

Sonoma County Public Health Preparedness (PHP) Task Force

Meeting Summary for June 24, 2010

NEXT MEETING:
September 23, 2010, 10:00 am to -12:00 pm
DHS Conference Center
475 Aviation Blvd., Santa Rosa, CA

Present: Christine Love, Christopher Helgren, Erich Williams, Joe Clendenin, Kent Coxon, Laura Nesius, Malissa Opulencia, Michael Park, Mondell Anderson, Rebecca West, and Ted Williams.

Action Items:

- Deadline for your comments in the Mass Fatality Planning is due 07/06/2010
- The Mass Fatality Group will meet again to define local tasks
- URS Corp will create the final plan by the end of July

A. **Mass Fatality Planning** – Chris Helgren, County Dept of Fire & Emergency Svcs (DFES)

1. draft MF plan for Sonoma Operational Area has been written
2. Scope of the Plan – Three Scenarios
 - a. Earthquake – centered on the San Andreas fault resulting in 7,000 regional fatalities and 210 Sonoma County fatalities
 - b. CBRNE scenario – more about decontamination and fatalities
 - c. Pan Flu scenario
3. Appendix G of the draft MF Plan addresses alternate standards of care; valuable information and written clearly
4. Overall the plan is light on local response information and needs some correction. Hospital and healthcare responsibilities sections are thin. Local level command center will need to figure what to do with the bodies while we wait on the regional and state response. The Plan has more information on DMORT (Disaster Mortuary Operational Response Team) teams.
5. Because this plan is designed to stand alone, it has much of the same information that is in already in our Sonoma County Emergency Operations Plan. Has good description of federal /state / regional actions, which will be the same for all counties using this plan. Our local plan, when we develop it further, will need to be coordinated with the regional plan.
6. Next Steps: Deadline for your comments is 07/06/10
 - a. Coroner's Office will provide comments
 - b. DFES (Christopher) will provide comments using PH coordinated information from partners from the MF workshops we held here in Sonoma and will share comments with Public Health
 - c. We will meet again with the Mass Fatality Group and define local tasks
 - d. URS Corp will create the final plans by the end of July, and then the plan becomes ours to modify as needed and to define the local actions in a Mass Fatality event.
7. Other local MF actions – Kim
 - a. Health facilities have been writing draft plans for MF at their facilities after our April 21st MF training. The training also included a hands-on practice of bagging and moving dummies.
 - b. We held a tabletop exercise on May 27th where health facilities used their draft MF plans
8. Morgue Capacity – Laura Nesius
 - a. Laura spoke on "The Role of Mortuaries" at our 4/21 MF training
 - i. Sonoma County averages 3600 deaths annually
 - ii. the draft MF plan estimates 200 immediate fatalities in a MF event
 - ii. There are 12 mortuary storage locations in Sonoma County (hospitals plus mortuaries) with ~85 storage spaces for human remains. These locations have large parking lots for extra refrigeration space.
 - ii. Mortuaries would work under the direction of the Coroner.
 - b. During an earthquake, the Coroner would have to finish investigation of the cause of deaths before body removal could happen. Identification of bodies might be difficult.
 - c. Bodies should be stored within 24 hours after death, but this may take longer during an EQ event. Mortuaries would remove & store bodies and handle death certificates.
 - d. Services, such as cremation, cannot be done until death certificate is filed. Death certificate should be signed by a doctor within 15 hours, but in EQ scenario, this might be delayed.
 - e. Should hospitals consider getting MOUs with nearby mortuaries to help handle the fatalities? Mortuary workers could do rotations at the hospital to help. Deaths at hospitals could be partially

- processed, tagged, bagged and refrigerated and death certificates started while waiting for the Coroner to complete the investigation.
- f. With EQ scenario of 200 deaths, bodies in excess of current capacity of 85 could be stored in refrigerated trucks. If there isn't enough cold storage, we could embalm bodies. This needs family permission and embalming takes a few hours.
 - g. Doing cremations within 24 hours would require regulation change, but bodies would still need to be identified, death certificates processed, and disposition permits issued. There are four crematories In Sonoma County and the cremation process takes 3-4 hours.
 - h. There are only a few body removal services in the County of Sonoma. This capacity would need to be expanded. Mortuary staff would be on call 24/7.
9. Mass Fatality Plan for CBRNE(chemical-biological-radiological-nuclear-explosive) and Decontamination
 - a. Most decon would be performed in the field or at a hospital
 - b. DMORT teams can decon
 - c. Decon process is very different for living versus deceased bodies. The deceased can't help out or hold themselves up and the decon workers are in suits with air tanks, so decon is more difficult and takes longer. Decon of body parts is also different for other reasons.
 - d. Mass fatality bodies may be left in the field longer than usual awaiting the conclusion of the Coroner's investigation.

B. FEMA Private Sector Preparedness Accreditation & Certification

1. FEMA has developed an accreditation program for private sector businesses to help them with their emergency planning. See website: S:\PH\PHP\Committees\PHP Task Force\Meetings\2010\062410\Handouts\FEMA Voluntary Private Sector Preparedness Accreditation and Certification Program.mht.

C. PHP Task Force – Next steps

1. We've been meeting quarterly since ~2001. Initial planning covered bioterrorism, smallpox, and anthrax. Most recently we focused on Pan Flu.
2. **PROPOSAL:** should the Task Force plan to meet only twice a year?
 - a. In the autumn, we could focus on participating in the statewide medical and health exercises in November of each year. We would decide about participation and then establish an exercise planning subcommittee as needed.
 - b. The other PHP Task Force meeting could be in the spring to address other emergency planning issues.
3. Committee members responded:
 - a. Liked the idea of a more robust participation in the November exercise. This would help show our coordinating roles, for example: law, voluntary organizations, businesses, and health to work out how we could respond together.
 - b. Liked the idea of differentiating PHP Task Force from other emergency planning groups
 - c. Because of the diversity of PHP Task Force agency members, topics are not central for everyone
 - d. Pandemic planning does involve us all.
 - e. Some confusion since there are three statewide exercises; Golden Guardian, State Medical/Health Exercise in November, and the State EQ Exercise.
 - f. Hospitals have JCAHO requirements also. Statewide Exercise scenarios can be modified to meet local or hospital JCAHO requirements. Often in the state exercises, the state agencies don't all participate.
4. Other working groups could be planned as needed, such as:
 - a. H1N1 Conference calls
 - b. the SCRAP team for planning medical and health coordinated emergency response
 - c. Mass Fatality work group
5. We need to focus on the purpose of the PHP Task Force: "Multi-agency planning for PH emergencies"
6. All agreed that the PHPTF feels well established and there were no objections to meeting twice a year.
 - a. **Next Meeting is scheduled for 9/23/2010.** We will review the November statewide exercise plan and scenario and then define what we would like to work on as a PHP Task Force for the exercise and beyond.
 - b. We will schedule a pre-meeting to be ready for the 9/23 meeting, where we will discuss:
 - i. The November exercise scenario and target capabilities to be exercised. Some ideas for the November Exercise are:
 - Hospital evacuation of surge patients and fatalities
 - Railroad disaster at New Smart Rail in Sonoma County
 - ii. How the PHPTF could continue working together.

Decision:

1. **Members decided that the full PHP Task force will meet twice a year: March and September**
2. **Next Meeting is for 9/23/2010.**
3. **December 16th meeting is cancelled**
4. **We will use small planning groups to accomplish projects, as needed.**

D. Reports from Partners

1. Palm Drive Hospital – Ted Williams
 - a. Two weeks ago, we held an Education Day. Decon tents were set up. Pertussis vaccinations were given.
 - b. We have a disaster preparedness committee.
 - c. Our new CEO is very interested in disaster preparedness.
2. American Red Cross – Joe Clendenin
 - a. There have been lots of fires for ARC to respond to.
 - b. ARC National Disaster is preparing for hurricane season.
 - c. Pertussis – What else can we do besides vaccinate staff?
 - i. Reply – Tdap vaccine has been around since 2005. It includes Pertussis. If you received a shot before 2005, you may not need to have Pertussis vaccination.
 - ii. Keep the sick away from children, especially 6 months and younger
 - iii. Get vaccinated
 - iv. Use hand-washing hygiene and coughing etiquette
 - d. PH should consider education at health clubs for hand hygiene and cough etiquette—these adults don't follow the guidelines.
3. County Dept of Fire & Emergency Services (DFES) – Chris Helgren
 - a. The County Complex held a Continuity of Ops (COOP) exercise with a focus for EOC recovery planners
 - i. included workshop and TTX around an earthquake in the county complex of buildings
 - ii. practiced prioritizing restoration of services at different county buildings
 - iii. evaluated information flow in COOP response
 - iv. validated several planning assumptions, including that the COOP group will be in the EOC
 - b. Hazmat unit will be deployed to Geyserville to Casino Road for an exercise on Hazmat decon
4. St Joseph Healthcare System – Malissa Opulencia
Exercised an Earthquake Drill on 5/6/10 at Petaluma Valley Hospital and Santa Rosa Memorial Hospital. Practiced HICS. One M.D. participated.
5. County Sonoma/EMS – Kent Coxon
 - a. Multi-Casualty Plan drafted and final comments have been received. This will be the base plan to build Mass Casualty Plan expanding to a larger scenario of casualties
 - b. HAvBED Poll was done recently. Participation was 100% using EMSsystems.
 - c. Did EMSsystem drills at Infineon Raceway exercise to poll bed capacity. Most hospitals needed to be called at their ERs. Some didn't hear their EMSsystem alarms. Some wanted to be pre-informed, but the whole idea is to be ready at anytime. RESULTS – 100 beds were available.
 1. Gabe suggested hospital staff could set up to be paged when EMSsystem sends an alert or poll. This could be a good back-up to the EMS System alarm in the ER.
 2. Hospitals should contact Kent if they want to add more contacts to their EMSsystem alerts.
6. NDMS (National Disaster Medical System) @ Travis AFB - Mondell Anderson
 - a. NDMS did some bed poll exercises that include 17 hospitals in the greater Sacramento area, which includes SR Memorial, Petaluma Valley, and Sonoma Valley hospitals.
 - b. Travis has a federal coordinating NDMS facility that can take in patients from across the nation to our area.
 - c. Over the last few weeks they held continuous exercises covering PODs, Pan Flu, etc and coordinating with counties.
 - d. Sent robust team to Haiti and brought back some suggestions for improving their NDMS team
 - e. Have an upcoming in-house exercise on casualty receiving and the process for facility move to another location
7. Kaiser – Gabe Kearney
 - a. Three high school students were present at today's meeting. They are enrolled into a high school summer program receiving orientation to health care work.
 - b. Earthquake drill was held last month at the hospital
 - c. Started planning for all Kaiser facilities to participation in the November exercise
 - d. On 10/10/10, will have an evacuation drill in the new Kaiser facility. Planning meeting next week,

8. Schools – Erin Tarkhanian and Christine Dektor
 - a. There have been trainings at schools on emergency preparedness
 - b. SCOPE training at schools includes the CERT training
 - c. Schools felt a strong link to Public Health during the H1N1 flu pandemic
 - d. SCOE (Sonoma County Office of Education) drill focused on Windsor office responded to a plane crash at Windsor High School that included parts landing on the SCOE office.
9. Santa Rosa Mortuary – Laura Nesius
Continuing preparation work for Mass Fatality
10. County Sonoma/PH Preparedness – Chris Love
 - a. Reviewed H1N1 vaccination campaign: 6 large clinics and ongoing smaller or targeted clinics. Public Health has vaccinated nearly 14,000 people to date, this not counting all those vaccinated at hospitals, clinics, and doctors offices. H1N1 grant ends July 30 and PH will continue to offer vaccinations until then.
11. County Sonoma/PHP – Kim Caldewey
 - a. Communication Drill was held 6/9/10 testing CAHAN, Ham Radio and EMS Systems. Results:
 1. Participants in EMSystems were clinics, hospitals and skilled nursing facilities. 71% of hospitals responded; 13% of clinics, 20% of SNFs
 2. 65% response rate using CAHAN
 3. good response using Ham Radio
 - b. CAHAN system upgrades are not yet completed.
 - c. PH has done much work recently to encourage Pertussis vaccination

E. PHP Staffing – Kim Caldewey

1. Kim Caldewey is moving out of PH Preparedness to a different unit in Public Health (Planning and Data Unit). Some potential projects might include PH accreditation and communications planning.
2. Stephen Rios is also leaving PHP and moving to Mental Health as a License Clinical Social Worker effective July 1, 2010, working at the Main Adult Detention Facility
3. Two new staff members will join the Public Health Preparedness team:
 - a. Marie Piazza – will start July 19, 2010 and will coordinate the HPP Grant program.
 - b. Maryann Ryan – will start July 19, 2010 and will coordinate the MRC and Training programs.

Next Meeting:
Thursday, September 23, 2010
DHS Conference Center
Large Conference Room
475 Aviation Blvd, Santa Rosa, CA 95403