

South Central Healthcare Preparedness Coalition Meeting Minutes

November 16, 2016, 10:30 a.m.

South Central Public Health

Attendees: Brenda Gully, Cassey Scott, Clint Blackwood, Debi Drake, Eddie D. Patterson, Gary Davis, Jackie Frey, Kevin Rosenau, Kim Vega, Larry Troxell, Lori Capps, Mark Phillips, Mary Davidson, Patricia Heath, Randy Hall, Scott Rasmussen, Suzanne McCampbell, Tammi Harr, Trae Becker, Will Carson

TOPIC	DISCUSSION
Welcome and Introductions	Larry welcomed members to the meeting. Participants introduced themselves and the agency they represented.
Approve Minutes from the August 24, 2016 Meeting	The Minutes were approved as written.
Utilize JRA and County Results to Conduct Risk Based Planning for Healthcare and the RHCC	Tabled for future discussion.
Functional Exercise What do we exercise?	Larry mentioned that we previously decided to conduct a Functional Exercise this year. With our regional hospitals so spread out it is difficult to find one issue that would affect every hospital. It was mentioned that we could use an Ebola breakout as a topic and include all of the hospitals to varying degrees depending on what part of their plans they want to test. An Ebola scenario is plausible and we will plan for that. We are looking at the possibility of conducting the exercise in late April or, possibly, early May.
Build Appropriate Understanding of the 1135 Waiver Process	Larry provided a handout regarding federal and state 1135 waivers. He mentioned that we practiced the request process for a state waiver at the North Canyon Medical Center Functional Exercise this past May. Even though the Bureau of Facility Standards did not participate in real time, the process worked and the request was approved the following day. This request process could be used in the Functional Exercise next year.
Build collaboration with Behavioral Health agencies, Volunteer Organizations, and Licensed Clinicians with expertise in Behavioral Health Response	Larry spoke about a team that Scott Rasmussen put together ahead of the Full Scale exercise this past May. Scott stated that they needed more opportunities for his team to practice in their response capabilities. Scott mentioned that the IDHW Division of Behavioral Health hired an individual to assist with emergency response statewide and have been working with Public Health Districts statewide. The decision was made to work through each Health District and the Medical Reserve Corps (MRC) Program. The division has pushed for clinicians to sign up for the MRC. We have had clinicians sign up for the MRC in this area. Our collaboration is off to a

	good start in our district.
Build Familiarity in the Coalition with the National Disaster Recovery Framework	Tabled for a future meeting.
Build Recovery Capacity with Gaps Identified Last Year or This Year	Larry spoke to the coalition regarding the gaps identified last year and the decision was made to focus on those gaps going forward this year. The speaker/instructor for the Critical Incident Response Training is tentatively scheduled for the last of March 2017. Minidoka Memorial Hospital has 10 individuals who will attend the training leaving 25 slots for additional individuals.
Encourage Healthcare Partners to Ensure Electronic Safeguards are in Place to Harden IT Systems	Larry mentioned that in the past we were able to provide money for camera systems and keyed entries to help protect personnel and equipment at the hospitals. He asked if hospitals were sufficiently protected and it was stated that more can always be done to improve safeguards.
Address Gaps Identified Last Year and Evaluate Status	Larry asked if there was anything additional we can do to improve the gaps we are already working on. The comment was made that we need to ensure we are following up with agenda items that have been assigned.
Sustain/Enhance Healthcare Facility Fatality Management Plans That Identify Roles and Responsibilities of Public Health, Healthcare Partners, and Other Partners in Mass Fatality Management	Larry advised the group that he had spoken with Kevin Rosenau from Rosenau Funeral Home regarding mass fatalities and how he would handle a large influx of bodies. Kevin mentioned that he really had no written plans in place but expected other funeral homes would operate similarly during a mass casualty event once bodies were released from the coroner's office. Jackie mentioned the use of refrigerated trailers and the fact that once you utilize a refrigerated trailer for mass fatality storage you have bought that trailer. Since we have not experienced a mass fatality incident, we will have to wait for one to occur and see how the commissioners will handle the situation. For Twin Falls County, we have mass fatality sites identified, one being the airport. We struggle with finding a vendor willing to provide refrigerated trailers. It was mentioned that we would deplete resources quickly and working with the state will be necessary to achieve our goal. Clint mentioned that he has an MOU with a company for a refrigerated trailer who will take the trailer back after it is used to store bodies. He would not divulge the name of the company but said that the trailer is an asset that can be used anywhere in the valley. Jackie mentioned that it would be good to know who to contact if Clint was out of town and/or unavailable. She also asked if Jerome would be willing to foot the bill if the trailer was used in a county outside of Jerome. Jackie believes the vendor would want to know who would be in custody of the trailer and taking care of it during a mass fatality incident. Larry asked Clint who would we go to if he was unavailable. Clint said it would be any of his staff and they could activate the MOU. Larry asked if we needed to do individual MOUs with each county and Jackie asked if an MOU with South Central Public Health would work. Clint said that the trailer was a regional asset but can be used in our region. Clint mentioned that the trailer was such that it could be decontaminated and subsequently used for something else. Trish recommended we form a sub-committee to discuss

	<p>how to make this work. Larry stated that he did not need to know who the vendor was but we do need to develop a process to utilize the trailer.</p> <p>UPDATE: Larry has forwarded this information up the chain for discussion to decide how we want to proceed.</p>
<p>Sustain Regional Capability to Assist and Support Family Assistance Center Plans for Deployment Under Direction of County Coroners</p>	<p>Larry advised the coalition that Public Health was tasked to write a Family Assistance Center (FAC) Plan a few years ago which we did with the help of other local agencies. Will Carson, Coroner’s Office, is here to speak to us today about the Family Assistance Center. Will provided an outline of the key points of the plan regarding the services that will be provided. He covered the specifics for opening and closing a FAC, additional agencies that would provide assistance, available resources, and core functions to support the families. Services will be provided at a central location, away from media and others and supported by the American Red Cross, Salvation Army, and others when needed.</p>
<p>Ensure Regional Family Assistance and Mass Fatality Response Resources are Coordinated with Medical Shelter Planning</p>	<p>Larry mentioned that he bought almost \$18,000 worth of medical sheltering equipment two years ago. In most cases we would co-locate with the American Red Cross (ARC) shelter in response to a major incident. Last year Josh and Larry went to Caldwell to observe a medical shelter exercise with Districts 3 and 4. People would enter the ARC shelter and be triaged to assess their needs. They would then enter the ARC shelter or be directed to the medical shelter for additional triage. The set-up of the facility worked well and the exercise was a success. Larry mentioned that we at Public Health have a lot of training to do with our personnel prior to conducting an exercise. We are also looking at utilizing Medical Reserve Corps personnel to help staff the medical shelter. We are also looking for a doctor who is willing to provide medical oversight for shelter operations.</p>
<p>Continue to Build Partnerships with Behavioral Health Practitioners and Encourage Their Involvement in Mass Fatality Response Planning and Training</p>	<p>Larry mentioned that we have been working with Scott Rasmussen from Behavioral Health. Scott assembled a team and utilized them at our full scale exercise last May. Additional opportunities for exercise participation will be a plus moving forward.</p>
<p>What’s Going On?</p>	<ul style="list-style-type: none"> • Major Ed advised the group that they now have three food service canteens available; they are located in Boise, Twin Falls, and Idaho Falls for area response. They also have a supply trailer that is ready to go anywhere when needed. They are looking at adding a simple communications system to be able to correspond with local offices when deployed. • Suzanne stated they are in the process of converting to a new statewide database for ageing services and they are working the bugs out of it. The senior population is growing and they have waiting lists on nearly everything. • Jackie advised the group that Lori Capps just retired as the Gooding County Emergency Manager and is now working eight hours each week to assist her in Twin Falls County. Jackie recently worked with DEQ on a addressing water utility resources and support

	<p>during a disaster. She is also working with the 101st Civil Support Team on a drill with hospital paramedics, Twin Falls Fire, and Twin Falls Law Enforcement on December 6th at the Filer Fairgrounds. She will also be working on a revision of the Twin Falls County Emergency Operations Plan during the coming year. She also participated in the National Veterinarians Strategic National Stockpile exercise. She is also working with many other agencies on training going forward.</p> <ul style="list-style-type: none"> • Kim said they are finalizing the All Hazard Mitigation Plan in Rupert. They are going to conduct an active threat tabletop exercise with fire, police, hospitals, and EMS. • Gary mentioned there is an upcoming class this coming March in the line of PIO. There isn't much of the way of training coming up overall so if you have ideas let him know.
Adjourn	The meeting was adjourned at 2:30 p.m.
<p style="text-align: center;">Meeting Dates (please add to your calendar)</p>	<p style="text-align: center;">All Advisory Board meetings are scheduled one hour (9:30 – 10:30) prior to the coalition meetings listed below</p> <p style="text-align: center;">All Healthcare Preparedness Coalition meetings are scheduled on the fourth Wednesday from 10:30 to 2:30 p.m. unless otherwise noted</p> <p style="text-align: center;">Locations subject to change</p> <p>South Central Healthcare Preparedness Coalition (SCHPC)</p> <ul style="list-style-type: none"> • August 24, 2016 <ul style="list-style-type: none"> ○ To be held at Minidoka Memorial Hospital • November 16, 2016 <ul style="list-style-type: none"> ○ To be held at St. Luke's Jerome • February 22, 2017 <ul style="list-style-type: none"> ○ To be held at St. Luke's Magic Valley ○ Oak Room #2, Lower Level • May 24, 2017 <ul style="list-style-type: none"> ○ To be held at North Canyon Medical Center <p style="text-align: center;">All Healthcare Partners (hospitals, long-term care facilities) meetings will be scheduled on the fourth Wednesday from 10:30 to 12:00 if necessary and will be held at Public Health unless otherwise noted</p> <p>South Central Healthcare Partners (SCHP) (hospitals)</p> <ul style="list-style-type: none"> • Will meet as needed