VERMONT
Department of Health
Emergency Preparedness Senior Advisory Committee

Senior Advisory Committee
January 26, 2009
Capitol Plaza Hotel

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

Haak, Ed – Chair
Benoit, June
Berger-Wabuti, Gretchen[VT]
Bushnell, Andrew
Cobb, Peter
Destito, Chris
Earley, Steve
Hausler, Carl
Herrick, Chris[VT]
Keeler, Fran[VT]
Lavalee, Michelle[VT]
LeBaron, Dawn
Leene, Jim
Nagy, Ross[VT]
Olson, Jill
Peterson, Jean
Severance, David
Skeels, Heather
Stanovich, Mark*
Winters, Stephanie

SAC members absent/unable to attend:

Callahan, Sherry
Gougelet, Rob
Miller, Wes*
Mireault, Maria[VT]
O'Neil, Mike
Phelps, Chris
Reinfurt, Chris[VT]
Stetson, Tim

VDH Staff present:

Larry Crist[VT]
Chris Finley[VT]
Mary Bronson[VT]

Guests: Karen Crampton[VT]

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

Welcome/Introductions**:**
Steve Early is joining the SAC as a representative of the School Crisis Planning team. Welcome Steve!

VERV- Vermont Emergency Response Volunteers – *presentation: Karen Crampton*.
VT is using VERV to meet federal ESAR-VHP (Emergency System of Advance Registration of Volunteer Health Professionals) Full presentation available on SAC web page: http://healthvermont.gov/emerg/sac.aspx

VERV Discussion**:**

- ✓ **Q: Who has access to what information?** A: Karen and Patrick are only ones who have access to all of the volunteers. Best way to find out if another hospital has volunteers available, is to call the other hospital's VERV administrator to have that person check to see if their volunteers are (a) available, or (b) have the specific qualifications needed.

- ✓ **Q: What hours is VDH administrator available? Duty officer is available any time day or night. Will you or Patrick be available at 2am or on a Saturday morning?** A: Not yet. This is a work in progress. If true emergency we would be alerted about that, and then we'd be available because of that emergency.
- ✓ **Q: How do you screen out 'wing nuts'? Credentialling? Who checks?** A: We check those with affiliations through those organizations. For those with no affiliation, it's about $20 to do a background check on total unknowns. Perhaps the state can fund it. SOS office, Medical Practice Board, EMS all have records on their members (ie: Docs, nurses, EMS)
- ✓ Q: **What about 'non-health' professionals?** We're mandated at this time to register only health professional volunteers. As we expand it and it grows, we need to be careful about letting non-credentialed people in.
- ✓ **Q: How many in the system now?** A: we have about 40 people registered as volunteers.
- ✓ **Q: Time and energy related to registration process?** EPC. A: Trying to make it simple. There are challenges.
- ✓ **Q: Anything yet relating it to NIMS? You could put a link up for that?** A: It's not a requirement yet, but (when you register for VERV) there is a question asking what level ICS training you've had.

Business Meeting

Minutes from November: MMS/approved.

Director's Report: *Larry Crist*

- HPP coordinator position: Our first choice turned us down. We may not have a viable candidate, or be allowed to hire anyway. Don't yet know impact of budget on programs/positions.
- Pan Flu Plan: Have received extensive review of statewide plan. Contractor is in place to help us move forward. (Thru DPS, VEM Pan Flu Coordinator position)
- Developing an inventory management system – have used grant to purchase PPE, pharmaceuticals in various caches, and need this system to track.
- CEFO: Career Epidemiology Field Officer – direct pay thru CDC. Waiting to hear (within next week or two) if candidate chooses Vermont. Will be full time, & work out of OPHP.
- SNS-CRI pre site visit. No surprises, we did well. Site visit scheduled for .
- Richard Bessor – appointed acting Director of CDC. Has strong background in preparedness.
- Jean Popiak, our CDC Project Officer has been reassigned. Keesler King, her former supervisor, is covering until new Project Officer can be hired, trained. No site visits scheduled as yet.

Directory: Those who didn't attend meetings have been moved to 'Resources'. Membership Directory was distributed at meeting and will be posted on SAC web page.

Attendance: SAC members are expected to attend 3 out of the 5 meetings in 2009.

Altered Standards of Care Update:

- Report is attached at end of these minutes.
- Dan Manz has taken over the oversight of the Altered Standards of Care workgroup, working with Craig Stevens of JSI: Clinical, Administrative and Legal workgroups. Goal is to have draft ready for this group in the next three or so months.
- A link to ASC committee work from the SAC web page will be set up for easier access to ASC documents. Go first to http://healthvermont.gov/emerg/sac.aspx; then click on "Altered Standards of Care"

Mass Care/Medical Surge/ MCI – *Presentation, Ross Nagy*
Discussed/presented the nuances between Medical Surge, Mass Care and Mass Casualty Incident, Alternate Care Facilities (ACF), Acute Care Centers (ACC). Full presentation is available on SAC web page: http://healthvermont.gov/emerg/sac.aspx

- At time of national emergency, Sec'y of HHS can give permission for states to 'relax' the 25 bed limit in critical access hospitals.
- ACFs will be fully identified by March/April. It's a 2 year process to identify and get up and running.
- **We learn from our neighboring states on what they learn during disasters** ie: NH and the ice storm, where people not 'ill' but still needed assistance to get to the bathroom.. Not enough health care / 'home care' workers.

SAC Committee Exercise: Rank ordering priority topics for consideration

Committee went through a rank order process led by Chair Haak. First step was for each member to choose four of the sixteen priorities. From there, committee voted on the top nine choices (every topic that received 3 or more votes.) assigning points. Tables showing results follow:

Result after each SAC member chose "top 4" topics:

Priority Topic	# votes
A. Altered Standards of Care	16
F. Exercises and Trainings	9
P. Pandemic Influenza Plan (New – added by Larry at meeting)	8
D. PCU (Patient Care Unit)	7
B. Pharmaceutical Cache	5
C. VERV (Vermont Emergency Response Volunteers)	5
L. Command and Control – HOC, Communications	5
G. ACC (Acute Care Centers)	3
H. Integrating MMRS, MRC, CERT into coordinated volunteer program	3
E. After Hours Response and Lab Capabilities	2
I. ICS (Incident Command System) trainings	2
N. SNS/CRI – Cities Readiness Initiative. The ability to open clinics and distribute	2

J. PPE (Personal Protective Equipment)	1
M. Surveillance – ability to gather information and communicate it back to partners	1
O. PODs – Points of Distribution. – Ok to roll into SNS/CRI	1
K. First Responder Communications	0

Result after each SAC member ranked the top nine from top to bottom:

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FINAL Priority Rank Ordering Results (1/26/09)

Priority	Second vote: Rank from top to bottom:	# Points
1	A. Altered Standards of Care	**167**
2	F. Exercises and Trainings	**137**
3	D. PCU (Patient Care Unit)	**112**
4	P. Pandemic Influenza Plan	**103**
5	G. ACC (Acute Care Centers)	**98**
6	C. VERV (Vermont Emergency Response Volunteers)	**94**
7	B. Pharmaceutical Cache	**92**
8	L. Command and Control – HOC, Communications	**89**
9	H. Integrating MMRS, MRC, CERT into coordinated volunteer program	**80**

Meeting was adjourned at 11:54 am.

Respectfully submitted,

Mary Bronson

Next meeting: March 30, 2009

Find SAC information at
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

See attached Altered Standards of Care update:

Altered Standards of Care Update

Submitted 1/26/09, by Dan Manz

The Core group of SAC members and others last met in Nov.

Since then, stakeholders with interest and expertise in specific ASC components have been identified and recruited. These people met last week and have decided to organize in three workgroups to address 911 and prehospital standards, hospital and alternate care site standards, and long term care and community based standards. A fourth group to consider legal and immunity issues will meet after the first three groups have developed working drafts.

The plan is to treat this project as a rapid development initiative with working drafts available in the next three to four months. The workgroups will provide drafts to the core group. The core group will review them and make recommendations to the SAC. The SAC will recommend a final version to the Dept for adoption.

All participants share the vision of getting ASCs in a reasonable working form to start. Refinements and moving towards perfection will likely take years to accomplish.

Drafts of component plans will be posted on the SAC portion of the VDH website.

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