



HEALTH CARE COALITION TASK FORCE (HCCTF) MEETING

Minutes

Thursday, January 23, 2020

Call To Order: 2:00 p.m.

Roll Call:

Region 1 – Ann Hill, Retha Jensen

Region 2 – Denise Imbler, Zach Arnett

Region 3 – Leigh Wilsey

Region 4 – Dan Johnson, Franklin Riddle, Hunter Zager

Region 5 – Lynne Drawdy

Region 6 – Kevin Gingras, Caitlyn Eck,

Region 7 Broward – Reshena Clark

Region 7 Keys – Cyna Wright

Region 7 Miami Dade – Marilia Van Keeken

Region 7 Palm Beach – John James

FHA: John Wilgis

DOH: Dayle Mooney, Valerie Beynon, Samantha Cooksey, Ty Carhart, Debbie Kelley, Sue James, Terry Schenk, Dawn Webb

HHS: Jeanne Eckes-Roper, Paul Link

FACHC: Tom Knox

Lynne will send FCRT contact to Dayle to add to the meeting DL.

Motion to accept agenda:

1st Ann Hill

2nd Lynne Drawdy

No objections

Motion to Accept Amended Minutes:

1st Leigh Wilsey

2nd Tom Knox

No objections

Motion to Accept Consent Agenda:

1st Ann Hill

2nd Franklin Riddle

No objections

Old Business**Governor's Hurricane Conference Planning**

John Wilgis

John will send an overview of planning of the GHC health concentration to task force members after the call.

For the first time, GHC does not begin on Mother's Day but on May 17 instead at the Palm Beach Convention Center. John James is assisting us with planning the health care track including several training sessions. The trainings include:

- Health Care in Emergency Management
- Psychological First Aid for Shelter Workers
- A training being developed in coordination with FHCA
- Computer lab overview of ESS (AHCA will conduct a six hour training)

Workshops

- Communication Flow of EEI in Health Care
- CMS Regulations for Health Care and Long Term Care
- HCC Integration Strategies for Non-Acute Providers
- Recovery and Continuity of Operations (panel discussion about real world)

- Patient Movement and Tracking (panel discussion)

John would like HCCs to notice where we have panels, we need SMEs to provide input. Please reach out to participate. Dayle is also asking DOH for SMEs to participate. It makes for a more interesting presentation if we are engaged in dialogue than death by Powerpoint.

Questions

Leigh – The train the trainer for Health Care in Emergency Management at FEPA was cancelled. John will reschedule this training.

New Business

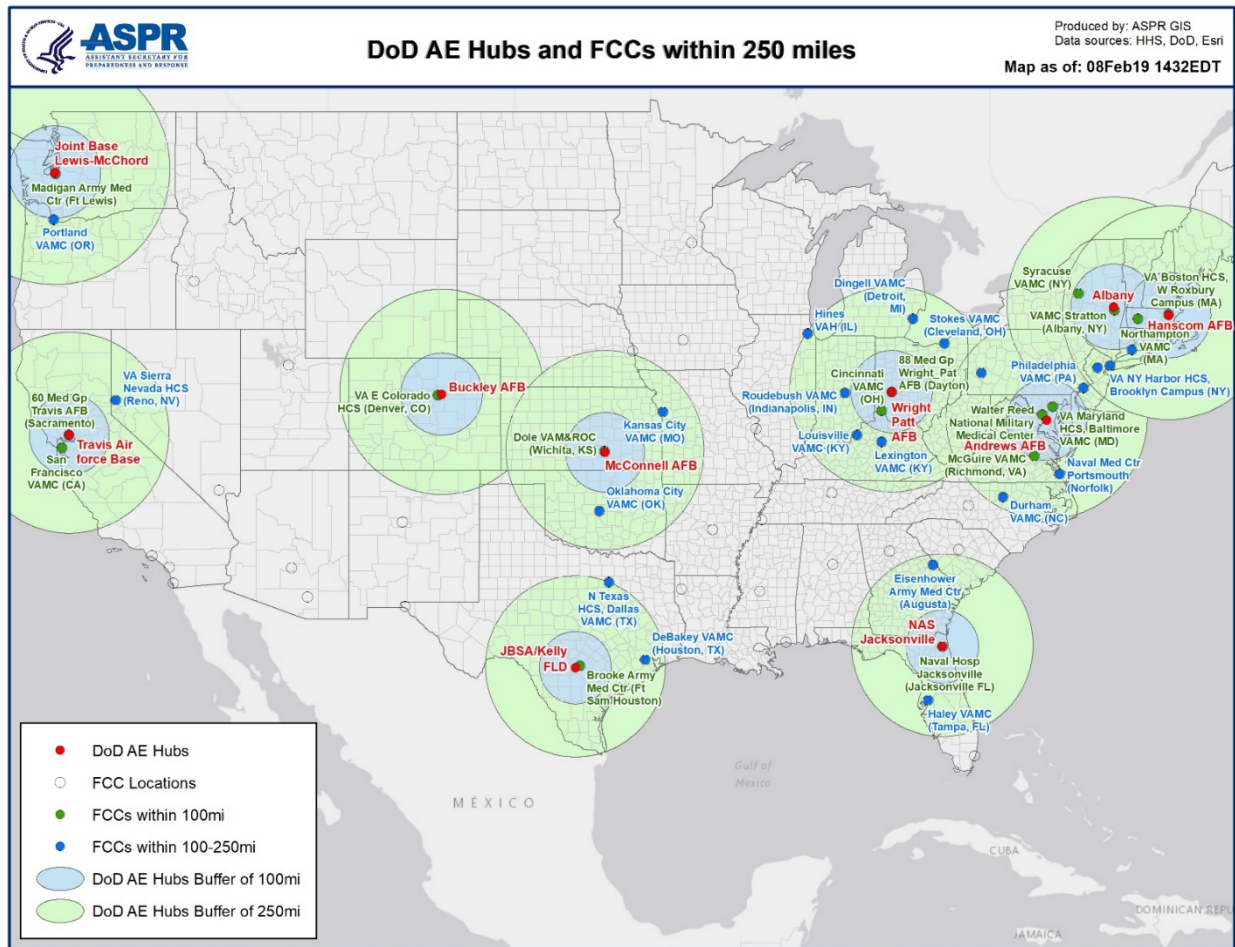
Repatriation Program Update

Samantha Cooksey

This is a brief update on a conversation with our federal partners about contingency planning and bringing people to the US from foreign countries. This is coordinated within HHS and would work with DCF in Florida. In the event the system is overwhelmed, the process internally transitions to ASPR. The conversations on health medical aspect of this subject have been going on long before recent events in China and Iran. Jeanne reached out to us so we can determine how we want that to look in Florida.

Past examples have included Lebanon, Haiti, and Japan.

When a repatriation takes place bringing medical patients back, they are first moved a short distance to a safe haven. They are then stabilized and sent to a medical waypoint where they are ready to be treated. They are then moved to the US where they go into the FCC system. There are 11 places that receive general population patients who are healthy (3-5% low acuity medical need). For our region, non-injured people would go to Hartsfield airport in Atlanta and injured military would go to NAS JAX. For the military, the backup is the VA hospital. The Miami FCC is not on an official list but, if we have a high volume, they will identify additional hubs. Miami is a potential secondary site.



We want to ensure through this call that Regions 3 and 7 have a heightened awareness. We are planning a field trip to NAS JAX to learn more about their process. If this was used, we would receive notifications through the usual channels.

HHS is trying to get facilities in their NDMS file so they could potentially receive patients and be reimbursed for their use. We need to make sure the MOU's are signed before that happens.

Questions

Leigh – We just discussed this at our hospital meeting. Is NAS JAX only used for active duty military and some dependents?

Jeanne – Yes, we will be glad to reach out and help in your area. This is only for repatriation.

Lynne – Can we get a list of hospitals with MOUs?

Dayle - Yes, email was sent today with attachments. Please forward this out to members. Contact information is located in the documents.

Jeanne – Hospitals are more than welcome to fill out a new MOA or MOU to update their information.

Novel Coronavirus Situational Brief

Samantha Cooksey

The Florida Department of Health is monitoring the situation and is participating on calls. The CDC is developing guidance quickly as the situation is rapidly unfolding. The goal is to identify, isolate, and inform. We have done a lot of work on Ebola isolation in the past. The point is to maintain and control the disease. Leadership is making decisions and we are working with our Division of Disease Control.

The federal situation involves airport monitoring in Los Angeles, San Francisco, New York City with additional checkpoints in Atlanta and Chicago. This involves temperature monitoring.

Florida Infectious Disease Transportation Network (FIDTN)

Terry Schenk

- All 8 teams are fully operational for 24/7/365 response.
- Monitoring the 2019nCoV situation for response as needed.
- Recently received additional supplies and equipment to beef up our teams ahead of the Ebola grant sunset in May. Some additional supplies are cached at our warehouse. We held a face to face leaders meeting in November which allowed us the opportunity to plan future Network operations.
- We have an epi provided list of 20 highly infectious diseases we may be called upon to respond to. Corona viruses are included.
- We are working with Dayle and also John Wilgis to better identify specific hospital capabilities around the state for handling the various HIDS, as the RESPTC in Atlanta, of course, has a limited number of beds and serves the entire southeast. Trying to achieve a better awareness of which hospitals have particular expertise with certain HIDS. We would welcome input from the HCCs on this endeavor.
- As you know, we utilize the AeroClave decontamination units for our equipment and transport unit decontamination. I know several HCCs have purchased this same equipment. They use VitalOxide. Our vendor sent us information on the applicability for various kinds and the agent has been tested against and kills corona viruses.
- Continue exercising at the local level, most recent being in Jacksonville, which was actually part of a Region 4 region wide Ebola exercise titled Operation Wesley exercise which was held in November. Paul Link is on the line and led that effort. Lessons learned are being applied to an update of the Regional plan, regional checklists, and will benefit the update of our Florida FIDTN Plan. Our statewide exercise, still under development, will be held in March and we

hope to do more localized exercises in the coming year. Training of personnel by Emory University continues statewide with the most recent being in Orange County and Lee County.

- Bottom line is that the Network is ready to respond as needed!

Comments

Leigh Wilsey - When is the agenda for the March meeting coming out?

Dayle – We're putting that together and would appreciate agenda suggestions. We currently have a request to do a sustainment strategy presentation by Paul Link, a legislative session wrap up, and a pediatric surge annex. We will get a rough draft out shortly.

Leigh Wilsey – What is the timeline for the procurement process?

Dayle - We will be wrapping up and starting the routing before the end of this month.

Reshena Clark – Is there an update on my email?

Dayle – IT is aware of and currently working on it.

Next Meeting: February 27, 2020 at 2 p.m. EDT. Please send agenda items.

Adjourned: 2:49 p.m.