

# THE PREPAREDNESS POST

## UTAH DEPARTMENT OF HEALTH

### A Message from Paul Patrick

As my son and I tended his fifteen-month-old daughter one afternoon, we moved the coffee table to a corner and put the items she could grab up high. In essence, we performed our own injury prevention program, preparing for Kate's safety and security. Each one of us with a role in public health preparedness must strive to fulfill our prevention and preparedness assignments.

When I'm asked to speak about preparedness, I often refer to Abraham Lincoln who said, "We live in the midst of

alarms; anxiety beclouds the future; we expect some new disaster with each newspaper we read." In our ever-changing world that reminds us almost daily to reassess our own preparedness efforts, it's time to take a closer look at what we've accomplished, as well as what we can do to help maintain a secure future.

Just as my son and I cleared the path of obstacles for Kate, we all need to enjoy the success we have achieved, build on future needs, and fill any noticeable gaps. Preparedness begins and ends with us, and the State of

Utah is better prepared because of our dedication and service.

#### Preparedness Quote

*"In today's workplace, the only real security a person has is the ability to adapt and adjust."*

Elizabeth Parrot

#### Successes:

- Hired an emergency manager
- Governor's Public Health Emergency Preparedness Advisory Committee convened

(successes continued)

- \$1.5 M to fund healthcare facilities (ASPR)
- \$3.8 M to fund local health departments (CDC-PHEP)
- \$56 K to fund Tribes (CDC-PHEP)
- \$130 K to fund Medical Reserve Corps (ASPR)
- \$265K to fund other Utah Preparedness Partners

### Hospital Preparedness Program Grant

*\$1.5 million to directly fund healthcare agencies for preparedness*

The federally-funded Assistant Secretary Response Preparedness Grant (ASPR) is provided through the Department of Health and Human Services' Public Health Service. The funds assist community health centers, clinics/hospitals, and long-term care facilities in Utah in increasing preparedness in the event of a disaster. Since 2002, the UDOH has assisted facilities in purchasing personal protective gear and decontamination equipment. Numerous trainings were also provided to enhance personnel in all aspects of preparedness. At the present time, 123 facilities throughout Utah are signatory to the FY 2008 ASPR Grant: 18 community health centers, 50 rural/urban clinics/hospitals, and 55 long-term care facilities. This year's funds will be used to enhance emergency preparedness equipment and provide training for personnel.



<https://www.utah.train.org>

To find preparedness training

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## Emergency Preparedness

The Governor's **Public Health Emergency Preparedness Advisory Committee (PHEPAC)** held its first meeting in May of 2008. The committee was established as a result of recommendations in the final report of the *Governor's Taskforce for Pandemic Influenza Preparedness*. The PHEPAC will guide ongoing preparedness efforts and assist in decision-making during public health emergencies in Utah. (To view the entire report visit: <http://pandemicflu.utah.gov/plan/indexofplan.html>).

The committee is co-chaired by the Executive Director of the Utah Department of Health, David Sundwall, MD and the Commissioner of the Utah Department of Public Safety, Scott Duncan. The 25 Governor-appointed permanent members represent public health, public safety, the business community, community groups (including vulnerable populations), local and rural public health, hospitals, health care, faith-based organizations, volunteer organizations, education, government, tribal organizations and Homeland Security.

As outlined in the February 2008 Executive Order, the first charge of the committee is to "oversee completion of recommendations..." of the Governor's Taskforce. The final report provides "highest priority recommendations" regarding Pandemic Influenza Preparedness which the committee divided into two broad categories: 1) Public Health Preparedness and, 2) Community Preparedness & Essential Services. Two sub-committees called Technical Advisory Groups (TAGs) were established to focus on the review and assessment of current preparedness planning efforts.

## Spotlight



**Mike Stever** recently joined the UDOH team as the Emergency Manager, serving in the EMS Preparedness Bureau. Mike has assumed responsibilities for emergency operations and planning and coordinating with all aspects of public health emergency preparedness.

Mike has served in emergency management positions at the local, county and state levels. As a former firefighter/EMT and police officer, he brings a strong public safety background to his new position. Mike also serves as an occasional adjunct instructor at the Emergency Management Institute at the National Emergency Training Center in Maryland.

Mike's hobbies include reading, writing, and budget travel. As a single parent who raised four children through the teen years to adulthood, Mike says, "If that doesn't prepare you for disaster, nothing will."

## Resources

Hospitals can now identify strengths and weaknesses in their disaster response plans using a new tool from the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality. The Tool for Evaluating Core Elements of Hospital Disaster Drills is available on the AHRQ Web site at:

<http://www.ahrq.gov/prep/drillelements>

Emergency Preparedness Packet for Home Health Agencies, National Association for Home Care & Hospice (NAHC)

[http://www.nahc.org/regulatory/EP\\_Binder.pdf](http://www.nahc.org/regulatory/EP_Binder.pdf)

## In the News

### State well prepared for health emergencies

By LORETTA PARK

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LAYTON - When a health emergency occurs, it will be up to local health departments to get things done.

Having local health departments prepared has helped the state to receive an 85 percent preparedness rating from the national Centers for Disease Control and Prevention for 2007. The year before, the state received a 69 percent rating.

Yet, say local and state health officials, no one can rest because there is still plenty of work to do.

It takes years of planning, training and preparing for a time when entire communities could be affected by an influenza pandemic, major E. coli and salmonella outbreak, flood, earthquake or other major event.

"This is where all the preparation goes," said George Chino, emergency services program manager for Weber-Morgan Health Department.

For when a health emergency does happen, the state has bought and stockpiled about \$1 million worth of antiviral medication, said Don Wood, program director for the bureau of emergency medical services with the Utah Department of Health.

The state scored 100 percent for its ability to receive, store and distribute medication, Wood said.

It also scored 93 percent in developing actual strategic stockpile plans.

The state also has on hand medical supplies it can deliver to the 12 local health departments in times of a medical emergency, Wood said.

If local health departments are not trained or prepared to dispense medication to the public, it does not matter how much antiviral medication the state health department has, health officials say.

In a few weeks, the state will participate in training with the Weber-Morgan and Davis health departments, Wood said. The health departments will set up points-of-dispensing areas, or PODS, in several neighborhoods.

Lewis Garrett, director of the Davis County Health Department, said the health departments will provide flu vaccines at multiple sites during the training to simulate how fast and effectively health officials could deliver influenza vaccines during a pandemic outbreak.

Local health departments, including Davis, have received some federal grant money to buy and stockpile their own medication and supplies to use in times of medical emergencies.

Another concern health officials have is where to put people who need medical care, Garrett said.

"We're working with the hospitals now to find alternate sites," he said.

Health departments are also better trained in getting the message out to the public on what should be done during an emergency, Chino said.

Last year's outbreak of cryptosporidium demonstrated how the public responds to warnings from public health officials, Chino said.

When the media was told what was going on, pool owners and the public took the precautions seriously, and as a result this year, the number of cases decreased dramatically.

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## Local Health Department Happenings

The UIDOH and Utah's Local Health Departments are working closely to collaborate on multiple issues relating to preparedness. Cameron Mitchell, 2008-2009 ERC Chairman, is working with the UIDOH to facilitate the collaboration. Keith Larsen, ERC in Bear River Health Department, is co-chairing the Public Health Preparedness Workgroup to ensure local needs are being addressed.

We value our great working relationship with our counterparts in Utah's local health departments. We are glad to support their efforts - where the rubber meets the road.



**Promote business, community and workplace preparedness: [www.BeReadyUtah.com](http://www.BeReadyUtah.com)**

## The Preparedness Post



**EMS strike team members participate in training**

UDOH Preparedness Website and Health Preparedness

### State Healthcare Volunteer Registry and Local Medical Reserve Corps Coordinate Efforts

UDOH is exploring ways to enhance the Utah Healthcare Volunteer Registry (ESAR-VHP-compliant) to better support Utah's 13 local Medical Reserve Corps. Under the ASPR Healthcare Preparedness Grant, states are required to implement an ESAR-VHP-compliant health volunteer registry. ESAR-VHP requirements, coupled with new Utah legislation, affords registry volunteers and hosting entities significant liability protections and access to worker's compensation. The UDOH Systems Preparedness team will continue to meet with local Medical Reserve Corps coordinators, local health departments, hospitals, and other healthcare stakeholders to advance efforts and increase local branding of the system. Utah Health Volunteer Registry" <https://healthvolunteers.utah.gov/ems/>

## Training and Exercise Program

Is Utah ready to handle a major public health threat, such as pandemic flu or an anthrax attack? That's the goal of the Training and Exercise Program!

In early 2008, the EMS & Preparedness Bureau introduced the Training and Exercise Program, formerly known as the Training and Education Center. The title was changed to better represent the strong emphasis on emergency drills and exercises.

The mission of the Training and Exercise Program is to increase Utah's overall readiness to handle a public health threat. Working closely with those who write emergency plans, we ensure employees and partners are aware of and trained in their roles in an emergency. Once employees have been trained, we implement drills and exercises to identify any gaps that may exist in our emergency plans or training. These drills and exercises focus on health-related scenarios that may one day pose a serious threat to Utahns, such as a disease outbreak or bioterrorism. They can range in scope from a "what-if?" discussion (a "tabletop" exercise) to a real-time, stressful situation, with use of facilities, equipment and often actors

(simulating patients, etc) to make it as close to the real thing as possible (called a "full-scale" exercise).

While exercise "players" are discussing or acting out their response to a given scenario, a federally-approved evaluation process is conducted. This evaluation helps us identify gaps in plans that may leave us more vulnerable to a threat. The evaluation team produces an After Action Report and Improvement Plan to help guide future preparedness activities. These documents direct our attention to areas in plans that are missing or need to be better addressed, and help identify additional training that would help employees better understand possible threats and their role in mitigating and recovering from them. Once improvements are made to plans and additional training is held, another exercise is conducted to assess improvements.

Examples of UDOH training and exercises:

Road Map to Preparedness training (1/3 of UDOH employees)

Federally-mandated training for incident management (ICS) (most upper-management staff)

Multiple discussion-based tabletop exercises in several disciplines, including focus on public information, the state's emergency supply of medicine and equipment, hospital and public health, coordination with tribes, criminal biological investigations with the FBI and Utah public health lab, and others

A real-time, stressful functional exercise with all major partners throughout the state – the SPHERE exercise in September 2007 tested Utah's ability to respond to pandemic flu

And, still to come . . . a full-scale exercise, SPHERE II, in 2009!

For more information on the Training and Exercise Program, including any upcoming training or exercise events, contact Mindy Johnson: [mindyjohnson@utah.gov](mailto:mindyjohnson@utah.gov)