

RESPONSE TO THE CIVIL GRAND JURY DISASTER PREPAREDNESS REPORT

EMERGENCY MEDICAL RESPONSE

Finding 1: There has been very limited activity and planning for vulnerable populations at the County level since 2002 when the Task Force first issued its Vulnerable Populations Plan. This resulted from the Public Health Department no longer having a staff person to assist with the maintenance of the Plan in general and the Geographic Information System (GIS) maps. The vulnerable populations' location maps have not been updated and are only available in their current state for use by the Emergency Operations Center.

Response:

The Public Health Department (PHD) agrees with this finding. The PHD agrees that the Vulnerable Populations Plan should be updated. Over time, key sections of the plan have been updated and are available in multiple County locations — Emergency Operations Center, the Public Health Department Operations Center as well as within the Emergency Medical Services Agency.

Recommendation 1: The Public Health Department should take the lead in revitalizing the Emergency and Disaster Plan for Vulnerable Populations. This plan should be further developed, implemented and kept current. Additional human and financial resources should be allocated to accomplish this.

Response:

This recommendation has not yet been implemented, but will be implemented in the future. The County has a need for an updated Emergency and Disaster Plan for Vulnerable Populations and will determine the best department to lead this effort. Since planning for responding to the emergency needs of these special populations crosses over many departments it would be better suited to house this plan in the County's all hazard multi-functional disaster plan. This plan addresses all threats and will be including the pandemic planning efforts the County is involved with currently. One option is to build a web-based application to create a mechanism for maintaining an updated inventory. This approach will be discussed with the IT pandemic planning team. FY 06-07

Finding 2: The Public Health Department is not currently coordinating any ongoing outreach or education programs for licensed facilities, community-based organizations, or care providers and families of vulnerable populations. There is no organized method to ensure that the Plan is reviewed and updated annually or that any of the support documentation is current.

Response:

The Public Health Department (PHD) agrees with this finding.

Recommendation 2: The Public Health Department should update the Disaster Plan to reflect new threats, for example, bioterrorism and epidemics such as avian flu.

Response:

This recommendation has not yet been implemented, but will be implemented in the future. Revisions to the PHD disaster plan with an all-hazard focus will be completed in 2006.

Finding 3: There are no specific steps that are targeted to provide coordination for individual disaster plans with licensed programs and facilities, such as skilled nursing facilities, assisted-living, home care and hospice programs.

Response:

The Public Health Department agrees with this finding.

Recommendation 3: The Director of the EMS Agency should participate in meetings of the County Disaster Council.

Response:

This recommendation has been implemented. The EMS Agency Director will attend these meetings.

Recommendation 4: The Public Health Department should work collaboratively with skilled nursing homes, board and care, and other licensed facilities needing assistance in developing coordinated plans to ensure that their populations' needs are met in a disaster and that inpatient facilities have current evacuation plans and memorandums of understanding with like facilities.

Response:

This recommendation has been implemented. The PHD currently works with health care facilities in their disaster planning efforts when requested and will continue to provide assistance to interested agencies. It should be noted that facilities such as skilled nursing homes, board and care and other licensed care facilities are required to have current evacuation plans, plans to ensure that their populations' needs are met in a disaster, and to meet other State licensing requirements. PHD will invite these agencies to participate in medical and health disaster planning exercises that are conducted throughout the year.

Finding 4: The Public Health Department does not have mutual aid agreements with the military, for example, Vandenberg Air Force Base.

Response:

The Public Health Department agrees with this finding.

Recommendation 6: The Public Health Department should develop mutual agreements with the military, and ensure that the Department has current contact information for base leaders and healthcare providers.

Response:

This recommendation has not yet been implemented, but will be implemented in the future. PHD is currently working with Vandenberg Air Force Base on a MOU for medical /health mutual aid. We have a verbal understanding in place to provide mutual aid in the event of a medical emergency.

Finding 5: The Chumash Tribe is not actively involved in the County's disaster planning activities.

Response:

The Department of Public Health disagrees with this finding as the Chumash are involved in disaster planning activities with the Office of Emergency Services. The Chumash participate in other emergency management activities of the County, which are spearheaded by the County OES.

Recommendation 5: The Public Health Department should coordinate with the local Department of Homeland Security Office to ensure that each is aware of the other's activities. The Public Health Department should continue to conduct exercises and drills with its community and regional partners, including emergency management and other agencies.

Response:

This recommendation has been implemented. The PHD coordinates with our local FBI disaster/terrorism response coordinator. There is not a separate local Homeland Security Office in the County. PHD does coordinate with local law enforcement and the Office of Emergency Service (OES).

Recommendation 7: The Public Health Department should engage the Chumash Tribe so it can be involved in the planning and disaster preparedness process.

Response: This recommendation has been implemented. The PHD invites the Chumash Tribe to participate in planning and disaster preparedness activities. PHD will continue to involve the Tribes and encourage participation in planning efforts as well as disaster exercises and drills.

Finding 6: The County does not have a current registry of potential volunteers (licensed physicians, nurses, pharmacists, veterinarians) who could be called on to assist in a disaster.

Response:

The Public Health Department agrees with this finding.

Recommendation 8: The Public Health Department should continue to work with the State to ensure that volunteer activities of healthcare workers are

coordinated and that this resource is available in the event of an emergency. It should make certain that the list of retired nurses and physicians and other local private healthcare professionals contain current information. Medical registries need to be developed in conjunction with the State EMS to pre-identify medical personnel who are willing and able to participate in a disaster response system.

Response:

This recommendation has not yet been implemented, but will be implemented in 2006. As part of the county-wide pandemic planning efforts the PHD has established a team to develop a Medical Reserve Corp (MRC), using the State's newly develop Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VIP) on-line registry for licensed medical professional within the county. In addition the PHD through the county-wide pandemic planning efforts, the IT group is also planning to help the MRC team develop a database to track all MRC volunteers in the county to track participation, training and deployment. We are working closely with the Medical Society to develop policies and procedures to coordinate a MRC response plan. We will be beginning enrolling health professionals into the system in August 2006. This will be an on-going process.