



OASPR TSA-O Regional Preparedness and Response Committee

Meeting Minutes

9-18-09 RPR Meeting

TSA-O Regional Preparedness and Response Committee (RPRC) Agenda

September 18, 2009

0900 - 1100

CATRAC Office

- I. Sign In / Introductions
- II. Review / Approval of August 14, 2009 RPRC meeting minutes
- III. Old Business
- IV. Public Health
- V. H1N1 Survey
- VI. Anti Virals / Vaccine
- VII. Training
- VIII. Assets
- IX. FY10
 - Update
 - Sub recipient Agreements
 - Timelines
 - Work plan
 - Budget / Contract
- X. Committees
- XI. Regional Discussion / Concerns

Handouts: Preparedness / Programmatic Budget FY10

Next Meeting: General Membership
October 9, 2009 CATRAC 0900 – 1100



I. Sign In/Introductions

II. Review/Approval of August 14, 2009 RPRC meeting minutes

III. Old Business

NDMS – Dave reviewed the program, now under purview of the military. New Mou's have been sent to the participating facilities.

IV. Public Health

Updated regional issues: Pertussis. New Williamson Co. Cities Health Dept. Authority, Dr. Chip Riggins, introduced himself and gave a brief summary of his background. He explained steps they are implementing to control the outbreak of Pertussis. Still a little bit of enigma in that it is not occurring in normal pertussis populations. Dr. – normally outbreaks every 4 years, but this one is through the roof, possibly the highest in the country. Working with Dr. Eli from Houston and she will be working with public health, keep a high index of suspicion, do the post-exposure prophylaxis and increase immunization rates. He hopes most of the ER's have gone to the use of Tdap.

Discussion of whether it was felt that if as a region we could come up with some guidelines or recommendations regarding the use Tdap vaccine for Healthcare Workers. Look into Travis and Williamson County Health Depts. And CATRAC collaborating on a common statement.

V. H1N1 Survey – A little background on what brought it about. The State does tend to listen and try to do what is best for us as a State and as RAC's.

H1N1 came out in April and the Federal govt. put out a questionnaire and the State pushed it out through EM Resource, and CATRAC chose to use Survey Monkey due to our ongoing EMResource workgroup redoing the structure of EMResource for the CATRAC region.

The RACS and DSHS have continually voiced that all data collected would be sent as an aggregate number for the region.

What the Feds came back with saying we want to get some baseline data on facility stress. The first survey was somewhat confusing as to whether it pertained to H1N1 OR ANY kind of event. From the Feds perspective – H1N1 event. Now they have said certain questions pertain to all events. A lot of questions you will see on the survey next Mon. pertain to any event.

Not all of the states are reporting. On the timeline, I must have it by Tuesday at 10 a.m. to collect data, put it in a format for the state and send it to the state. It's frustrating for me and a waste of energy for you if I get the survey at 10:05 - I can't use it.

The questions that are going to change, involve some language to hopefully make it clearer – do you have enough supplies to sustain 72 periods. If you look at the first survey it looked like the sky was falling, and they have tried to reword that. My thought process, as well as the state's, was that the Federal Govt. was just looking at it as an H1N1 event. Now they are looking at all patients. If you have patients on rescue therapies regardless of the reason, list them.

Yesterday on the conference call there was quite a bit of confusion regarding a letter wanting to know certain information regarding H1N1 data that was circulated in one Health Region. It was confusing in that no other Health regions received the letter. Ray Apodaca, with DSHS, is trying to get some clarification on is does this apply to whole state? He is trying to get some clarification on how this data is being pushed back to the hospitals. It seems that the Public Health region was asking for certain data pertaining to their region which is within their scope of work in trying to understand a Health issue or event.

Dr. Riggins explained that DSHS is using information obtained from selected “sentinel providers” so that the State can get a general trend on what is going on locally and at a state level. On www.texasflu.org, what they are saying, and this is their media talking point, we are tracking admissions and deaths.

Discussion was put forth regarding the short time frames asked for in sending in data. A lot of this is pushed down from the Federal Government to DSHS. Do the best you can with it and we'll push it up to the state. I understand what they're trying to do – we're such a diverse 50 states, how can they get a good handle on each state. We'll just do the best we can with it. I want, from my standpoint at the RAC, to know how you're doing at your facility and how we are doing as a region. I'll keep you posted on where we go with this information. Another question on the RAC Conference call was why don't they test it out before they require it? We understand it on this end, I think, and we're just trying to help them get what they want, within reason.

VI. Antivirals & Vaccines – the latest I've got, and Dr. Riggins mentioned www.texasflu.org and www.flu.org as good sites for updates. The latest from the antiviral standpoint, we took advantage as a RAC and order 2500 courses of Relenza and 2500 courses of Tamiflu for outbreak and staff. What DSHS has done is push antivirals down to the public sector by utilizing pharmacies across the State. They have tried to get at least one pharmacy in the county to provide that service and use State asset antivirals; thinks it is helping on the uninsured and underinsured. They want people to go through normal channels where possible. I'm sure there's some bumps in the road, but they felt like, initially when they looked at their pharmaceutical plan is that pharmacies are used to managing that so let's go to them.

Vaccine –wise the latest I’ve heard on this, and feel free to chime in, from the vaccine standpoint, the latest I got yesterday was that H1N1 will possibly be out towards the end of this month or the first week of Oct. Initially it was Oct. What they’re looking at now, and let me know if you have anything different, is one dose for the majority of the population. However those 10 years and younger will need two doses. Not much new information as far as the supplies to give it. Supposedly, the syringes, alcohol preps, etc. are going to come with the vaccine. Again, the only way you’re going to get the vaccine is to sign up as a provider. A question came up on one of the conference calls – they are going to supply sharps containers – are they going to get rid of them? Answer is NO, they are not. The State conference call number is changed for next week, and I’ll push that out to everyone. The questions that people are asking are the interesting part.

Both the St. David’s and Seton networks took a very aggressive position to requiring staff, students, some of the contract physicians to take the seasonal vaccine or wear masks when taking care of patients. Both systems are struggling to get seasonal vaccines, as well as other some of the other regional facilities. In discussions with Dr. Valadez, DSHS, he stated that he’s heard that manufacturers aren’t releasing any more doses, and not making any more doses because they have switched over to H1N1. Discussion asked whether it was feasible to send staff to public pharmacies or flu clinics and have the organization pay for the vaccine. Some felt this was not feasible based on HCW vaccine use in the past. Even when it was offered in house the participation was not the best.

Dr. Riggins – That’s a huge guessing game – each facility orders a year in advance. Within the medical community, we really are taking very seriously the ethical implications of going to a required policy of vaccinations. We are leading by example. If the manufacturers are slow about delivering your order, DSHS wants to hear about it. I think they want to know that information; if you had an adequate order, it’s not coming through, and you want to negotiate with the state so you can vaccinate early according to recommendations. It’s not lost, in all of the messages, and I recommend you use www.texasflu.org, that’s your primary, if you want to hear the federal messages; one of the goals is to immunize the healthcare community.

Dave will send out a link to look for vaccine availability by vendors.

VII. TIMS Training – I forwarded something on the training at Scott & White on 9-22.

Robyn – there is another training in Bastrop for the eastern side and that one is actually already full @ Smithville @ the rec ctr. The following week.



You can register on the CAPCOG website and if there is more training that needs to be done Jackie Haggerty will schedule some more. It is 2.5 hrs.

Jordan Gray, CP Regional MC – On Oct. 27, they will be hosting DQE training – HICS, 100, 200 & 700 and have 20 seats available. He has flyer. Only 20 spots – first come/first served – e-mail him. It will be onsite at Cedar Park regional.

Equipment Survey – This was sent out through the survey Monkey format to try and get a better idea of what resources and assets are needed by each facility. It had to do with

paraslydes, baraslydes, etc. He got some conversion kits that will turn your PAPR into a system similar to an airmate, a head cover and hose utilizing the PAPRS motor. This needs to get that out to your facilities and that was the reason for the survey. The body bags are also one item that will be dispersed to each facility. I would like to have each facility have at least x 25 body bags. The thing about those body bags is that they are an extremely well made product, but they're about 6 lbs. apiece. I tried to get some kind of container to hold them. The plan with para, bara, bags, etc. is that I've gotten some assistance to help distribute these resources out to the facilities. What I need from each facility is contact information for who is to receive them. That was one reason for asking for cell phone numbers

Dave – We'll get those pushed out within the next week or so. To tag that back into training, Vasanti has agreed to get the vendor for the para and baraslydes to return back down here to do training. We have enough slides to get each facility a reasonable amount. Since everybody seems to have embraced the paraslyde concept, I want to put this project to rest so we can bring every facility on board with it.

A question was asked regarding "recall" information on the Paraslydes.

Vasanti – Paramed was bought out by Stryker. Nothing has changed in the functioning of the product, just the manufacturer. In talking with Shane? From Stryker, he's available from now until 2nd week of Oct. I would like to see if he could do two sessions back to back and needs four host facilities. We're not going to be able to do a tour of the entire region and get to every hospital in the region. Would like to do it strategically to get as many involved as possible. She hopes that people will really be willing to do some hands on training with the product during the training. She will talk to them and see if there is a maximum number of people. Need to practice getting patient off a bed, into the slyde, down the hall and down a stairwell. She doesn't think it should take more than an hour. Some facilities questioned the need if they only had one level. The product is still beneficial in evacuating a patient from the facility or throughout the facility. Vasanti will send out a confirmation e-mail; picking dates of 10-13 and 10-14; are there any obvious conflicts? I will go with

those dates and she will confirm with Dave and get all of the particulars out. Some people stated that the harnesses weren't that critical to have and others had said it depends on the size of the person pulling; anyway, we've got some additional harnesses – not for every para or bara, but enough to distribute the facilities. We'll push all that out at one time to your facilities. We did get some additional sleeves.

Robert, NAMC – Last week they had a safety fair at the hospital and vaccination kick off and he set up a booth to demonstrate the product and showed the video. He was able to demonstrate to about 400 people at their office.

VIII. Assets –

One other thing on assets is that CATRAC did order some additional masks and some additional hand sanitizers for the region if it gets to the point that your suppliers are backing out on you or have backorders.

Let me get to this amendment grant first because that is something we need to push out and discuss. Short History: FY10 grant runs from Aug. 1 – June 30. That is money that is in the handout you have. I haven't pushed it out through e-mail because there's going to be an additional amendment to the work plan and budget. The hard copy you have is where we're at right now.

What we need to look at is there were some additional H1N1 grants that came down. This came down from the federal govt/pushed to the states. It's called the H1N1 supplemental grant; it went to all the RACS. It was based again, and here's where we really come ahead of all the RACS and some areas have as many hospitals as we do, where we come ahead - we're in the top 6 for the amount of any grant we get based on our population. They come up with a fixed amount that's the same for everybody and a variable amount. This came, again on short notice. Essentially, with this amount we get \$ 87, 533 to be used for H1N1 related issues. (attachment at end of minutes)

An additional grant was received by DSHS for H1N1 statewide use in the amount of approximately 1.5 million dollars. This money is being used by the state to set up some regional supply caches across the state. RAC M, Waco RAC, agreed to purchase the items to speed up the accounting process that the state would have had to go through with regards to bidding, etc. With this amount of money that came down as a total grant, they wanted to increase this cache, and I'll find out what is in this cache, but its items like ventilators, PE, etc. What she is doing is purchasing for the entire State; it's easier for RACS to do this because they don't have to go out for bids.

Another grant related to H1n1 issues was specifically targeted to Children's Hospitals. This was in the amount of \$280,000. It went only to DCMC, which was a plus for our region. How this portion came about, or how this particular amount of money came about is there was some additional money coming down, other supplemental grants, that looked at children hospitals, i.e. target population trying to see what they felt like they could use this money for. For whatever reason, DCMC was the only one in the state that got this grant. Dell Children's came up with their list of what they thought would behoove their facility and it's some of the same items we have requested as the tents and masks. In addition, the glydoscope is an illuminated intubation device. Three tents – similar to those of you who went to Killeen and saw the tents set up; it's the commercial a/c and doesn't have a generator. The ventilators, of course, are a good asset, so all of this stuff is prudent for what they requested. Where the RAC comes into play, this will be tacked on to the \$89,000 as an amendment to our contract. There were some very strict guidelines for this as to what you could utilize it for, i.e. H1N1 issues. It actually was \$ 280,000. What they will do is what they normally do, turn in receipts, P.O.'s, etc. and I will ask DSHS for a voucher called the B-13 to obtain the money. It changes our work plan and it changes our budget; we'll come up with another line item. That's kind of where it fits into the sequence of events. DCMC has the approval to proceed with the purchasing of the items. DCMC is already seeing significant increases in ED visits related to H1N1.

Billy – Round Rock ISD, Georgetown ISD, AISD, all are experiencing high absenteeism.

Dave – What we need to look at too, and I know we discussed it at length at our last meeting, is where are we going with the CATRAC tents? Dell has theirs and it's working good for them. Utilize them similar to Dell's guidelines or process. What we're looking at, and it really behooves people to make that trip to Killeen to look at the tents. If our idea is to put a mobile tent in our region, we need to be thinking about the generator, the HVACs, the ac/heating portion of it and if it's going to be mobile, we need to look at the flooring. The flooring is different than what we use in the Decon tents. DCMC is not using a hard floor, rather a thin tent like material. We probably need to get with Dell and see how they are working for them and the pros and cons of using them.

Some Discussion on the generator issue – Bill offered, I think I said this in the last meeting as well, and it's open for discussion. I'm thinking about the generator and all the maintenance that would have to go into setting up the generator and it would be kind of nice to think of locations of where we might want the tents and think about hardwiring them from the facility. Once it's hardwired, it takes all that out of the

equation- diesel, generator maintenance, etc. Or at least have it available like an RV hookup type thing.

Dave - the other thing is, and this is some of the language in what Dell used, and also, let me see, I think I've got this blown up. This is essentially the letter that came out with the funding part of it. This is where Dell came into play and this is what their priorities were as far as their deliverables. This is essentially what we can use this money for. Again, it's not new stuff; it's pretty much the same. That \$87,533 is to resupply, purchases to support the plan, etc. So, we need to look and think where we need to push this money to – where is it going to be the best advantage to the region. I think masks are going to be slim and none if we wanted to purchase any of them; we may not even get one. That doesn't mean we can't try. I think if we can take this and look it over; what can we do as a region to assist us with this H1N1? Let's discuss it at our next meeting.

So, if you can give it some thought. I'm going to be out of town Tues. through Friday - and then for sure the last week of Sept. work heavy on it. The other kicker on it is that it all needs to be spent by the end of November. Dell is a done deal. We just need to look and see how it will be tied in to our work plan. It will just be another line item. Please give it some thought. Smaller facilities, larger facilities, look at what's going to be needed for the region. Give it that some thought and I think it behooves us to move quickly on it face to face and hash it out. Let's give it some serious thought. If your suppliers are able to do it and get stuff, I think we just need to look at what's critical for the region and move forward with that. As far as the Work plan goes – If we need to amend anything on the budget, we can do that at the same time. They don't want us doing it every week. Let's think through when we push through the amendment for the H1N1 supplemental, let's do that.

Committees - The other thing, and I did want a committee report or two. Sub recipient agreements should be read and I don't think the language has changed that much, I'll get out to you by mid Oct.

IX. FY10

Line Items:

Timelines – let's get that done by the end of December, or at least know what you're going to do. By the end of Feb. That's just going to take some work on all our parts.

Each facility was allocated some funding to spend on items related to the deliverables and this can be utilized.



Training – I want you to look at from your facility who can benefit you and again benefit us as a region. Again, it's kind of a turnkey thing because they will pay everything except their salary. We don't want someone to just go because they think it's a cool thing. We are going to come up with a form for accountability. That was the goal to take advantage of some free training, some realistic training and bring it back to the region. If you have some good candidates who will be able to bring back information and offer some training to the region, that is who we want to send.

Bill – can we talk about this interoperability /comms?

Interop comms. – get new hospitals up to the rest of the region. If there is a need to help EMS or law enforcement, we can help them with some of the funding? We probably need to look at Seton Hays, and HAM radio.

Some clarification was asked regarding the line item for \$127,000 as to why it only had one item of service. This was phrased that way so that it wouldn't have to be specific for any one item. It doesn't mean that only one facility will get that amount.

Radios - What we need to do is have all the CATRAC radios rebanded which is a form of programming. The rebanding is part of the national/federal FCC component. We need to look at the issue of radio frequency usage with LCRA and Caldwell and Bastrop County.

HAM radios - CATRAC is going to have a meeting with the HAM guys and anyone is welcome to attend. Equipment wise, wiring is going to be a consideration and it's not cheap. We have some, but I don't know if it's going to be enough.

Hospital Equipment – for new facilities coming on board.

Exercises involving regional partners – 2 drills. We need to see how best to utilize that; maybe we don't need that amount to facilitate the drills.

Funding for Training – what we looked at there is we took kind of the work groups we have and see how best to utilize some training to get our region back up to par. Pt. evac/NIMS/ etc.

Pharmaceutical cache for facilities - We need to sit down and see what we need to do with that and see if we need to supplement the ChemPack stuff. Just because we're in an H1N1 event doesn't mean we have to use it for that.

Again, the agreements, for those of you who are not familiar with the sub recipient agreements, we're essentially the subcontractor for the state and we get the agreement and get you to take it to your point of contact. You need to read it



because it has a lot of participation requirements related to your ability to receive and participate in the funding.

Survey monkey – This seems to be working for everyone and is advantageous to CATRAC.

Do we still need to send you our monthly hospital report? Do you still want that?

Dave – Yes. We need that, o.k., Pay attention everybody. Here's what I need, this is part of your participation requirement. Every month, and this is what I'm talking about with the Survey Monkey. A lot of the questions are the same every month, so I am going to put it in a Survey Monkey – I need it monthly. If you will go down to number such and such, it is listed. Yes, I still need it. I don't want to go to the length of other RACs in the sense that if you don't turn it in you don't get any money; you don't participate with the sub recipient contract you don't get any funding.

Bill – can you let us know which sites have turned them in?

Dave – I don't have a problem posting the lists on the web and here on the board. The other thing is, I've been pretty lenient – this stuff needs to be turned into the state - not the form, but your participation requirements. I know we're all busy, but we get along with the H1N1 funding and the OASPR, close to 1.8 million. That ought to be worth something. each hospital doesn't get that much money, but as a region. Again, it's not a difficult report, the only thing that usually changes it whether you've done a drill or not. Another thing, and I'll send it out as a separate sheet and I've got to turn it in at the end of the month, is the number of people who have taken NIMS training. Give me your best guess. Somewhere you've got rosters.

Phil – Is that the same question as on the monthly report?

Dave - it is, but this one wants to break it down into each NIMS class. It will be a half a pager, something like that. I know we're running late as usual but I would like to go over some committee reports – Don couldn't be here because of an unexpected family emergency. He said he would get back with the work group. Next week Don and Jordan from that work group and myself are going to the EMResource conference.

X. Committees –

EM Assets – I know Dave has talked to the FTG guy and received some information on that workgroup.

Dave R. - Don Cooper has contacted all the other RACs throughout the state



rules/rights written down in a document how we are going to use this program. We are kind of waiting on his recommendations.

Drill and exercises and Communications –

Ron is having a meeting of the exercise committee after this meeting. We'll try to keep you abreast of the rebanding and how we're going to do that and these new changes for the Seton area and Hays. Radio tests seem to be working, and I really appreciate you getting back to the evaluator when you have problems; the sooner you can get back with them when you have the problem, the easier it is to solve. Can be used as a monthly requirement for participation.

If anyone found any triage tags from the last drill, please turn them in. More participation in Ron's group would good.

Ron – Update on some Williamson County Hospital activity. He is working on setting up dates for walk-throughs; will bring officers around in plain clothes; start practicing lock down procedures and radio – how we are going to be communicating when Law Enforcement has to come into the facility. Is this just Round Rock P.D.? It's RR PD for this part. It's specifically for serious lockdown situations and active shooter training. Big armored vehicles that they will literally drive into your building to rescue people if they have to.

The Exercise group will meet right after this to discuss the nuts and bolts of the drill. I had asked for each facility's Master events list or basic objective. We really need those because we are doing it different this time and make sure what is to come from EOC and what can be interjected locally. Also, will be asking for help in reviewing the victim's list of signs and symptoms. We may need some people to help put that together. It was quite an ordeal last year. Those are some things we are going to need from this group.

There is a lot of involvement a lot of excitement around the comms system; impressed with the actions we are doing and want to get more involved. Austin PD was inquiring as well.

XI. Regional Concerns / Issues

New people – welcome; the more participation we have the better.

Meeting adjourned 1130

Next meeting October 9, 2009