Iron County Emergency Management
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LEPC MINUTES
March 18th, 2015
12:00 p.m.

WELCOME AND INTRODUCTIONS:

Meeting opened at 12:05 pm on March 18th, 2015

Jody Edwards welcomed everyone out to LEPC.

BUSINESS:

Review of January 21st, 2015 Minutes

Motion to accept by: Linda Petty, DPS/Cedar Communications

Seconded by: Darin Adams, Cedar City Police Department

NO OPPOSED

New Business/Reports:

- Scott Alvord reminded everyone of the Great Shake Out for the Utah Earthquake on April 16th. If you haven't registered for that, please register at "bereadyutah.gov". FEMA always watches areas that get a lot of grant money to see the level of participation we get and the energy and excitement from the people we serve, so if you would please get on bereadyutah.gov and sign up for the Shake Out as a participant. I would like to reiterate that it is all grant based, so the more attendees we get the more money we get. So what it means to sign up for this shake out is you will look around your house, talk to your family and create a plan that will help you become more prepared. That is the extent of your involvement. At the State level, we are only having the table top exercises because we have had a full scale, so this year that is all we are required to have and that is what we will be doing. He knows in our region that some of the individual counties are going to be doing something that day to increase awareness in preparedness. Also the Governor's Safety Summit is coming up on the May 5th & 6th, 2015. Sometimes we have some elected officials and some people that are involved in Emergency Management, some volunteer organizations, go to this. This meets one of the requirements for people that get the grants that provide a lot of things for us in our county. There is always a lot of training going on and you can find that on our DEM *(Division of Emergency Management)* website. I encourage you to look at those websites; they provide a lot of information. You could use them for your personal use, church, family, etc. If you have any questions contact John or Jody and they will get in touch with Scott for supplies and things.

(CONT.)

(NOTE: Jody Edward: I remember the first year the Shake Out was introduced, with your agencies and businesses you are going to be surprised the amount of people in your employ doesn't know what to do or understand what to do in the case of an earthquake. There is a lot of stuff you need to put together, a lot of planning that goes into it, so if you make the effort to plan and prepare with your agency, you will be prepared.)

(NOTE: Scott Alvord: The thing Jody is if the "Big One" hits, we all talk about the Wasatch Front because of the population, but if they for some reason have the earthquake up there and the damage is there, think of the supplies and everything that moves up and down the interstate and comes in and out your communities, and where it comes from, it would disrupt a lot of your businesses and personal lives if they have an earthquake up there and we don't even get a shake. So it's not just about whether or not we have one, but what the impact would be if someone else does.)

- Mary Slack took a few minutes to stress the importance of take care of our pets as well as everything else. She further stressed that there are so much more that we don't think about especially in an emergency. Pets are living creatures to and for most part of your family. When we prepare for ourselves, we need to prepare for them too. **[She had recently surgery and was hard to hear]**

  (NOTE: Jody Edward: I don't know if everyone could hear her but she has personal experience with the 1994 California earthquake and I am very greatful for the State of Utah for stepping up with the Great Shake Out because preparedness is everything. Mary was talking about a lot of things that we don't think of such as pets and supplies. That is what this Shake out is for. It is to bring our attention to what we might need in the case of that disaster. It is a great service that the State does in bringing this to us.)

- Debra Frank brought up another topic of discussion in line of what was being discussed. She introduced the Personal Preparedness Training on Friday night, April 17th, 2015. It is open to anyone and their families. It is a shortened version for preparedness to help people get started and introduces them to first aide, fire safety, sanitation and any other issues that they would need to be aware of in an emergency and help them get prepared for those situations. There were fliers provided for pick up for those that would be interested. We need to help the community think "preparedness" before something happens.

- Public Health just got through with a table top exercise and now will be doing a medical surge functional exercise which is a hands-on kind of exercise. They will put you through a scenario related to our medical partners. They have identified that there will be 22 groups that are involved with this exercise. It will be held June 4th between 9am-2pm and lunch will be provided. What happens is that when the hospital is full, what do we as a community to support one another in a pandemic. If you have questions, please contact Steven Rossberg or there is a flier provided at the front of the class.

- No other reports

PRESENTATION: Time turned over at 12:26

Jody Johnson, Valley View Medical Center-Emergency Preparedness Coordinator: I have worked at the hospital for a little better than 25 years now and have been in Cedar City roughly that same amount of time. I have a dual role at the hospital. I was fortunately enough to receive my registered nurse certification a little over 10 years ago, so a couple days a week I do house supervisor, which is their night/weekend supervisor, when administration is not on site. I do 2 of these types of shifts a week and then I have 16 dedicated hours to emergency preparedness. This is a fairly new position to me as of the beginning of the year. Prior to that I worked in environmental services and managed environmental services at the hospital. One of the first things I did in Iron County was I worked for the ambulance service for a little over 15 years. I have also some private businesses in town that I have worked with in accordance with these types of circumstances too.

What I want to talk about today is one of the regulations that the hospital has for our joint commission and accreditation, is that we have to show to the community that we are at least planning and preparing for disasters, events, emergencies that take place. One of the ways we do this is through a HVA, Hazard Vulnerability Analysis. I'm guessing that the hospital is not the only company/business that does this. There is very many different types out there. The analysis can be made in many different forms depending on your type of company or personal data. In the future I anticipate that we will get more community members or community partners involved with the development of this tool. It is based on our reflections within the hospital, but sometimes our perception isn't really the reality because it also involves the response of community members. For those of you that are not familiar with an HVA, it deals with the possibility of a threat, the impact it's going to have to staff, people, structures, and the business itself. It also reflects your ability to respond, including how prepared you are and your ability to handle the situation both internally and externally.

Jody presented a graphical **HVA Assessment Analysis** tool with percentages and risks of hazards of occurring in our area such as a natural disaster as earthquake, flood, fire, technological disaster, power outage/utility failures, etc. There are also human caused disasters like adult/child abductions, hazmat incidents, active shooters, etc. Probability based on the formulas, you look at it roughly as a 50% probability of a disaster occurs and a 50% probability of the disaster impacting your business/community and the way we do things. These HVA analyses are reviewed annually.

- Grid #1 – (Natural Occurrences): Disasters such as hurricanes, tidal waves and/or tornados will most like not occur and/or affect us in our area. However, things such as snow fall, earthquakes, floods and wildfires will likely affect our ability to care for those patients. This grid also reflects the analysis on the human impact, property impact, business impact and compares it to how prepared we are and our ability to respond.
- Grid #2 – (Technological): The biggest one we feel like is a probability of something happening would be electrical failure. If the hospital loses their boilers or steam, they lose their ability to sterilize, which in turn can compromise patient care. As far as communications, they are working on getting a Ham-Radio base station set up. They also have satellite phones and other radio systems that they have in place should communication become an issue.

PRESENTATION: (cont.)

- Grid #3 – (Human Related): Going back to mass casualties and traumas. This is why the hospital exists. To take care of those incidences where people get hurt. The biggest impact is that mass casualty. We all dread whether it be ambulance, fire, police etc. at that buss roll-over on the interstate. They also address the adult/infant abduction and active shooters.
- Grid #4 – (Hazardous Materials): They have had at the hospital throughout the years, whether it be a self-responder or ambulance transport, someone coming to the hospital that was contaminated by an unknown or known dangerous substance. The hospital is equipped for some decontamination. They held a training last year where they trained approximately 40 staff members in first receiver decontaminations. Contaminates are contained and dealt with appropriately.

EOP's-(Emergency Operations Plan):

There are 4 different documents they deal with in the emergency management program at the hospital that all somewhat intertwine, in that we need to know what our risks and vulnerabilities are in order to come up with some plans. In addition to that, the joint commission has 6 critical functions of emergency management that they say that in order for us to be accredited by them we need to address. Those 6 areas are….

- Communications: Do we have the ability to communicate in an instant, and do we have some redundancies there?
- Resources and Assets
- Safety and security: Is our patients, staff and buildings going to be secure?
- Staff Responsibilities: Do they know what they need to do in the event of an instance?
- Utilities Management
- Patient care, both clinical and support activities: Are we able to take that influx of patients, care for them, and do we have the support and resources necessary?

So we take our areas of risk and vulnerability as well as the areas of the regulatory agencies say that we need to address, roll them up, and come up with a general plan that is then supported by some specific procedures. This is the list of some of the procedures that they have to address specifically….

- Surge Capacity: They are a licensed 48 bed facility. They have 26 general in-patient beds, 6 ICU beds, with the remaining 16 designated for OB. Once they start reaching capacity, what do they do? They have addressed this internally but are also working towards the medical surge exercise that the DPH doing. They haven't really addressed external triggers. At what point do they start calling and relying on some of those MOU's that they have established with their resource partners? The next thing to also address is how the community can support us in this?
- 96 Hour Sustainment (4-days): This issue has come up over recent years. What is your ability to continue the services you provide for 96 hours? Are you able to do that? They say the plan can be, yes, we have supplies, personnel and everything in place to be totally self-sufficient for 96 hours, or the plan can say that we self-sufficient for 24 hours and evacuation is necessary after that.

EOP's-(Emergency Operations Plan): (cont.)

- Evacuation: We address that.
- Structural Damage: What do we do? How are we going to maneuver patients and/or utilize other parts of the hospital?
- Loss of Utilities
- Loss of Communications
- Decontamination
- Fire, Bomb, Abduction, Active Shooters: You've heard of the "Code Reds". The "Code Silver" has been changed, for the most part, to active shooter.

Another one of the documents mentioned above is the EMP-(Emergency Management Plan). This helps define how we manage Emergency Management within the hospital. It is a function of the Emergency Management Committee who meets quarterly, sometimes more often. They review the HVA's and the EOP's. The EMP also defines who approves a number of these documents. Our regulatory agencies not only do you have to have these documents, you have to exercise on the documents and you have to make sure people know you have, use them and follow them. This is the reason why I am here today, to let the community know that we are attempting to follow these guidelines by presenting them here at LEPC. The EMP is also a general over view that helps us address our preparedness for an event.

Last but not least we have the Strategic Plan. This is an internal exercise the hospital goes through with a number of the departments. This document also gets reviewed once a year and is a change for them to sit down and say specifically, "What are our weaknesses", "what are our strengths" and "how do we go about capitalizing on strengths and improving our weaknesses"? What goals do we need to set and what objectives do we want to accomplish?

So those four documents are the documents that I work with at the hospital and try to intertwine them all together, in hopes to prepare for whatever transpires.

ANNOUNCEMENTS:

- **Next meeting May 20th, 2015, same time and place**

CLOSING REMARKS:

Chief Allinson was concerned with the sale of the ambulance what is going to come of the EOC in the basement of the ambulance building. John talked to Commissioner Miller yesterday and the EOC will be retained at the ambulance building until the new public safety building can be complete. 1 year to 1.5 years out to which the EOC will be moved to the basement of the new public safety building. John is working with the Public Health Department to have a secondary site at their Cedar City location. In addition to that, we hopefully will have 3 virtual web EOC's available soon.

Motion to Adjourn at 1:30p

Motion to adjourn by: Chief Rick Brown: SUU Police
Seconded by: Chief Allinson, Cedar City Police Department
NO OPPOSED