

<b>Healthcare Sector Subcommittee Objectives &amp; Projects</b>	<b>Subcommittee Name</b>	<b>Pharmacy Issues</b>
		<b>3-16-2009 Attendees:</b> Charlie Thomas, Sallie Shipman, Ann Brantley, Jim Easter, Heather Hogue, and Carter English
<b>Next Meeting Date/Time</b>		<b>Monday, June 15, 2009 at 1:30 p.m.</b>
<b>Updated 3-16-2009</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, Kelly Stevens & Ann Brantley	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. 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>Ann met with Amy Coody regarding the pharmacist ALERT response result. Kelly and Amy will consult with Charlie to determine if a follow-up email needed.</b>
On hold	Charlie Thomas & Carter English	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.
On hold	Charlie Thomas	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.
In-Progress	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. Heather gave a report on the planning progress for the Jefferson County POD sites. They are working with the Jefferson County Board of Education (JCBOE) for 29 POD sites. The MOU is in development. This MOU can be utilized as a template for other counties. <b>There was a meeting held with the JCBOE to discuss the PODs. MOUs are not in place but is in progress. Charlie pointed out that SNS must have a copy of any MOU's.</b>

In-Progress	Dena Donovan	<p>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 for a "Closed POD". This MOU can be utilized as a template for other businesses that have a health clinic within their facility. <b>The closed POD will be available to businesses who maintain a healthcare system within their agency. JCHD is working with UAB for a possible "Closed POD". Carter suggested that Mental Health could serve as a "Closed POD" as well. Charlie stated to coordinate any potential "Closed POD" sites or training with Dena Donovan. ADPH currently has no POD trainings scheduled this year.</b></p>
On hold	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 County ESF 8 All-Hazards assessment tool was 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. <b>ADPH is in the process of conducting these initial assessments.</b> The Alabama Healthcare Disaster Planning Guide is a companion document to the assessment tool. <b>The documents are approved and is available at: <a href="http://www.adph.org/CEP/Default.asp?id=495">http://www.adph.org/CEP/Default.asp?id=495</a> . During the 3-12-09 Healthcare Coord./Operational Planning conference call, the County ESF 8 All-Hazards Assessment tool was discussed. The attendees were guided through the tool and the updated website. Each caller accessed the system through their computer for a live simulation during the call. Due to the recommendations from the attendees, a summary guide to instruct and assist utilization of the tools will be developed for the areas and healthcare organizations. This summary will be the focus of the Healthcare Sector conference call to be held on 3-24-2009.</b></p>

<b>Healthcare Sector Subcommittee Objectives &amp; Projects</b>	<b>Subcommittee Name</b>	<b>Healthcare Coordination/Operational Planning</b>
		<b>03-12-09 Attendees:</b> Sallie Shipman, Teresa Porter, Ann Brantley, John Wible, Karen Holland, Sondra Nassetta, Betty Jowers, and Sharon Massingale.
<b>Next Meeting Date/Time</b>		<b>Thursday, June 11, 2009 @ 3:00 p.m.</b>
<b>Updated 3-13-2009</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). ADPH is working with AlaHA identify hospitals in each region to determine their status regarding alternate/alternative care site planning progress.
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 the volunteer issue. Progress is ongoing.

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. Progress is ongoing.
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?"
Completed	Jane Reeves	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. <b>80 ventilators have been purchased and distributed to participating hospitals.</b>
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.
In-Progress	Sallie Shipman, John Wible, Dr. Hataway	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. <b>The draft ventilator triage document has been finalized and is available at: <a href="http://www.adph.org/CEP/assets/VENTTRIAGE.pdf">http://www.adph.org/CEP/assets/VENTTRIAGE.pdf</a> . The initial presentation of the document will be to the Alabama Society of Healthcare Engineering on May 15, 2009. After the initial presentation, further presentations to the six hospital regions will be considered.</b>
In-Progress	Sallie Shipman	The County ESF 8 All-Hazards Assessment tool was 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. <b>ADPH is in the process of conducting these initial assessments.</b> The Alabama Healthcare Disaster Planning Guide is a companion document to the assessment tool. <b>The documents are approved and available at: <a href="http://www.adph.org/CEP/Default.asp?id=495">http://www.adph.org/CEP/Default.asp?id=495</a> . During the 3-12-09 call, the County ESF 8 All-Hazards Assessment tool was discussed. The attendees were guided through the tool and the updated website. Each caller accessed the system through their computer for a live simulation during the call. Due to the recommendations from the attendees, a summary guide to instruct and assist utilization of the tools will be developed for the areas and healthcare organizations. This summary will be the focus of the Healthcare Sector conference call to be held on 3-24-2009.</b>
In-Progress	Teresa Porter	Delkab County, Georgia has developed tabletop exercises that can be utilized by the Healthcare Sector. <b>Teresa will send them to Sallie to be incorporated in the Alabama Healthcare Disaster Planning Guide.</b>
In-Progress	ADPH EP Teams & Angie Stanley	Teresa discussed how the facilities in her area received the personal protective equipment (PPE). ADPH Emergency Preparedness teams are the contact for facilities that would like to participate in the program. <b>The press release regarding free PPE for facilities with PI operational plans was sent out on 3-12-2009. The area EP teams will be working with participating facilities. Angie Stanley is the CEP contact and can be reached @ 334-206-3987.</b>

Healthcare Sector Subcommittee Objectives & Projects	Subcommittee Name	<b>Training and Exercise Planning</b>
		<b>3-18-2009 Attendees:</b> Tom Tucker, Sallie Shipman, Jora White, Jane Reeves, and Ann Brantley
Next Meeting Date/Time		<b>Wednesday, June 17, 2009 at 1:00 p.m.</b>
Updated 3-18-2009		<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
Project Status	Responsible Party	
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 Alabama Healthcare Planning Guide makes reference to the AEMA and ADPH training calendars <b>and is available at:</b> <a href="http://www.adph.org/CEP/Default.asp?id=2634">http://www.adph.org/CEP/Default.asp?id=2634</a> . Ideas will be derived from local emergency preparedness team members and local hospitals on how we can continue efforts to coordinate training opportunities. More information will be sent to the Healthcare Sector as it is made available. <b>The Non-CRI Anthrax exercise was held on 3/9/2009 in Florence, AL and included representation from bordering states (MS, TN). A communications exercise within ADPH was conducted 3/11 and a AEMA/ADPH communication exercise is scheduled for 3/24/2009 during the AEMA meeting. Unknown Biological Agent Exercise or CRI Exercise will be a multi-day even beginning with a discussion-based day long table top exercise combined with a drill component, followed on day two by a continuation of the communication drill and a POD set up drill; ending on day three with a POD Patient Flow functional exercise. The scenario will revolve around a purposeful release of a biological agent. The Mobile Medical Asset exercise will be held on 7/14-15/2009 with counties in the Montgomery area. During this exercise, participants will be working with all three units and equipment to become more familiar with the equipment, learn how to set it up, break it down and to develop procedures on how to use some of the items they would use during a deployment. Community Health Centers will be involved with this exercise.</b>
In-Progress	John Wible, Sallie Shipman, and Dr. Hataway	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. <b>The draft ventilator triage document has been finalized and is available at:</b> <a href="http://www.adph.org/CEP/assets/VENTTRIAGE.pdf">http://www.adph.org/CEP/assets/VENTTRIAGE.pdf</a> . <b>The initial presentation of the document will be to the Alabama Society of Healthcare Engineering on May 15, 2009. After this presentation, further presentations to the six hospital regions will be considered.</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. 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.

In-Progress	David Wallace and Jane Reeves	<p>The Advanced Regional Response Training (ARRTC) Center, located in the University of South Alabama training schedule for '09 includes 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. 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. <b>The road shows and Mobile classes are having good participation. The schedule is posted on the ARRTC website at: <a href="http://www.arrtc.com/">http://www.arrtc.com/</a>. Road shows are scheduled as requests are made.</b></p>
In-Progress	ADPH	<p>The County ESF 8 All-Hazards assessment tool was 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. <b>ADPH is in the process of conducting these initial assessments.</b> The Alabama Healthcare Disaster Planning Guide is a companion document to the assessment tool. <b>The documents are approved and is available at: <a href="http://www.adph.org/CEP/Default.asp?id=495">http://www.adph.org/CEP/Default.asp?id=495</a> . During the 3-12-09 Healthcare Coord./Operational Planning conference call, the County ESF 8 All-Hazards Assessment tool was discussed. The attendees were guided through the tool and the updated website. Each caller accessed the system through their computer for a live simulation during the call. Due to the recommendations from the attendees, a summary guide to instruct and assist utilization of the tools will be developed for the areas and healthcare organizations. This summary will be the focus of the Healthcare Sector conference call to be held on 3-24-2009.</b></p>
In-Progress	Alice Floyd and Jane Reeves	<p>There will be Pandemic Influenza Awareness training through the Office of EMS and Trauma (OEMST) conducted in April. The target audience is 911 Call Centers and emergency dispatch operators. Participant registration has closed because the courses filled. <b>The dates/location include: April 9, Clanton - Alabama Power Building; April 16 - Atmore - Windcreek; April 23 - Cullman - Cullman Regional Medical Center. If you plan to attend or have questions please email Katherine Hert at <a href="mailto:Katherine.Hert@adph.state.al.us">Katherine.Hert@adph.state.al.us</a> in OEMST .</b></p>