

Governor's Task Force on Pandemic Influenza Preparedness
November 8, 2006
Radisson Hotel

Meeting Summary

Attendees: Alan Allred, Gordon Behunin, Ben Buchanan, Allen Christensen, Gary Edwards, Larry Ellertson, Elaine Emmi, Harden Eyring, John Hanshaw, Gary House, Clark Larsen, Nate Leishman, Tamara Lewis, Myron March, James Mason, Mark Meaker, Edith Mitko, Gail McGuill, David Neale, Larry Newton, Andrew Pavia, David Barker, Betty Sawyer, Joann Seghini, Richard Sperry, David Sundwall, Brent Wallace, Catherine Wheeler, Ann Allen, Jan Buttrey, Colleen Connelly, Guy Dansie, Kim Dyches, Bob Fowler, Kathy Froerer, Teresa Garrett, Tamara Hampton, Beverly Jackson, David Jackson, Ken Kraudy, Michael Kuehn, Mary Maughan, Kent Michie, Dianne Nielson, Alan Ormsby, Patti Pavey, Claudia Price, Susan Puls, Robert Rolfs, Bette Vierra, Scott Westbroek, Deb Wynkoop, Larry Carpenter, Charla Haley, Lanette Sorensen, Norman Nakemura, Warren Hess, Lois Collins, Greg Lavine, Maxine Margaritis, Sara Johansen, Leslie McFarlane

The third meeting of the Task Force was called to order at 8:00 AM by Co-Chair, Dr. David Sundwall. The two topics being discussed at this meeting were "Medical Surge Capacity" and "Support for Vulnerable Populations and Essential Responders". The discussion facilitators for this meeting were Co-chairs, Dr. James Mason and Dr. David Sundwall.

Medical Surge Capacity:

Dr. Mason introduced Colleen Connelly, University of Utah Hospital Bioterrorism Coordinator, who presented the "Medical Surge Capacity" paper on behalf of a workgroup comprised of health care provider representatives and other agencies/ organizations with expertise and a vested interest in planning and preparedness (see attached PowerPoint presentation and refer to issue paper). The Task Force was sent the issue papers in advance of the meeting which included background information and a description of the issue to be discussed, objectives for the issue, planning assumptions, important concerns and challenges, and options for the Task Force to consider recommending to the Governor. The Task Force voted to accept the Medical Surge Capacity issue paper and recommendations with the following clarifications and changes:

- Include emergency responders with the recommendation to provide liability protection during a pandemic. In addition to liability protection, advocate for protection from EMTALA, HIPAA, and internal regulatory actions.
- Need to look at broad spectrum of health care including out-patient, community clinics, mortuary services, and other areas to remain operative during a pandemic.
- Use a process inclusive of community representation to determine the principles by which decisions for the rationing of care would be made during a pandemic.
- Partner with the media to develop a multi-lingual educational process for unified messages to the public during a pandemic.
- Conduct an assessment of barriers to coming to work during a pandemic
- Evaluate steps to maintain and expand workforce needed during a pandemic.
- Review worker's compensations laws.
- Convene an advisory process to consider how financial incentives or disincentives would impact the provision of care during and after a pandemic.
- Recommend that essential supplies are stockpiled and personnel are trained in their use.
- Coordinate a system to augment staffing during a pandemic including identifying, credentialing, and cross training willing medical and non-medical volunteers.
- Support the rapid use of electronic health records.

Support for Vulnerable Populations and Essential Responders

This policy issue was presented by Teresa Garrett, UDOH, Director of Epidemiology and Laboratory Services with assistance from David Neale, Director of Emergency Services, American Red Cross (see attached PowerPoint presentation and refer to issue paper). Dr. David Sundwall facilitated this discussion. The Task Force voted to accept the issue paper and recommendations with the following clarifications and changes:

- Adopt the principle that voluntary agencies should plan for a surge in needed services to the extent possible; however, recognize that current models of care and support for vulnerable populations will likely be compromised and prioritization will be needed.
- Funding needs to be procured for the development of surge capacity delivery models for Voluntary Organizations Active in Disasters (VOADS).
- Assistance Coordination Centers (ACC) activated during a pandemic do not replace the Emergency Operation Center (EOC). ACCs should be integrated with EOC to coordinate street level services, and assure that nomenclature is consistent with National Incident Management System (NIMS) and Incident Command system (ICS).
- Recommend that the Lt. Governor's office endorse and oversee the coordination of government agency pandemic preparedness activities.
- A review mechanism or technical advisory process should establish guidance for standardized isolation and/or quarantine procedures during a pandemic so that vulnerable populations are not disproportionately affected.
- Improve the capacity to identify vulnerable populations during a pandemic.

Patti Pavey, Task Force Coordinator, assured the Task Force that the clarifications and changes to the recommendations will be made and the Task force will have the opportunity to review and approve those changes at a later meeting. An additional meeting has been added to the Task Force schedule in order to provide adequate time to review recommendations. That meeting will take place on February 8, 2007, at the Salt Lake City Marriott University Park Hotel at 7:30 AM.

The next meeting will take place on December 6th, at the Radisson Hotel in the Wasatch Room at 7:30 – 10:30 AM.