

Region 3 ESF-8 Public Health Meeting
November 6, 2009
Minutes

Attendees: Mary Laiuppa, Tom Gavaghan, Jennifer Kertanis, Maryann Lexius, Rob Miller, Juanita Estrada, Katherine McCormack, John Shaw, Bill Kramer, Kate Novick, Steve Huleatt, Paul Hutcheon, Rick Matheny, Jeffrey Lim, Allyson Schulz, Marge Seiferheld, Charles Petrillo, Charles Brown, & Melissa Marquis.

- Maryann welcomed the group to Manchester Fire Dept which is currently being housed as the EOC.
- Minutes: motion to approve by Charles Petrillo and Seconded by Bill Kramer. All in favor.
- Regional planning updates: Steve Huleatt thanked everyone for the expenditure reports. The finance officer line and project director line are signed by the subcontractor and Steve verifies this information. Money should be released by DPH soon and then distributed to the region. Will be followed up with a one year MOU for the fourth year.
 - Project Public Health Ready has been pushed back due to H1N1.
- Drills and Exercise updates: Bill suggested doing AAR after clinics. Charlie Brown suggested that if the LHDs need assistance, CADH could help in this matter. Please call CADH if interested. Seattle King County completed an ESF-8 AAR and was shared with Steve. He suggests that the region think about doing one as well. CADH could perhaps facilitate this discussion and compile the information. Will work on getting a meeting together in the next few weeks- CADH will coordinate.
- H1N1 Regional Situation/Status Updates:
 - Manchester- Maryann said she is completely overwhelmed, and her staff is experiencing burnout. Utilizing volunteers, but may begin looking to hire temps to help administratively. Received 1200 doses of vaccine. Broadening platform to receive information from the public. Lots of ILI in schools. Looking for suggestions on scheduling.
 - Rick Matheny said that last night was their 4th clinic- learning as they go. Had received many calls via the hotline, and had some trepidation about the clinic. However, operationally the clinic went smoothly. Had some issues with a hotline mailbox that was full that the staff did not know about. This has since been fixed. Have vaccinated 800-900 people. Larger clinic next Saturday hopefully will vaccinate about 600 people. Throughput appears to be about 2-3 minutes per person. All first responders done. School nurses are done. Still targeting children and household contacts of infants. Their clinics are by appointment only, and

the bubble forms are pre-populated which has sped things up significantly. They are not verifying target priorities. Seeing no shows even after registering, some no shows were people who complained about the process.

- Rob Miller said they have conducted 3 clinics with over 700 people, not including UCONN. Online registration only through Survey Monkey. They certify online that they meet the priority group requirements. This process helps manage clinic flow by sending an email which designates an assigned time. Last Saturday vaccinated over 400 people, with throughput of 45 people/hour. 3 large clinics scheduled next week. 1200 dose clinic for M,W,F. Open to all priority groups- advertising through town government, EMS, and schools. 10 vaccinators lined up for those clinics, primarily from VNA. Volume of inquiries is an issue. No hotline available. They have an automated system on their message. They are not accommodating all the requests from specialty docs for vaccine. They send them back to their provider. Big communication challenge is communicating to adults with chronic medical issues that they are not in the priority group yet. Telling people that if their kids are healthy and in the priority group, they will receive Flumist because that's all that is available. What about walk-ins? Or not in the priority group? They will be screened and if they meet eligibility, then they will receive the vaccine. Otherwise they will be asked to leave. Forms are not being filled out correctly. Anyone have any suggestions about how to get people to complete them correctly?
- Paul Hutcheon said they have vaccinated about 400 people, most received Flumist. They have a registration line for people to call. 800 people have registered via this line. The information gathered on the hotline is placed into a filemaker pro database including which vaccine they are eligible for. A phone message is then sent via premier global confirming/inviting them to the clinic. They have also said based on the letter of their last name to come at staggered times. They are guaranteed a shot. A cheat sheet is used with a form with the boxes highlighted to ensure completeness, and then use a highlighted checkmark in the corner of their form. The vaccinator knows the form is reviewed and the person gets vaccinated. No checkmark, no vaccination. They also hired nurses at \$40/hour, VNA nurses, hired a clinic coordinator at \$20/hour. Clinic assistants hired at \$12.50 to help with lines, form completion, and make sure they are on the list. Will probably need to go to school soon to reach that population. Probably only have 1300 doses left for next week. Coloring books available for kids.
- Kate Novick mentioned that Southington is not pre-registering people for the big clinics, so they have time to complete the forms correctly. 1 clinic last Saturday- Southington CERT team has exploded with 50 volunteers! Nurses are part of the CERT team which has been helpful. People began lining up at 5:30 am (clinic opened at 10). Media presence positive. Some security issues with police needing to be involved. 4 vaccinators with 2

support staff and an overseer. Vaccinated 500 people in 4 hours. The bottleneck was the vaccination area. Would need to add more vaccination lines if they want to get more people through.

- Jeff Lim said they are establishing collaboration with HTFD schools. Started vaccinations 2 weeks ago. 15 vaccination sites identified. 2 nurses and 2 assistants will be at each clinic. 10 volunteers will be brought to each clinic to assist. Large Spanish population- most of the volunteers will be bilingual. Non-HTFD resident, no vaccine. Hotline established- if person has provider then they will get vaccinated through them, if not, the clinic can do it. Next 3-4 weeks will be very busy. Recreation and arts dept will be available during clinics for distraction.
- Marge Seiferheld started with community physicians to determine what they've ordered and how much. 1100 doses in the community and 1100 ordered. The Health dept. ordered 200 each, but received the nasal only. EMS not very happy with only nasal. They have since received both vaccines and should complete EMS this week. Schools enthusiastic about having clinics in the school during school hours, although it took some convincing of the superintendent. They are doing a pilot in an elementary school, however many of the kids received seasonal flumist less than 1 month ago. This may pose some problems. Setting this clinic up for next Tuesday. Have received 500 injectable doses, clinic will be set up at a daycare next week. The WIC program has 3600 people who live in E. Hartford, and would like to open it up to them with the children, and household contacts. Maybe hold 2 clinics with 600 each. They are expecting about half of the WIC clients. It will be a pre-registered process through WIC as they have the staff to handle it. Waiting for an MOU with Maxim.
- Bill Kramer said that Chatham has done 4 clinics- online pre-registration which is going well. Having issues with the nurses completing the bottom of the form correctly.
- Bill reported that New Britain has done the pre-schools and YWCA. There was some disruption with kids running through the halls. EMS has been done.
- Allyson Schulz said they are gearing up for 2 clinics next week by appointment only. 1st is for EMS and school nurses. The larger clinic will be on a Saturday. Handling pre-registration by telephone- about 25 calls per day. Lots of data management. Majority of calls are in the high-risk group. Charles Petrillo mentioned that they were doing this in coordination with their seasonal clinic- particularly with EMS. Doing this to test clinic flow and form management.
- Steve said they have been vaccinating under stealth mode in their office. Went to a church for infants and toddlers only yesterday. Using wait list. Nursing staff is too clinically sensitive- private doc wanted separate exam rooms for every patient. Conducting a hotwash today on the clinic from yesterday. Many people don't want Flumist or want thimerisol free. Appears that this is going slowly. Made need a diaper changing station in

the facility. Survey document out to all schools. Causing anxiety. Magnet schools calling asking when they will get their vaccines. Have support of school nurses and all systems. Have 4 vaccination teams consisting of 4-5 nurses each so multiple schools can be done simultaneously. First public clinic next week. Hoping to sign MOU with St. Joe's College for a fixed location. Will be by appointment only. Receive 1100 doses yesterday. Trying to coordinate with nursing agencies for vaccinators. Not planning on using seasonal flu vaccinators until later in the vaccine campaign. Need multilingual vaccinators. Have not engaged pregnant women as they are being referred to their private docs. Seeing an increased in ILI in schools last week, starting to come down now.

- Katherine McCormack mentioned that the HHD offered education to the schools on vaccination etc. The magnet schools in Hartford have not received any vaccine. Lots of changes happening in the school system with school based health centers in Hartford.
 - Charlie suggested utilizing the Behavioral Health Response Team to assist with staff burnout and being present at clinics. Take some time to document what you are doing, etc so you can look back at what the issues are. Keep track of volunteer time, staffing times, etc for funding/reimbursement if federally declared emergency. Can use the ICS form 214 for personnel time, etc.
 - Katherine asked during a recent MRC meeting if they would like emails sent requesting for help. Some said yes, but how do you manage this?
 - John Shaw drafted a survey that could be used, but decided to ask PH first. Should this go through ESF-8 or bring to other ESFs like ESF-5? Bill suggests going through other ESFs.
 - Tom Gavaghan will send some information electronically regarding some of this question regarding volunteers that are not CERT trained, but have taken the Loyalty Oath.
 - John asked that LHDs think ahead 1-2 months ahead, and thinking about how your clinics are running now: come up with ideas or requests for what you think you may need. Provide staffing models to John and Katherine.
 - Many people discussed barriers in locating and securing a facility to house clinics. A reminder that the Mobile Field Hospital is available.
- Region 3 Concept of Operations update: Has been vetted through CREPC and is posted on the CRCOG website. Please let John or Steve know if there are any suggestions or changes that should be made.
 - ESF-8 Duty Officers first hours checklist: As a result of some of the CRI drills and the AARs, it is clear that there needs some progress made in what duties certain people do and what they are when you report to the Regional Coordination Center. Please review this document and keep it handy in the event that you are requested to be present at the RCC.

- Local PHP Contract: Steve asked if everyone has gotten the contracts. No one here vocalized they hadn't. Funding is essentially the same as last year.
- CRI:
 - Contract year 4 deliverables and subcontracts- See the Regional planning update bullet (above) for details.
- State Preparedness updates:
 - DPH: Juanita Estrada reported that WebEOC for PH boards should be finalized soon.
 - DEMHS: Tom reported that DEMHS is working on Debris management. N95 masks will be coming soon- setting up receiving sites.
 - New Deputy Commissioner appointed.
- CREPC Update:
 - Long term care facilities project is up and running. Lots of meetings. This is on a fast track.
 - Dec. 2nd ESF-8 being moved to Grey Hall at South Congregational Church. There will be a guest speaker from Worcester on the Ice Storm.
 - The CREPC Incident Management Team (IMT) stands ready to help communities with H1N1 response.
- MMRS Update: No report
- Other Business: New article on Cidrap stating people should not administer Tylenol or Motrin after any vaccine. Melissa Marquis will send the article.

Next meeting December 4th from 9:30-11:30, hosted by New Britain Health Department.
Exact location TBD.