Hospitals: 20 of 31 hospitals (65%) attended.
- AMG Specialty Hospital-Feliciana (LTAC of Feliciana)
- Ascension Gonzales Rehab; Shawn Alstan
- Baton Rouge General-Bluebonnet; Connie DeLeo
- Baton Rouge General-Mid City; Connie DeLeo
- Baton Rouge Behavioral Hospital (Beck Psychiatric Hospital)
- Bethesda Rehabilitation Hospital
- LSU-Earl K. Long Medical Center; John Germany
- Feliciana Forensic Facility; Roxanne McKinney
- Eastern LA Mental Health; Roxanne McKinney
- Greater Baton Rouge Surgical Hospital-Closed
- Lane Regional Medical Center; Doug Lawton
- MMO Rehabilitation & Wellness Center
- Oceans Behavioral Hospital of Baton Rouge, Michelli Travis
- Ochsner Medical Center-Baton Rouge; Clarence Bourgeois
- Our Lady of the Lake RMC; Allyn Whaley-Martin
- Pointe Coupe General Hospital; Janice David
- Prevost Memorial Hospital
- Promise Hospital of Baton Rouge-Mancuso; Mike Nolan
- Promise Specialty Hospital of BR-Mid City Campus; Mike Nolan
- Promise Specialty Hospital of BR-Ochsner Campus; Mike Nolan

- SAGE Rehabilitation Hospital
- Seaside Health System
- St. Elizabeth Hospital; Tina Stallings
- St. James Behavioral Health Hospital
- Surgical Specialty Center of Baton Rouge; David Didier, Genie Woodring
- The NeuroMedical Center Rehab Hospital; Frances Arledge, Kris Fryoux
- The NeuroMedical Center Surgical Hospital; Bradley Devillier
- Villa Feliciana Medical Complex
- West Feliciana Parish Hospital; Lori Griffin, Lynn Clement, Mary Morse
- Woman’s Hospital; Mike Meagher

EMS: 3 of 6 EMS Providers (50%) attended.
- Acadian Air Med Services
- Acadian Ambulance Service
- City of Gonzales Fire Rescue
- East Baton Rouge Parish EMS; Lauri Scivicque
- Louisiana State Penitentiary EMS; Adrian Almodevor
- West Feliciana Parish Hospital EMS; Lynn Clement

Other Partners: 3 of 3 partners (100% attended)
- EBRP Coroner: William Clark, Stacy White
- DHH/OPH Region 2: Marilyn Reynaud, Priscilla Williams, Tommie Ashby, Jamie Roques
- GOHSEP: Darren Guidry

Guests: Denda Eversull, DCFS, Kathleen Jenson, DHH/CAHSD; Glennis Gray, Keith Phillips, OPH- Center for Community Preparedness.

Facilitators: Allyn Whaley-Martin, Connie Deleo, John Germany, Hospital DRCs; Asha Green, HHS/LHA; Audrey Pugh, Sawazi Daniel, HHS/DHH.

Note: Regina Yarbrough from Prevost Memorial Hospital attended the Region 3 Rounds Meeting and Larry Cunningham from Baton Rouge Rehab Hospital attended the Region 9 Rounds Meeting.
JOINT SESSION

Welcome and Introductions
Allyn Whaley-Martin welcomed everyone to the meeting and asked everyone to introduce themselves. She shared a few announcements for the region and then handed the meeting over to Asha Green, the hospital grant coordinator for the Hospital Preparedness Program (HPP) for Louisiana.

Ms. Green mentioned that there are eight (8) Capability Planning Guides (CPGs) for the Hospital Preparedness Grant Program. The eight (8) CPGs include the following:

- CPG 1 Healthcare System Preparedness
- CPG 2 Healthcare System Recovery
- CPG 3 Emergency Operations Coordination
- CPG 5 Fatality Management
- CPG 6 Information Sharing
- CPG 10 Medical Surge
- CPG 14 Responder Health & Safety
- CPG 15 Volunteer Management

Ms. Green announced that the group will break out into groups so that EMS and hospitals can meet separately to discuss their specific planning objectives. The group met together first to discuss the following three (3) CPGs:

CPG 10 - Medical Surge
Ms. Jamie Roques, from the Region 2 Office of Public Health and Denda Eversull from Department of Child and Family Services, gave an update on the medical special needs sheltering in Region 2. Due to some renovations being performed on the LSU Campus, the Federal Medical Station (FMS) will be moved from the LSU Field House to the Southern University FG Clarke Center for the 2013 Hurricane Season. The Pete Maravich Assembly Center (PMAC) will also be used as a medical special needs shelter. The MSNS plan includes sheltering for 500 people. However, the Southern University location can only hold 250 people. The other 250 people will have to be sheltered in the Mega Shelter in Region 6.

CPG 14 - Responder Safety (Mass Prophylaxis/Point of Dispensing Site Plan and CHEMPACK)

Mass Prophylaxis/Point of Dispensing (POD) Plan
Ms. Green mentioned that all hospitals must have a Mass Prophylaxis/Point of Dispensing (POD) plan. Hospitals are required to have a 72 hour cache of antibiotics for a biological event and as such should have a plan on how they will distribute those medications to their staff members and their staff family members. Hospitals are considered closed PODs, and will not be expected to provide antibiotics to the general public. The general public will have to go to an open POD to receive antibiotics.

An Emergency Medical Service (EMS) Provider, on the other hand, may not necessarily be a closed POD. They can become a closed POD, if they would like to do so. Should they wish to become a closed POD, they need to contact their regional Public Health Emergency Response Coordinator (PHERC). If they choose not to become a closed POD, they can get medication for an event from a first responder POD for their staff and staff family members. If not a closed POD, individual providers will have to go directly to first responder POD to pick up medication for themselves and their family members. A head of household form must be completed at time medication is picked up. There are currently five (5) EMS providers that have already signed up as closed PODs. Regardless of whether they choose to become a closed POD or if they get medication from first responder POD, they need a mass prophylaxis/POD plan.

Both hospitals and EMS providers should ensure they have a written POD plan. For a copy of a sample hospital POD plan, please visit www.lhaonline.org under the “HHS Grant Participation Documents” section. A POD plan
should identify where in their facility they would set up to distribute the antibiotics, and the staff members, equipment and supplies needed to operate the POD. The plan should also discuss communication equipment used, security measures, fiscal and administrative plans, and incident command roles and responsibilities.

CHEMPACK Update
Glennis Gray, the Strategic National Stockpile Coordinator provided a brief update of the CHEMPACK program. Louisiana has thirty (30) hospital and EMS CHEMPACK containers, a federally owned asset, that have been pre-positioned in seventeen (17) host sites throughout the state. The containers contain atropine and pralidoxime that can be used if there is a nerve agent or organophosphate exposure. The hospital container has multi-dose vials of medications that can treat approximately thousand (1,000) patients. The EMS containers have a large number of auto-injectors medications and are primarily intended for field use. The quantity of medications found in an EMS Container is sufficient to treat approximately 454 patients. Co-located at each host site is a CHEMPACK Buffer Pack that contains atropine and pralidoxime sufficient to treat approximately five patients for 12 hours.

The response to a nerve agent or organophosphate incident should be implemented in phases based upon the severity of the incident. Tier 1 response includes utilizing local or readily available resources. Tier 2 response is then used if local resources are not available. To request and use CHEMPACK resources, hospitals and EMS providers must telephone the Louisiana Poison Center (LPC) at 800-222-1222 or 318-813-3317. The Louisiana Poison Center will determine whether buffer packs and/or CHEMPACK assets are needed and will notify the Host Site to prepare for deployment. All CHEMPACK transfers will occur at the Emergency Department’s entrance of the Host Sites and the receiving sites. The CHEMPACK buffer packs have been used twice, once in 2011 and again in 2012. Both times were due to an organophosphate exposure. A CHEMPACK functional exercise will be held in 2014.

A “DUMBELLS” poster, an acronym listing the signs and symptoms of a nerve agent exposure, is available, if needed. The poster also has the contact number for the Louisiana Poison Control Center. Hospitals have been asked to post the sign in their emergency department.

CPG 2 – Recovery (HVA and COOP)

Hazard Vulnerability Analysis (HVA)
Ms. Green indicated there are nine (9) healthcare coalitions throughout the state. Each regional coalition must complete a Hazard Vulnerability Analysis (HVA). A Hazard Vulnerability Analysis (HVA) provides a systematic approach to recognizing hazards that may affect services. Some regions have elected to compile regional HVA using individual provider HVAs, while others have elected to compile HVA during next regional meeting. As a group, we need to decide how the regional HVA will be done. The Region 2 hospital DRC asked that all facilities, both EMS and hospitals provide a copy of their individual HVA so that a regional summary can be compiled. The regional summary will be used as the regional HVA.

Continuity of Operation Planning (COOP)
Continuity of Operation Planning (COOP) is to ensure operations to essential functions within your organization continue, with minimal disruptions, during an emergency. Most of you have COOP to handle a disruption of services, but procedures on how to handle these disruptions are usually included as part of their emergency operation plan, security plan, or service disruption plan, etc. COOP plan will be discussed in more detail in group sessions when the survey is discussed.

Announcements/Reminders

Audit Requirements
There is a federal and a state audit requirement. Any entities that expend or receive $500,000 or more in a year in Federal funds (excluding Medicare and Medicaid Awards) must submit copy of audit conducted for that year to
federal government. Please visit [www.harvester.census.gov/sac/dissem/asp/download.asp](http://www.harvester.census.gov/sac/dissem/asp/download.asp) for a list of non-compliant entities. For information on who to submit your A-133 audit to or for frequently asked questions, please refer to FAQ that was mailed along with your grant participation agreement. The FAQ list may also be found on the [www.lhaonline.org](http://www.lhaonline.org).

For the state requirements, any not-for-profit recipients that receive or expend any (from the first dollar) local or state assistance including grants, loans, transfers of property, awards, and direct appropriations from state or local public funds; and any organization, either for-profit or not-for-profit recipients that are subject to the open meeting laws and derives any portion of its income from payments received from any public agency or body must submit an annual financial report to the Legislative Auditor no later than six months after their fiscal year ends. For a list of non-compliant entities, please visit [www.app1.lla.state.la.us/LLANon-ComplianceList.nsf](http://www.app1.lla.state.la.us/LLANon-ComplianceList.nsf). If you have any questions and/or need further guidance, contact the Legislative Auditor’s office at (225) 339-3800.

The grant staff reviews both the federal and state non-compliance list. If your facility name appears on list, the grant staff will ask for a copy of your audit report. We will review report to ensure finding does not pertain to HPP grant program. If your facility’s name is on the non-compliance list and if audit finding are related to HPP grant, you may not be eligible to receive HPP funding until you have been removed from the list.

**Documentation Reminder**

Documentation for reimbursement is due on one of the three documentation deadlines: March 30, April 29 or May 31. Hospitals must submit grant documentation via the electronic grant management system. Hospitals must also mail a hard copy of receipts, invoices and proof of payment along with HHS summary worksheet to HHP grant staff. Survey must be also be submitted via Survey Monkey along with grant documentation. The survey information can be found at [www.lhaonline.org](http://www.lhaonline.org) under the “Grant Participation Documents” tab on the “Emergency Preparedness” section.

EMS Providers must also submit receipts, invoices and proof of payment via the electronic grant management system. An emailed or faxed copy of the HHS summary worksheet must also be provided to HHP grant staff. Documents can be faxed to 225-342-8224 or emailed to Sawazi.Daniel@LA.Gov. Survey must also be submitted via Survey Monkey by the due date. Survey was emailed out to all participating EMS providers.

**ESF 8 Functional Exercise – June 25 & 26, 2013**

On June 25th and 26th, ESF 8 will be conducting a state-wide functional exercise to test protocols and systems used by healthcare facilities. We are asking that all hospitals, nursing homes and adult residential care facilities to participate during this two-day event. Every healthcare facility will be asked to provide updates on their operational status and census. A small number of volunteers will be asked to simulate patient evacuations, power outages, and other critical supply outages. A new version of EMSTAT will be used to provide these updates. The EMSTAT will allow facilities to provide updates via a smart phone, ipad or similar device. We are planning to go around the state to introduce it and train hospitals and nursing homes, but the exercise gives you and your staff an opportunity to use it in a situation that will accurately mimic the requirements of a real disaster.

Search for volunteer EMS Designated Regional Coordinators.

Sawazi Daniels announced that they are accepting resumes for volunteer EMS Designated Regional Coordinator for both the primary and secondary DRC positions. Interested persons should send resume to sawazi.daniels@la.gov or Audrey.pugh@la.gov by April 30, 2013.

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**HOSPITAL BREAK-OUT SESSION**

**FY 2012-13 Hospital Survey**

The survey has been reduced to 12 pages instead of 43 pages. A notice about survey was sent via LHA “Impact Weekly” and HPP “Emergency Preparedness Newsletter” on March 8 and 11. A copy of notice and survey can be
found at www.lhaonline.org in the “Emergency Preparedness”/“Grant Participation Document” tab. Survey must be submitted electronically using Survey Monkey by 1 of 3 documentation deadlines: March 30, April 29, and May 30. Survey must be completed all at one time. You will not be able to log on and come back later. Encourage to complete hard copy of survey first and then go to Survey Monkey to submit final answers. We ask that you carefully read and answer the questions the best that you can. You will not be penalized if you answer “No” to question. Answers will be used determine the State’s priority in addressing CPGs and how funds will be used in future grant years.

Ms. Green pointed out that many of the questions should be answered from a regional perspective and not specifically to what your facility has done alone. For example, under CPG 1, the question asks whether you have participated in a regional or local drill or exercise or real life event. This question is not asking whether your hospital has conducted a fire or other drill only for your hospital employees but whether you have participated in a regional, parish or local event.

As a group, Ms. Green led them through each section of the survey and discussed how they questions should be answered. She indicated that if they had any questions they could contact the HPP grant staff for assistance.

**Hospital Site Visits**
Sites Visits will be conducted April 1, 2013 - June 30, 2013. Facilities chosen for site visit will receive a letter from HPP staff at least 2 weeks before visit. Every hospital and EMS provider will be visited over the next 5 years regardless of whether they participated in the last grant cycle. Site visits are more comprehensive than in the past. In addition to grant purchases, HHS grant staff will review and confirm NIMS compliance, compliance with Participation Agreements and Spending Goals, Surge Plans including surge beds and pharmaceuticals, PPE, and ventilator caches, Hurricane and Shelter in Place Plans, Redundant Communication Plans and Mass Prophylaxis Plans.

Ms. Green reviewed the site visit template with the group. She also mentioned that in addition to reviewing plans, we will look to determine:
- whether grant purchased equipment is tagged with facility name and tracking number,
- whether the facility has an inventory tracking sheet that includes the appropriate tracking information,
- whether equipment is being disposed of properly and documented correctly; and
- whether equipment is being maintained, rotated, and tested.

**FY 2013-2014 Hospital Participation Points**
Participation points are awarded in the allocation model every year. The participation points are part of the formula used to determine the amount allocated from the grant to each hospital. For Region 2, participation points for FY 2013-14 will include attending at least 50% of scheduled Healthcare Emergency Preparedness Coalition (HEPC) meetings and participation in two regional and/or local exercises by updating the ESF-8 portal with facility information. Exercises that will be used for participation points in the 2013-2014 allocation model for Region 2 Hospitals are the ESF-8 Super Bowl Bed Poll (January 29, 2013) and the ESF-8 Exercise (June 24-25, 2013). To earn a point for each exercise, the hospital must update its information in the ESF-8 Portal as directed in the exercise.

**Adjournment**
The meeting ended at 10:30 a.m.