SAC Members present: *(* indicates Alternate; VT indicates State Employee)*

Haak, Ed– Chair
Benoit, June
Berger-Wabuti, Gretchen VT
Cobb, Peter
Gordon, Gary*
Gougelet, Rob
Herrick, Chris VT
Keeler, Fran VT
LaVallee, Michelle VT
LeBaron, Dawn
Leene, Jim
Lewis, Valerie
Miller, Wes
Mireault, Maria VT
Nagy, Ross VT
O'Neill, Mike
Olson, Jill
Reinfurt, Chris VT
Severance, Dave
Skeels, Heather
Stetson, Tim
Toussignant, Scott* (for Carl Hausler)
Winters, Stephanie

VDH Staff present:
Crist, Larry VT
Bronson, Mary VT
Manz, Dan VT
Finley, Chris VT

General Meeting

Meeting was called to order by Chair, Ed Haak, at 9:00 a.m.

Welcome/Introductions: New members: June Benoit – representing nurses, and Dave Severance – representing Emergency Management Directors.

OPHP Director's Report:
Clearer sense of what Fed'l money will be this year ie: How much money we can carry forward.
OPHP is assessing what work is appropriate for contracting out, vs done in house as way of assuring we get done what needs to be done this year.
Getting ready to post the HPP coordinator position.

Business meeting:

Minutes:

- Corrections to minutes. Ross – under old business: Terminology can be confusing. Ross offered to give presentation of the multi-use facilities: Med Surge Mass Care facilities, and components of each. [Acute Care Center (ACC) is the Med Surge portion of the Alternate Care Facility (ACF).] **Ross offered to give clarifying presentation at next meeting.**
- Stephanie Winters was present.
- MM/S/approved as amended

Guests: No guests.

Old Business:

Committee organization – additional members

- Representation from each of the following groups was discussed, and each was ultimately tabled for now.
    - Legislative representation ie Bernie Sanders' office? Table for now.
    - Pharmacist – Table for now – will call as needed
    - Chamber of commerce: Larry. State chamber of commerce. Table recruiting this position at this time.
    - Town Health Officer: Chris Herrick is a town health officer. Chris Finley offered to send communications (if necessary) to town health officers. ADD: Chris Herrick as Town Health Officer rep. Table further recruiting.
    - VT League of Cities and Towns: Table for now.
    - Media: Table as others – will call as needed.
    - Disability Community - Maria will serve as liaison to disability community. – Table further recruitment at this time.
- Local Emergency Management Director: Dave Severance has agreed to represent EMDs. Dave was recently named EMD of the year at conference last week. Congratulations to Dave, and thanks, Ross for recommending Dave.
- School Crisis Management Cmte: Our candidate is unable to attend. Ross to go back to drawing board

Committee membership clarifications:

- National Guard is represented by Carl Hausler; Sonny Schumacher; Scott Tousignant
- Fletcher Allen is represented by Dawn leBaron; w/ Andrew Bushnell as alternate
- EPC – Emergency Preparedness Committee of the hospitals, represented by Jean Peterson; with Alt: Wes Miller. Correct Jean's affiliation as EPC Chair – not CVMC.
- Mary to contact Kevin Geiger for update of information.
- Attendance: Expected that people will attend 2/3 of meetings. Mary/Ed to contact delinquent members in January about their intent. Report back to committee at Jan meeting.
- Send meeting schedule to all members via email. (Done)

SEOP HIRA – Hazards Inventory / Risk Assessment – Ross Nagy. HIRA document is included in SEOC plan, currently being updated. HVA (Hazard Vulnerability Assessment) that hospitals accomplish is site specific. State's inventory risk assessment is more 'general.' The HIRA assesses the potential hazard, the frequency, and severity.

HPP Grant Administrator update – Permission to post the position, beginning to recruit. VAHHS reported that hospitals still don't have their grants for this current year. Larry working on deliverables for the grants, trying to get them current, then will write up these grants. Larry & Jill working on this. VAHHS: Larry will need to speak to each hospital to see if the hospitals are willing to continue getting money for those deliverables, or if they need additional money. Are hospitals willing to accept the obligation that comes with the money? Hospitals and VDH will have to prioritize the need. Wes: the work goes beyond the resources provided, and as such, it's important to understand what is expected of the hospitals.

Altered Standards of Care Update –

- Chris Finley introduced Dan Manz as new lead of Altered Standards of Care work group. Don Swartz, who presented the last ASC update has taken on legislative work with highway safety which takes him away from ASC.
- Dan Manz: Referred to Oct 20th ASC minutes. Three areas: Clinical standards of care relate to how VT system might provide care in pan flu. Who gets access, who gets ventilator, who gets what; then administrative issues: staffing ratios within hospitals, can you reduce workload on staff if altered requirements of paperwork; Legal protection: can we protect the providers and institutions from lawsuits if care is delivered differently.
    - Thought: a table top walkthrough of a scenario of scarce resources and what altered standard of care might need to be identified.
    - Committee needs to be expanded
    - Looking at what other states are doing
    - Framework or structure that will be integrated with other plans. Need to be flexible, need to accommodate all sorts of situations.
    - Timeline: better idea after the next meeting – perhaps in a few months. (aiming for a shorter, rather than longer timeframe).

Preparedness Progress Report – Larry. Ed encouraged those who haven't spoken up to please do so.

- Pyramid: an attempt to capture the main categories of activities that VDH is involved with. Ongoing – work in progress. 4 blocks: [1] Essential, grant requirements. [2] Required PH preparedness capabilities – could be legislative, etc, not necessarily grant funded [3] Supporting capabilities; [4] Infrastructure capabilities that VDH does not have any particular responsibility for. Each item in the pyramid could easily have its own pyramid. Next step is to assess cost of each item in the pyramid. No one has ever done this before.
    - Blue v. Green: pyramid is subjective – Larry invited committee to make changes. SAC basically approves of headings.
    - Discussion of telecom priority perhaps moving to required capability.
    - Change Healthcare FACILITY readiness to healthcare organization.
    - Move Altered Standards of Care to its own entity
- Progress Report – overview: Topics in the report capture the topics as noted in the pyramid, i.e.1-10 are internal essential PH preparedness infrastructure. Larry walked the committee through the report. Note: report & updated pyramid will be posted on SAC web page, look in "Documents" on the SAC web page: http://healthvermont.gov/emerg/sac.aspx
- Comments from SAC:
    - Q: What about HC Standard – where does that fit in?
      A: Rob Gougelet suggests HC Std get added to #4: Communications.
    - Q: What about Exercise coordinator position?
      A: It will have to be a contract position. Larry will work with NECEP.
    - Q: Terminology – Acute Care Center (ACC) is the Med Surge portion of the Alternate Care Facility (ACF).
      A: Rob Gougelet – yes, the ACC is a 50 bed facility offering low level of medical care such as low-flow oxygen, but excluding complex things like pediatric life support. The ACC is a part of the ACF. Medical Surge cohabitating with Shelter: acquisition of generators, supplies, etc.

Discussion:

- Rob Gougelet announced that MMRS wants to expand membership. Contact Andrew Bushnell at FAHC if interested.
- Larry reported that MRC in southern VT is looking for more people; Contact Chris Phelps if interested
- Larry asked if there were some way to bring all the outside groups together to assess our resources/services, exercise together, etc. (CERT, State Guard, MMRS, MRC, etc). Chris Reinfurt spoke of groundwork that has already been laid to assess resources. Suggestion by Ed that **Larry speak to outside teams and get back to SAC at next meeting**, and then SAC can see if it is appropriate to get further involved.

Discussion: *Prioritization for next meeting:*

- Peter Cobb suggests speakers on each part of Larry's report… altered standards, etc, Larry can identify some parts of his report that are priorities and identify how VDH wants to spend its resources. SAC stay on top of major programs of the state.
- Other SAC members suggested: Volunteer Mobilizer® issues, where to find staff to help; pharmacy cache…etc
- Brief update on Pan Flu status
- **Decision: Larry to email his 'top 5' most important to work on. Larry asked group to also prioritize and let VDH know.**
- **Decision: SAC to send list of priorities to Mary who will compile and send back to group for feedback.**
- Chris Herrick suggested start with developing an abnormal scenario and from that see where we have holes or what needs further work. Use that as a tool to come up with priorities. Statewide we usually do a pretty good job on a day to day basis. We need to look at an abnormal situation.

"Third Report" - Tabled due to time.
Med Surge/Pan Flu AAR after action report update – Tabled due to time.

Meeting adjourned at 12:05 for lunch, networking, with reminder to SAC members to please RSVP to the meeting notices – it helps with the food order and room set-ups.

Respectfully submitted:
Mary Bronson

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