

Utah Public Health Preparedness Senior Advisory Committee

June 23, 2016; 1:00 – 2:30 pm

UDOH Highland Building

Minutes

1. Welcome – Bryan Larsen, co chair called meeting to order. Welcomed everyone. All attendees introduced themselves.

In attendance: Paul Patrick, Bryan Larsen, Lloyd Berentzen, Marc Babitz, Lewis Hastings, Dean Penovich, Kevin McCulley, Jay Downs, Judy Watanabe for Kris Hamlet, Steve Ikuta, Jill Vicory, Jan Rogers, Tracey Separas, Hugh Daniels, Mike Stever, Bob Jeppesen, Terry Begay, Brett Cross, Michelle Hale

Excused: David Cunningham, Jennifer Brown

2. Approve Minutes – Typo on second page (capitalization) corrected. Paul Patrick motioned to approve, Jill Vicory second
3. New Committee Members – Dean Penovich mentioned that due to various other commitments, Ken Johnson asked to be replaced on the committee. Discussion ensued about potential candidates to fill his position for academia & local boards of health. Three names were brought up: Sara Simonson (Lewis) U of U, David McEntyre (Kevin) UVU, and Dr. Davis (Lloyd) BRHD board of health/USU Health Advisory Committee. The committee members who have contacts will ask if they are interested. Kevin will distribute a synopsis to the committee members of the purpose and function of the group to use as they contact. Assignment was agreed upon to follow up with Dean with in the next 2 months to gauge their interest so we can have them join us at the next meeting. Dr. Babitz mentioned the idea of going with Sarah Simonson and Dr. Davis. We will then get to Dr. Miner for appointment.
4. Review of recent exercises
 - a. Crisis Standard of Care – Bryan Larsen gave a nice recap of lessons learned from this exercise held in April. Physicians not prepared for this in normal education. They exercised making decisions without adequate supplies, staff, etc. Included multiple types of physicians to implement standards (ED, ICU, etc.). They showed various degrees of stress and response. Trying to make MSOFA easier on physicians. Cannot put age as a discriminating factor, but found that without fail, physicians focused on children during exercise. Kevin mentioned they are applying field techniques in normal health care settings.
 - b. Statewide ebola/Genus Affect Exercise – Mike Stever presented power point on lessons learned form exercise. It was a virtual table top exercise conducted via video conferencing. Afternoon was a modified functional exercise with receiving hospitals. We had all the right partners participate.

Great planning team. After each discussion, we had a report from one of the various sites with allowing any other group to contribute anything different. Lessons learned included: 1) Ownership and contributions from all levels of stakeholders and participants is of paramount importance, 2) Facilitator and Controller roles need to be separated --- controller and tech is different areas, 3) Use local (remote) facilitators to save time by presenting only local scenarios instead of having everybody listen to everything. We would definitely do this type of exercise again.

- c. Active Shooter – Terry Begay gave a report of active shooter drills they are doing at SLCoHD with all their buildings. This began by her helping hospitals in 2015 with active shooter drills. After the San Bernadino event, leadership agreed to do the drills at SLCoHD. Bob Jeppesen and Terry Begay teach a four hour class and then have an exercise. Every Friday they are having a full scale exercise at one of their buildings/clinics. Focus on run, hide and fight (although they don't practice the fight part). They are training all the department staff. They do the exercise jointly with local police departments. West Jordan wants to take it all the way to the hospital ED. How they do it: First they do a safety briefing, they actually have gunfire so staff can recognize what to listen for. Run/hide and the police come clear the building. The third scenario increases in intensity. Participants like that they take the training right into the exercise. Received very positive feedback. They are evaluating post training and post exercise. Staff tells them the exercise helped reduce stress. Terry is willing and available to help anyone with doing similar training and exercises. Hugh mentioned he recently added the 8 signs of terrorism to trainings he is doing.
5. Zika work plan/activities/budget – Kevin McCulley discussed what we are doing in regards to Zika in Utah. In 2013 SW Utah found 6 mosquitoes of Aegypti type. Some agencies in Utah modifying traps to include day time biting mosquitoes to collect in their traps. Utah is in the preparation phase for zika. We have 3 federal funding strings, birth defects, Epi and lab capacity (ELC), and preparedness. 60% of the funding for zika preparedness goes to LHDs. UDOH zika activity sheet was reviewed. We are focusing on 3 areas: Planning and operations, communication and outreach, and recovery and long term activities. Melissa Dimond in Epi is our incident manager. We are creating an Incident Action Plan every 2 weeks and sit reps as well. We will distribute sit reps to partners. We are planning a statewide work shop in Aug to train response partners. We are holding bi weekly meetings with partners from various state and local agencies to coordinate efforts. Our biggest concern is travel related cases; 3 cases in Utah and tested 90 people with travel history or spouse travel. There is no local transmission in the US. The ELC is focusing on surveillance of cases. Congress is trying to resolve differences prior to 7/4 for additional zika funding. Question risen about immunizations being included in efforts. Kevin answered that BARDA is in development of zika immunization. Marc mentioned it's at least a year out. Question posed about pets and pet owners. Not

sure about animals and zika. Marc brought up reservoirs such as horses and WNV, but we are not sure about zika.

6. PHEP/HPP base grant – Kevin reviewed the capability planning guide summary to the committee. It is a self reported gap assessment, showing where we still need to focus efforts. For HPP, need to focus on demobilization, recovery, and mental/behavioral health. For PHEP we are making good progress, need to focus on demobilization, mass care, and fatality management.
7. BEMSP Update:
 - a. Rule 380-60 Update – Brett Cross described the revisions made to this rule that include: added definitions for closed PODS and controlled substance clarification. Clarified that LHDs can receive and disseminate controlled substances or UDOH can delivery to hospitals directly. We added tribes to rule so they can directly receive meds as well. They are able to ask the federal government directly for this. We added language to staff pods – they don't need to be a medical professional to hand out pills. Need to follow the protocol of medical officer, either UDOH or LHD medical officer. Changed rule to make it easier for LHDs to distribute medication.n
8. Upcoming Events
 - a. Family Assistance workshop sponsored by UTA on June 29-30. Contact Logan Sisam at DEM or course is found on UTRAIN.
 - b. Workplace Violence Active Shooter & Employee Awareness: 7/21, State Office Building Auditorium, 8-9:30
 - c. EMS Awards Ceremony: 7/13 10 am @ Veridian Center. All are welcomed to attend.
 - d. UHA is organizing a PIO training in the fall.
9. Next Meeting
 - a. Next Meeting: Sept. 22. 1 pm
10. Adjourned at 2 pm.