

Emergency Preparedness Committee
March 6 2006 1 p.m.
Memorial Conference Center
1700 McHenry Ave, Modesto (McHenry Village)

Attendance:

Kay Gordon (chair), Doctors Medical Center
Doug Buchanan, Mountain-Valley EMS Agency
Renee Cartier, Stanislaus Health Services Agency
Chris Resler, Stanislaus Health Services Agency
Lynn Leatherman, Emanuel Medical Center
Renee Pimentel, Emanuel Medical Center
Bill Wennhold, Professional Management Associates
Don Bailey, Evergreen Convalescent
Dan Cipponeri, Progress Valley
Carolyn Peterson, Hospice
Robert Mark Keizer, Memorial Medical Center
Vivian Thompson, Oak Valley Hospital District
Tom Brennan, Modesto City Fire
Ray Jackson, Stanislaus County Fire Warden's Office/OES
Dennis Nelson, Doctors Medical Center
Teri Norton, Stanislaus Control Facility
Darrell Freitas, Stanislaus Sheriff's Office/OES
Terry Nelson, Stanislaus Surgical Hospital
Laura Shouse-List, Doctors Medical Center
Dr. Heyboer, Memorial Medical center
Ron Bowren, ARES/CERT
Roz Mitchell MD, Interlude Enterprises

1. Welcome and Introductions

Kay welcomed everyone and self-introductions were conducted.

2. Approval of Minutes

Laura pointed out the fact that she attended the last meeting. Dan also pointed out that his reference to "Tri-Valley" nurses should have read "Tri-River" nurses.
M/S/C Vivian/Daniel (unanimous) to accept the minutes with the above change.

3. System Saturation

Vivian suggested that it seems less busy this year. Doug pointed out that the 2-hour Diversion Project is probably having some effect. Vivian asked if we could compare last year's statistics to this year's. Teri and Doug agreed to put this together for the next meeting.

4. Tabletop Drill

Renee Cartier reviewed the revised Scenario for the Tabletop, as well as the revised Exercise Participants list. Terry suggested identifying future changes. Renee agreed to mark future changes with italics or underline, as well as the revised version dates. Additionally, Renee suggested that the clinics may need additional objectives. She also shared that an After Action Report will be sent out 30-45 days after the exercise for comments/review. Kay shared that lessons learned from this exercise will likely be useful in the Functional Exercise the

following day. Renee will be sending out the revised draft by email and has asked for any additional comments to be submitted by this Friday. Dan asked if it was possible to get a letter from the county (Dr. Walker) in trying to waive the statues/regulations for LTC facilities during a disaster. Renee suggested that regulatory walls would be identified during the exercise, and would trigger this type of response. Renee inquired about the role of the Coroner's Office during this type of scenario. Daryl shared that Ralph Ghimenti is the county's new Chief Deputy Coroner, and that the role of the Coroner would likely be limited to

5. Functional Drill

Kay suggested this exercise be conducted from 11:00 to 3:30 p.m. in order to exercise the process of shift-change (i.e. transfer of command, etc.). Kay also asked for volunteers to help work on the MSEL. Terry and Vivian have both offered to help. Doug also shared that this exercise is designed to start well into the event in order to test the community's response when space, mutual-aid, etc have all been exhausted. Renee Cartier shared that the CDHS has recently shared that they will be addressing Austere Care standards by order of the state's Public Health Officer during this type of scenario. She also shared that ALL healthcare workers that have direct patient contact will be required to wear a minimum of N-95 masks. Mark shared that in the light of the new HICS documents due out later this month, won't leave us enough time to train on the new plan/format. Kay shared that the major positions won't be changing (i.e. Command staff, etc).

6. Alternate Care Site

Kay shared that Dr. Walker is unable to be here today to speak on this topic, and therefore this will be deferred to the next meeting.

7. HRSA Update

a. Year 3

i. Communications (Professional Management Associates)

Bill Wennhold shared that the Plan is still in draft format and is not ready for distribution. Terry shared that his facility has never been contacted re: Communications. Bill shared that the draft Plan will be available at the April meeting. He also shared that the Communications Subcommittee met last week to begin prioritizing objectives. Doug shared that one objective for the upcoming exercise objectives would be testing the expansion of the communications system to non-standard sites within the medical/health community (e.g. clinics, LTC, etc.).

ii. Surge Capacity (Health Analytics)

Dan asked for more info on the Mobile Clinics at the next meeting. Renee suggested that since there is no representative from HA here, we should exercise our cancellation clause with this committee. A Surge Subcommittee will be meeting on March 15 at 1:30 p.m. at MVEMSA Conf. Room. Volunteers include: Kay, Dennis, Renee, Chris, Doug, and Terry.

iii. Training/Exercises (Interlude Enterprises)

Dr. Mitchell distributed a revised After Action Report, and explained how important it is to obtain information during and

after the exercise to adequately produce an After Action Report. This subsequent report contains a review from her analysis of the reports received from the participants (i.e. hospitals, EOC, Public Health, EMS Agency, etc). She explained how the After Action process was approached and reviewed these new documents for the committee. She shared that all facilities identified problems associated with lock-down as a particular area identified for improvement. Additionally, she shared that the MCI Self-Study CD contains a brief review of the principles of ICS available for all medical/health responders, not just ambulance personnel. Dr. Mitchell also shared that in the one area that seemed deficient appeared to be correlated to lack of participation with the EPC (specifically Surge Capacity), and that the use of EMSystem accomplished expanded communications countywide. She is also producing a CD that contains the reports submitted by the facilities, as well as the drill, the patient populations, and the After Action Report in pdf format. The CD will be available at the EMS Agency after today. Dr. Mitchell also suggested that this document can be posted on a website and the link sent out to the committee for electronic access. Kay suggested that if there are any comments or feedback, they be done electronically.

In regard to training, she asked for more direction from this committee. Up to this point, she had been working on possibly sponsoring a BDLS course, but this takes quite a bit of pre-planning/scheduling, and wants to know if this committee is still interested in holding one of these courses locally. This has largely been an East Coast training program, designed to provide Basic Response protocols for responding to disasters. It is designed toward EMS and first responders, however, there are chapters on Psych response, Public Health response, etc. The Advanced Course goes more into Decon and Treatment, which requires an advanced physiology manikin (which UC Davis has). She believes that we could get interest in this course among the disaster and trauma services within the region. These courses are all controlled by the AMA.

iv. PPE/Decon

Doug shared that the state is developing a course specific to Ambulance Personnel, but it has to be significantly revised. Additionally, the Communications Subcommittee will be looking at possible frequencies for the Decon Teams at hospitals.

b. Year 4

Renee shared that she was told that the Year 4 application has been approved. She also thanked everyone for getting the data surveys back to here before the end of February.

8. Roundtable Reports

Dan shared an evaluation form that he is suggesting be adopted by the EMS

System (or Region IV committee) and used by all the Long Term Care Facilities. Terry suggested that before a recommendation is made that we look at its appropriateness for all types of facilities not just LTC. Kay offered to forward the link from the EMSA website for the Medically Fragile Plan that Dan used as the basis for this revised form. Dan also suggested that the LTC resources have not been included to date to be part of the Surge Capacity Plan, and he is requesting that we communicate to whomever we can at the region, state, and federal levels to express this need and inclusion of these important resources. Dan also shared that the video from “The Good, the Bad, the Ugly” seminar from last week should be available soon.

Kay shared the new book from JCAHO entitled “Are you prepared?” She also shared that a binder for First Receivers from OSHA, which is also available on the JCAHO website.

Terry shared that he has now received the electronic copy of the Marshall Hospital Surge plan. Mark shared that he has recreated this document and will forward it to the EPC mailing list.

8. Next Meeting: April 3, 2006