



Department of Health
Emergency Preparedness Senior Advisory Committee

Senior Advisory Committee

Minutes / November 16, 2009

HAZMAT Offices, Berlin, VT

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

Haak, Ed – Chair	Keeler, Fran ^{VT}	Stanovich, Mark*
Bushnell, Andrew	LePore, Liz ^{VT}	Stetson, Tim
Earley, Steve	Peterson, Jean	Winters, Stephanie
Farr, Barb ^{VT*}	Roberts, Mark*	

SAC members absent/unable to attend:

Benoit, June	Herrick, Chris ^{VT}	Olson, Jill
Berger-Wabuti, Gretchen ^{VT}	Lavalee, Michelle ^{VT}	O’Neil, Mike
Callahan, Sherry	LeBaron, Dawn	Phelps, Chris
Cobb, Peter	Leene, Jim	Reinfurt, Chris ^{VT}
Destito, Chris	Malone, Patrick	Severance, David
Gordon, Gary	Miller, Wes*	Skeels, Heather
Gougelet, Rob	Mireault, Maria ^{VT}	Wilcke, Burt
Hausler, Carl	Nagy, Ross ^{VT}	

VDH Staff present:

Larry Crist ^{VT}	Mary Bronson ^{VT}	Brant Goode ^{VT}
Steve Salengo ^{VT}		

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

Minutes Review/ Approval: Minutes accepted as written

OPHP Director’s Report: Larry Crist distributed bulleted talking points to highlight updates on H1N1, VDH Health Operations Center status, Vaccine & clinic update, general health care system update, altered standards update, and overall H1N1 financial monitoring. Document is attached.

HPP Report: Steve Salengo reported hospital sub-grants have been sent to the Agency of Human Services for review and approval. When approved will be sent to hospitals for signature. Grant period will be from 9/1/2009 to 6/30/2010. While VDH cannot formally approve expenditures against the grants at this time (without fully signed grants), the Department does not anticipate any problem with reimbursing for expenditures.

Altered Standards: Larry presented update, followed by committee discussion. Legal review now includes representation by Office of Professional Regulation. Fran Keeler gave update on 1115 waiver. Draft document for ASC has not gone to the governor’s office, but Governor’s staff is aware. ASC work group is identifying possible specific areas where altered standards might be applied.

- Hospitals paying mid-level staff to cover clinics – thus creating a lot of overtime – and spending a lot of money in order to hold clinics, respond to H1N1. Can hospitals get reimbursed for these expenses?

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- Concerns raised by hospitals that altered standards are already being applied – extended use of PPE, etc. Hospitals prefer guidance from CDC or VDH to allow for a specific set of actions to be permissible. Standard of care is a regional definition; guidance is just that: suggestion. Not the law.
- Hospitals advised to have meetings, document process & expenses; from regulatory standpoint – make sure your policies are explicit as to where you are going with analysis, provide care based upon professional standards. Good documentation about thought processes; including having policies in place.
- Next Altered Standards mtg will identify list of areas/specifics that need to be altered. Based upon work of clinical group and now in hands of legal group.
- Clinical group needs to meet to help identify areas, level of detail. Specific items need to be identified: i.e. PPE, Scope of Practice, Staffing, etc. Suggestion that clinical group should be meeting with the legal group.

H1N1: Nationally there appears to be a plateau or drop-off of Influenza-Like Illnesses; VT still experiencing climb in ILI, not seeing seasonal flu – all H1N1. HOC is operational at 101 Cherry Street. Daily/morning briefings. SNS task force has been activated to consolidate caches from around the state. Will be moving supplies to areas of most need.

- How to get permission for Nurses to do pre-screening (instead of physicians) at off-site flu clinic. Would need to be approved by Secretary of State's Office of Professional Regulation, and then by Board of Nursing.
- Pharmacies/pharmacists are compounding – would like to be reimbursed for the additional time.
- Request that VDH do more local broadcasting for TV spots, with strong message telling people to stay home if they are sick. (VDH doing weekly briefings for newspapers, radio.)
- Request of VDH to make public statement about staying away from emergency rooms and hospitals if you are sick...stay home.

SAC discussion: Query/assessment: See separate document summarizing responses.

Guidance issued by VDH is mostly CDC guidance. VDH takes OSHA directives &/or CDC guidance and 'Vermontizes' it before sending it out –this can take days/weeks. VDH acknowledged PPE guidance took a long time to be turned around. Discussion of PPE use, as relates to Guidance(s).

Mass Vaccination: Hospitals, FQHCs, and Home Health agencies are doing more than they ever expected.

Public & Provider Communication: VT2-1-1 sends reports to VDH on numbers and types of calls that come in, as well as identifies the top questions of the week. This information is used to enhance the Department's FAQ and other resources, which in turn are posted on the VDH Web site, used for public inquiry responses, and incorporated into future FAQs, etc. Most common questions week of 10/10 were:

- Where and when can I get a seasonal/H1N1 flu shot?
- Will the H1N1 flu clinics have both mist (live, attenuated) and shot (inactivated) version of the vaccination?
- Do I need to bring proof of my "priority" condition to the clinic?
- Are the clinics operating on a first come, first serve basis?

Need better/faster (more timely) messaging on H1N1 testing; vaccine availability.

Inform the public more – dispel worse case scenarios (sensationalizing) as shown on news.

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VERV Update – This spring, about 35 volunteers had enrolled. Currently over 800 enrolled. Volunteers have been deployed, system is working. Next challenge is to determine how to sustain the volunteers.

Summary / Next Meeting Planning: Next meeting of the Senior Advisory Committee will be held on January 25th, at HAZMAT offices. The November 2010 meeting will be changed from 11/22 to 11/15/2010.

Meeting adjourned at 12:04 pm, for lunch and networking.

*Respectfully submitted,
Mary Bronson
CDC Program Director
802-657-4237*

2010 SAC Meeting Schedule

Continental Breakfast and Networking at 8:15 a.m.
Meetings start promptly at 9:00 a.m.

- January 25, 2010
- March 29, 2010
- June 28, 2010
- September 13, 2010
- November 15, 2010**

***Note change in next November (2010) meeting date, Moved from 11/22 to 11/15.*

● Meeting Location:

**Vermont HAZMAT
c/o Dep't of Public Safety
1311 US Route 302 - Ste 600, Berlin, VT 05641**

*Directions: I89, Exit 7 to 302 West /Montpelier. Then go right/East on 302 for .4 miles. HAZMAT offices are on the right, behind Vermont Lottery. **Park & enter at the back.** (Hint: Burger King is next door, and McDonald's is directly across the street).*

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

Office of Public Health Preparedness
Director's H1N1 Report to the Senior Advisory Committee
November 16, 2009

I. H1N1 Update

- A. CDC reports H1N1 continuing to increase in the Northeast, while beginning to appear to decline in two regions of the country hit earlier.
- B. Virtually all flu being reported in Vermont, at present, is H1N1.
- C. Almost no Seasonal Influenza being reported as of yet.

II. Health Operations Center

- A. Is open and operating at a Level III (all sections operating).
- B. Located at 101 Cherry Street, 3rd floor conference room.
- C. Daily briefings conducted at 8:30AM
- D. Incident Action Plan developed daily.
- E. Staff continue to work very long hours in all areas of VDH H1N1 response.
- F. The SNS Task Force has been activated (to a limited degree) and has been transferred to the SEOC for support per agreement between VDH and VEM.

III. Vaccine Update

- A. Approximately 65% of the vaccine that was anticipated has actually arrived in Vermont.
- B. Some entities have received only a small percentage of what was initially ordered. In at least one case, an entity ordering approximately 35,000 doses has been allocated approximately 5,000 to date. This has resulted in
- C. Vaccine shipment quantities vary considerably week to week.
- D. There is considerable pressure on VDH and vaccine distribution sites (hospitals) relative to how we are distributing vaccine. At present we have focused on target populations, and although we have not more narrowly focused on "priority" populations (subsets of target populations), we continue to monitor with an eye toward possible adoption of a more stringent approach should vaccine supplies fail to increase.
- E. The bottom line is, there simply isn't enough vaccine to cover the people we should be covering in the timeframe we originally established.
- F. Following an initial refrigeration failure, VDH is installing all new refrigeration and alarms in our 12 district offices.
- G. The VNA of Chittenden County is also installing new refrigeration after it was discovered that the increased volumes of vaccine being stored are beyond the usual refrigeration capacity to maintain temperature.

IV. Vaccination Clinic Update

- | | |
|--|---|
| <ul style="list-style-type: none">A. <i>Week of 10/26</i>
27 school clinicsB. <i>Week of 11/2</i>
40 school clinics
3 public health clinics | <ul style="list-style-type: none">C. <i>Week of 11/9</i>
38 school clinics
7 public health clinicsD. <i>Week of 11/16</i>
52 school clinics scheduled
6 public health clinics scheduled |
|--|---|

V. Health Care System Update

- A. Health Care facilities reporting increased demand but not yet experiencing care, staff or equipment shortages.
- B. VDH and hospitals are monitoring supply and medication usage (respirators, masks, antivirals).
- C. VDH working with pharmaceutical supply system to monitor commercial availability and ensure that emergency cache distribution is in place should such become necessary.
- D. Weekly conference calls held between VDH and hospital personnel.
- E. Weekly conference calls held between VDH and colleges/university.
- F. Altered Standards of Care preparation is in place.
- G. Emergency Rule enabling EMS personnel (EMT-I and Paramedics) to administer H1N1 vaccinations is in place.
- H. Routine information flow established between VDH and hospitals, private providers and EMS services.
- I. VDH consolidating state caches of N95 respirators into one central cache for inventory and eventual distribution.
- J. Pediatric Oral Suspension Tamiflu is not presently available commercially. VDH in process of distributing part of the state cache to hospitals.
- K. Tamiflu capsules remain commercially available. Hospitals and some pharmacies are using these for compounding so as to provide oral medication to patients who can not utilize capsules.
- L. VDH has acquired new warehouse space for storage of equipment, vehicles and SNS materials. The new space should be ready for occupancy in December. The acquisition of this space will enable the co-location of MMRS Strike Team equipment/supplies, ACC trailers, CRI clinic supplies, current state caches and future SNS shipments. Additionally, the space will provide meeting/office space for MMRS and SNS Task Force.

VI. Community Information Update

- A. 5 Regional Flu Forums have been conducted in conjunction with VEM.
- B. 13 Local Flu Forums have been conducted in conjunction with VEM.
- C. State-wide Emergency Preparedness Conference presentations conducted in conjunction with VEM.
- D. Countless individual presentations made to special interest groups (provider practices, schools, government and quasi government entities, professional and business groups etc...) by VDH staff.
- E. Numerous Health Alert Network (HAN) messages sent, press releases and weekly press conferences routinely sent.

VII. H1N1 Finances Update

- A. To date, the OPHP budget has just about been doubled relative to CDC and HHS funding for preparedness (both H1N1 and non-H1N1 activities combined).
- B. VDH has a standing H1N1 Finance Committee meeting to monitor flu-related expenditures.
- C. Our primary concern is that the delay in vaccine is/may continue to stretch the vaccination schedule far beyond original parameters, resulting in larger clinic-related

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Director's H1N1 Report to the Senior Advisory Committee
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expenditures than we initially budgeted. We should have a better picture of this particular area in another week or so.

VIII. Altered Standards of Care Update

- A. At the previous SAC meeting, the ASC draft document was distributed and its development to date was described.
- B. The significant action item going forward was to assemble a "legal review" team that could consider strategies for authorizing the envisioned altered standards and providing for the legal protection of personnel and organizations functioning under an altered standard of care.
- C. Dixie Henry agreed to moderate the discussions among the legal counsels for the various healthcare provider groups as a starting point. The goal was to describe the legal strategies necessary for implementation prior to wider public distribution of the document.
- D. The legal group met on 11/02/09 and reviewed the document. Prior to that meeting, VAHHS submitted some specific legal questions and needs for the group's consideration.
 1. At the meeting, the legal review team agreed to consider two approaches:
 - a. Authorities and protections that might be necessary in response to the current H1N1 pandemic
 - b. Authorities and protections that might be necessary for longer term implementation of an Altered Standards of Care plan for Vermont that could function for all types of hazards.
 2. The legal team is focusing initially on the accommodations and protections that might be needed for the current H1N1 pandemic. The group has asked each of the planning teams (9-1-1 and EMS; ED, inpatient and alternate care sites; nursing home, residential care, home care) to assemble and provide further detail on the specific standards that are met on a daily basis that could need to be altered under some emergency scenario. Specific areas of interest include:
 - a. Activities that could be accommodated with an 1135 waiver
 - b. Functions that could require a Governor's order or declaration
 - c. Orders that might be necessary from a State regulatory agency
 - d. Scope of work or practice matters for nurses or other healthcare workers
 3. The group is meeting again on 11/23/09 to continue the dialogue.

**Vermont 2-1-1
call summary: April 24, 2009-November 10, 2009**

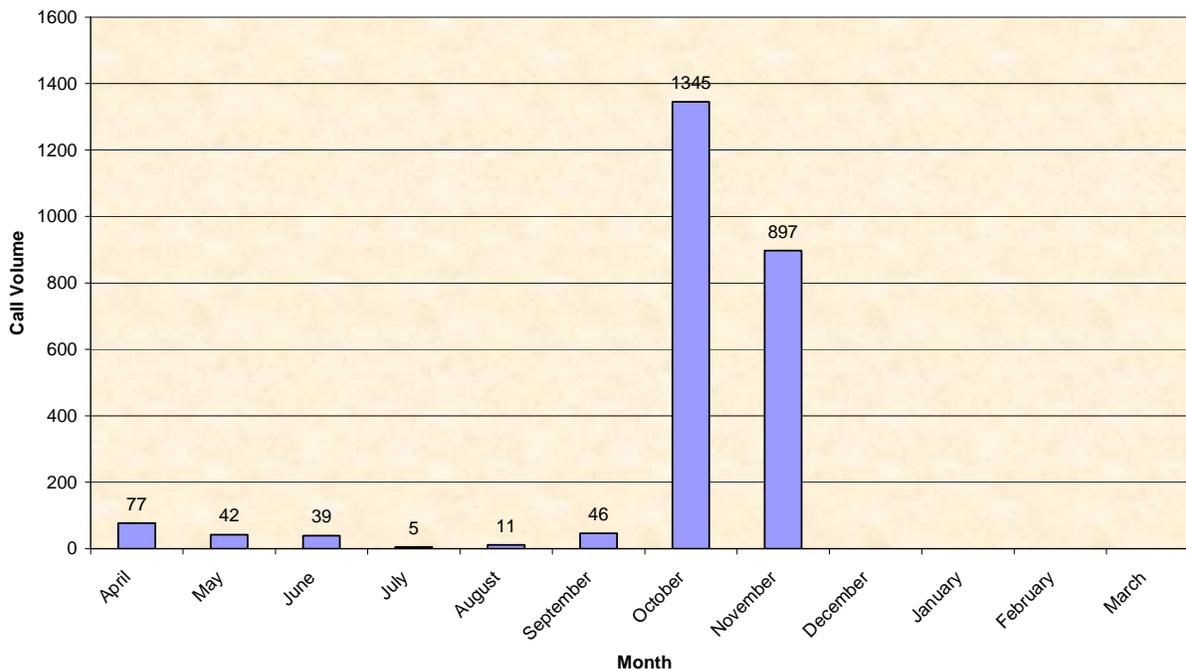
The attached report reflects the time period April 24, 2009 – November 10, 2009. Calls from Vermonters and neighboring states continue to rise. These calls make up approximately 13% of the total call volume since April, 2009. In October, H1N1 and seasonal flu calls made up 31% of the call volume for the month.

Most common questions are:

- ☎ Where and when can I get a seasonal/H1N1 flu shot?
- ☎ Will the H1N1 flu clinics have both mist (live, attenuated) and shot (inactivated) version of the vaccination?
- ☎ Do I need to bring proof of my “priority” condition to the clinic?
- ☎ Are the clinics operating on a first come, first serve basis?

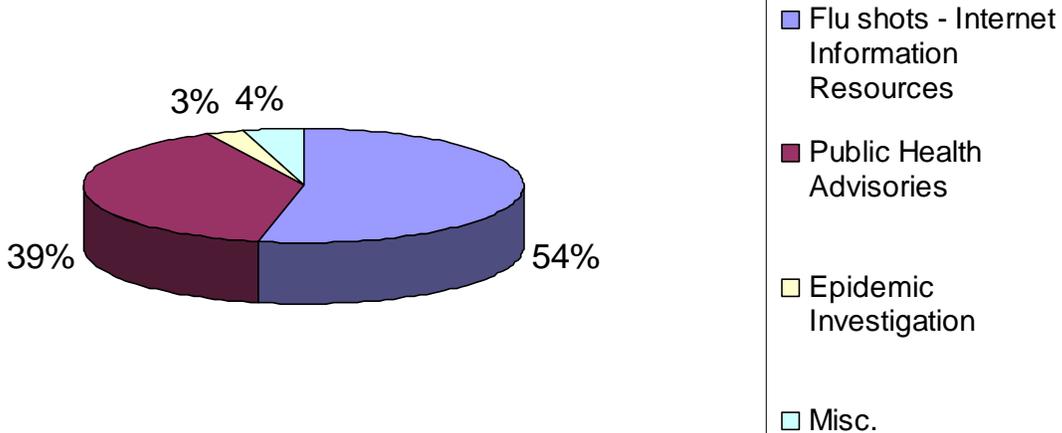
Questions are becoming more complex regarding priority populations/eligible recipients. Vermont 2-1-1 is getting accurate and current information daily from the Vermont Department of Health to help call specialists address all questions.

**Monthly Call volume
2009**





H1N1 Referred Services April 24 - November 10, 2009



H1N1 Calls By County April 26 - November 10, 2009

