

STEERING COMMITTEE MEETING MINUTES  
February 25, 2010/10:00am  
Levi Heywood Memorial Library, Gardner, MA

IN ATTENDANCE: Phil Leger (Chair)(Athol/Royalston); Joyce Crouse (Templeton); Lee Jarvis (Spencer); Missy Kakela-Bottom (Mendon); Sandra Knipe (Hubbardston); Dorothy McNamara (Fitchburg); Paul McNulty (Westborough); Chris Montiverdi (Leicester); Trish Parent (Upton); Andy Pelletier (Auburn); Cheryl Rawinski (Sutton); Jamie Terry (Northborough); Kalene Garbarz (NABH); Darlene O'Connor (Leicester); Roger Mallet (Orange); Lois Luniewicz (Grafton); Bill O'Connell (MA DPH); Wibby Swedberg (Westminster); Rita McConville (Westminster); Bernie Sullivan (Gardner); Chris Knuth (Leominster); James Morin (Southbridge); Kerry Clark (PHEP Program Manager); Ken Gikas (Program Planner); Barry Lein (IT); Forrest Price (Program Planner); Deb Renholm (Sutton).

The Meeting was called to order by Chair Phil Leger at 10:00am.

**Minutes of the January 28, 2010 Steering Committee meeting were presented for approval. Cheryl Rawinski made a motion to accept the minutes which was seconded by Jamie Terry. The motion passed unanimously.**

**Next Meetings:**

Executive Committee Meeting: March 11, 2010/9:30am/Worcester

Executive & Steering Committee Meetings: March 25, 2010/9:00am & 10:00am/Forbes Building, Westborough.

Executive Committee Meeting: April 8, 2010/9:30am/Worcester

**Program Coordinator Update: Kerry Clark**

- Kerry stated that he will be attending a Regional Coordinator meeting in Boston next Monday which will be followed by a meeting of the DPH Emergency Preparedness Bureau staff.

**Host Agency: Derek Brindisi**

- Kerry stated that the purchase orders for the second half of the PHER III funds have been received and the invoices for the checks have been submitted. The administrative support which Derek hired is working to expedite this.
- Jamie asked how long this administrative assistant will be in place. She wanted to know if this person could remain in place to help with the PHEP spending. Kerry said that he would have to ask Derek.
- Darlene questioned what this PHER III should be used for now that most clinics have come to a halt. Kerry replied that the money should be used to prepare for a possible third wave of H1N1. He added that it would be better to try to spend this money now rather than later.
- Several people questioned what to do with expired vaccines. Kerry said that he hoped to get some information on this at his Monday meeting.
- Kerry reminded people that item purchases between \$500-1,000 had to be approved by him and purchases over \$1,000 had to be approved by DPH.
- Jamie asked Kerry about the possibility of hiring a regional food inspector using PEP funds. Kerry will try to bring this up at the next Regional Coordinators meeting. The only supplies that people seem to be interested in would be extra hand sanitizer.

**Homeland Security Council: Chris Montiverdi**

- Chris stated that the council is presently reviewing applications for equipment purchases using the remaining FY07 funds.
- The Reverse 911 system now has the capability to send messages in English and Spanish. There seems to be no problems with messaging.
- The council has purchased 4 small trailers with the capability to store 200 cots and 400 blankets. They are also looking at larger trailers for several cities.
- They are looking for a home for the trailer which will contain the medical cots.

- The map showing the council assets in the region has not been updated yet.
- The council will be looking at trailer-mounted generators rather than smaller, individual units. Cities and towns will have to purchase and install their own transfer switches to use these at their facilities.

**Regional Mutual Aid: Andy Pelletier**

- We are still at 57 agreements.

**Local and State Advisory Committee: Sandi Knipe**

- Sandi said that Sandy Collins will be speaking about local public health efforts at the upcoming H1N1 Summit meeting at the DCU Center. They are asking for the number of H1N1 clinics that have been held in our region. Sandi will ask the planners for this information.
- Justine Hyde has been hired to gather and summarize the lessons learned and is looking for the best way to gather this information.
- The Commissioner wrote a letter thanking local Public Health personnel for the efforts in the H1N1 clinics.
- Leftover PHER supplies are not to be donated to Haiti relief efforts. The PREP Act states that they must remain within the country.
- Mike Coughlin is supposed to send out information about the disposal of used equipment and expired vaccine.
- DPH is supporting continued H1N1 vaccinations. There has been no report of seasonal flu.
- The Mar 22 H1N1 Summit will be structured like the last one.
- There will be a Heroes Award at Lunchtime and Sandy Collins will accept an award on behalf of local Public Health and the Regional Coalitions.
- There will be a paper template to be used to distribute to volunteers and will have the signatures of the Commissioner and the Governor.
- Bernie Sullivan gave a very brief overview of the NACCHO conference in Atlanta.
- Mary Clarke attended a business meeting with the Emergency Preparedness Bureau and said that they will be level-funded for next year.
- Phil stated that he is the region representative to the Local Public Health Advisory Committee. They met yesterday and BU is the vendor this year. There are a number of disciplines and organizations on the board. They have an ambitious agenda to develop courses for required training and reach out to people.

**Personnel Committee: Lenny Izzo**

- Phil said that the Executive Committee tasked the Personnel Committee to look at the possibility of hiring a part-time TB nurse to help with the potential for increased TB in the region.

**EAT Sub-Committee: Sandi Knipe**

- Weather problems caused the cancellation of several recent meetings.
- They are continuing to work on getting the Satellite phones and the BGAN units operational and out in the communities.
- They are also continuing to develop a list of equipment for the region trailers.
- The Lithium batteries are in.
- We have 11 people signed up to go the Nashville conference. We will also be sponsoring people for the state MAPHN conference.
- In response to a question from Wibby Sandi stated that we are looking at ordering AEDs for those towns which may need one for their EDS. Kerry is requesting authorization form DPH to order these. We will also be ordering replacement pads and batteries for existing units.
- Sandi mentioned that there was a big discussion about the appropriate use of PHER funds at the LSAC meeting. If the purchase “does not have something to with a shot in the arm” then you cannot do it.
- Darlene asked about the purpose of the Satellite phones and where they are being placed. Ken explained the purpose and listed the current planned locations. Jamie mentioned that she did not think that Blackstone had signed the Mutual Aid Agreement and as such could not host regional equipment. Ken will check on this.

**MRC Sub-Committee: Jamie Terry**

- The Wachusett MRC was recognized for its program on childhood obesity.
- The Grafton and Worcester MRCs are planning Volunteer Appreciation nights.
- There will be a new newspaper ad about the MRCs. It will be a “thank you” for the volunteers who participated and will also reach out for new members.
- Surveys will be going out to the volunteers from Shawn. The current wording states that failure to respond will cause the person to be removed from the list and this concerned Jamie.
- Shawn stated that he would like the committee to make the decision on whether to remove people who do not repond.
- Jamie asked about the status of the EM Systems contract and the problems with the program. There are discrepancies between what the company said the program will do and what it is actually capable of doing. Kerry stated that the City of Worcester is responsible for trying to correct these problems with EM Systems.

**Strategic Planning: Tom Purcell**

- Tom is trying to work with Michael Leyden from the Harvard School of Public Health to arrange the exercise they would like to conduct for our region.
- Kerry is looking for some additional help on the exercise. Roger Mallet volunteered to work with Tom.

**Old Business:**

- Phil stated that they are tweaking the letter of support for CMDART.
- Phil introduced Bill O’Connell the DPH Regional Director for Regions 1 and 2.

**New Business:**

- Phil invited to brief on their H1N1 clinics to include what worked well and what did not work.

Roger Mallet (Orange): Held five clinics, all went well, consultant was very helpful, the elementary school system did not work with him, would not use school for clinics, only 15% of people expressing interest showed up at EDS, Mahar school district worked well with the BOH.

Paul McNulty (Westborough): Slow start due to lack of vaccine, started in the High School, then went to lower grades, then to public clinics. Did not have enough nurses for the public clinics. Could use more crowd control, food helped with the staff.

Lois (Trish) (Grafton): Held 10 clinics, no problems getting volunteers early, but the number of volunteers dropped off, even with incentives.

Sandi (Hubbardston): Had 5 public clinics, continues to offer vaccinations in the BOH office. Had lots of help from the Wachusett MRC but had some problems at first with JIT training on the different kinds of vaccine. She pushed the use of nasal spray due to quick expiration date and her belief in the live vaccine. For one clinic she took call-ins which was a lot of work. Clinics held in the EDS location gave her a good feel for how the EDS would work.

Trish (Grafton): Real life experience working with the MRC was a good benefit. Working with the school system was a challenge, could only vaccinate 8<sup>th</sup> grade and up in school, lower grades had to be done in public clinics. The school superintendent laid the groundwork but did not follow through. Vote and Vaccinate worked very well. Did vaccinate in BOH office. Used CERT and Job Corps.

(Mendon): Worked very well with Upton, great cooperation from the regional school systems. Every class was offered vaccine, the principals set up the procedures and this worked well, elementary parents could come in and be with their children but 95% did not and these were the kids who behaved. Also held clinics in the Blackstone Regional Vocational HS which serves 8 towns.

Cheryl (Sutton): Positive experiences working with people, good school support, did younger grades right after school, schools announced clinics ahead of time, It was a challenge to educate people on the flu-mist, did weekend clinics for pre-school and day-care centers, now contacting businesses to hold clinics at their locations.

Joyce (Templeton): Held two community-based clinics, no buy-in from schools, held a clinic at the EDS location and got good support from EMS and other staff, good experience working with the Wachusett MRC, people tended to show up early, needed more time to set-up and brief workers.

Missy (Mendon): The school nurses were against holding clinics in school, BOH surveyed the parents and they wanted the vaccinations in the school, the school superintendent supported this and told the staff to support it and things worked well after that.

Ken (Planner): Attended 43 clinics, observed that the school committees seemed to support what the superintendent decided, clinics held in schools during the school day seemed to work best. One town made up cards numbered 1-5000 and were prepared to tell those with numbers above the on-hand number of doses to go home rather than wait to be told this at the vaccination point.

Phil (Athol/Royalston): He acted as a regional depot for smaller towns around him. Started planning Labor Day week, held meeting with superintendent, principals, other key personnel to brief where we were, held another meeting for the Superintendent's conference call so that key personnel could hear the word from the state leaders which helped tremendously. Two school nurses stepped up to help and they were supported, by others. BOH provided the supplies and vaccine. Ready to go in October, had a 25% response to their outreach. Took what vaccine they had and started with the elementary school, the schools organized the kids. Told staff not to do anything they were not comfortable doing. Kept younger students occupied which helped during the waiting period. Were able to do first round at all schools by Thanksgiving. Then worked large regional clinics at the EDS site which proved to be a good experience. Also supported the local doctors. Schools tend to be good sites due to their layout.

(Petersham): Used school on weekend and week night, worked well for a BOH which had never done this before.

Darlene (Leicester): Met with the town department heads before school, started to brief them on the status and this set the tone for the rest of the season. She asked the superintendent if they could meet with the school nurses to begin planning efforts. The school department was very supportive. She developed packets with information and permission slips to send home with the children. The schools collected them and sent them to the BOH. Did clinics after school so that parents could be there. Picked schools with long hallways to shelter people in line during weather. Used CERT, MRC, Red Cross to prevent volunteer burn-out. Went out to group homes to vaccinate those populations. Had paperwork prepared ahead of time.

Jamie (Northborough): Schools did not want clinics in the school so she targeted households with very young children. Put a lot of work into reaching out to people which paid off with almost no problems at the clinics. Created an H1N1 activity page on the BOH webpage which allowed people to sign up online – also worked well. First clinic did not have lollipops or stickers for children which was a problem. They used a paramedic who worked very well with children. People often missed the name and DOB lines on the state forms so she added verbiage to help.

Kaylene (NABH): Everything went well in their 15 towns. They used the EDS sites. There was an exorbitant volume of calls early in the process. They were able to use the Nashoba nurses which helped.

Forrest (Planner): Watched most of my towns. Early planning seemed to make a difference. You needed a person who could watch the process and make adjustments as necessary. Westminster had a very good organization. Rita did a good job holding clinics in businesses.

Lee (Spencer): Held 14 clinics, had full cooperation from the school superintendent, did one major business in town which was well-received, used the town Reverse 911 to advertise clinics a day ahead, 4800 calls made and

between 3900-4100 were listened to fully. Biggest drawback was the lack of information, especially the delays in receiving vaccine. He vaccinated anyone who showed up.

Andy (Auburn): Recalled risk communication about not putting out information until you are sure. The delays in receiving vaccine caused problems in delaying clinics. They used a three-phase process. The first phase was a call-in pre-registration, they hired an answering service to take the calls, the BOH then called people back to schedule them for the clinic. During the second phase they advertised clinics for people to show up. The third phase will be to have people call the BOH and the board will schedule people to come in. They will also be contacting businesses to see if they want the board to come to their location. Lessons learned include the fact that it is important to have money up front to pay for services and supplies. Allow plenty of time to accommodate those who show up early. Nurses often asked the same questions the pre-screener did. Use volunteer programs from town as much as possible. Plastic bags in refrigerators can restrict cooling. Use of ICS Operations and Procurement positions worked for him.

Bernie (Gardner): Everything they did was jointly with Fitchburg and later Leominster. Money is important as it allows you to do many things. They partnered with Community Health Center and any other group they could. A local credit union which served all three cities provided \$5,000 to be used as they saw fit. The superintendent of schools worked closely with the BOH. Before they could run clinics the BOH advertised ways in which people could protect themselves. Bernie recommended cultivating partnerships with everyone you can. He worked closely with his local hospital and in return the hospital provided eight nurses for every clinic he ran. He also recommends mobile clinics to reach people who might not be able to get to mass clinics.

Chris (Leominster): Partnered with the school department since they planned to use the high school since it is one of their EDS sites. The school nurses were hesitant at first because they felt that the children would develop negative feelings towards them for the vaccinations. Chris made the decision to open the site on a Saturday morning and then on a Tuesday evening. He did not schedule any clinics until they had the vaccine. He thinks that many children ended up getting vaccinated at their pediatricians. They had 350 people at their first clinic. He thinks that preparation and advertising are key activities and that many people may have gone to clinics in Fitchburg.

Dottie (Fitchburg): She had 19 clinics with CHC. They met early on to plan. CHC received a lot of vaccine early and wanted to use it. She had only a few clinics at schools since the schools had activities which they did not want to cancel. They held clinics at CHC which worked well. Dottie shared her vaccine with providers to help reach target groups. She felt that the biggest problem, other than getting vaccine, was the healthcare providers who did not participate to vaccinating their patients.

Deb (Sutton): She felt that parents could be very helpful in some circumstances in helping calm their children.

Wibby (Westminster): One thing she would change is to have more meetings in advance. They color-coordinated the various forms to help keep them together. They also held clinics at companies which worked fairly well. They also used students from the National Honor Society to help at some clinics.

Jim (Southbridge): They did pre-planning with Harington Hospital. The school superintendent was onboard with them from the start.

Sandi asked if everyone had seen the pictures of the blue signs Phil had developed. She also asked if anyone experience any emergencies at their clinics. Very few did but they handled them quickly.

Phil identified a few gap areas:

- Transport chairs for people with crutches, walkers, etc. so they would not have to walk all the way.
- Signage for handicapped access doors.
- More privacy screens.
- Cot for EMT usage.

Kerry (Worcester): Worcester held about 75 clinics and gave an estimated 15,000-16,000 doses of vaccine. They went into the schools to reach children and those who needed two rounds of vaccine. They brought clinics out into the city in areas such as the YMCA and others to reach under-served populations. They went to Union Station in the morning to advertise a clinic and hand out registration paperwork and then gave shots that evening as people came back through.

**Cheryl Rawinski made a motion that we adjourn the meeting. Trish Parent seconded the motion. The meeting was adjourned at 12:37pm by unanimous consent.**