

<b>Healthcare Sector Subcommittee Objectives &amp; Projects</b>	<b>Subcommittee Name</b>	<b>Pharmacy Issues</b>
		<b>12-1-08 Attendees:</b> Charlie Thomas, Sallie Shipman, Ann Brantley, Amy Coody, Dr. John Fisher, DeeAnn White, Joyce Altzman, and Heather Hogue
<b>Next Meeting Date/Time</b>		<b>Monday, March 9, 2009 at 1:30 p.m.</b>
<b>Updated 12-1-2008</b>		<b>Conference Call # 1-888-776-3766 &amp; Room # 3251726</b>
<b>Co-chairs</b>		<b>Charlie Thomas and Dr. John Fisher</b>
<b>Subcommittee Purpose</b>		Focus on the issues regarding prescription medications during disaster conditions.
<b>Subcommittee Goals</b>		Discuss options for potential antiviral shelf-life extension planning (Federal Level, unable to address specifically on a state level.)
		Develop guidelines to limit pharmacists' exposure in contagious disease outbreaks.
		Develop procedures and protocols for cross training of non-pharmacy personnel to dispense in disaster conditions.
		Written pharmaceutical proclamation to activate in an emergency
		Develop an alternative formulary for replacement of essential medications to be utilized in an emergency where there is a situation including a limited supply and/or delivery.
		Develop educational protocols for public to stockpile their own medication in preparation for a disaster.
<b>Project Status</b>	<b>Responsible Party</b>	
In-Progress	Entire Subcommittee	Report on emergency planning efforts and concerns from subcommittee member's agency
In-Progress	Amy Coody	Amy Coody, State ALERT Coordinator reported that over 1300 pharmacists have been added to ALERT, although only about 200 have set-up ALERT profiles. All names that were provided to Amy have been added. <b>At the last review, approximately 3% of pharmacists entered into the ALERT system have submitted their personal profile. Amy offered to send another email to the pharmacist if needed.</b>
<b>On hold</b>	Charlie Thomas & Carter English	<b>Work with the Board of Pharmacy to expand the therapeutic substitution list during an emergency. Standing order prescriptions are event specific. It was decided to put this item on hold for review for a later date.</b>
<b>On hold</b>	Charlie Thomas & Stuart Capper	Alternate means of product delivery: CDC has developed for SNS programs, a modeling software program to assist in medication delivery. Charlie has reviewed program; may be limited in effectiveness in a PI but useful for other hazards. Charlie pointed out there is no way to know what shortages there may be. Noted that the EMA will also be involved in distribution and may utilize the Department of Transportation. Further discussion to follow about potential uses with logistics. Stuart will also forward to Sallie UAB contact to invite his membership into this committee; his input will be helpful in distribution issues. Invitation will be delayed to a later date.
<b>In-Progress</b>	Heather Hogue	Heather is working with EMA on POD and CRI planning. Alternate points of distribution: Heather in monthly consultation with Jefferson County EMA. MOU's are ongoing. <b>Heather gave a report on the planning progress for the Jefferson County POD sites. They are working with the Jefferson County Board of Education for 29 POD sites. The MOU is in development. This MOU can be utilized as a template for other counties.</b>
<b>In-Progress</b>	Dena Donovan & Michele Jones	MOU's are in place with Hyundai for alternate distribution site. Next step is to exercise (tabletop) the MOU. Hyundai may be a role model for other alternate dispensing sites. Will discuss in next meeting. <b>Charlie gave an update for this project. The MOUs are completed with Hyundai. This MOU can be utilized as a template for other businesses that have a health clinic within their facility.</b>

In-Progress	Dena Donovan, Michele Jones, Charlie Thomas, and DeeAnn White	<p>Mass Dispensing: Medications will have labels that will route the caller to either Auburn (AU) or Samford drug information centers, or the Alabama Poison Control Center (APC). CRA reporting system reviewed and how we can incorporate this with reports that will be taken from our partner agencies. This system is important in determining outcomes of any dispensed countermeasures; discussion over how all support agencies will report this data. It was discussed on the call that a meeting will take place with ADPH, APC, AU, and Samford regarding the data entry during an event. The CRA system, which is the data submitted to CDC during an event, has components for submission adverse events that occur during pharmaceutical intake during an event. Because the 800 number distributed on the medications will be answered by partner agencies, there will need to be further coordination regarding the specifics on who, what, how, when, etc.. of the data.</p>
In-Progress	ADPH	<p>The Draft County All-Hazards assessment tool was discussed on the call. The tool is being developed by ADPH to aid each County Health Department in assessments of their Emergency Support Function (ESF) 8, healthcare, capabilities for pandemic and other all hazard situations. This will be used by the County Health Departments to obtain baseline county information and is to be used as aid them in doing an initial gap assessment of their own ESF 8 healthcare response capabilities and shortfalls. ADPH is in the process of incorporating improvements and hope to begin the ESF8 assessments in early 2009. The Alabama Healthcare Disaster Planning Guide is a companion document to the assessment tool. The document is in the final stages of the approval process.</p>

<b>Healthcare Sector Subcommittee Objectives &amp; Projects</b>	<b>Subcommittee Name</b>	<b>Healthcare Coordination/Operational Planning</b>
		<b>12-4-08 Attendees:</b> Sallie Shipman, Teresa Porter, Dr. Jack Hataway, Ann Brantley, John Wible, Karen Holland, Stanley Batchelor, Don Green, Betty Jowers, and Sharon Massingale.
<b>Next Meeting Date/Time</b>		<b>Thursday, March 12, 2009 @ 3:00 p.m.</b>
<b>Updated 12-4-08</b>		<b>Conference Call # 1-888-776-3766 &amp; Room # 3251726</b>
<b>Co-chairs</b>		<b>Teresa Porter, George Dudchock, Carl Taylor, and Dr. Wesley Granger</b>
<b>Subcommittee Purpose</b>		Focus on hospital staffing (i.e. physicians, pharmacists, respiratory therapists, nurses, etc.), bed capacity, alternative care sites, etc. while collaborating with various agencies to encourage cooperation and mutual aid agreements. Also, develop standards and operational protocols and/or plans that can be implemented during disaster conditions in cooperation with all aspects of healthcare including the business aspects of healthcare and continuity of operations planning.
<b>Subcommittee Goals</b>		Identify and address interdependencies of healthcare facilities
		Develop an inventory of all agencies and healthcare providers medical supplies for potential use during emergencies on local and statewide levels
		Develop alternative care site protocol templates including pairing hospitals with pre-identified sites
		Address surge supply issues and develop alternative plans to minimize impact
		Develop template COOP plans for healthcare facilities
		Develop template infection control guidelines and plans
		Develop N95 protocol including identification of methods to increase life span of N95 masks
		Healthcare planning for Chempack and Strategic National Stockpile deployment
		Develop ventilator and oxygen protocols
		Work with licensure boards to ensure staffing issues are in place prior to a disaster.
		Assistance in reimbursement of ED/Hospital care in PI event for economic impact on healthcare facilities and encouraging participation of healthcare business staff in planning efforts
		Develop a template for antiviral treatment distribution plans for healthcare facility staff
		Develop altered hospital triage template protocols that will decompress the emergency departments (ED) including expedited patient transfers, limited ED workups, and performing other tests on inpatient services. Develop altered standards of care including EMTALA applicability, hospital admissions, and surgical procedures with consultation from hospital administration and specific specialties.
<b>Project Status</b>	<b>Responsible Party</b>	
In-Progress	Entire Subcommittee	Report on emergency planning efforts and concerns from subcommittee member's agency
In-Progress	Jane Reeves	Develop guidelines/ideas for alternative care sites to assist hospitals in planning alternative care sites within their community. Clarification of who is responsible for the different levels of out of hospital care (i.e. alternative, field hospital, comfort care center, alternate). <b>ADPH is working with AlaHA to identify a hospital in each region to determine their status regarding alternate/alternative care site planning progress.</b>
On Hold	On Hold	What would happen with a sudden increase for Hospice care? Could we use Hospice Guidelines in our CCC's? What about licensing if more Hospices were needed? There may need to be a declaration developed to waive stringent requirements in the event of a PI. We need input from the Hospice organizations as to what their ideas/role may be. This was not discussed on this call, however this remains an issue for the subcommittee.

In-Progress	Charlie Crawford	The Healthcare Sector will continue to work with the Faith Based/Community and Other Volunteers to meet this issue. Progress is ongoing. Charlie Crawford will give an update on volunteers and MRC in the meeting.
In-Progress	Dena Donovan & Michele Jones	Coordinate/discuss ideas for Chempack protocol/template development with Chempack Custodians; no feedback has been obtained from Chempack coordinators.
On Hold	On Hold	Develop a N-95/Infection Control protocol/recommendations.
On Hold	On Hold	USA has developed, internally, a program used by life insurance companies that models that determines the financial impact of a particular event/disease. How can ADPH and partners have access to this program?
On Hold	On Hold	Continue research for an operable COOP template.
On Hold	On Hold	Consult bulk suppliers of the hospitals, DME's and etc. regarding the question "Are liquid bulk O2 suppliers be able to meet the demand during a disaster?"
In Progress	Jane Reeves	80 ventilators have been purchased. The ventilator letters have been sent to the hospitals and we are receiving the verifications of those that want the ventilators. As soon as ADPH has a response from all hospitals, the MOA's will be sent to them for signature, delivery and training will be set up then.
On Hold	On Hold	The possibility of a collaborative draft document including the medical, nursing and other healthcare related boards that would address licensing and standards of care issues in a catastrophic event was discussed. Standing orders need to be already in place and then signed by the Governor at the time of the emergency declaration.
Completed	Karen Holland	Karen will provide update on Jackson Hospital's (Montgomery) efforts to meet requirements for the personal protective equipment (PPE) ADPH is offering; may can utilize their plan for other HC facilities. Information was sent from Jackson Hospital to ADPH. Teresa also discussed how the facilities in her area received the PPE. ADPH Emergency Preparedness teams are the contact for facilities that would like to participate in the program.
In-Progress	Dr. Hataway, John Wible, Sallie Shipman	The ventilator triage document is in the final stages. Discussions are underway on presentation of the draft ventilator triage document to the six hospital regions starting in 2009.
In-Progress	ADPH	The Draft County All-Hazards assessment tool was discussed on the call. The tool is being developed by ADPH to aid each County Health Department in assessments of their Emergency Support Function (ESF) 8, healthcare, capabilities for pandemic and other all hazard situations. This will be used by the County Health Departments to obtain baseline county information and is to be used as aid them in doing an initial gap assessment of their own ESF 8 healthcare response capabilities and shortfalls. ADPH is in the process of incorporating improvements and hope to begin the ESF8 assessments in early 2009. The Alabama Healthcare Disaster Planning Guide is a companion document to the assessment tool. The document is in the final stages of the approval process.
In-Progress	Teresa Porter	Delkab County, Georgia has developed tabletop exercises that can be utilized by the Healthcare Sector. Teresa will send them to Sallie to be incorporated in the Alabama Healthcare Disaster Planning Guide.

Healthcare Sector Subcommittee Objectives & Projects	Subcommittee Name	<b>Training and Exercise Planning</b>
		<b>12-3-2008 Attendees:</b> Tom Tucker, Sallie Shipman, LaBridgette Ellis, John Matson, Jora White, Sam Guerrero, and Karen Sullivan
Next Meeting Date/Time		<b>Wednesday, March 11, 2009 at 1:00 p.m.</b>
Updated 12-4-2008		<b>Conference Call # 1-888-776-3766 &amp; Room # 3251726</b>
Co-chairs		Jora White and Dr. David Wallace
Subcommittee Purpose		Educate healthcare staff and coordinate exercises between agencies.
Subcommittee Goals		Develop procedures and plans for coordination of exercises between public health, emergency management, homeland security, hospitals, community health centers, private providers, and all healthcare entities
		Develop plans and programs to educate healthcare providers
		Develop specific measures and program for training hospital staff in regard to NIMS
<b>Project Status</b>	<b>Responsible Party</b>	
In-Progress	Entire Subcommittee	Report on emergency planning efforts and concerns from subcommittee member's agency
In-Progress	Sam Guerrero, Jora Thomas	State wide calendar with training opportunities including AEMA, ADPH, Department of Homeland Security, etc. The DRAFT Alabama Healthcare Planning Guide makes reference to the AEMA and ADPH training calendars. Ideas will be derived from local emergency preparedness team members and local hospitals on how we can continue efforts to coordinate training opportunities. <b>Sam and Jora gave a report on exercises that will be conducted. They are as follows: **CRI Exercise, March 5, 2009; **CSEPP Exercise-March 25; **Combined State EOC/EMA Region 1/ALNG/ADOT &amp; ADPS Contra flow Hurricane Exercise-week of May 1, 2009; **Cabinet Level Pan-Flu TTX- To be determined; **CUSEC National Level Earthquake Exercise- 2011. More information will be sent to the Healthcare Sector as it is made available.</b>
In-Progress	John Wible, Sallie Shipman, and Dr. Hataway	The ventilator triage document is in the final stages. <b>Discussions are underway on presentation of the draft ventilator triage document to the six hospital regions.</b>
In Progress	Cindy Lesinger	An abbreviated version (decreased to 1 1/2 days) of the Pandemic Influenza Hospital Preparedness training will be sent to ADPH from CDP by the end of August. The CDP will conduct the training with public health teaching a portion of the class. This will be held at hospitals throughout the state. <b>This activity has been completed by ADPH and now CDP is trying to get it approved through their process. Cindy will let us know when they contact her to begin scheduling the new class.</b>
In-Progress	David Wallace	The Advanced Regional Response Training (ARRTC) Center located in the University of South Alabama. <b>They have set up the ARRTC training schedule for '09 - they will do 8 in-house sessions in Mobile, and 30 Road-shows across the state - 5 sessions for each of the 6 hospital regions. These will start in late January and run thru August 09, and be done at hospitals, public health offices, EMA, or any other appropriately sized community training room. About half of the day will be dedicated to NIMS/HICS. Their goal is to duplicate this 30 times, so any assistance in getting attendance high will be appreciated. Also, any special topics can be added as needed. They have cut it down to one full day of lecture and the next half day for specific help for facilities with HTVA, Disaster Plans, HICS, NIMS, etc.. This might be an opportunity to take that half day and do a tabletop on ventilators at least once in each hospital region.</b>

In-Progress	ADPH	<p>The Draft County All-Hazards assessment tool was discussed on the call. The tool is being developed by ADPH to aid each County Health Department in assessments of their Emergency Support Function (ESF) 8, healthcare, capabilities for pandemic and other all hazard situations. This will be used by the County Health Departments to obtain baseline county information and is to be used as aid them in doing an initial gap assessment of their own ESF 8 healthcare response capabilities and shortfalls. ADPH is in the process of incorporating improvements and hope to begin the ESF8 assessments in early 2009. The Alabama Healthcare Disaster Planning Guide is a companion document to the assessment tool. The document is in the final stages of the approval process.</p>
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