

**Emergency Preparedness Committee**  
**April 3, 2006 1 p.m.**  
**Memorial Conference Center**  
**1700 McHenry Ave, Modesto (McHenry Village)**

**Attendance:**

Doug Buchanan, Mountain-Valley EMS Agency  
Renee Cartier, Stanislaus Health Services Agency  
Dan Cipponeri, Progress Valley  
Vivian Thompson, Oak Valley Hospital District  
Tom Brennan, Modesto City Fire  
Dennis Nelson, Doctors Medical Center  
Terry Nelson, (chair) Stanislaus Surgical Hospital  
Laura Shouse-List, Doctors Medical Center  
Ron Bowren, ARES/CERT  
Roz Mitchell MD, Interlude Enterprises  
Jim Worobe, Mountain-Valley EMS Agency  
Rosie Lopez, Stanislaus HSA  
Bob Castillo, Kindred Hospital  
Mike Petrie, Health Analytics  
Nick Nudell, Health Analytics  
Steve Kovacs, Professional Management Services  
Jerry Grandon, Golden Valley Health Center  
John Walker MD, Stanislaus Public Health Officer  
Gina Legaria, Stanislaus Sheriff's Office  
Dave Jones, Stanislaus County  
Cindy Woolston, AMR  
Patrick Lynch, San Joaquin EMS- Region IV RDMHS

**1. Welcome and Introductions**

Terry welcomed everyone and requested that presenters on the agenda attend from the beginning of the meeting so that the agenda may move quickly. Self-introductions were conducted.

**2. Approval of Minutes**

Rozie pointed out that she attended last months meeting, but was not reflected in the minutes.

*M/S/C Jim/Laura (unanimous) to accept the minutes with the above change.*

**3. System Saturation**

Doug shared that the EMS Agency is currently working on drafting a Stanislaus County Diversion policy, based upon the last year's Pilot Project. The draft should go out soon for 60-day public comment.

**4. Tabletop Drill**

Renee distributed several revised copies of the Tabletop Scenario. She has incorporated comments received. This is designed to be an all-day exercise at the DoubleTree. Registration begins at 8 a.m. with continental breakfast. Lunch will also be provided. 8:45 a.m. the exercise begins. There are four modules. The scenario covers a 6-month period. Each break-out group to have a laptop and

scribe with thumb-drive to be able to share at the main group presentations. Short and long-term goals will be requested from each group. Renee is requesting 2 facilitators per table (10 total), and five scribes. If anyone would like to volunteer, please email Renee. She also distributed list of previous attendees, please review and email Renee with changes. She will be sending out Save-the-Date flyers soon. Dr. Walker shared he has received guidance on Business Continuity during this type of scenario. MPD is conducting a scenario this week to address similar issues. Don shared that other LTCs be made aware of this exercise, since not all are represented by Progress Valley. Renee shared that not all agencies are expected to participate, but rather reps from each industry, due to limited space.

## **5. Functional Drill**

Doug distributed the revised Participant Scenario and Master Sequence of Events List. This exercise is scheduled to be conducted on May 18<sup>th</sup> from 11 a.m. to 3:30 p.m. to allow for testing the hospital shift-change. He explained that this exercise is designed to begin at week 3 of a flu pandemic, after all resources have been exhausted. The scenario has been divided into functional areas (command, operations, planning, logistics, and finance) in order to allow more areas of incident management to be tested. Command will focus on implementation of Austere Care protocols, Operations will deploy Surge Tents and expand the medical communications network, Planning will implement emergency credentialing of volunteers, Logistics will be challenged to ration durable medical equipment and medications, and Finance will be challenged with procurement, including various equipment offers. The current plan is to coordinate EOC operations with the overall county's medical operations. Doug asked for any comments or suggestions to the scenario be emailed to him or Kay.

## **6. HRSA Update**

### **a. Year 3**

#### **i. Communications (Professional Management Associates)**

Steve distributed a draft Communications Plan document and asked for comments by May 22. Doug requested that this document be further reviewed by the Communications Subcommittee.

**MSC Renee/Doug (unanimous)** To send this document to the Communications Subcommittee for review.

#### **ii. Surge Capacity (Health Analytics)**

Nick Nudell presented an overview and update on the Hospital Surge Plan. After review of the data, Nick explained their plans for doing further computer modeling, development of triggers/responses at various levels of Surge, use of non-911 facilities and LTC, Special Populations, and Written Findings/Recommendations.

#### **iii. Training/Exercises (Interlude Enterprises)**

Dr. Mitchell distributed information on the BDLS program, and explained that she has scheduled two sessions: May 22 and 23. Attendance is required at only one session, since each class is eight hours. She shared that speakers from various organization would

be presenting (Lawrence Livermore Lab, AMA, Public Health , DMAT). The current student fee is \$75 after negotiating with the AMA. Concerns were expressed about the short timeline, and Roz explained that it was necessary to complete the course during the course of her contract which ends in June. After some discussion by the committee regarding the use of local HRSA funding, and the plan to open this course to out-of-county participants, Roz agreed to look at a tiered-fee schedule (i.e. one price for Stan. County participants vs. out-of-county).

**iv. PPE/Decon**

Doug shared that there was nothing new to report at this time.

**b. Year 4**

Renee asked that this item be deferred to the next meeting for discussion.

**7. Long Term Care**

Dan distributed packets containing information regarding Long Term Care and a proposed revision to the Emergency Evacuation of the Medically Fragile. Dr. Walker suggested that since our Surge Consultants have left the meeting, that this information be shared with them. Terry suggested that SNF were equivalent to ECF (Level I) on this matrix, rather than need to modify Level II. Dan explained the issues regarding funding that affect SNFs differently than ECFs. Dr. Walker added that it is important to look at other systems for models on Evacuation Plans.

**8. Next Meeting: May 1, 2006**