

-Healthcare Emergency Preparedness Council
 April 7, 2008
 Memorial Medical Center
 1700 McHenry Ave, Modesto (McHenry Village)

In Attendance - X		Absent = O			
X	Scott Penner, Chair	X	Jeff Wilson		Tom Brennan
X	Terry Nelson, Vice Chair	X	Renee Cartier, Voting Member		Richard Murdock, voting member
X	Marianne Shaw, Secretary	X	John Walker, MD	X	Jim Worobe
X	Mike Corbin	X	Randy Fike	X	Doug Buchanan
X	Richard McGinthy		Rosie Lopez		Steve Andriese
	Rashmi Birla		Janwyr Funamura	X	Vivian Thompson
X	Kay Gordon, Voting Member		Scott Seamons		Mike Wilkinson
	Dave Plantier		Bob Castillo		Barry Hurd
X	Judy Mahan	X	Ryan Zollicoffer		Patrick Lynch
	Karen Hall		Michael Rossini, MD		Darrell Freitas
X	Renee Pimentel, Voting Member	X	Tammie Waddle, Voting Member		Teri Norton
	Lynn Leatherman	X	Sharon Perry	X	Ken Huntley
	Daniel Cipponeri, Voting Member		Cindy Young		Becky Crow
	Don Balley		David Sasser, MD	X	Ron Lopez
X	Troy Lute	X	Alicia Hinshaw, voting member		

1. Welcome and Introductions

Scott Penner called the meeting to order at 1304 and welcomed everyone. Self introductions were conducted.

2. Approval of Minutes

Motion: (Tammie/ Alicia) to approve the minutes as presented.

3. MID Presentation

Mike Zweifel – Major Acct Rep

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Worked through 2000-01 crisis. Understanding about nature of transmission distribution system MID imports from out of district 30-60% energy needs, Within: woodland generating. All time peak 700 Watts. MMC – 5 mw customer. Hersheys, Frito 6 mw. Most plants natural gas and hydro. Main arterials Hetch-Hetchy system (SF), Westley-Parker line (Beard tract to Parker station), Westly-Rosemore project nearing completion (on line for summer). Hot July/Aug days are peak demand (30-50%) - Air conditioners and food processors. Today 400 mw.

Scenarios with rotating outages – demand greater than supply; has only happened once. Emergency supply – MID step program, 12,000 MID customers cycle off air conditioner, 10 min every half hour. Industrial customers – interruptible rate – small discount on bill – reduce load when needed. Extreme case for rotating outages – External: forest fire in Idaho under transmission lines. Grids are interconnected – metering and accounting – power rerouted. Utility operators guarding massive power outages; grid is stressed and not enough supply. If region goes black – picking up grid from black start – very difficult, feeder by feeder, substation by substation. Tools of last resource – Rotating outages. Lg CA powerplant (5-10%) if shut down would have an impact – share power, curtail power. Days 3-5 of a heat wave are the worst. The thermal mass in your house is higher, nights don't cool down. Loose diversity and demand. 1200-1900 there is minimal diversity, loads are high. When everything at max, things poop out both externally and internally. Last year, lines in Turlock caused more of an impact in Modesto during the spring – ¼ district went black.

IF need to go rotating – MID broken into 20 grids, equal in load but not size. What is likely to happen, Rotate out 1 or 2 blocks for 1 hrs (2 worst case scenarios) in a sequential pattern. With other tools at disposal, should be enough. Peak demand at 1700. Max overlap with residential and industrial, hottest time of day. Likely time for rotating 1400 – 1900. (no guarantees).

MID is a control area with SMUD and Western Area Power Administration; Solid partners to share resources. Rely on control area partners then PGE and TID if can assist. 2000-01 in early Jan, loads in state were lowest in year. There was "Gaming" going on is system causing situation.

Average customer outage/year – 7th of what PGE is /year; 30 min/customer/year; Stout and robust system. Minimum amount of customer outage.

How can we be exempted? 2000-01 only 1-2 hrs/day for 3 days. Hospitals, water/sewer. IF we start to exempt others, dialysis, LTC, outpt surgery, schools. There would be no one left to exempt. More strict (BOD) decisions on who meets need. Make sure the pain is short and equal for all.

DR Walker – Work group 2001 – decision to have only Acute hosp. If there were a lot of exemptions, the period of blackout might be longer causing more issues on batteries. EOC liaison with utilities.

Questions:

Load diversity in terms of % of variation – in a given day, load at minimum in early morning hours 0300 (200 mw) at high pt, less likely to peak 1600-1800 will almost double to 400 mw. Real time nature – Utilities can't dictate when people turn on utilities – time year, week, previous usage; Get it down to 1-2 %.

Spinning reserves – 3-5% of existing system load ready to turn on instantly.

Summer time – residential customer have largest swinging load daily – 1700 all

diversity gone, 80 degree day less than 100 degree day. Industrial customer – 90% load factor – never shut down; 0300 vs 1500 same load.

Complex control of blackout – why 1 hr vs 15 min? Suspect that this is true. Command Center – 90% of day not much happens – when needed working hard. Dispatch trouble man to see why issue – car hit pole?? 15 min too short of time to do rotations.

Seasonal food processing? Couple of acct reps – learned through years when they come online. Tomatoes 4th July, peaches mid June, Wet vs. dry years determines when season starts. Call and talk with them to determine when online. Don't overbuy, over schedule. Same with seasonal shut down.

Service area – Stanislaus River, Tuolumne River, MOD, Waterford Salida, Vernalis before river

Residential Elderly – service for unpaid bills – Deaths from power off during heat wave? Huge concern with the Senate. Can see those things coming – suspicion that there is a heightened sense of awareness. Different if power is off prior to heat wave.

CAL ISO - distributor

Independent system operator – CAL ISO controls the big 3 PGE, SO SAL Edison, San Diego – Controls their transmission grid. We do not take directives immediately. IF there was a big regional mess, ultimately the grid is interconnected. We are insulated from ISO. 1996 – Deregulation law passed. ISO came out of this law. Manage transmission lines. Track in real time power loads in state. MID control area – we can react faster than waiting for CAL ISO. MID was selling power on grid during the heat event.

LTC facility – Emergency preparedness – email, fax of impending power loss to medical facilities? Need to know which block you are in!!! Need info to come from MID. Let medical industry know. Nature of beast is that we may not have notice. Most likely scenarios – heat wave – day 2-3 will be a busy day. Talk with customers. Which block they are on and imminent load change. Try to time for top of hour to occur, Posting info live on the website.... www.mid.org

Know where you are on grid. Have contingency plans. There is no guarantee of service (cars hit poles).

Automatic transfer switching feature on generators must be on; not using both simultaneously. Safety issue!

Renee – load blocks onto GIS map for

Check HVAC on generators. If rotating schedule were predictable and published for medical facilities. WE have several agencies that can broadcast fax in short order. We can assist. Mike will take it back to the Public Affairs people.

4. System Saturation – Teri Norton

No one here

Committee Reports

5. Patient Tracking – Randy Fike

March 20 drill - fair number of tags during drills. Key indicators are going down % wise. Some of the areas are in 35% range. Last workgroup mtg discussed ways to rejuvenate interest at field level. Training- Still looking good with basics, confusion on who pulls off parts of tags, status changes. Communication issues. Concerns with how move forward – as a group look at as more involvement as a region. Bring in rural areas, training is slow process. Challenges. DVD's from EMS on triage tags. That may help with the training. Somewhat stalled but hope to get going. Region involvement necessary.

Doug – goal was pt tracking. Continue to track pts.

Mike Corbin - Every Firefighter in county, track field patient through county and out. Need policy development to push this. It won't grow if there isn't policy to push this. DMC/EMC doesn't have way to track, MMC does.

Not getting buy in from everyone.

Renee Cartier– Need policy.

Doug – We have policy; need to modify to meet current needs. Neighboring communities have expressed interest.

Renee Pimentel – huge discrepancy on medical patients with START. Had a minor patient that was immediate.

Alicia - Purpose – how to track each tag. Each hospital has own system.

Scott – need workgroup to deal with this separately. Policy “thou shalt”, Procedures need needs.

Doug – have START triage policy for field, Region 4. Policy when to use, what happens with tag, how to fill out... All EMS policies are on web.

Randy - Has policy for hospitals after pickup. Need to flush out what happens next.

Doug and Randy to send existing policies to Marianne to send out with minutes.

Doug – need to have group

Tammie – need standardization

Terry – incorporate way to include Medical patients into system.

Renee – need internal procedures in each hospital to track patients admitted with Tracking number.

6. EOC Workgroup – Close out

Drill is not happening, person working on will not be able to work on it. Tabletop in May regarding Ag. **Get date from C. Wilkinson**

7. HRSA Grants – Renee Cartier

- HRSA – Renee has not heard back from state regarding reallocation
- Surge Training

We look real good. Some templates are helpful.

- HPP: Still not approved, pending state
- ACS- Ad Hoc – Wed the 9th – come by and take a look 3800 Cornacopia
- Homeland Security Funds – also holding
- Full scale drill at Johanson High Aug 21 – waiting on paperwork
 - Pan flu with ACS and Surge, Fatality mgmt, HavBed reporting
 - Renee to send out planning info
 - Transport to & from site to hospitals
 - Hosting Roundtable April 24th with coroner 9-11 Hippocrates Room, Memorial- Cty Mass Fatality, State Mass Fatality plans. Open Forum.

8. EMSystem

Judy and Marianne met with EMSystem at NDMS, told them that we were looking for other products. Have EMSystem speak with MVEMSA to set up a regional meeting.

9. Public Health Officer Report - Dr Walker

- Health Exec Roundtable – May 12th 1200-1400, focus on hospital surge standards. Identify a hospital representative to give summary to execs.

Having same person give May presentation. (Sharon or Tammie).
Presentation by OES regarding EOC workgroup outcome.

- Approval by Board of Sup of County Disaster Council. Some parallels, dev during WW2, not utilized. Established group of elected officials that report quarterly, Board of Supervisors Chair, County CEO, County Director ES, an elected person from each city. Chief Hinshaw has been impressed with HEPC and recommends as model.

10. CA Dept Public Health – No current representative

Guideline documents on Antiviral Medication Stockpiling and Recommendation on Facemasks

11. CHA:

12. Roundtable

Judy- and Ron are part of Missions Support Teams, Ambulance Strike Teams, Mobile Support Hospital, part of State assets. Are moving forward to support the deployment; lots of lessons learned from Fire deployment? If invited, the Mobile Field Hospital, comes with complete support teams to run. Deployments are strictly in California. Scripps, Tenet and Sutter have management teams trained to deploy to manage these hospitals.

13. Meeting Adjourned:

14. Next Meeting: May 5, 2008 – 1pm at Memorial Education Center – McHenry