



Meeting: **HCC Planning Subcommittee and Training & Exercise Workgroup**

Date: October 6, 2020

Location: Zoom (Webinar)

Meeting Leader (Chair/Chair Elect/Lead): Mr. Angel Juarez

Meeting Scribe: Jacob Seil and Stephanie McKinnis

Number of individuals present: 29

Agenda	Discussion	Action Plan	Responsible Individual	Targeted Completion / Next Step
Welcome	Mr. Angel Juarez welcomed partners and provided an overview of the purpose meeting.			
2020 Hazards Vulnerability Analysis Update	Mrs. Stephanie McKinnis provided an overview of the HCC-E participation on the 2020 HVA. 84 partners completed the HVA survey which changed the order of the last three threats/hazards. Mr. Jacob Seil announced that we have 119 letters of agreements.			
TSA-E Top Ten Hazards	Mrs. McKinnis discussed the final HCC-E top ten hazards: <ul style="list-style-type: none"> • Tornado • Epidemic/Pandemic • Inclement Weather • IT System Outage • Power Outage • Active Shooter • HVAC Failure • Communication / Telephony Failure • Water Disruption • Generator Failure 			
Top Five Hazards by Zone	Overview of the top five hazards by Zone:			

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	<p>Zone 1: Tornado, Supply Chain Shortage Failure, Workplace Violence/Threat, Patient Surge, and Infectious Disease Outbreak</p> <p>Zone 2: Tornado, Inclement Weather, Power Outage, IT System Outage, and Epidemic/Pandemic</p> <p>Zone 3: Tornado, Fire, External Flood, Inclement Weather, and Communication / Telephony Failure</p> <p>Zone 4: Tornado, Inclement Weather, Fire, Temperature Extremes, and Internal Flood</p> <p>Zone 5: Tornado, Epidemic/Pandemic, Inclement Weather, Power Outage and HVAC Failure</p> <p>Zone 6: Inclement Weather, Tornado, Fire, Flood, and Radiation Exposure</p> <p>Zone 7: Epidemic/Pandemic, Tornado, Inclement Weather, Generator Failure, and Power Outage</p> <p>Zone 8: Tornado, Epidemic/Pandemic, Inclement Weather, Active Shooter, and IT System Outage</p>			
<p>Impacting Your Organization</p>	<p>Continue discussion on the following four threats/hazards:</p> <p>Inclement Weather</p> <p>HVAC Failure</p> <p>Communication / Telephony Failure</p> <p>Water Disruption</p> <ol style="list-style-type: none"> 1. What operational challenges will your organization encounter from ____ hazard? 			

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	<p>2. What should your response be to this hazard (assuming your organization has full capability to respond)?</p> <p>3. Thinking about your staff, what reoccurring pattern do you see as a need for training?</p> <p>Operational Challenges to Inclement Weather: How do partners define inclement weather? Group largely agrees that current definition of inclement weather mostly refers to freezing temperatures, frozen roads, etc.</p> <ul style="list-style-type: none"> • Staffing challenges if roads are frozen • Engineering issues: water pipes freezing • Transporting staff to and from work • Patient transporting Difficult to source transportation for transferring patients (air medical units less likely to fly, dangerous for ambulances to drive, etc.) • Continuity of Care issues • Dealing with stranded visitors <p>Response Expectations:</p> <ul style="list-style-type: none"> • De-ice grounds to remove slip hazards • Activate command center and develop staffing plans • Setup sleep rooms and allow staff to shelter in place • Call List to contact additional staff • Have limited transportation to help transport staff to work • Contracts with local hotels to provide lower rate rooms to employees • Reach out to staff, prior to inclement weather, to assist with transportation • Prompt reminders to staff to read/review inclement weather policy 			

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	<ul style="list-style-type: none"> • Determine if internal housing or food is needed for staff • Agreements with Uber, LIFT, and local hotels • Bring staff in early on site prior to their shift start. • Provide annual training, Code Refresher • What to do in inclement weather? • List of resources needed • What should be in Go Kits? • Provide Red Books to reference <p>Training Needs:</p> <ul style="list-style-type: none"> • HICS training • How to monitor weather • Review Inclement Weather policy for your agency • No clear regional training needs on this issue <p>Operational Challenges to HVAC Failure:</p> <ul style="list-style-type: none"> • Biggest hazard in HVAC failure is climate-controlled environments that require cool temps to keep equipment/supplies sterile • Operating rooms • Sterile instruments • Scheduled operations and surgeries • Need portable equipment to move critical patients, if needed <p>Response Expectations:</p> <ul style="list-style-type: none"> • Reach out to EMS and divert patients that has potential for surgery needs (Stroke, Trauma, etc.) • Utilize portable dehumidifiers to keep sterile rooms from “sweating”, but this is a temporary stop-gap measure • Utilize handheld radios • Move supplies to a different area 			

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	<ul style="list-style-type: none"> • Bring in portable equipment, utilize portable chillers/AC, if needed • Look at surgeries scheduled for that day • Tenet stages portable generators in hurricane areas to power emergency chillers, but can only service so many facilities at once <p>Training Needs: No training identified</p> <p>Operational Challenges to Communication / Telephony Failure:</p> <ul style="list-style-type: none"> • Depends on what cause the failure to address challenges • Lost of access to the network • Loss access to medical records <p>Response Expectations:</p> <ul style="list-style-type: none"> • Implement a paper system and use Runners to help with communications • Utilize Runners to communicate with EOC • HAM Radio available • Paper Charting • Implement down time processes and annual training • iMobile <p>Training Needs: No training identified</p> <p>Operational Challenges to Water Disruption:</p> <ul style="list-style-type: none"> • Determine how to keep building going with water cooling • Need a backup plan 			

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	<p>Response Expectations:</p> <ul style="list-style-type: none"> • Keep a supply of potable and non-potable water on hand in emergency supply. • Drinking water is provided to each unit for staff and patients; have gallons of water to be used for flushing waste as needed. • Staff encourage to conserve water • Annual review for staff • Focus on keeping drinking water, food preparation available • Cache of bottle of water for utilization; using gallons of water to flush waste if needed <p>Training Needs: No training identified</p>			
<p>TSA-E Regional Response Gap Identification & Analysis</p>	<p>Gap 1: Regional MCI Framework</p> <p>Gap 1a: Timely hospital notification of mass casualty incidents</p> <p>Comments:</p> <ul style="list-style-type: none"> • Utilize EMResource to its fullest as a resource for communicating needs as well as reaching out for help • Bring this issue to EMS Committee and ED Operations Committee to discuss potential solutions • Develop better language of how this process works and insert into Response Strategy • If we need to plan to receive several patients Cooke County EMS will call PTA with an estimated number of patients. We, on the hospital side, will immediately access NCTTRAC to notify the RAC for support if we suspect we may need support. This is how we worked the stage collapse at a concert at the local casino. We 			

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	<p>received 50% of our ED capacity at one time. Communicating #s, injuries, and expectations helped our facility plan resources appropriately.</p> <ul style="list-style-type: none"> • Local EMS agencies will notify in advance • Is there a supply list of what is available if needed for a large-scale event? Answer: https://ncttrac.org/programs/emergency-healthcare-services-ehs/logistics/ • Not sure if adding another tool/platform to notification will solve our concerns • Get buy-in from COG/Emergency Management • Do regular MCI notification drills – EMS agencies practice sending notifications and/or calling duty phone for EMCC to send notification <p>Notification/Alert Drills:</p> <ul style="list-style-type: none"> • Need EMS by in to send the notification; they are critical to the process • Setup drills to practice <p>Gap 1b: Patient destination coordination during an MCI</p> <p>Comments:</p> <ul style="list-style-type: none"> • Room for improvement to expedite appropriate patient care • In an idea world, EMS gives us a head up about a MCI event. There are times when we find out as they are walking in with the first patient. Having a practiced plan in place would be a benefit. If we could do a live MCI event that includes NCTTRAC and all agencies it would be even more beneficial. <p>ACTION ITEM: Send out MCI Strategy for review and discuss in greater detail next meeting</p>			

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	<p>Gap 1c: Patient Tracking in an MCI or hospital evacuation</p> <p>Comments:</p> <ul style="list-style-type: none"> • Look at the possibility to move forward with EMTrack through Juvare • Reach out to Juvare for discussion on how to improve our current capability. • Continue moving forward with WebEOC as the patient tracking platform <ul style="list-style-type: none"> ○ Mitch Jobe (THR Arlington Memorial) wants us to adopt EMTrack, but Angel wants to move forward with what we have for now <p>Next Steps:</p> <p>ACTION ITEM: Come to HCC Planning Subcommittee in November with proposed schedule/format of patient tracking trainings and drills</p> <ul style="list-style-type: none"> • Retrain TSA-E partners • Clean up the data in the current system; focus on WebEOC • Develop mini Patient Tracking Drills • Establish recurring patient-tracking specific trainings more regularly than the existing monthly crisis applications trainings <p>Thinking of your agency, how many employees have access to EMResource/WebEOC?</p> <ul style="list-style-type: none"> • Go to paper tracking until we can get enough help to start adding to online charting. Web EOC in twelve hours could happen with more training on our side 			

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	<ul style="list-style-type: none"> • Within 12 hrs, could work but have limited staff that knows the system at this time <p>Training/Exercise Needs: Patient Tracking Drills</p> <p>Gap 2: Regional utilization of available resources Comments:</p> <ul style="list-style-type: none"> • Refresher on how to request resources • During future REPC meetings, provide an overview of TSA-E resources <p>Gap 3: Operational use of redundant communications methods is unclear <i>Note: Gap 3 will be discussed at the next HCC Planning Subcommittee Meeting (November)</i></p>			
Upcoming Activities	<p>HCC Planning Subcommittee:</p> <ul style="list-style-type: none"> ○ Use the Gap Analysis to develop the HCC Work Plan <ul style="list-style-type: none"> ▪ Plans, projects, and purchases to solve the identified gaps ▪ Updating short & long-term smart goals ○ Update the Preparedness Plan ○ Call for HCC Planning Subcommittee Co-Chair <p>T&E Workgroup:</p> <ul style="list-style-type: none"> ○ Training Circular (Focus: HVA top ten hazards and the MYTEP) ○ Host MYTEP workshop on Tuesday, November 3rd ○ Distribute FY 19 MYTEP to coalition partners for review (December) 			

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Adjournment	HCC Planning Subcommittee November 3, 2020 at 10:00 A.M. Training & Exercise Workgroup - MYTEP Workshop November 3, 2020 at 11:15 A.M.	Attend the November meetings via Zoom		