



STAFF REPORT

TO: Summit County Council
FROM: Chris Crowley, Summit County Emergency Manager, SCHD ERC
CC: Rich Bullough, Health Director, Summit County Health Department
DATE: 1/5/19
SUBJECT: Public Health Emergency Preparedness (PHEP) Council Presentation 1/16/2019

PURPOSE

The Public Health Emergency Preparedness (PHEP) cooperative agreement is a critical source of funding for state, local, and territorial public health departments. This helps health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP cooperative agreement specifically targeted the development of emergency-ready public health departments that are flexible and adaptable.

PUBLIC HEALTH EMERGENCY MANAGEMENT PLANNING

The Center for Disease Control established 15 capabilities that serve as national standards for public health preparedness planning. These capability standards serve as the foundation for planning, operations, and evaluating our ability to prepare for, respond to, and recover from public health emergencies. The [2018 Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health](#)¹ correlate directly with the FEMA National Preparedness Goal and Core Capabilities. The PHEP Capabilities are grouped into 6 areas of focus:

- **Community Resilience:** Preparing for and recovering from emergencies
- **Incident Management:** Coordinating an effective response
- **Information Management:** Making sure people have information to act
- **Countermeasures and Mitigation:** Getting medicines and supplies where they are needed
- **Surge Management:** Expanding medical services to handle large events
- **Bio-Surveillance:** Investigating and identifying health threats

Though often lacking a physical point of origin (or incident), it is important to note that public health emergency response, regardless of the type or magnitude, complies with the methods prescribed in the National Incident Management System (NIMS) and Incident Command System (ICS). In the event of a public health crisis, the Summit County Health Department would likely serve as the Incident Command Post (for Medical Surge, the Park City Medical Center will serve in that capacity).

PHEP GRANT

Summit County Health Department public health emergency programs and positions are funded by the annual PHEP grant. Positions at the Summit County Health Department funded directly by the PHEP grant include:

- Public Health Emergency Manager
- Public Information Officer
- Nursing/Epidemiology Director
- Health Director

¹ https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf

- Deputy Health Director
- Miscellaneous program personnel

Supported PHEP programs include:

- Public Health Emergency Preparedness
- Public Health Regional Coalition – Summit, Salt Lake and Tooele Counties Regional Health Coalition (SST Health Coalition)
- EpiTrax & Telehealth Epidemiology Information Systems
- Infectious Disease & Epidemic Outreach Programs – H1N1, Ebola, Zika, Opioids, etc....
- Community Assessment for Public Health Emergency Response (CASPER)
- Medical Reserve Corps

PHEP PROGRAMS

PHEP grant programs help support overall emergency preparedness in Summit County and integrate directly into our all-hazards approach to emergency preparedness. Combining Summit County Emergency Management with the Summit County Health Department has had the added effect of standardizing our methods, reducing overlap in process and resources and increasing our effectiveness through streamlined planning and NIMS implementation. Bottom line, our emergency response planning is integrated, leverages our shared resources and consolidates our emergency response policies and procedures.

MEDICAL RESERVE CORPS

As part of our PHEP requirements, SCHD has partnered with the People’s Health Clinic to manage our Medical Reserve Corps. The Medical Reserve Corps (MRC) is a national network of volunteers, organized locally to improve the health and safety of their communities. MRC units engage volunteers to strengthen public health, improve emergency response capabilities and build community resiliency. Our MRC focuses primarily on maintaining a database of volunteer medical professionals, providing medical staff at our mass care facilities including Medical Points of Distribution and Mass Care Shelters and management of Schedule I medication. In addition, the MRC will participate this year in the development of our CASPER program.

REGIONAL COALITION SUPPORT

In the event of a large-scale event, it is unlikely Summit County will be equipped to manage the surge of those in need of medical attention. Our participation in the SST Coalition ensures that we have plans and capabilities to receive and provide additional resources from neighboring counties and medical organizations. Our primary coalition partners are Salt Lake and Toole counties, with the Park City Medical Center and MRC serving as our local planning partners. Support includes personnel, facilities, volunteers, training and equipment.

OPERATIONAL READINESS REVIEW

In addition to our required quarterly grant reporting, Summit County Health Department recently completed an Onsite Readiness Review (ORR) in which the Utah Department of Health audited our grant compliance and public health emergency planning (see attached). We received high-marks for our programs and were pleased to see that many of the improvement recommendations are already

complete or in progress (CASPER Assessment, PODS testing, MRC participation at SST Coalition, update EMP, etc.)

NEXT STEPS

In accordance with PHEP grant requirements, UDOH recommendations and integrated preparedness initiatives, Summit County Health Department Emergency Preparedness planning includes

1. Adopt the current version of the 2019 Summit County Emergency Management Plan (which includes the SCHD Emergency Management Plan).
2. Conduct a Community Assessment for Public Health Emergency Response (CASPER) study.
3. Increase MRC integration into planning and coordination, especially as it relates to SST Coalition programs.
4. Develop additional training and exercise programs.
5. Increase partner planning and combined training/exercises.
6. Integrate SCHD and Emergency Operations Center (EOC) planning and operations.
7. Expand the public outreach aspects of public health emergency preparedness through reciprocal planning, preparedness initiatives and volunteer programs (such as the Community Emergency Response Team and the Medical Reserve Corps).
8. Goal-setting based on grant guidance, FEMA and CDC capabilities requirements and the results of our Threats and Hazards Identification and Risk Assessment (THIRA) & Stakeholder Preparedness Review (SPR) program.

Thank you.

Attached: UDOH Public Health Emergency Preparedness Site Visit



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Utah Department of Health

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September 26, 2018

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Re: UDOH Public Health Emergency Preparedness Site Visit

Date of Visit: August 29, 2018

Purpose of Visit: To review prior year progress on cooperative agreement capabilities; to assess current year progress on capabilities and plans for completion; to discuss LHD ability to operationalize capabilities in support of responses; to identify barriers that impede progress; and to coordinate technical assistance strategies.

Successes/High Points

- Evidence of a very efficient program, with an excellent workplan format to track multiple projects.
- There is some benefit to having a dual ERC and County EM, at least from a coordination perspective (but see my point below).
- The Everbridge system has exceptional capacity and capability to provide emergency information and warning to the responder community and the public, we recommend maximizing this system.
- SCHD is clearly seen as a trusted resource for the community, this will serve you well in a crisis.
- SCHD is well linked with Fire/Hazmat and LEPC for planning for Hazmat events and CBRNE. Just work to clarify the role of SCHD in response.

Areas for Improvement/Continue Efforts

- UDOH continues to recommend that all ERCs should be at least .75 or 1.0 FTE, as even the smaller LHDs have the same number of tasks to complete as the larger ones.
- Some concerns about who would cover ESF8 if Chris was activated in his County EM role during a response, recommend training a second to step into this role if needed.
- Recommend conducting a CASPER, it has been valued by several LHDs for its value and informing preparedness plans.
- Strongly recommend meeting your exercise requirement annually by testing your POD locations.
- Consider orientation for Board of Health on preparedness and response program.



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- Recommend formal written administrative preparedness plan, even if allowances are in place for LHO to waive protocols.
- Strongly recommend expanding the scope and scale of staff training, and identifying and exercising staff on POD and other response roles.
- Get MRC Coordinator engaged in SST Coalition.
- RDS clarification – we are not sure your primary RDS at the Health Department will be able to accommodate product that may be distributed on numerous pallets; also, please include a MOU or written agreement with the hospital as to how it will play out if they are needed as the back-up RDS.
- More coordination with access and functional needs populations in planning, operations, and exercising, and incorporation of ideas for transportation within the county.
- Coordinate more call down drills and assembly drills in combination to engage response personnel and MRC members to give ideas of how PODs will operate.

Sharable Project Activities/Best Practices

- The development of an efficient and effective system using a small cadre of staff.
- Sharing the high level of coordination and collaboration with the school district for PODs and other activities.
- The planning and response coordination that goes into the Sundance Film Festival each year.

For any questions or concerns, please contact Kevin McCulley or Dean Penovich.

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