Healthcare Sector Subcommittee Objectives & Projects	Subcommittee Name	Pharmacy Issues
		6-15-2009 Attendees: Charlie Thomas, Amanda Holloway, Ann Brantley, Jim Easter, Joyce Altman, and Heather Hogue
Next Meeting Date/Time		Monday, September 14, 2009 at 1:30 p.m.
Updated 7-15 2009		Conference Call # 1-888-776-3766 & Room # 3251726
Co-chairs		Charlie Thomas and Dr. John Fisher
Subcommittee Purpose		Focus on the issues regarding prescription medications during disaster conditions.
Subcommittee Goals		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.
Project Status	Responsible Party	
In-Progress	Entire Subcommittee	Report on emergency planning efforts and concerns from subcommittee member's agency
In-Progress	Charlie Thomas & Amy Coody	Amy Coody, State Alabama Emergency Response Technology (ALERT) Coordinator reported that over 1300 pharmacists have been added to ALERT. Amy and Charlie will develop a follow-up email.
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	has developed for Strategic National Stockpile (SNS) programs, a modeling software program to assist in medication delivery. Charlie has reviewed program; may be limited in effectiveness in a pandemic influenza (PI) but useful for other hazards. Charlie pointed out there is no way to know what shortages there may be. Noted that the Emergency Management Agency (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 point of dispensing (POD), alternate points of distribution (closed POD), and Cities Ready Initiative (CRI) planning. They are working with the Jefferson County Board of Education (JCBOE) for 29 POD sites. The memorandum of understanding (MOU) is in development. This MOU can be utilized as a template for other counties. UAB will conduct POD training 6-18 & 6-19. UAB may be considered for closed POD; UAB has 18,000 employees. Heather reported Jefferson County Health Department (JCHD) held POD training for 430 of their staff April 2009.
In-Progress	Dena Donovan & DeeAnn White	MOU's are in place with Hyundai for alternate distribution site (closed POD). 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. The closed POD will be available to businesses who maintain a healthcare system within their agency. Carter English 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 does not have any POD trainings scheduled this year.

In-Progress	<mark>Val Patton</mark> , Charlie Thomas, & John Fisher	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). Countermeasure Response Administration (CRA) system is the data submitted to CDC during an event. CRA has components for submission of adverse events resulting from pharmaceutical distribution during an event; discussion over how all support agencies will report this data is ongoing. The 800 number distributed on the medications will be answered by ADPH and partner agencies. There will need to be further coordination regarding the specifics on who, what, how, when, etc. of the data. Val Patton is the new CRA Coordinator for ADPH.
In-Progress	Heather Hogue	The JCHD is working on a pilot study ongoing with CVS for mass dispensing.
In-Progress	Charlie Thomas	Caremark is a leading provider of prescription drug management programs. An MOU is in progress for Caremark to pre-fill prescriptions and label the medication minus the patient's name. This will help to expedite distribution during a mass dispensing event. An update was given on the scheduled Volunteer Symposiums 6-23/Dothan, 6-
In-Progress	Ann Brantley	25/Huntsville, and 6-26/Montgomery.
In-Progress	Ann Brantley	The free personal protective equipment (PPE) and Comfort Care Centers (CCC) were discussed. As of this meeting, 42 organizations have participated in the PPE program; totaling supplies for 16,184 staff. There are currently two CCC's pending.

Healthcare Sector Subcommittee Objectives & Projects	Subcommittee Name	Healthcare Coordination/Operational Planning
		06-11-09 Attendees: Ann Brantley, Angela Stanley, Betty Jowers, and Tina Pippin.
Next Meeting		Thursday, Cantombas 40, 2000 at 2:00 mm
Date/Time Updated 7-16-2009		Thursday, September 10, 2009 at 3:00 p.m. Conference Call # 1-888-776-3766 & Room # 3251726
Co-chairs		Teresa Porter, Carl Taylor, and Dr. Wesley Granger
Subcommittee Purpose		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.
Subcommittee Goals		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.
Project Status	Responsible Party	
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. An update was given on the scheduled Volunteer Symposiums 6-23/Dothan, 6-25/Huntsville, and 6-26/Montgomery.
		Coordinate/discuss ideas for Chempack protocol/template development with Chempack Custodians; no feedback has been obtained from Chempack coordinators. Progress is
In-Progress	DeeAnn White	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?"
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	Tim Hatch, Sallie Shipman, & John Wible	The ventilator triage document is in the final stages. The draft ventilator triage document has been finalized and is available at: http://www.adph.org/CEP/assets/VENTTRIAGE.pdf . The initial presentation of the document was piloted to the Alabama Society of Healthcare Engineering on May 15, 2009. Further presentations to the six hospital regions will be scheduled. The presentations will include ADPH environmental roles, legal and ethical issues, CEP assessments and tools, and the ventilator triage explanation to assist hospitals in panning and legal issues.
In-Progress	Ann Brantley and Sallie Shipman	The County Emergency Support Function (ESF) 8 All-Hazards Assessment tool was developed by ADPH to aid each County Health Department in assessments of their 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 conducting these initial assessments. The first assessments for each county will be entered into the LCMS by July 31, 2009. The Alabama Healthcare Disaster Planning Guide is a companion document to the assessment tool. The documents are approved and available at: http://www.adph.org/CEP - Preparedness A-Z.
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.
In-Progress	Betty Jowers	Discuss/develop better communication methods to get out messages to the public during an event especially in rural areas. Can 211 be utilized?
In-Progress	Ann Brantley	There was discussion on the call regarding the planning needs for upcoming flu season vaccinations. Cindy Lesinger will update the entire Healthcare Sector call scheduled for July 28, 2009.
In-Progress	Angela Stanley	The free personal protective equipment (PPE) and Comfort Care Centers (CCC) were discussed. As of this meeting, 42 organizations have participated in the PPE program; totaling supplies for 16,184 staff. There are currently two CCC's pending.

Healthcare Sector		
Subcommittee Objectives & Projects	Subcommittee Name	Training and Exercise Planning
Objectives & Projects	Subcommittee Name	Inaming and Exercise Flamming
		6-17-2009 Attendees: Sallie Shipman, Jora White, Val Patton, and Ann Brantley
Next Meeting		Wadnesday, Cantember 40, 2000 at 4:00 n m
Date/Time Updated 7-21-2009		Wednesday, September 16, 2009 at 1:00 p.m. Conference Call # 1-888-776-3766 & Room # 3251726
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	
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In-Progress	Entire Subcommittee	Report on emergency planning efforts and concerns from subcommittee member's agency
In-Progress	Val Patton, Jora White and Sam Guerrera	State wide calendar with training opportunities including Alabama Emergency Management Agency (AEMA), Alabama Department of Public Health (ADPH), Department of Homeland Security, etc. The Alabama Healthcare Planning Guide refers to the AEMA and ADPH training calendars and is available at: http://www.adph.org/CEP/Default.asp?id=2634. Ideas will be derived from local emergency preparedness team members and local hospitals on how we can continue efforts to coordinate training opportunities.
In-Progress	Sam Guerrera, Jora White, and Val Patton	The Mobile Medical Asset exercise will be held on 7/14-15/2009 with counties in the Montgomery area. Jora reported that all scheduled exercise were completed and went well. UAB is interested in closed point of dispensing (POD) exercises next year. The Hyundai template could be utilized for these exercises and is already developed.
In-Progress	Tim Hatch, Sallie Shipman, & John Wible	The ventilator triage document is in the final stages. The draft ventilator triage document has been finalized and is available at: http://www.adph.org/CEP/assets/VENTTRIAGE.pdf . The initial presentation of the document was piloted to the Alabama Society of Healthcare Engineering on May 15, 2009. Further presentations to the six hospital regions will be scheduled. The presentations will include ADPH environmental roles, legal and ethical issues, Center for Emergency Preparedness (CEP) assessments and tools, and the ventilator triage explanation to assist hospitals in panning and legal issues.
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 Center for Domestic Preparedness (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. No progress has been made in the development of the abbreviated PI program at this time.

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In-Progress	David Wallace and Jane Reeves	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 Hazard Vulnerability Analysis (HVA), Disaster Plans, Hospital Incident Management System (HICS), National Incident Management System (NIMS), etc. The road shows and Mobile classes are having good participation. The schedule is posted on the ARRTC website at: http://www.arrtc.com/. Road shows are scheduled as requests are made.
In-Progress	Ann Brantley and Sallie Shipman	The County Emergency Support Function (ESF) 8 All-Hazards Assessment tool was developed by ADPH to aid each County Health Department in assessments of their 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 conducting these initial assessments. The first assessments for each county will be entered into the LCMS by July 31, 2009. The Alabama Healthcare Disaster Planning Guide is a companion document to the assessment tool. The documents are approved and available at: http://www.adph.org/CEP - Preparedness A-Z.
Completed	Alice Floyd and Jane Reeves	There will be Pandemic Influenza Awareness training through the Office of EMS and Trauma (OUST) conducted in April. The Pandemic Influenza Awareness training through the Office of EMS and Trauma (OUST) was conducted in April and was well received. The target audience was 911 Call Centers and emergency dispatch operators. An update was given on the scheduled Volunteer Symposiums 6-23/Dothan, 6-
In-Progress	Ann Brantley	25/Huntsville, and 6-26/Montgomery.
In-Progress	Ann Brantley	The free personal protective equipment (PEP) and Comfort Care Centers (COCA) were discussed. As of this meeting, 42 organizations have participated in the PEP program; totaling supplies for 16,184 staff. There are currently two CCCs pending.