HPP & HCPWG Meeting Minutes

November 7, 2024
10:30 am – 12:00 pm

Attendance: Maya Craig-Lauer (PHEP), Sara Schwall (PHEP), Megan Dubnicka (CCHH), Chris Anderson (SLA), Emma Wilcox (Twin/Sierra Vista), Sarahi Garcia (PEP), Evan Milard (CHC), Jessie Burmester (PH), Sean Quinn (French), Dan Field, Demetrio Morales-Salazar (PEP), Emma Wilcox (Adventist Health), Glen Miller (PH), Peter Hague (EH), Jonathan Stornetta (PR Fire), Ricardo Young (Cal Poly), Shauna Zoric (AGCH), Ryan Rosander (EMSA), Kristin Edler (PH)

1. Health Hazard Vulnerability Assessment Discussion – Maya Craig-Lauer
    - See PowerPoint presentation for results from the survey
        - Additions to vulnerabilities, impacts, and preparedness and response measures were discussed and will be included in a final HVA report.
2. Partner Roundtable
    - Demetrio Morales-Salazar – Mobile Flu Vaccine clinics will be held in Paso Robles on the 9th, 10th and 19th.
    - Jessie Burmester – Does PHEP ever participate in long-term planning with partners?
        - Maya Craig-Lauer – Yes. We will be participating in OES's Integrated Preparedness Planning Workshop (IPPW) when it occurs. This workshop focuses on long-term, collaborative preparedness planning for emergency planning and response organizations in a jurisdiction. It will define any jurisdictional priorities and coordinate training and exercise efforts.
3. The next HPP & HCPWG meeting will be a virtual update sent on Thursday, December 5th.

HEALTH HAZARD VULNERABILITY ANALYSIS DISCUSSION

Thursday, November 6th, 2024

PURPOSE/GOAL

- The purpose of today's meeting is to provide a collaborative environment to discuss and finalize the Health Hazard Vulnerability Analysis Survey Results.
- Our goal is to ensure all relevant vulnerabilities, impacts, and preparedness & response measures are included for each of our top 10 hazards identified by our Health Hazard Assessment

WHAT TO EXPECT

- Each of the top 10 hazards will be shown with the information collected in the survey. Each hazard will have a section on vulnerabilities, impacts, and preparedness & response measures.
- We will discuss each of these aspects and add any additional information necessary.
  - This will be different from the Risk Assessment because we will not need to come to a group consensus. We want our results to be inclusive of everyone's views and ideas.
- We can spend 5-10 minutes on each hazard. With more focus on the top 5 hazards.

ANY QUESTIONS BEFORE WE GET STARTED?

HAZARD #1: MAJOR EARTHQUAKE

VULNERABILITIES

- Water supply for dialysis
- Fuel supply for ambulances
- Diablo Canyon Power Plant
- Single highway corridor (Highway 101)
- Lack of large parking area for staging
- External MRI Unit
- Above ground power lines
- Major underground city storm drain cuts across AGCH Campus
- Limited emergency medical support equipment at smaller facilities
- Rural areas in the county present higher potential for patient access issues
- Many buildings around the county are aging and may increase injuries if they were to collapse, including public health and healthcare facilities
- Staffing resources for public health and healthcare facilities are limited
- Minimal redundant communications plans at smaller facilities
- Population-based characteristics such as:
  - Older adults that aren't mobile and living by themselves
  - People with disabilities
  - People with chronic illnesses and those rely on oxygen
  - Low-income households - particularly those without their own vehicles
  - People who are not fluent in English or Spanish

HAZARD #1: MAJOR EARTHQUAKE

IMPACTS

- Structural damage including building collapse, roadway damage and obstruction
- Utilities failure including: water, sewer, power, gas, internet
- Supply chain disruption
- Increased hazards like broken glass, downed powerlines
- Patient surge at healthcare facilities
- Some facilities my have to evacuate due to damage
- Staffing issues due to injuries and unnavigable roadways
- Long-term recovery needs
- Healthcare access issues

HAZARD #1: MAJOR EARTHQUAKE

PREPAREDNESS & RESPONSE MEASURES

- Backup generators
- Priority access to fuel and water
- Ensure buildings are up to code
- Maintain emergency plans and staff training
- Communication with the MHOAC for situation status
- Community-based organization involvement
- Multilingual and culturally relevant alert system

HAZARD #2: PANDEMIC FLU

VULNERABILITIES

- Supply chain limitations and potential for disruption
- Difficulty with surging staffing during an extended event with minimal out-of-county support
- Smaller facilities have limited space for social distancing
- Lack of private rooms in medical surgical floor at AGCH
- Limited supplies stockpiled for emergencies
- Lack of political support
- Public health and medical staff still struggling with COVID-19 burnout
- Limitations in space to accommodate a surge of patients
- Population factors such as
  - older adults
  - people with pre-existing conditions and with chronic illnesses
  - people who are pregnant
  - babies and young children
  - low-income households
  - those who live in crowded housing
  - people experiencing homelessness
  - people who are not fluent in English or Spanish
  - people living in more rural areas that don't have access to health-related resources

HAZARD #2: PANDEMIC FLU

IMPACTS

- Staff shortage
- Cancel elective procedures
- Increased needs for medical services (staff, medications, equipment)
- Risk of spreading in small facilities
- Healthcare surge
- Supply shortages

HAZARD #2: PANDEMIC FLU

PREPAREDNESS & RESPONSE MEASURES

- Cache of medical supplies
- Backup staffing
- Vaccinations
- Messaging on prevention/treatment to prevent surge on 911 system
- Increased isolation of patients

HAZARD #3: PANDEMIC EMERGENT DISEASE

VULNERABILITIES

- All vulnerabilities listed under Pandemic Flu apply
- Potential for lack of familiarity with emergent disease could impact medical understanding and patient awareness

HAZARD #3: PANDEMIC EMERGENT DISEASE

IMPACTS

- Staff shortage
- Cancel elective procedures
- Stress on 911 system
- Increased needs for medical services (staff, medications, equipment)
- Risk of spreading in small facilities
- Healthcare surge
- Supply shortages
- Decreased revenue from canceled appointments

HAZARD #3: PANDEMIC EMERGENT DISEASE

PREPAREDNESS & RESPONSE MEASURES

- Cache of medical supplies
- Backup staffing
- Vaccinations if applicable
- Messaging on prevention/treatment to prevent surge on 911 system
- Increased isolation of patients

HAZARD #4: WILDFIRE

VULNERABILITIES

- Limited resources for mass evacuation of patients needing medical transport
- Currently seeing higher levels of vegetation
- Lack of specialized medical burn unit in county
- Large amounts of open spaces in the county with limited road access
- People in rural areas may experience issues accessing care
- Public Health is minimally staffed
- Population-based characteristics such as:
  - People experiencing homelessness
  - Outdoor workers (i.e. farmworkers, construction workers, park rangers)
  - Older adults
  - People with disabilities
  - People with pre-existing conditions
  - People who are pregnant
  - Babies and young children
  - Low-income households - particularly those without their own vehicles
  - People who are not fluent in English or Spanish
  - People living in rural areas
  - Towns where most homes do not have A/C units
  - People in more rural areas where there are not public spaces with A/C

HAZARD #4: WILDFIRE

IMPACTS

- Damage to buildings
- Power outages (effecting communications, equipment)
- Water supply interruptions
- Evacuations; non-ambulatory, patients in recovery or anesthesia, difficult access in rural areas, stress on 911
- Increased respiratory therapy needs
- Burn injuries
- Loss of resources and infrastructure

HAZARD #4: WILDFIRE

PREPAREDNESS & RESPONSE MEASURES

- Backup generators
- Redundant communications
- Transportation options (other than ambulance)
- Maintain fire roads
- Use emergency notification system; include multilingual alerts
- Current evacuation response plan for facility; include staff training

HAZARD #5: CLIMATE CHANGE

VULNERABILITIES

- Aging infrastructure may not be able to keep up with the electricity demands of additional A/C
- Public Health has minimal staffing
- Lack of facilities to provide cooling centers
- Lack of coordinated county-wide strategies for response
- Susceptible to supply chain issues catalyzed by climate change-caused disasters in other areas of the US and world
- Population-based characteristics

such as:

- Outdoor workers (i.e. farmworkers, construction workers)
- Older adults
- People with disabilities
- People with chronic illnesses
- People experiencing homelessness
- People who are pregnant
- Young children and babies
- Low-income households - particularly those without their own vehicles
- People who are not fluent in English or Spanish
- People living in rural areas

HAZARD #5: CLIMATE CHANGE

IMPACTS

- Hot days put strain on the HVAC
- Air quality issues
- Mental health issues
- Increase in vectors
- Severe weather

HAZARD #5: CLIMATE CHANGE

PREPAREDNESS & RESPONSE MEASURES

- Backup generator and water supply
- Identify climate resilience hubs in neighborhoods

HAZARD #6: CYBER ATTACK

VULNERABILITIES

- Heavy reliance on digital systems
- Emergency non-telephone/internet communication capabilities
- Limited supply chain resources
- Minimal redundancy for financial/banking systems
- Smaller facilities have minimal IT resources for cybersecurity

IMPACTS

- HIPPA breech, lack confidence in privacy
- PHI leaked
- Delayed care (lab results, dispatch, mapping, PCR, pt. Hx)
- Loss of financial resources
- Identify theft
- Communications down

PREPAREDNESS & RESPONSE MEASURES

- Redundant systems (i.e., paper forms, satellite phones, MiFi)
- Enhanced security measures
- Inform other facilities of an attack

HAZARD #7: MODERATE EARTHQUAKE

- As this hazard is so similar to Major Earthquake, no additional discussion is necessary.

HAZARD #8: ELECTRICAL FAILURE

VULNERABILITIES

- Potential for issues with fuel availability and supply
- Higher fire risk increases risks of PSPS and outages caused by fires
- Potential of failure for back-up systems
- Aging facilities with old utilities
- Public Health minimally staffed
- Population-based characteristics such as:
  - People who rely on oxygen
  - People with disabilities
  - Low-income households - particularly those without backup power or their own vehicles
  - People who are not fluent in English or Spanish
  - People living in rural areas

IMPACTS

- No dialysis
- Fuel needs
- No access to electronic records, could delay care
- Limited equipment use; residents with medical devices
- Financial loss
- Loss of AC
- Communications may be down

PREPAREDNESS & RESPONSE MEASURES

- Generators
- Redundant systems
- Emergency plans; including priority access to fuel

HAZARD #9: FLOOD

VULNERABILITIES

- Isolated areas create the risk of access issues
- Could increase potential for landslides that could damage facilities and infrastructure
- Larger numbers of staff commuting increases the potential for staffing difficulties
- Limited supply stockpiles could cause shortages
- Population-based characteristics such as:
  - Outdoor workers (i.e. farmworkers, construction workers)
  - People experiencing homelessness
  - Older adults
  - People with disabilities
  - People with pre-existing conditions
  - People who are pregnant
  - Young children and babies
  - Low-income households - particularly those without their own vehicles
  - People who are not fluent in English or Spanish
  - People living in rural areas

IMPACTS

- Water supply
- Limits or cuts off access to some areas and to patients
- Staffing shortage
- Evacuations
- Damage to facilities; prolonged closure
- Displaced residents

PREPAREDNESS & RESPONSE MEASURES

- Generators
- Evacuation plans; including transportation
- Evaluate landslide areas near facilities

HAZARD #10: EXTREME SUMMER WEATHER

VULNERABILITIES

- Needed HVAC/MEP infrastructure upgrades at AGCH are not complete
- Aging power grid increases potential of electricity issues
- Lack of cooling areas throughout the county
- Lack of coordinated, county-wide strategies for response
- Population-based characteristics such as:
  - Outdoor workers (i.e. farmworkers, construction workers)
  - People experiencing homelessness
  - Older adults
  - People with disabilities
  - People with pre-existing conditions
  - People who are pregnant
  - Young children
  - Low-income households - particularly those without their own vehicles
  - People who are not fluent in English or Spanish People living in rural areas

IMPACTS

- Heat related illness/injury
- Short term suspension on surgeries
- Public Safety Power Shutoffs
- Drought; valley fever, food system impacts
- Potential surge of patients with heat-related injuries

PREPAREDNESS & RESPONSE MEASURES

- Extra fluids on hand
- Identify populations without access to cooling – implement centers in neighborhoods
- Backup generators for PSPS

THANK YOU!

We will use the information collected through the surveys and discussion to inform our HVA.

We will share the completed HVA with all of the participants and our partners when finished.