



## NPHCC Steering Committee

December 29, 2015; 10:00 ct

Location: West Central District Health Dept.

- GoToMeeting: <https://global.gotomeeting.com/join/904854981>
- Conference calling: 888-387-8686
- Conf. ID #: 7711947

### Today's Itinerary (CT)

- ▶ 10:00-12:00 NPHCC Steering Committee meeting
- ▶ 12:00-1:00 Steering Committee Education and Training (working lunch)
- ▶ 1:00-2:00 Medical Reserve Corp. (MRC) Steering Committee meeting

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## Agenda

### Ongoing Items

1. Minutes: Approve minutes from October meeting
2. Budget: Approve current expenses
3. MRC update (Joanna)

### Old Business

1. Tyco (see information below)
  - a. New contract signed for 4 users
  - b. Discontinue MOUs?
2. MOUs
  - a. Membership Agreements needed:
    - CCCH, DCH, GPH, OCH, TVHS
    - LTCF: Secondary and tertiary signatures
  - b. Cache MOUs to be signed, (Policies and Procedures, Section IV)
    - All hospitals
  - c. Fiscal Agent
    - Signed
3. Exercise Planning (see information below)
  - a. Subcommittee met: Nov. 3; next meeting Jan. 8
  - b. Need to know facility involvement and approximate dates
4. State Radio System (see information below)
5. HAV-BED Survey (from last meeting's Contract Work)
  - a. Discussions with Eric
  - b. Request to Sharon Medcalf

### New Business

1. Contract work (see Work Plan, yellow rows)
2. Bylaw review and approval

- a. Section VI.B – Fiscal Agent
- b. Section IX.A,B – Requirements for Funding and Reimbursement
3. HCC Ebola Contract
  - a. Nov 15, 2015 – June 30, 2015; \$8,000
  - b. Requirement: Exercise related to Ebola
  - c. Request: Regional PPE packs
4. SWNPHD caches

#### **Upcoming Trainings, Education, and Exercises**

1. FEMA I&Q trainings – North Platte; March 30
  1. MGT-433: Isolation and Quarantine for Rural Communities  
<https://www.firstrespondertraining.gov/ntecatalog#anc-search-results>
  2. PER-308: Rural Isolation and Quarantine for Public Health & Healthcare Professionals  
<https://www.firstrespondertraining.gov/ntecatalog#anc-search-results>
  3. Prerequisites:
    - IS-100 or IS-100.HCb and IS-700
    - IS-520 – Intro to Continuity of Operations Planning for Pandemic Influenzas
2. Hospital First Receiver Course, CPE - (Ogallala?)
3. National Conference – San Diego, December 1-4 (Heidi, Dari, Sally, Angie, Judy, Laurie)
  - a. 3-minute report out (as time allows)

#### **Adjourn Meeting**

#### **Steering Committee Education and Training**

Expectations of Frontline Hospitals in the Ebola Response:  
Leslie Scofield, Center for Preparedness Education

## Supplemental Information

### Tyco Information

- ▶ We pay now \$6,320 per year; \$3 per license
- ▶ 4 users
  - West Central District Health Dept. 40
  - Chase County Community Hospital 110
  - Community Hospital 300
  - Great Plains Health 1,100
  - 1,550 \$4,650
  
- ▶ 5 users
  - Medical Reserve Corp (MRC) 200
  - 1,750 \$5,250

### Exercise Planning

Committee members: Heidi, Angie, Sally, Judy. Leslie Scofield (CPE)

Scope: Regional

Scenario: Highly Infectious Disease (Ebola)

Facility involvement:

From email 11/23/15: I need to know from you how heavily involved you want your facility to play. **Do you want to be:**

- Directly involved, having a person under investigation (PUI), received from walk-in or EMS.
- Directly involved, having a positive blood test, received from walk-in or EMS.
- Directly involved, taking a PUI or positive EVD patient from another facility (Assessment hospital).
- Indirectly involved, only sharing resources.
- Not involved in the exercise.
- Other: \_\_\_\_\_

Facility Responses about involvement:

- CH No preference
- CCCH Directly involved (either PUI or pos. blood test)

**TTX month?:**

**FE Month?:**

**Facilitator?:**

**Start at home or with call to EMS?**



## State Radio System

If the NPHCC would want to get on the State Radio System or SRS there are some things that need to be determined locally and at the State level before consideration and getting costs put together. The Office of the Chief Information Officer will be specifying the equipment we would need to purchase based off the following criteria.

1. Is encryption required for the hospitals on the radio? (This would meet any HIPPA issue as the normal scanner junkie would not be able to hear the secure channel)
2. How would testing of the system be conducted? (Would this be done within the NPHCC region on a regular basis? Would the facilities like the State to conduct the testing?, etc.)
3. Are the facilities going to maintain use on the system on a regular basis? (The question posed here eluded to, having the radio on the shelf turned down is not active, someone needs to be able to monitor and answer the radio at all times?)
4. Will all facilities be willing to pay the monthly fee for use on the system? (Believe it's around \$25-30 per month)
5. Who will all utilize the talkgroup assigned to NPHCC? (Hospitals- Yes, EMS-??, Emergency Management-Yes??, etc.)

If the group can all come to an agreement that these radios will be used, then they will get us a list of what is required and we can get bids from about 5 or 6 different suppliers.