

Central Maine Healthcare Preparedness Coalition (CMHPC)

Thursday, August 25, 2016
10 High Street, Lewiston, ME –
CMMC Conference Ctr, RMS A/B/C

PRESENT: Whitney Allen, CMMC; Kendra Bowman, St. Mary's D'youville; Art Churchill, Kennebec Valley EMA; Richard Comstock, Maine General Medical Center; Jane Coolidge, MeCDC; Dwight Corning, Stephens Memorial; Jessica Dagneau, St. Mary's D'youville; Rob Ferris, Central Maine Healthcare; Patrick Furey, MeCDC; Brookes Gagnon, Togus VA; Phyllis Gamache, L/A 911 Communications Center; George Gardner, Bridgton Hospital; Teresa Glick, Oxford County EMA; Kevin Gurney, Delta Ambulance; Bob Hand, Pace Ambulance/Stephens Memorial; Mike Hatch, St. Mary's; Allyson Hill, Oxford County EMA; Sarah Hicks, Sagadahoc County; Geoffrey Inman, Oxford County RCC; Mark Jacobs, Pinnacle Health & Rehab; William Jenkins, MeCDC; Joanne Lebrun, Tri-County EMA; Ray Lussier, City of Auburn; Jared McCannell, MeCDC; Angela Moore, Amedisys Home Health & Hospice; Dustin Nadeau, Delta Ambulance; Alison Newton, Stephens Memorial; Joanne Potvin, Androscoggin EMA; John Rice, Schooner Estates; Mike Senecal, Franklin Memorial; Jamee Theriault, Rumford Hospital; Phil Tricarico, Riverview; Scott Verrill, Pinnacle Health & Rehab; Kathleen Wescott, MeCDC

GUESTS: Jonathan Leach, MeCDC; Capt. Patricia Pettis, HHS/ASPR; Tracy Lewis, US CDC; Luis Lowe, US CDC

CMRRC: Kara Walker, Director; Kris Gammon, Operations Manager

Topic	Presenter	Discussion/Talking Points	Minutes	Action/ Follow Up
Welcome and Introductions; Regional Updates	Kris Gammon, Ops Manager	Welcome! Communications Drill	There were quite a few new faces to our meeting today. Welcome! Our recent communications drill through the Health Alert Network (HAN) resulted in a 74% response rate. We are very pleased with that result! We have created a new HAN group "CMRRC Emergency Communications Group". I have found there were many members not part of that who have now been added. There are also quite a few members who are not yet set up on HAN. I will be contacting each of you individually to get you set up and familiar with this system.	We encourage you to bring guests who you feel would benefit from our meetings. Contact Kris if you would like a one on one refresher to re-familiarize yourself with HAN.
Multi-year Training & Exercise Plan Review, Coalition Initiatives Discussion	Kara Walker, Director	Multi-Year Training and Exercise Plan:	April 2016 Hazard Vulnerability Analysis (HVA) Results: <ul style="list-style-type: none"> ➤ Cyber Attack (89% relative threat) ➤ Ice storm (78% relative threat) ➤ Major Hazmat Incident (72% relative 	View the actual PowerPoint slide on our website at: http://cmrrc.org/wp-content/uploads/2



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		Training:	<p><i>threat</i>)</p> <ul style="list-style-type: none"> ➤ Supply Disruption/Shortage (<i>72% relative threat</i>) ➤ Heavy Snow, Blizzard (<i>67% relative threat</i>) <p>Focusing on the following capabilities:</p> <ul style="list-style-type: none"> - Healthcare System Preparedness - Emergency Operations Coordination - Information Sharing - Medical Surge - Responder Safety & Health <p>Central Maine Regional Resource Center (CMRRC) have planned the following training to date:</p> <ul style="list-style-type: none"> - Hospital Emergency Response Training (Fall 2016 and Spring 2017) - Hospital Incident Command System (October 12th) - Biosafety & Security (September 22nd) - WebEOC, HAN, EMResource, GETS (October 27th) - Cyber Training (TBD) - Incident Command System 300 (April 13th – 14th) and 400 (April 20th) - Continuity of Operations Planning Training - Additional Opportunities: HAM radio license training Homeland Security Exercise and 	016/01/Coalition-PPT-082516.pdf



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		<p>What it is not:</p> <p>Questions of the Day:</p> <p>How to apply for increased capacity:</p> <p>Emergency Planning within Child Care Programs:</p>	<ul style="list-style-type: none"> - Child care centers - Small facilities <p>"Child Care Facility" does not include a facility operated by a family child care provider, a summer camp and educational programs offering instruction to children.</p> <ul style="list-style-type: none"> - Is the relocation of children to a congregated site for the duration of a regional emergency "child care", and does it therefore require licensure? Answer: No - Is it a regular program? Answer: No - Is it "for consideration"? Answer: No - Is it in a private school? Answer: No <ol style="list-style-type: none"> 1. Download the application from the child care home page located at http://www.maine.gov/dhhs/childcare 2. Complete the relevant sections and submit with fee. 3. The State Fire Marshal will determine capacity <p><u>Emergency Planning Resources:</u> Your Inventory for Keeping Everyone Safe (YIKES)</p> <ul style="list-style-type: none"> - Includes series of planning activities - Includes local and regional relocation sites 	<p>Does your plan take into account childcare? If not, check out these resources.</p>



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		<p>Maine Assessment Hospitals</p> <p>Transport:</p> <p>Active Monitoring:</p>	<p>specialized healthcare workers have been pre-staged and trailed to:</p> <ul style="list-style-type: none"> - Have proficient use of PPE - Designated transport vehicles - Designated patient isolation space, including transport route and adequate space for safe donning and doffing - Established waste management and decontamination procedures - <p>Designated assessment hospitals in Maine are:</p> <ul style="list-style-type: none"> - Eastern Maine Medical Center, Bangor - Maine General Medical Center, Augusta - Central Maine Medical Center, Lewiston - Maine Medical Center, Portland <p>The closest Ebola treatment hospital to Maine is Mass General in Boston. Any positive case will be transferred to Mass General.</p> <p>Maine has four designated, specially trained Ebola Response Transport Teams. All are associated with the designated assessment hospitals:</p> <ul style="list-style-type: none"> - Capital (Eastern Maine Medical Center) - Delta (Maine General Medical Center) - United (Central Maine Medical Center) - Northeast (Maine Medical Center) <p>Monitoring consists of:</p> <ul style="list-style-type: none"> - Travelers from active outbreak countries 	



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		Where to find the plan:	<p>are to be funneled into pre-designated airports and screened.</p> <ul style="list-style-type: none"> - Travelers are followed daily in their designated state by Public Health for the illness incubation period of 21 days. <p><u>Active Monitoring</u> consists of a daily phone call. <u>Direct active</u> is a daily direct observation (actual visit or could be via skype) <u>Monitoring</u> includes the reporting of two temperatures a day with an associated check for the presence of symptoms.</p> <p>Other parts of the plan consist of PPE, Waste Management, Decontamination, Disaster Behavioral Health and CONOPS Plan</p> <p>The Maine Ebola Response plan has been officially approved and is posted on the Maine CEC website at:</p> <p>http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/zoonotic/ebola/documents/Maine-Ebola-Response-Plan.pdf</p>	
Ebola and Emerging Infectious Disease: Lessons Learned in the Laboratory Response Network	Luis Lowe, U.S. CDC	Background:	<p>The Ebola outbreak in 2014 identified gaps in U.S. laboratory biosafety practices, such as:</p> <ul style="list-style-type: none"> - Inconsistent guidance and lack of guidelines - Confusion about use of PPE - Lack of risk assessment for handling and 	View the actual PowerPoint slide on our website at: http://cmrrc.org/wp-content/uploads/2016/01/Maine-



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		<p>Concerns observed during assessing hospitals:</p>	<p>testing specimens</p> <ul style="list-style-type: none"> - Absence of risk mitigation and biosafety plans - Lack of instrument decontamination methods - Confusion concerning waste disposal - Lack of expertise and materials for packaging and shipping specimens to LRN laboratories <p><u>The following concerns were observed:</u></p> <p>Infrastructure:</p> <ul style="list-style-type: none"> - Problematic layout of patient care space - Inadequate PPE doffing or waste storage space <p>Staffing:</p> <ul style="list-style-type: none"> - Inadequate number of trained staff to provide care for up to 96 hours - Planned shift durations not practiced <p>PPE:</p> <ul style="list-style-type: none"> - Inter-facility variability in protocols due to supply chains, personal preference and experience - Limitations of locally available expert trainers - Adoption of HAZMAT principles and training can be problematic <p>Training:</p> <ul style="list-style-type: none"> - Competency in defined roles is labor intensive to establish and maintain 	<p>Ebola-Talk_for-meeting-minutes-Final.pdf</p>



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		<p>Minimum requirements for Ebola assessment hospitals laboratory capabilities:</p>	<ul style="list-style-type: none"> - Ideal frequency of retraining not defined <p>Waste Management:</p> <ul style="list-style-type: none"> - Local regulations concerning solid waste and sewage - Workable solutions usually exist but can be very expensive and/or cumbersome <p>Worker Safety:</p> <ul style="list-style-type: none"> - Protocols to monitor healthcare workers - Coordination of monitoring with health departments <p>Environmental Cleaning and Disinfection:</p> <ul style="list-style-type: none"> - Potential overuse or misuse of bleach products - Need for terminal cleaning protocols <p>Clinical Management:</p> <ul style="list-style-type: none"> - Protocols for special populations (e.g., children) - Appropriate interventions such as invasive procedures for critically ill patients <p><u>Minimum Requirements:</u></p> <ul style="list-style-type: none"> • Ability to ship specimens to nearest Laboratory Response Network (LRN) lab • Adequate space, equipment, staffing • Written procedures and trained/competent staff to safely perform a minimum menu of laboratory tests • Specimen management procedures in place • Disinfection procedures available 	



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			<ul style="list-style-type: none"> <li data-bbox="1150 313 1661 376">• Risk assessment performed and risk mitigation controls implemented 	

NEXT MEETING:

Thursday, October 27th, 2016 0830 - 1200

