

# All Hazards Advisory Committee

## MINUTES

Thursday, October 15, 2009  
CMPD/CFD Training Academy  
1750 Shopton Road, Charlotte, NC 28217  
704-432-1700  
**Room 2110 - EOC**

Dave Shimberg, opened the meeting at 9:00 AM.

Wayne Broome is in Raleigh attending a SERT meeting.

### **Announcements** included:

- VOAD conference will be held on November 7<sup>th</sup> at the training academy here at Shopton Rd. This conference will include training. – Dave Shimberg
- Catawba Nuclear Drill/Exercise will be held on March 9<sup>th</sup> next year. – Michael Tobin
- NDMS exercise will be held on April 7<sup>th</sup> next year. – Michael Tobin
- Michael Tobin provided a summary on an evacuation drill that was held earlier in the week on Monday October 12<sup>th</sup> in Charlotte. Responders successfully evacuated 120 residents of an elderly high rise building. Only two residents with pre-existing medical conditions were taken to the hospital. NIST will publish their report on the drill next year, 6 months to 1 year from now. Lessons learned from the exercise include the need to attain additional electric chairs and wheelchairs to transport residents.

### **Infrastructure Committee Report** (Patti Lamb)

The Infrastructure Committee will be meeting shortly after AHAC. Daryl Aspey, Department of Homeland Security PSA, will provide a presentation to the committee in this meeting.

### **JHOC** (Bobby Kennedy)

JHOC will meet after the AHAC meeting.

### **Update- Current Flu Situation, Seasonal and H1N1** (Dr. Keener)

A unit within the Operations Branch of Public Health is working with businesses on pandemic planning. Public Health is operating in a unified command role and hold weekly briefings with Emergency Management, CMS, hospitals, and Medic. The briefings are centered on major issues and the partners meet to stay on the same page- speaking the same language for inquiries on preparedness and procedural changes impacting the community.

The vaccine distribution process began on October 1<sup>st</sup> with small shipments being received at specific locations and they are currently waiting on the second delivery. Mecklenburg County has focused on vaccinating healthcare workers and EMS as a priority. The public distribution process will start once additional shipments arrive. Public Health expects to begin vaccinating other high priority groups by the end of this month and possibly in schools by November. The process for distribution flows directly from the federal government to States and then to private vendors for re-packaging and distribution based on orders placed statewide. There is a shortage of seasonal flu vaccine. The manufacturers were producing both the seasonal and H1N1 vaccines at the same time this year. They have warned that there may be a significant delay in distribution upfront however they are assuring everyone that adequate supply will be available to meet the demand.

Surveillance- Southeastern states are currently seeing higher rates of influenza-like-illness (ILI). Hospitals are reporting that ten percent of visits are due to ILI and almost all are H1N1. A temporary change in law now requires that all associated influenza related deaths will be reported and currently there have been 14 deaths reported in NC.

The Mecklenburg County Health Department has provided a weekly influenza report on their website with graphs illustrating ILI in the community. Hospitals locally are experiencing ten times the number of visits for ILI (Bobby Kennedy).

AHAC committee representatives from Duke Energy and AT&T provided that they are taking steps to slow the spread of influenza in the workplace including educating their employees on proper hand washing, coughing etiquette, and educating managers and supervisors on leave policies. They are not tracking hard numbers of influenza but generally watching the trend of illness in the workplace and it is currently following the national trend. Duke ran out of seasonal flu vaccine for employees yesterday mainly due to increase demand this year. The challenge is to educate their employees on good prevention and what are reasonable measures for sanitizing.

A representative from UNC Charlotte provided that their response includes weekly meetings to review the status of the outbreak and the impact on the university. Faculty were advised to be flexible with coursework and students missing class due to influenza. The university is exploring distance education, teleworking, and other measures to keep more people at home. UNCC is not experiencing as many cases of ILI as other UNC campuses. They have posted hand washing posters, received approval to purchase hand sanitizers, the dorms have implemented a buddy system to assist ill students, and food services will provide a flu box with six prepared meals for students.

**Review of Annex M Search and Rescue Procedures.**

Michael Tobin provided no changes were necessary at this time.

**Review of Annex O Disaster Recovery Guidance.**

Wayne Broome is working with VOAD to further expand on the volunteer management portion of this annex. This annex is currently under revision.

**Next Meeting is on Thursday January 21, 2010 and will focus on Annex I- Attachment 3**

(Evacuation Protocols and Procedures).

The following Annexes, over which city/county has control, will be included in the annual reviews:

<http://www.charmeckem.net>

<b>D</b>	Roles, Responsibilities, and Functional Duties	<b>G</b>	Standard Operating Guidelines for Damage Assessment
<b>H</b>	Mass Care/Shelter Activation Guidelines	<b>I-Att 3</b>	Evacuation Protocols and Procedures
<b>J</b>	Medical and Health Services Plan	<b>L</b>	Disaster Assistance Center (DAC) Procedures
<b>M</b>	Search & Rescue	<b>O</b>	Disaster Recovery Guidance
<b>Q</b>	Terrorism (familiarization only)		

Detail reviews will be performed as page by page review, explanation, and discussion of the specified annex. Those representatives of the departments or agencies which have significant roles or responsibilities within the specified annex are expected to present and discuss the annex, including considerations, anticipated issues, identified needs and/or recent or planned changes to the procedures or execution of that annex.