

## KALHD/KDHE PHEP Advisory Team

### Meeting Minutes

6/29/2020

#### Attendees

Tamara Wilkerson

Dennis Kriesel

Emily Valencia

Jennifer Hermon

Denise Kelly

Tom Langer

Steve Maheux

Rebecca Adamson (joined 10:06 am)

Dana Rickley (joined 10:07 am)

Carl Lee ( joined 10:08 am)

#### Meeting Start

Dennis called the meeting to order at 10:04 am.

#### Discuss SFY 2021 PHEP Work Plans and changes to consider

KDHE focused on what could be removed from the PHEP workplans due to the COVID-19 work and follow-up regarding the exercises from the prior year.

#### *Small Workplan*

*Item #9.* KDHE's recommendation was to remove item #9 and make it optional. Tom was good with the change. Steve agreed and suggested color-coding required versus optional in the plans. Jennifer stressed the optional is just for the small departments.

*Item #11.* Would require an AAR/IP. Tom indicated he saw no way to avoid having this as a requirement. Rebecca stated her region did the exercises together and worked on the action reports together so in her area it wouldn't really be any different. Dana stated she represents small departments and doesn't view this as a burden and they also do this as a region. Tom noted it won't be new to the local departments to use a local view even though they work on the review as a region; they are all specific to each individual department. Steve confirmed they work as a region on an AAR but beyond the same cover page the reports are tailored to each LHD. Dana agreed they do it the same way. Jennifer noted KDHE has worked up objectives for all 15 capabilities; they are broad but it gives everyone something to start from. Tom liked this and said starting at ground zero is what tends to intimidate people. Jennifer noted Preparedness will be presenting at the regional public health meetings coming up in the early fall

and will share examples to help provide guidance. Tom asked about a survey on this; Jennifer confirmed that was a KDHE survey on the topic.

*Item #15.* Denise brought up 3<sup>rd</sup> hand information; the annual reporting isn't new but this year Preparedness has heard many LHDs hadn't done fit testing nor did they reach out to KDHE for help with that. So KDHE Leadership wants to know if there is a different way to word Item #15 to get at what it is meant to measure. Denise leans towards keeping the existing language and relying on COVID-19 having taught about the importance of fit testing, but she wants feedback on any ways to re-word or beef up the language. Tom stated in South Central Metro this shouldn't be an issue as they do a lot of fit testing already; there are verifiable forms that already exist to prove the testing happens but Tom agrees with Denise that this language should be sufficient without requiring proving every testing instance, though it could backslide as an issue as we distance from COVID-19. Steve said most in his region submit PAPR testing. Rebecca said Lower 8 have a regional fit testing machine and her department also has a machine; she felt it has gone very well for their region and their regional coordinator trains people on its use. Tom speculated it may not be the LHDs but rather the LTCFs and other cohort areas like special needs homes had never done anything with respiratory protection and ended up piling up on LHDs. Denise confirmed it was the LHDs specifically that this issue involves. Agreement to leave the item language the same.

*Item #17.* Denise said Mass Care vs Sheltering may not be the most important topic right now and wanted to remove it as a requirement. Also added in credit for COVID-19 webinar to count as a preparedness webinar. Discussed the four webinars versus three webinars requirement, as the adjusted language was shifting to three in some areas of the item. Emily agreed to amend the language to only three webinars required.

#### *Medium Workplan*

*Item #4.* Made FEMA IS-29 optional. No objections.

*Item #9.* Denise said here the second social media campaign was removed meaning only one campaign required. She also noted Hutchinson isn't allowed to do such campaigns so KDHE Preparedness is going to exempt them from Item #9.

*Item #11.* Change is the same as for the small departments at the start. Real events also allowed versus an exercise. KDHE wants the AAR but wanted to add flexibility regarding the tabletop event. Tom liked how it streamlined the item. Steve asked about the number of events. Denise noted there are two: the AAR from BP1 and a tabletop for BP2 or a real event. Jennifer noted the capabilities were left the same as for bioterrorism and wanted to confirm if that was still doable. Tom felt mass prophylaxis would comply with this and Jennifer stated she'd like a tabletop oriented around that if a real event wasn't going to happen in time. Tom said it might generate questions going forward but if addressed in the guidance that it wouldn't be a big issue. Tom stated the capabilities are COVID-19 related and he's good with them staying as-is.

*Item #15.* Same as the small LHDs. Also, on 15(e) KDHE extended the deadline. Tom noted the extension will be appreciated. Rebecca indicated she's good with the change.

*Item #17.* Same change as the small plan.

*Item #19.* Denise said KDHE has heard a lot hadn't developed surge strategies but with COVID-19 a lot have now so wording is added that address it being in place.

*Item #20.* Completely removed.

*Item #21.* The full-scale wording was removed and just real-world incident remains.

#### *Large Workplan*

*Item #9.* Now matches the Medium plan.

*Item #11.* Now matches the Medium plan. Steve asked about what would happen regarding the AAR for COVID response and the AAR for real-event like mass prophylaxis. Denise said she felt the AAR/IP would be looking backwards at the BP1 response and the real event would be something additional you would do in BP2 that is more forward-thinking. Tom noted when they look back at BP1 and the response is ongoing it is possible to look at a date range and talk about that period while looking forward at the IP regarding specific weaknesses and the improvements being made which are documented. Steve said it's an issue of scale; a lot of times there isn't a plan it's implementing a band-aid fix. Steve wants to know is how to handle the AAR cut-off periods; it isn't a question of the work but rather the reporting. Jennifer said as long as the capabilities are met she wants things flexible but wants to ensure the conversations are happening regarding things like what steps can you take if staff are sick and you can't call on your neighbors due to COVID-19.

*Item #15.* Same changes as the Medium plan.

*Item #17.* Same changes as the Medium plan.

*Item #19.* Added "or have in place" to the surge strategies.

Steve had no concerns with items 15, 17, and 19. He did ask if next spring is like this spring will there be additional modifications/push back on dates. Denise said yes, though they aren't planning for it at this time but if it must happen then it will just like in SFY 2020.

#### *Regional Workplan*

*Item #7.* Technical change from "trainings" to "meetings." No trainings are done.

*Item #8.* Adds if COVID-19 prevents the completion of an exercise then regional coordinator must submit documentation on how the regional role supported the pandemic response with prior approval of KDHE. Tom was okay with the wording if there is acknowledgement that some regional coordinators are also employed in specific roles at LHDs; this is more applicable to those regional coordinators who don't work directly for LHDs in other capacities. Denise said her goal is to ensure the regional coordinators can do their regional coordinator work that they are paid for. Steve asked if this could be indicated on the technical assistance report; Denise confirmed that is fine. Denise offered to change the wording to state, "must submit documentation on the TA on how the regional coordinator is supporting the region during the pandemic." Tom was good with that addition. Jennifer noted this doesn't get captured very well anywhere and this is trying to look back and say there are gaps but we know the regional coordinators help fill those gaps so this tries to document those efforts.

*Item #11.* Moved the date later than it was due before. Steve said it was fine.

After walking through all the plans, Denise asked for advisory team recommendations. No recommendations provided.

Denise noted the regional contracts have not been sent out yet but the LHD contracts have been sent out with the workplans. Dennis asked if a new letter of concurrence was needed for CDC and Denise said it was not. Dennis suggested just emailing out the new workplans and noting the changes are oriented to making life easier by recognizing certain COVID-19 activities that would count to meeting PHEP requirements. Comments indicated, given the advisory team being unanimous in support of the working changes, that overall, most LHDs and regions will welcome the new language. Denise noted she'd like the advisory team to look over the guidance. Tom was good with that.

Dennis suggested clean versions of the documents and just use the email body to explain the changes.

Denise noted the workplan is a part of the contract that is sent out. Tom said an amendment could be sent out if needed for the contract purposes.

#### Other discussion (if needed)

Steve noted a local community college wanted to know what to do with an athlete coming back from a 14-day quarantine state if they can take a test and skip the rest of the quarantine. Steve heard others are doing this. Tom noted there will be a lot of interesting things happening with schools this year.

Discussion around school issues and the fall semester commenced.

#### Adjournment

Dennis adjourned the meeting at 11:14 am.