

## **HEALTHCARE DISASTER PLANNING FORUM**

Meeting Summary: 21 May 2009

Present were **37** partners representing **25** agencies, plus guests:

Government – County Health Svcs-Public Health, Coastal Valleys EMS, County Emergency Svcs, County Health Svcs-Admin,

Hospitals – Sonoma Valley, Santa Rosa Memorial, Sutter Medical Center, Kaiser Petaluma, Palm Drive, Healdsburg District

Clinics – West County Health Ctrs, Indian Health, Redwood Community Health Coalition, Sonoma Valley Community Health Ctr

SNFS – Creekside Convalescent, Spring Lake Village, Friends House, Golden Living London House, Fircrest Convalescent, Apple Valley Rehab, North American Healthcare

Other Partners – US Coast Guard, American Red Cross, Redwood Empire Schools Insurance Group, Aux Communications Svc, St Joseph Home Care, Blood Bank

Guest – CA Assn of Health Facilities (CAHF) – Joceyln Montgomery

### **ACCOMPLISHMENTS since last meeting:**

- ☆ Currently there are 99 ham radio operators at 33 health facilities
- ☆ H1N1 Influenza event collaborations

### **RESOURCES for Healthcare Partners:**

Public Health website – for Healthcare Forum resources: [www.sonoma-county.org/ph/](http://www.sonoma-county.org/ph/)

CAHAN – contact County CAHAN Administrator, at [CAHAN@sonoma-county.org](mailto:CAHAN@sonoma-county.org)

EMSystem – contact Steve Francis, Coastal Valleys EMS Agency, 565-6604, [sfrancis@sonoma-county.org](mailto:sfrancis@sonoma-county.org)

GETS/WPS/TPS – sign up at <http://www.ncs.gov/>

HAM Radio MedNet – contact Ann Cadgene, Public Health Preparedness, 565-4496, [acadgene@sonoma-county.org](mailto:acadgene@sonoma-county.org)

HAM radio problems – contact Jeremy Nichols, Aux. Communications Systems, [Jeremy@cds1.net](mailto:Jeremy@cds1.net)

[ACRONYMS – see last pages](#)

### **NEW TASKS from TODAY**

**Kent Coxon** – start regular EMSystem polls for clinics and SNFs, even though there are many not yet signed up. Decided that

**Kim Caldewey & Kent** – clarify how to survey facilities with SUASI tool and MHOAC Directory needs. Report back next meeting. Facilities no not need to complete SUASI healthcare facility survey at this time.

**Kim** – write AAR for March 13<sup>th</sup> Evacuation Conference & TTX and send to Forum.

**Kim** – scan Malissa’s binder of EMSsystems information and post on PH website

**Kim** – send templates for ExPlan, Evaluation, AAR

### **DECISIONS TODAY**

1. Healthcare Forum contact information to be maintained and made available as follows:

- *Healthcare Forum roster to be updated each meeting and sent out with minutes. All partners agree to share this info with each other.*
- *Rainbow Guide to be updated twice/yr or more as needed and sent to Forum members and posted on EMSystems.*
- *Health facilities will keep their own information updated in EMSystems.*

2. EMSystems polling to begin with SNFs and clinics on June 1<sup>st</sup>. EMS agency will send polls to:

- SNFs every Monday, 11am
- Clinics every Tuesday, 11am

### **UNFINISHED TASKS**

**Jeremy Nichols** – look into whether medical facilities should use separate ham radio frequency and have EOC radio operator separately tracking medical messages – *H1N1 Flu event interrupted planned meeting. Kim and Jeremy will reschedule.*

**Hospitals & Kim** – send/gather top 5 Hazard Vulnerability Assessments (HVA) for hospitals – *no progress. Kim and Jerry Martin to discuss Kaiser’s HVA meeting and ideas on prioritization.*

### **TASKS COMPLETED**

**Paul Duranczyk** – **AAR of smallpox tabletop done at Creekside in November 08 is attached**

**Chris Love** – decide whether EMSystem is the best place for facility contact and how to keep it current. - *Forum decided that contact lists with partners will be maintained as noted above under DECISIONS TODAY.*

## **TODAY'S DISCUSSIONS**

### **March 13<sup>th</sup> Evacuation Conference & TTX – Diane Akers not present, but others present offered comments**

- Summary of comments: *Conference was one of the best I've been to in 10 years. Speakers were from facilities that actually had to evacuate. They were realistic, dynamic, engaging. Very candid about the situations they faced. They shared creative solutions, website info, tools they developed. It was great that speakers stayed after their presentations to network during lunch and participate in afternoon TTX.*
- Kim to write AAR and send to Forum.

### **HAM Radio MedNet – Ann Cadgene, Public Health**

- See attached report on MedNet results for each month.
- MedNet started in Oct 08. Radio drills at noon on 2<sup>nd</sup> Wednesdays every month.
- Go to [www.redwoodregionaltraining.org](http://www.redwoodregionaltraining.org) for radio operator information & orientation video.
- A second video demonstrating hands-on radio use is in production and will be posted to website soon.
- Ann will be working with facilities that have not yet participated to see what the barriers are.
- Currently there are 99 radio operators at 33 health facilities.
- June MedNet will start practicing use of ACS message forms in preparation for June 18<sup>th</sup> exercise.

### **Review of Unfinished Tasks from Last Meeting**

- HAM radio frequency & EOC medical message tracking of HAM messages – *see Unfinished Tasks above.*
- Creekside AAR on Smallpox exercise – *see Unfinished Tasks above.*
- EMSsystems polling of SNFs and clinics – *see Decisions Today, #2 above. For password or other EMSsystems help, contact Steve Francis ([sfrancis@sonoma-county.org](mailto:sfrancis@sonoma-county.org)) or Kent Coxon ([kcoxon@sonoma-county.org](mailto:kcoxon@sonoma-county.org)). Remember that you have to be able to hear the poll alert coming in to the computer, or have an EMSsystems pager alert set up in your profile.*
- Hospital HVA priorities – *Jerry Martin mentioned that Kaiser's Dec 08 HVA public meeting involved discussion across many facilities on shared HVA priorities. Jerry and Kim Caldewey to talk about this.*
- SUASI Facility Survey – *postponed. Now that we are creating a MHOAC Resource Directory, many of the survey questions are the same as were in SUASI's survey. Kim and Kent working on information need from each facility in a simpler way.*
- Contact Lists of Healthcare Forum Partners – *See TODAY'S DECISIONS #1 above. We agreed that contact information updates and sharing will be done in EMSsystems and in the Rainbow Guide and by including the updated Roster with the minutes after each quarterly meeting. Rainbow Guide revisions will be sent by email whenever there are changes and will be posted on EMSsystems.*

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## **NURSING HOMES: PART OF THE SOLUTION IN COMMUNITY PREPAREDNESS**

### **Presentation by Jocelyn Montgomery, California Assn of Health Facilities, Disaster Preparedness Program**

- See attached PowerPoint.
  - CAHF is funded with the HPP funds, like our Healthcare Forum.
  - CAHF has published a *Pandemic Influenza Workbook for Long Term Care*, posted on their website, 2007.
  - *Really Ready Too!* Disaster Preparedness conference for Long-Term Care, Sept 20-30, 2009, Long Beach.
  - Jim Johnson noted that Sonoma SNFs expect to receive some hospital patients who are stabilized and not contagious as part of supporting local surge efforts.
  - Models for integration of SNFs with local Health Dept and emergency planners included in presentation.
  - Kent Coxon mentioned that we are planning for a Medical Facility Evacuation Tag, similar to triage tags, but for purposes of evacuating clients from health facilities.
  - SNF administrators noted that today's presentation is accurate and validates the situation of local SNFs.
  - Kim Caldewey noted some ideas for SNFs:
    - SNFs need emergency credentialing/licensing procedure for MRC volunteers working in their facility during disaster, similar to what hospital use now.
    - SNFs need more HAM radio training, we will try to schedule weekends and evenings in next grant cycle.
    - SNFs need HVAs as a group to help prioritize needs according to highest priority hazards.
    - SNFs should try to go to the CAHF Sept 29-30 conference; Kim will try to set aside 09-10 HPP funds to support expenses.
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### **H1N1 Influenza Event Debrief from Deputy Health Officer Perspective – Mark Netherda, Public Health**

Mon 4/20 – Health Alert picked up by PH Epidemiologist of 2 children sick in Southern CA with a novel influenza A virus. A novel virus out of regular flu season in patients not otherwise at high risk made this a potential pandemic trigger event.

Thur 4/23 – Southern CA virus declared to be the same virus as a more serious virus in Mexico. CAHAN alerts went out of novel virus.

Fri 4/24 – Mark assembled PH staff for a briefing on the situation and to prepare for possible PH Surge Center activation and gear up for increased lab testing. Health Alert sent to local healthcare providers.

Sat 4/25 – daily conference calls begin with CCLHO, ABAHO, CDPH, CDC, regional PIOs, and others. Calls ran daily through 5/8.

Sun 4/26 – PH decided to open its Surge Center (a department operations center, aka DOC) starting Monday morning. Calls made to staff all positions up to 3 deep, materials prepared for staff for next day.

Mon 4/27 – PH Surge Center activated at 625 5<sup>th</sup> St PH offices with full setup of phones, laptops, etc. Staffed 8-5; PH Lab had extended hours.

Thu 4/30 – first suspected case of H1N1 in Sonoma County (confirmed 5/2), a schoolchild returning from travel to Mexico with symptoms. Family was contacted and confirmed that child had not gone to school, so school closure was avoided.

Wed 5/6 – second confirmed case in Sonoma County, on the same day that PH had already decided to close its Surge Center. By then case severity and transmissibility were better understood, so no need to stay in activated mode. Conference calls and some Surge Center roles continued with people working from their desks.

Fri 5/15 – third case in Sonoma.

Across the 2-week period:

- Enhanced surveillance showed lots of flu activity.
- Transmissibility turned out to be ~10%.
- Case reports collected, contacts traced, contact tracing form improved over time .
- Normal flu in CA generates ~1500 lab tests across 7 months. With H1N1, starting 4/25 through 5/19, there were 11,700 tests done across the 24 respiratory lab network (RLN) labs.
- PH reported regularly to our Department management and County CAO.
- Many media messages and media phone calls managed.
- Mark Netherda, Kim Caldewey, and Mary Maddux-Gonzalez met with RCHC, Main Adult and North County Detention Facilities, judges for the Juvenile Justice Center, Santa Rosa Superintendent of Schools, SRJC, Healthcare Forum (twice), KBBF and KZST radio, Univision, Sutter Hospital grand rounds, Spanish radio, all school superintendents, Santa Rosa Chamber of Commerce, Sonoma County Office of Education, Sonoma Disaster Council, Board of Supervisors, RCHC.
- 5 health alerts were issued by PH.
- The PIO was extremely busy with messaging. Communications was the biggest part of PH response.
- PH Lab was very busy with flu testing for Sonoma, Marin, Lake, and some Humboldt tests. Results were available in 24-48 hrs.
- Constant representation in PH Surge Center from County Emergency Svcs and EMS Agency. One Red Cross/MRC volunteer also worked in Surge Center developing informational materials.

#### **LESSONS LEARNED:**

- Communication is KEY! – accurate, clear, consistent, concise, multiple language messaging is essential and the biggest part of PH response. Communications with internal and external partners goes on continuously. Meetings with Healthcare Forum partners started up a little later but daily phone calls with partners started immediately.
- PH needed to share information with PH staff better.
- Health Officer role could reach out better to clinics.
- “GOOD ENOUGH” is better than “PERFECT”, need to get messages and other resources out promptly and not keep holding onto them until they are perfect.
- Use your emergency plan; PH used its PH Preparedness Plan and it was helpful.
- Regional groups, such as ABAHO, are very helpful for sharing tools and processes, for discussing strategies. Although each county decides how to proceed on its own.
- We were working with unknown transmissibility and severity in the early days, so our cautious response was appropriate.
- “EVERYBODY STARTS FROM SOMEPLACE”; start there and move forward.
- It’s important to note what is *not* necessary, as much as it is to include what is necessary in response.

- The first flu wave is over, but we may get a second wave in July or August. Flu virus is very changeable, so the next wave could be very different.
- PH Epidemiologist is watching reports daily.
- Redwood Flu Coalition may need to increase flu vaccination efforts next flu season.

Comments from group:

- Regular flu virus is still circulating at the same time as H1N1.
- This year's 08-09 flu vaccine was very effective on Influenza A viruses.
- Swine flu vaccine in development will be a separate vaccine from the 09-10 seasonal vax. It may require 2 vaccinations to be effective.
- Did the disease really start in Mexico? – Probably yes. WHO/PAHO are concluding that this is probably so.
- We all learned where to get N95s and other resources—would be good to survey facilities for where they found resources and share this info. There is a report addressing why the virus was so much more severe in Mexico, having to do with local arsenic levels; go to <http://www.ehponline.org/docs/2009/0900911/abstract.html> for the report.
- Healthcare Forum and PH collaboration prompted the Coast Guard to keep their information current for reporting. With this, they were able to easily give their Commander quick information. This got command attention and they want to pursue information management and collaborations at other health centers in the Coast Guard fleet.

**Communications: GETS/TPS/WPC – Kim Caldewey**

Sign up for GETS (Government Emergency Telephone Service, for landline phone priority service) at <http://gets.ncs.gov/>.

Sign up for TPS (Telecommunications Service Priority, priority restoration of service) at <http://tsp.ncs.gov/>.

Sign up for WPS (Wireless Priority Service, for cell phone priority service) at <http://wps.ncs.gov/>.

Main website for all 3: GETS/WPS/TPS – at <http://www.ncs.gov/>

**June 18 Statewide Flu Exercise – Kim Caldewey**

- Still no guidance from State on what will be required for 6/18 exercise. They are suggesting that counties use the time to collaborate on writing an AAR.
- Local exercise planning meeting on 5/4 showed that ~21 facilities are still planning to exercise at the tabletop, functional, or full-scale level.
- Exercise objectives are to test: 1) Communications, 2) Intelligence/Information Sharing, and 3) Medical Surge.
- At the County level, Public Health, Emergency Svcs, Ham radio operators, and EMS will be active in sending and receiving messages with health facilities, probably using:
  - GETS, WPS, TPC cards
  - EMSsystems logon
  - CAHAN alert
  - Ham radio messages
- Malissa brought in a binder of EMSsystems information, a quick easy reference guide. Kim will scan and post on PH website
- PH will send templates for Exercise Plan, Evaluation, and AAR documents.
- We may decide as a group to do a collaborative AAR meeting on H1N1 event on a different date from 6/18.

**H1N1 After Action Reports**

- Indian Health Clinic has started their AAR. PH will also do an AAR.
- Consider having Healthcare Forum do a combined AAR to evaluate needs across health facilities. Each facility could do their own internal AAR and note ideas that could be improved or shared for the benefit of all health facilities. EG: share best practices, suggest improvements we could all use, set priorities for activities for Healthcare Forum in the coming months or next grant year.

**Announcements**

- Next Forum meeting is 8/20. We will review training/exercise ideas & priorities for next grant year and beyond.
- **ED CHACON, COAST GUARD, IS RETIRING.** Today was his last meeting. Best to you in retirement and thank you for your service in making the Coast Guard our partner in health care disaster planning.

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**Attachments:**

- Healthcare Forum Roster
- Ham Radio Med Net Summary
- PowerPoint: NURSING HOMES: PART OF THE SOLUTION IN COMMUNITY PREPAREDNESS

**NEXT MEETING: THUR August 20, 2009  
9:30-NOON @ 475 Aviation Blvd**

**ACRONYMS**

ABAHO	Association of Bay Area Health Officers
ACS	Auxiliary Communications System (ie: Ham Radios), organized through County DES
ACS	Alternate Care Site (government authorized ACS, as opposed to alternative locations planned by hospitals where they can move their patients)
AAR	After Action Report
BT	bioterrorism
CAHAN	California Health Alert Network (Internet based notification, alerting, and information sharing system used by State and local health departments, run by State)
CAHF	California Association of Health Facilities, education & advocacy for long-term health care
CCLHO	California Conference of Local Health Officers
CD	Communicable Disease (also, Communicable Disease Unit of Public Health, usually called “Disease Control” or “CD”)
CDC	Centers for Disease Control and Prevention, Atlanta, Georgia
CDPH	California Dept of Public Health
CERT	Community Emergency Response Team, neighborhood based disaster response teams trained (usually by fire depts or Red Cross) in triage, light search & rescue, sandbagging, fire suppression, etc
CHA	California Hospital Association
COPE	Citizens Organized to Prepare for Emergencies, a Santa Rosa program similar to CERT
CPCA	California Primary Care Association, for not-for-profit community clinics
DC	Disease Control (as in Disease control Unit of Public Health, usually called “Disease Control” or “CD”)
DES	Dept of Emergency Svcs, Sonoma County agency, not to be confused with State OES
DHCV	Disaster Healthcare Volunteers of California
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
DOC	Department Operations Center, an emergency ops center at the department level
ED	Emergency Department of a hospital
EDIS	
EMS	Emergency Medical Svcs, we have Coastal Valleys EMS Agency, which covers Sonoma-Napa-Mendocino
EMSA	Emergency Medical Svcs Authority, California state agency
EOC	Emergency Operations Center (County Op Area)
EOP	Emergency Operations Plan
EPO	Emergency Preparedness Office, under the CDPH
HCC	Hospital Command Center (hospital EOCs)
HEPA filter	High Efficiency Particulate Air filter
HICS	Hospital Incident Command System, a hospital based ICS
HO	Health Officer
HPP	Hospital Preparedness Program (federal funds for hospitals and health facility partners for emergency planning and response, formerly HRSA)
HRSA	Health Resources Services Administration (federal funding for health center emergency planning, now called HPP)
HVA	Hazard Vulnerability Assessment
I&Q	Isolation & Quarantine
IAP	Incident Action Plan, used to plan activities during a disaster
IC	Infection Control
ICS	Incident Command System, an organizational structure used to command and coordinate people from different areas or agencies, doing different tasks, all in a coordinated response to a disaster
JAS	Job Action Sheet (same as position checklist)

