

CHITTENDEN COUNTY, VERMONT
LOCAL EMERGENCY PLANNING COMMITTEE #1
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Meeting notes – December 10, 2019

Present:

Zachary Borst, UVM Emergency Management
James Fitzgerald, Vermont Air National Guard
Kate Hammond, UVM Medical Center
Bob Henneberger, Red Cross and RACES
Andy Johnson, US Ecology/ NRC/ EVI
Liz Rowell, Vermont Department of Health
Andy Squire, Richmond Rescue
Christine Forde, Marshall Distel, Regina Mahony - CCRPC

Christine Forde called the meeting to order at 0906. There were no changes to the agenda, nor public comment on items not on the agenda. Introductions were made. There were no comments on the October minutes.

UVM Medical Center Annual Report on the Hazard Vulnerability Assessment and our Asset Inventory

Kate Hammond provided an overview of emergency preparedness planning at UVM Medical Center focusing on the Hazard Vulnerability analysis and the inventory of assets and resources.

UVM medical has regulatory requirements around emergency planning and community engagement. They are required to engage with the community on how ready they are for emergencies.

UVM Medical Center is an affiliate within the UVM Health Network. There are six member hospitals that support each other – Central Vermont Medical Center (Berlin), Porter Community Hospital (Middlebury), UVM Health Network Home Health & Hospice (formerly VNA of Chittenden and Grand Isle Counties), Champlain Valley Physicians Hospital (Plattsburg), Alice Hyde Medical Center (Malone), and Elizabethtown Community Hospital (Elizabethtown). There is a regional transfer center that transfers patients between facilities for the best care for patients.

UVM Medical has three campus – the Main Campus is Vermont’s Trauma I hospital. The next closed Trauma I hospital is Dartmouth. Fanny Allen in Colchester has urgent care, rehabilitation,

and five operating rooms providing mostly outpatient surgeries such as eye, dental, and orthopedic. The third facility is on South Prospect Street and provides a variety of services.

UVM Medical is required to have an inventory of assets and resources and must have adequate resources to be self-sustainable for at least 96 hours. This includes having backup systems and contracts to provide necessary equipment and services.

Hazard Vulnerability Analysis – UVM uses the Kaiser Permanente Hazard Vulnerability Analysis tool that considers Probability, Potential Impact and Preparedness to determine Risks. The tool considers the greatest threats to life and/or health, the probability of disruption to service, and the possible damage and uses a formula to calculate the greatest hazards. The tool also considers preparedness to determine vulnerability to each risk.

Top three risks at UVM Medical are severe winter storm, severe other storm, and flooding in the community. UVM Medical has preparedness plans for these risks so the vulnerability is reduced.

UVM Medical also uses mitigative strategies in the hospital to prevent or delay evacuation such as staff training regarding smoke detectors, use of fire extinguishers, and the importance of not blocking fire doors. Building design includes horizontal and vertical separation. The hospital is constructed to separate occupants from fire and smoke and allows for rapid and unobstructed egress for patients, visitors and staff. If moving patients is necessary the preferred option is to move patients to other spaces in the hospital if possible.

Regular drills are held to test protocols and make sure staff are familiar with procedures, and after action reports are prepared for actual events to review what worked and what needs improvement.

The UVM Medical Center Emergency Management Committee is an internal committee that meets monthly and sets priorities for training and exercising. There is also a statewide coalition, Vermont Healthcare Emergency Preparedness Coalition, that evaluated how an incident at one hospital would affect the other facilities.

Update on UVM Medical Center's Ebola Exercise

Kate reviewed the origin of Ebola Virus Disease (EVD). It was first discovered in 1976 near the Ebola River in the Democratic of Congo and affects Sub-Saharan Africa. The disease is spread through direct contact with bodily fluids of an infected animal – a bat or non-human primate. Symptoms develop on average 8-10 days after contact. Kate review the symptoms and noted that many common illnesses can have similar symptoms and it is important to ask patients who exhibit the symptoms if they have traveled to a country with an outbreak.

The current outbreak is the second largest outbreak of Ebola and is mostly contained in the Democratic Republic of Congo.

UVM Medical Center did an Ebola exercise in the summer to test protocols. The “patient” reported to Central Vermont Medical Center (Frontline hospital) with symptoms and travel history suggestive of Ebola. The exercise included critical care transport to UVM Medical, which is an Assessment hospital, to determine if the “patient” had Ebola. The test included use of personal protective equipment and preparing an assessment room. The “patient” was then transported to Massachusetts General Hospital for “treatment”.

Project updates

Christine updated the group on proposals being considered by the State Emergency Response Commission (SERC) for restructuring the LEPCs. There are currently 13 LEPCs and the SERC has 4 proposal they are considering consisting of 1 – staying the same, 2 – putting RPCs in charge of LEPCs, 3 – consolidating the LEPCs so there are fewer, and 4 – having one statewide LEPC.

CCRPC staff will provide updates as they become available.

Christine Forde adjourned the meeting at 11:05.

The next LEPC meeting will be held on January 14 at the CCPRC offices in Winooski.

Respectfully submitted by Christine Forde

Please note: LEPC meeting agendas, minutes, and other information may also be found at

<http://www.ccrpcvt.org/about-us/committees/local-emergency-planning-committee/>