Utah Public Health Preparedness Senior Advisory Committee
UDOH Cannon Building, Department Operations Center
September 26, 2019
10:00 – 11:30 pm

Minutes

Attendees: Marc Babitz, Brian Hatch, Dean Penovich, Nels Holmgren, Glen Reedy, Terry Begay, Russ Pierson, Kevin McCulley, Lewis Hastings, Andrea Skewes, SrA Nicole Ligeza, Mindy Colling, Matthew Barrett, Thayne Mickelson, Brian Itliong, LTC Mark Evans, Dr. Steve Sugden, Amy Carmen, Rich Foster, Dalton X. UTANG, Kelly Carnahan

By Phone: Lloyd Berentzen, Robyn Atkinson, Lanette Sorenson, Steve Ikuta, Tracey Siaperas, Cammy Wilcox, Neil Taylor, Allie Spangler, Brett Cross

Excused: Kris Hamlet, Heather Borski, Jay Torgersen, Jeremy Hales

1. Welcome – Dean Penovich
   Introductions were completed around the table and on the phone.

2. Bureau of EMS and Preparedness Updates
   a. Utah Jurisdictional Risk Assessment (JRA) review – Mindy Colling
      Mindy explained that a JRA is a public-health focused risk assessment looking at all hazards Utah may face, and is completed every 5 years. The process for determining a good tool to use and how it was modified for Utah was explained. Then she discussed the process for local health departments to complete the tool with local emergency response partners and showed results for number one hazards for each health jurisdiction. Statewide aggregation of local results was discussed, and top Utah hazards for focus from the state level were presented. The "Big 5" hazards, thought to cause the most severe threat to health and safety of the public and the health infrastructure, are:
      1. Pandemic Influenza
      2. Mass Casualty Hazmat Incident
      3. Communicable Disease Outbreak
      4. Emergent Disease
      5. Earthquake – Major

      Additional hazards that will be focused on over the next five years because they were a #1 identified threat for at least one local health department, and not already listed above, are:
      6. Wildfire
      7. Train/Truck Accident – Chemical Release
      8. Fire – Largescale Urban
      9. Supply Shortage

      A question was raised as to why several top hazards were similar (disease-related). Because this is a public health focused approach to all hazards, distinctions were made in the tool between specific scenarios that might impact a region's ability to respond quickly and effectively, including the ability to obtain external supplies and assistance. These included whether the event was global versus local, and the type or level of resources required to respond. It was also noted that these hazards are shared with the Division of Emergency Management, and Continuity of Operations Planning occurs at the UDOH and considers these hazards. Another point was made that roles and decision making can be difficult in any one of these events, and they need to be clearly understood beforehand (a lesson learned from this week's U of U Disaster Preparedness conference). An effort to incorporate clear roles

and responsibilities, including effective decision-making processes and policy/advisory groups when possible, will be included in future UDOH planning and exercise activities. Next steps are for local health jurisdictions to use their local JRA results to focus preparedness activities, while understanding the risks faced by neighbors in the state and working together where possible. UDOH will focus on the 9 hazards listed above, and is already planning a full scale pandemic flu exercise and earthquake response plan.

b. UDOH COOP plan review – Michelle Hale was unable to attend the meeting due to a family funeral. This will be covered in a future meeting.

3. National Disaster Medical System (NDMS) – Glenn Reedy

Glenn provided an overview of the National Disaster Medical System, and how it ties into the preparedness activities and capabilities in Utah. NDMS has three major components, outlined in brief here as described by Glenn:

1. Medical Response – Medical teams from HHS, including Disaster Medical Assistance Team (DMAT), Disaster Mortuary Operational Response Team (DMORT), and International Medical Surgical Response Teams (IMSuRT). They are composed of professionals from around the country organized in a state structure, with funding from HHS. When teams are activated they become federal employees essentially.
2. Patient Movement – includes air, ground and rail transport of patients out of an affected area and to a location where they can be treated.
3. Definitive Care – once patients are transported from the disaster area, they are received at a Federal Coordination Center and then transferred to hospitals and providers who can ensure provision of health care needs.

NDMS activation can occur either through HHS, at the request of a Governor or State Health Officer, or from a DOD request.

Utah's VA system manages the area's Federal Coordinating Center (FCC), which could receive patients needing definitive care via air, ground or rail. SLC's FCC is at the Utah Air National Guard Base east of the SLC Airport. Glenn maintains operational plans and tests them regularly. Glenn shared the plan's incident command structure and other plan details. A revised facility layout plan was shared, which separates patients according to red/critical life safety, non-mobile requiring litters or cots, and ambulatory with use of wheelchairs or chairs. This model seems to work better than previous layout of red-yellow-green triage areas. Glenn walked through the process of receiving a patient, evaluating and tracking using Joint Patient Assessment and Tracking System (JPATS) or similar tools, triaging, and sending via ambulance for care. Glenn also stated that MOUs/MOAs are in place with several hospitals, and although he would like more it is not a show-stopper. Hospitals agree to report number and type of beds (ICU, airborne infection isolation, etc.) available via the Utah Healthcare Resource Management System (UHRMS) and accept NDMS patients in those beds.

A tabletop will occur in November, and a full-scale is being planned for spring or summer next year.

4. UDOH Exercise Updates – Lanette Sorenson & Russ Pierson

Lanette gave a recap of yesterday's UDOH Department Operations Center Activation Drill and noted that although some technical difficulties are still being experienced, UDOH is getting better and better by doing these drills frequently. She invited those who wish to participate in the next year's full scale exercise to contact us and let us know. She also offered help for other agency exercises, noting several UDOH personnel with expertise in exercise design and evaluation who are available to assist.

Russ reviewed some of the main objectives for UDOH for the upcoming Full-Scale Pandemic Influenza Exercise scheduled for June 1-2, 2020. All local health departments are anticipated to participate and will be providing objectives soon. In additional to the Medical Countermeasures

component, healthcare surge will also be an objective with partnering hospitals so that this exercise will not only count for both PHEP and HPP exercise requirements, but also be more complex and involved as a real incident would be.

5. National Guard Exercise Update – SrA Nicole Ligeza
   Nicole discussed that emergent disease will be the focus for their upcoming exercise scheduled for December 5. This ties directly into the UDOH JRA which listed this scenario as one needing attention. The exercise will involve a fully engaged base and will incorporate anyone who wishes to play. They would like to develop and put in place MOUs as a major outcome of this exercise to ensure partner relationships are better understood and practiced appropriately.

6. Round Robin Input/Updates from Committee – All
   No one had anything additional to add.

7. Upcoming Events
   a. UTANG Public Health Exercise December 5 – SrA Nicole Ligeza
   b. Full Scale Pan Flu Exericse – June 1-2, 2020

8. Next meeting – March 19, 2020, 1:00-2:30pm

9. Adjourn