

Vermont Healthcare Emergency Preparedness Coalition (VHEPC) COVID-19 Pandemic Response

After-Action Report/Improvement Plan

August 20, 2020

The After-Action Report/Improvement Plan (AAR/IP) aligns incident objectives with preparedness doctrine. Incident information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their organizational needs.

INCIDENT OVERVIEW

Incident Name	Phase 1: VHEPC COVID-19 Response
Incident Dates	March 6, 2020 to June 30, 2020
Scope	This is an ongoing National and State Level – Type 1 incident. For the purposes of this AAR/IP, the duration is defined March 6, 2020 to June 30, 2020 impacting the entire state of Vermont and all VHEPC members and partners.
Mission Area(s)	Response
Core Capabilities	Planning, Operational Coordination, Operational Communication, Public Health, Healthcare, and Emergency Medical Services, Situational Assessment
HPP Capabilities	Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Healthcare Service Delivery Capability 4: Medical Surge
Objective(s)	<ol style="list-style-type: none"> 1. Gather situational awareness to enhance information sharing for a common operating picture. 2. Provide resource coordination support to the State Emergency Operations Center (SEOC) and Health Operations Center (HOC).
Threat or Hazard	Infectious Disease; Coronavirus (COVID-19)
Scenario	Coronavirus (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Currently, there are no specific vaccines or treatments for COVID-19. COVID-19 has resulted in an overwhelmed healthcare system nationally and a strained supply chain for PPE and other healthcare supplies.
Participating Organizations	For a full list of coalition members and partners involved in Vermont’s COVID-19 Pandemic Response, see Appendix B .
Points of Contact	<p>Jennifer Bynum, MPH, MEP, CHES® Readiness and Response Coordinator Vermont Healthcare Emergency Preparedness Coalition T: 1 919-717-3355 E: vhepc@allclearmg.com</p> <p>Sarah Perry, MPH Hospital Preparedness Program Coordinator Vermont Department of Health 108 Cherry Street Burlington, VT 05401 T: 1 802-495-1002 E: Sarah.Perry@vermont.gov</p>

SUMMARY OF VERMONT COVID-19 PANDEMIC RESPONSE

The Vermont Department of Health (VDH) activated the Health Operations Center (HOC) on February 4, 2020. On March 3rd, Governor Scott convened a Vermont Interagency COVID-19 Task Force to identify advanced planning on community mitigation strategies. Vermont Healthcare Emergency Preparedness Coalition (VHEPC) was included as an Agency Representative on the task force. On March 6th, VHEPC was activated by the VDH Health Operations Center (HOC) Incident Commander as an Agency Representative. On March 7, 2020, Vermont reported its first presumptive positive case. On March 11, 2020, the Vermont Emergency Management (VEM) activated the State Emergency Operations Center (SEOC) to support the ongoing work of the VDH and to expand the State's capacity to handle the COVID-19 pandemic response. VHEPC began conducting hospital situational meetings three times weekly and producing a situation report for information sharing and situational awareness. On March 13, 2020, Governor Scott declared a State of Emergency, as case counts were predicted to rise. On March 15th, Governor Scott orders orderly school closures to be conducted by March 18th. Governor Scott also ordered all bars and restaurants to close and/or offer takeout only. Mass gatherings were limited to less than 50 people or 50% of occupancy of a facility on Monday, March 16th. Additionally, on March 16th, the first coordinated COVID-19 response briefing took place among VDH and VEM; VHEPC was included to provide a hospital status report, which has evolved over the course of the incident to include essential elements of information (EEI) regarding: COVID-19 hospitalization data, bed availability, ventilator availability, respiratory personal protective equipment (PPE) availability, non-respiratory PPE availability, and medical surge site data. On March 17, 2020, the HOC and SEOC began implementing hybrid in-person/virtual operations to adhere to community mitigation strategies, and VHEPC followed by shifting all future meetings to virtual modalities.

Despite unprecedented COVID-19 case trends across the United States, Vermont continues to have one of the lowest growth rates, test positivity rates and COVID-19 related hospitalizations, which has allowed the State to methodically begin to reopen our economy, "one half-quarter of the spigot at a time", according to Governor Scott. As of June 29, 2020, Vermont reported 1202 total COVID-19 cases, 56 deaths, 946 patients recovered, and 63, 865 people tested. It is important to note this is an ongoing National and State Level – Type 1 incident, and cases, deaths and testing in Vermont continue to increase. At the time of this report (August 12, 2020) Vermont reported 1,472 cases, 58 deaths, and 1,295 patients recovered. Vermont also hit a milestone in mid-August with over 100,000 COVID-19 tests conducted.

The successes during this timeframe are due to the tireless dedication across our State, from its citizens, response workers and elected officials. VHEPC provided support to these successes serving as a Health Operations Center Agency Representative to achieve two main objectives:

1. Gather situational awareness to enhance information sharing for a common operating picture.
2. Provide resource coordination support to the State Emergency Operations Center (SEOC) and Health Operations Center (HOC).

The following report identifies key strengths to sustain and areas for improvement to enhance the coalition's role as a force multiplier in supporting a coordinated response to the COVID-19 pandemic.

ANALYSIS OF CORE CAPABILITIES

Aligning incident objectives, core capabilities and HPP capabilities provides a consistent taxonomy for evaluation to support preparedness reporting and trend analysis. Table 1 includes the incident objectives, aligned core capabilities, HPP capabilities and performance ratings observed and/or documented during the incident.

Objective	Core Capability	HPP Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Gather situational awareness to enhance information sharing for a common operating picture	Planning Operational Coordination Operational Communication Situational Assessment	Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Healthcare Service Delivery		S		
Provide resource coordination support to the State Emergency Operations Center (SEOC) and Health Operations Center (HOC).	Planning Operational Coordination	Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Healthcare Service Delivery Capability 4: Medical Surge		S		

Table 1. Summary of Core Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was

conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

Objective 1: Gather situational awareness to enhance information sharing for a common operating picture

The strengths and areas for improvement are aligned with the following Core and HPP capabilities listed in the table below:

Core Capabilities:	Planning, Operational Coordination, Operational Communications, Situational Assessment
HPP Capabilities:	Healthcare and Medical Response Coordination, Continuity of Healthcare Service Delivery

Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: Readiness and Response Staff were available to represent the VHEPC as an Agency Representative at the joint Health Operations Center (HOC)/State Emergency Operations Center (SEOC) COVID-19 Briefings and additional pandemic response meetings.

- VHEPC was activated as a Command Agency Representative on March 6th, 2020, by the HOC Incident Commander. *Between 3/6/2020 and 6/30/2020, the VHEPC Readiness and Response Coordinator (VHEPC RR Coordinator) attended and reported data at 100 briefings to report Hospital COVID-19 Essential Elements of Information (EEI).*
- The VHEPC RR Coordinator role is a new position to the VHEPC and serves as a 1.0 FTE, which allows for the Coalition to be more actively involved in a response capacity in the VDH HOC. This was a huge benefit to the coalition, as all coalition members were fulfilling response roles at their respective agencies. Before hiring and the restructuring of coalition organizational chart, the coalition did not have bandwidth to support state-level response.
- The VHEPC RR Coordinator served as a resource in both a Command Agency Representative role and Healthcare Communications Branch staffing resource. The Coordinator provided strategies and tactics to the HOC Incident Command System (ICS) 204 assignment lists in the Incident Action Plans for the COVID-19 pandemic response. The Coordinator provided daily documentation in ICS 214 Activity Logs in WebEOC, uploaded all VHEPC Hospital SITREPs in the WebEOC Incident Library and processed any WebEOC task assignments routed to VHEPC.
- VHEPC provided representation on the Governor's COVID-19 Interagency Task Force to assist in development of community mitigation strategies (March 5-March 12, 2020).
- VHEPC participated in weekly Hospital Leadership meetings for situational awareness.
- VHEPC served on the Vermont State Data Team in the SEOC.

Strength 2: VHEPC conducted COVID-19 situation briefings with VHEPC hospitals, district public health emergency preparedness staff, and key state response partners to gather qualitative data on current hospital response status.

- VHEPC identified the need to provide situational awareness meetings for the hospital coalition members to provide a common operating picture for VHEPC hospitals who were engaged in COVID-19 response activities. These meetings were conducted three times (3x) weekly beginning on March 11, 2020. These situational update/coordination calls were open to hospital emergency preparedness coordinators and each hospital had the opportunity to provide a concise report out of their current situation, resources on hand/resources needed, and challenges they are experiencing. The purpose of these meetings was threefold:
 - Provide a common operating picture for VT hospitals who were engaged in COVID-19 response activities
 - Inform the standing weekly hospital leadership briefings with Health Commissioner Dr. Levine to identify collective concerns, issue, and requests of hospitals
 - Inform Governor Scott’s interagency Task Force for the statewide COVID-19 Response Plan
- VHEPC produced 3x weekly situation reports (SITREP) and distributed to hospitals, public health staff and key state response partners. The SITREP was also uploaded to WebEOC for information sharing and situational awareness. *As of 6/30/2020, a total of 33 Situational Meetings had been conducted, and 33 SITREPS had been produced.*
- Networking occurred during these meetings which may not have otherwise occurred. Hospital emergency preparedness coordinators networked between each other as well as HOC and SEOC staff. These meetings provided the opportunity to collect additional qualitative data to supplement the quantitative data collected in EMResource and share up the chain of command to HOC/SEOC leadership and Vermont elected officials, including the Governor. Likewise, these meetings provided an opportunity to disseminate information from the HOC/SEOC down to the coalition hospital members.

Strength 3: Information sharing to Coalition based on information received from HOC/SEOC via email and through Coalition website.

- VHEPC was able to leverage its new website to build a public-facing [Coronavirus Resources webpage](#) to house pertinent response information including but not limited to: VDH personal protective equipment (PPE) resource request, Vermont COVID-19 Modeling, VDH guidance and epidemiological data, VDH Health Alerts, and COVID-19 information from various state and federal agencies. The resource page served as a “one stop shop” for coalition members to easily find information instead of having to navigate multiple websites.
- VHEPC expanded its Coalition Member Portal to include a [COVID-19 Resource page](#) to house pertinent internal response information accessible only to coalition members with a signed member agreement. Information shared included but was not limited to: HOC Incident Action Plans (IAPs), SEOC SITREPS, and FEMA/ASPR SITREPS

- VHEPC produced a Coalition COVID-19 Information Sharing Email Digests. During the peak of response in April 2020, email digests were sent 2-3 times weekly and combined multiple data sources of information into a newsletter style email. New information/guidance regarding the novel Coronavirus was very fast-paced and it was challenging for coalition members to know what was important. The intent of the weekly digest emails was to act as a force multiplier to relay critical information, links and policy changes. These emails:
 - Amplified VDH HAN messaging/state policy changes and links for where to find guidance
 - Amplified SEOC situational awareness/shared daily links received with coalition members
 - Shared webinar/information sharing meetings from ASPR, CDC, and CMS
 - Reminder of where to find items on coalition webpage/VDH

Strength 4: Information sharing to HOC/SEOC based on information received from coalition members.

- VHEPC played a critical role in collecting and reporting hospital EEI related to COVID-19. Since being activated on March 6, 2020, VHEPC has compiled and sent daily VHEPC Hospital Status Reports to the HOC as well as sending the report to Governors' Office staff and Secretary's Office.

Strength 5: VHEPC operated 100% virtually, including SEOC and HOC response activation.

- From March 6, 2020 to March 12, 2020, the VHEPC RR Coordinator was activated and attended HOC meetings in-person, but was well positioned to quickly pivot to all virtual meetings to align with the March 13th Governor's Executive Order to "Stay Home, Stay Safe." Since March 13th, VHEPC has been able to provide consistent, reliable, and timely response work utilizing virtual modalities. Additionally, the Coalition utilized virtual platforms to conduct routine coalition meetings.
- At the coalition member level, agencies were able to switch to telemedicine services in order to provide continuity of care for their clients.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Robust data points/ essential elements of information (EEI) have been developed for hospitals, but common operating picture could be enhanced with increased partnerships from additional agencies in the healthcare system of Vermont.

Reference: N/A

Analysis: Currently, only VHEPC hospitals have access to EMResource, the primary platform being used by VHEPC to collect essential elements of information for the response. Minimal

EEIs are reported weekly on behalf of other healthcare agencies (i.e. Long-Term Care). Having additional agencies providing more consistent and reliable EEI in one platform used to make decisions of resource allocations for the state could be beneficial to enhanced coordinated response.

Area for Improvement 2: Real time data collection process could be enhanced.

Reference: N/A

Analysis: Real time information data points and presentation was operationally difficult to implement. There is an appreciation for the data but there should be a balance between what is needed and how much time the data points take to collect (i.e. the number of state and federal data requests that are coming through).

Area for Improvement 3: Information sharing procedures on what information can be shared with coalition members and partners during a response was not always clear.

Reference: N/A

Analysis: VHEPC was activated as a Command Agency Representative in the Health Operations Center, but it was sometimes unclear on what information should be relayed in a timely manner to the coalition. For example, hospitals did not receive timely communication regarding state coordination for Mass Casualty Incident (MCI) Trailers. Hospital Emergency Managers were not able to provide a brief on what was happening; and operational communications and coordination was hindered at the hospital-level because they could not brief their command staff. Often, information would be shared days later. In a fast-moving pandemic information can become out of date quickly. Information needs to be shared with coalition members quicker so they can make decisions at their respective agency.

Area for Improvement 4: WebEOC Access and Standard Operating Procedures.

Reference: N/A

Analysis: There was a lack of guidance on how VHEPC hospital users should access and utilize WebEOC. For example, some hospitals used the WebEOC resource request/task assignments tab but were also given instructions to use the PPE request link, even though their request was not related to PPE. Additionally, only hospital coalition members had access to WebEOC, which led to three unique processes to request resources instead of one uniform process for resource requests for all healthcare agencies in the state.

Objective 2: Provide resource coordination support to the State Emergency Operations Center (SEOC) and Health Operations Center (HOC).

The strengths and areas for improvement are aligned with the following Core and HPP capabilities listed in the table below:

Core Capabilities:	Planning, Operational Coordination
HPP Capabilities:	Healthcare and Medical Response Coordination, Continuity of Healthcare Service Delivery, Medical Surge

Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: Coalition collaborated with VDH to quickly utilize EMResource as the primary platform to provide common operating picture on current resources available and needed.

- VHEPC partnered with VDH to send daily alerts via the VDH HAN to hospitals to update EEI in EMResource daily by 10:30AM. Through this partnership, VHEPC provided additional staff to work with the Vermont Data Team to work on improvements to resource data collection during the response. EMResource users (hospitals) remained flexible to fast-paced data reporting changes from both the state and federal level.
- Utilizing EMResource data, VHEPC developed a daily Hospital Status Report utilizing to provide daily situational updates on current resources. Utilized EMResource to provide daily VHEPC Hospital Status Reports. These reports helped inform resource coordination at the State Level as well as providing data to inform daily data reporting to FEMA and ASPR.
 - While the VHEPC was activated at the request of the HOC Incident Commander on 3/6/2020, VHEPC did not begin daily COVID-19 hospital data reporting until 3/16/2020, and essential elements of information for pandemic response evolved over the few months of reporting.
 - As of 6/30/2020, VHEPC compiled 103 hospital status reports, and documented in WebEOC as well as communicated data to the VT Data Team and Commissioners for situational awareness.
 - In April 2020, ASPR Region 1 Field Project Officers praised VHEPC for its data reporting efforts and regarded the VHEPC Hospital Status Report as national model for data sharing.

- The success of daily data reporting is attributed to rapport building among the VHEPC RR Coordinator, the 18 Hospital Emergency Preparedness Coordinators, VDH HPP Coordinator, VAHHS, Juvare, VITL and Palantir Vendor Representatives, and various state agencies representatives.

Strength 2: Collaborated with Vermont Data Team to identify key PPE and medical surge data points for inclusion in EMResource to improve state and federal data reporting with the goal of reducing the burden on hospitals.

- VHEPC provided staff to the VT Data Team to crosswalk FEMA ASPR COVID-19 data form, NHSN COVID-19 module and Vermont EMResource to see where overlap exists; provided recommendations to VDH on strategies to intentionally build EMResource out for all-hazards response.
- Validated the HHS Protect data with the Vermont Data Team. The overall goal of this task was for Vermont Hospitals to only enter their COVID-19 EEIs into EMResource, and VDH would send the data directly into HHS Protect for required federal reporting.
- VHEPC coordinated with VITL to identify data points which could be populated through a feed from electronic health records at each hospital into EMResource to lessen the data entry burden of hospitals daily reporting.

Strength 3: VHEPC distributed funds to reimburse coalition members in COVID-19 response expenses.

- VHEPC was able to quickly reallocate funds from other coalition projects to aid in COVID-19 pandemic response. VHEPC developed COVID-19 application process and distributed 14 letters of award for VHEPC COVID-19 Projects. Approximately \$200,000.00 of HPP grant funding was distributed to coalition members.

Strength 4: VHEPC completed all task assignments/resource requests in WebEOC from the State and from Federal partners, as well as ad-hoc requests.

- As a Command Agency Representative, the VHEPC RR Coordinator had access to WebEOC and was responsible for processing WebEOC tickets as they were assigned. Some examples of tasks include:
 - Assisted OCME in collecting requested data points for body bags.
 - Assisted VAHHS in completing COVID-19 grant application.
- ASPR required all funded healthcare coalitions to distribute, compile and submit a medical surge survey to their respective hospital coalition members. The completed survey results were shared at a VHEPC Hospital COVID-19 situational meeting and uploaded to WebEOC for information sharing.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Clear and consistent procedures are needed for coalition members and partners to be able to request PPE and other response supplies from the State.

Reference: N/A

Analysis: The State shared a PPE resource request form and link, but it changed three times during response and led to confusion about which form to use. Finding the form was as also challenging for coalition members in determining when, where, and how to access State PPE. Additionally, there is still improvement to be made on how hospitals request non-PPE related supplies. Finally, the VHEPC RR Coordinator fielded many inquiries about resource requests from coalition members, but often was not privy to the information at the HOC/SEOC to be able to appropriately assist members with their request.

Area for Improvement 2: Many non-hospital healthcare agencies lacked access or training on N95 Fit testing to be able to appropriately use respiratory PPE.

Reference: N/A

Analysis: N95 fit testing was not easy until the State engaged a contractor to conduct fit testing. Facilities would like to get their staff trained in fit testing for N95, so they will not be better prepared next year and as new staff are onboarded and need fit testing. It would be beneficial for the coalition to develop a plan and/or mechanism for routine fit testing at a regional level.

Area for Improvement 3: There is a lack of existing infrastructure in hospital/healthcare isolation rooms.

Reference: VHEPC Hospital Total Isolation Rooms Spreadsheet (See [Appendix E](#))

Analysis: There is a lack of existing infrastructure regarding negative pressure/isolation rooms in VHEPC hospitals/healthcare agencies. Many hospitals were able to utilize outdoor tents to expand their capacity, but this will not be a viable option during weather extremes. More planning and potentially resource allocation may be needed to address this area for improvement.

Appendix A: IMPROVEMENT PLAN

This IP has been developed specifically for Phase 1: VHEPC COVID-19 Response from March 6, 2020 to June 30, 2020.

Response Objective	HPP Capabilities	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Gather situational awareness to enhance information sharing for a common operating picture	2: Healthcare and Medical Response Coordination 3. Continuity of Healthcare Service Delivery	1. (EEI) developed for hospitals, but common operating picture could be enhanced with increased partnerships from additional agencies.						
		2. Real time data collection process could be enhanced.						
		3. Information sharing procedures on what information can be shared with coalition members and partners during a response was not always clear.						
		4. WebEOC Access and Standard Operating Procedures.						
Provide resource coordination support to the State Emergency Operations Center (SEOC) and Health Operations	2. Healthcare and Medical Response Coordination 3. Continuity of Healthcare Service Delivery 4. Medical Surge	1. Clear and consistent procedures are needed for coalition members and partners to be able to request PPE and other response supplies from the State.						
		2. Many non-hospital healthcare agencies lacked access or training on N95 Fit testing to be able to						

Center (HOC).		appropriately use respiratory PPE.						
		3. There is a lack of existing infrastructure in hospital/healthcare isolation rooms.						

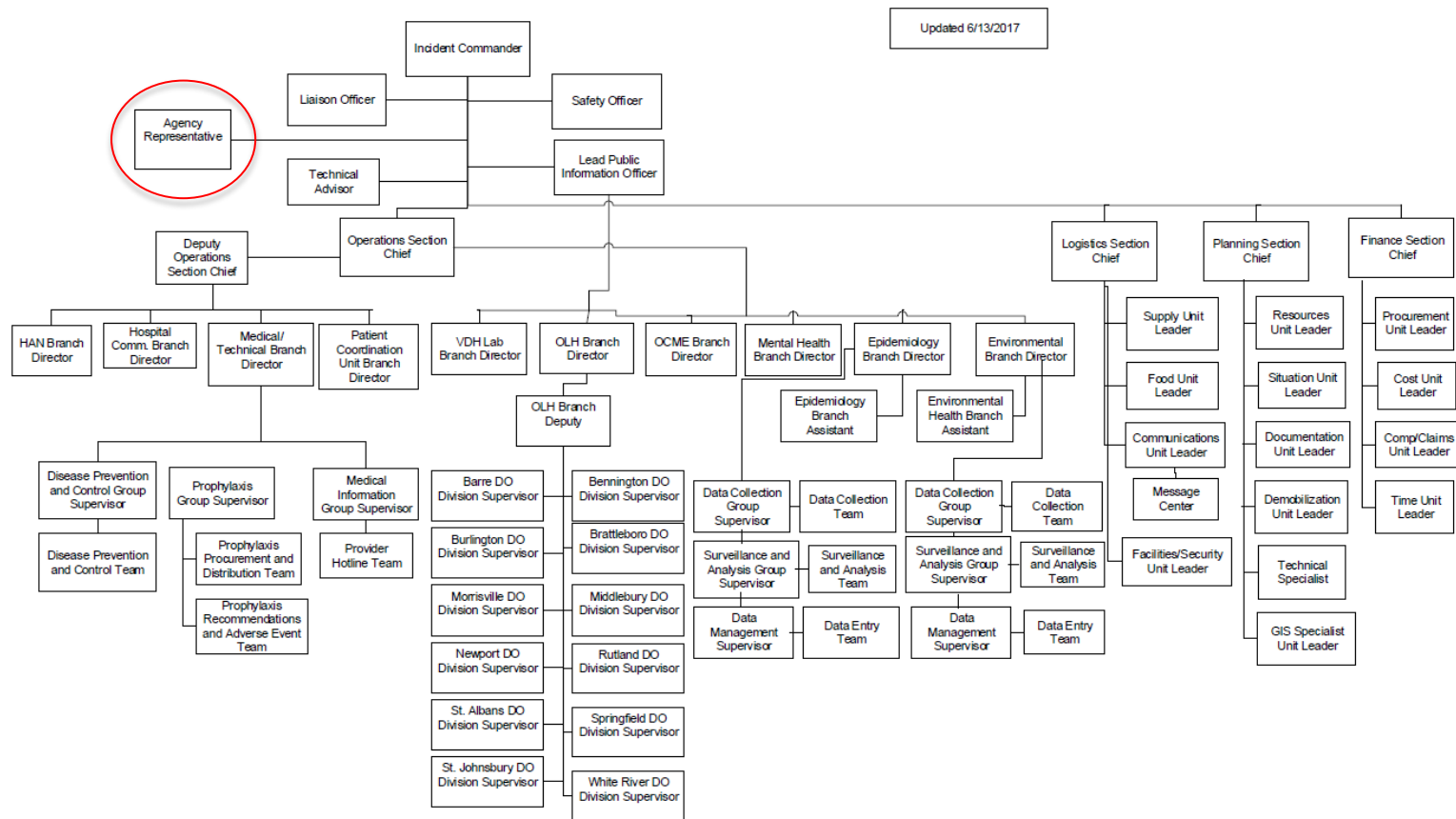
APPENDIX B: INCIDENT PARTICIPANTS

Participating Organizations
Federal
Assistant Secretary for Preparedness and Response – Region 1 New England
Centers for Disease Control and Prevention
Federal Emergency Management Agency
Health and Human Services – HHS Protect
State
American Red Cross
SerVermont
VTrans
Vermont Agency of Agriculture, Foods and Markets
Vermont Agency of Commerce and Community Development
Vermont Agency of Digital Services
Vermont Agency of Education
Vermont Agency of Human Services
Vermont Building and General Services
Vermont Department of Health – Health Operations Center
Vermont Department of Health Lab
Vermont Department of Human Resources
Vermont Department of Labor
Vermont Department of Public Safety
Vermont Division of Fire
Vermont Emergency Management – State Emergency Operations Center
Vermont Governor’s Office
Vermont National Guard
Vermont State Police
Coalition Members and Partners
All Clear Emergency Management Group
Ave Maria Community Care Homes, Inc.
Bi-State Primary Care Association
Brattleboro Memorial Hospital
Brattleboro Retreat
Burlington Health and Rehabilitation Center
Cedar Hill
Central Vermont Medical Center
Converse Home
Copley Hospital
Dartmouth Hitchcock Medical Center

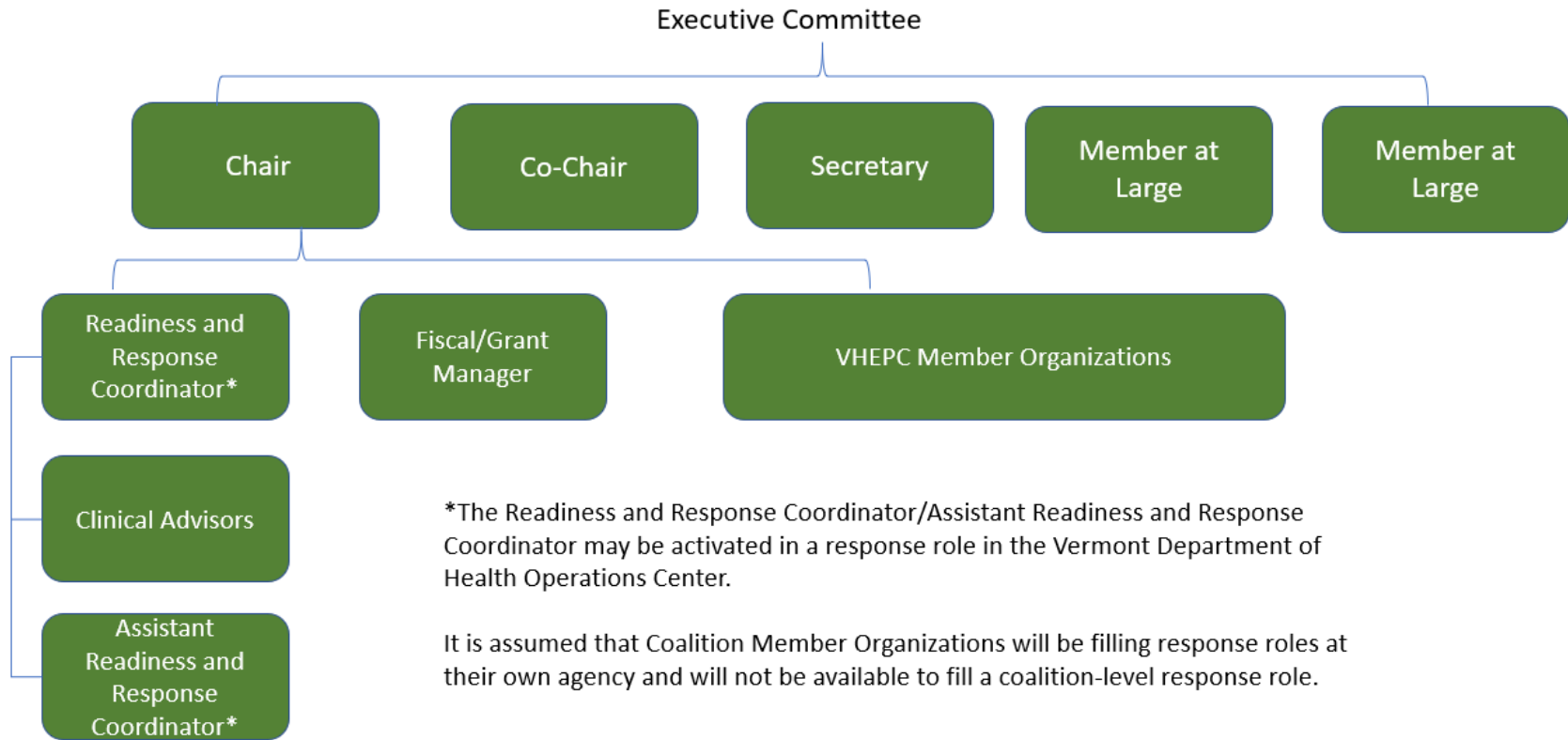
Franklin County Rehab Center, LLC.
Garden Path Elder Living/Holton Home and Bradley House
Gifford Medical Center
Grace Cottage Hospital
Greensboro Nursing Home
Helen Porter Nursing and Rehabilitation
Living Well Group
Maple Lane Nursing Home
Mayo Healthcare, Inc.
Middlebury EMS
Mt Ascutney Hospital & Health Center
North Country Hospital
Northeastern Vermont Regional Hospital
Northwestern Medical Center
Notch VT Health Center
OM Fisher Home, Inc.
Our House RCH
Pine Heights
Rescue Inc.
Rutland Healthcare and Rehab-Genesis
Rutland Regional Medical Center
Saint Michael's College
Southwestern Vermont Medical Center
Springfield Hospital
The Villa Rehab Center, LLC
Thompson House
Union House
University of VT Health Network - Porter Medical Center
UVM Medical Center
VA Medical Center
Vermont Association of Hospital and Health Systems
Vermont Department of Health: District Office Emergency Preparedness
Vermont EMS for Children
Vermont Ambulance Association
Vermont Catholic Charities
Vermont Child Health Improvement Program
Vermont Department of Mental Health
Vermont Department of Public Safety-Homeland Security Unit
Vermont Emergency Management
Vermont Emergency Management Association

Vermont Health Care Association
Vermont Intelligence Center
Vermont Psychiatric Care Hospital
Vermont RACES
Vernon Homes
VNA and Hospice of the Southwest Region
VNAs of Vermont
VT Veterans' Home
Wake Robin Corporation
Woodridge Rehabilitation and Nursing Home
Region 1 Healthcare Coalition Partners
Connecticut Healthcare Coalition; CT
Granite State Health Care Coalition; NH
Healthcare Coalitions of Maine; ME
Healthcare Coalition of Rhode Island; RI
MA Healthcare Coalition; MA
Regional Disaster Health Response System (RDHRS); Region 1 – New England (1 of 2 ASPR Pilot Projects)
Additional Partners
Juvarre
Palantir

APPENDIX C: HEALTH OPERATIONS CENTER ICS ORGANIZATIONAL CHART AND VHEPC ORGANIZATIONAL CHART



VHEPC Organizational Structure



APPENDIX D: SITUATION REPORT EXAMPLE- VHEPC HOSPITALS

Vermont Healthcare Emergency Preparedness Coalition- Vermont Hospitals COVID-19 Situational Report

BLUF (Bottom Line Up Front): On March 7, 2020, health officials at Vermont Department of Health announced the first case of novel coronavirus COVID-19 in Vermont. As of April 15, 2020, 10:15 AM Vermont reports 759 positive cases of COVID-19. VDH Monitoring information can be found [here](#) and is updated daily.

Security	Private
Distribution	Vermont Hospital Emergency Preparedness Coordinators, VDH HOC Planning Section, VEM SEOC Situational Awareness Section Chief, VAHHS representative, VDH Public Health Emergency Preparedness Specialists, HOC Healthcare Communications Branch
Distribution Frequency	3X Weekly, 4:00PM
Date/Time:	04/15/2020, 10:00AM
Incident Name:	COVID-19 Response
Primary Contact:	Jennifer Bynum, 919-717-3355, vhepc@allclearmg.com Readiness and Response Coordinator, Vermont Healthcare Emergency Preparedness Coalition
Secondary Contact:	Ginny Schwartzer provides additional coverage for VHEPC. Email remains the same, vhepc@allclearmg.com , Phone 919-323-9995.

Challenges-What we don't know/don't have:

- **Current themes from hospitals regarding challenges are:**
 - **Include KN95s in the regular N95 EMResource section and detail out numbers in the comment box.**
 - **KN95 Masks are not passing fit testing. Many hospitals will only use KN95s as a last resort. See hospital report for individual hospital concerns.**
 - **In need of small and medium N95s**

Resources Needed

2 Hospitals have Resource Needs in EMResource*

- Brattleboro Retreat- Additional PPE Request as of 4/15/2020 7:55AM. **Still require additional fluid resistant gowns**
- Grace Cottage Hospital- 4/15/2020 9:29AM- **in need of hand sanitizer**
- **Porter Medical Center- in need of 3M Airmate PAPR charger with 3 prong connection. Contact Mike directly at mleyden@portermedical.org**

No Staffing Needs at this time reported in EMResource*

All Hospitals- Make note of and use the new form to request PPE.

The Vermont Department of Health has recently migrated its COVID-19 PPE Resource Request Form to a [new location](#).

All requests will be evaluated on a case-by-case basis and supplies will be allocated in the best interest of the overall system. Please continue to add in requests, even if at first denied. PPE stock may be replenished through the SNS and other avenues.

Non-PPE Resource Requests – Non-PPE Resource Requests should be routed through the SEOC by calling the SEOC Watch Officer 1-800-347-0488. This includes: supplies, equipment, staffing.

*Data Source: EMResource <https://emresource.juware.com/login>

Action Items for Next Situation Update on 4/17/2020:

- **Future Agenda Item: Invite a VDH Epidemiologist to explain contact tracing efforts and modeling/forecasting (Jennifer Bynum submitted WebEOC request for this on 4/15/2020)**

Current Situation: Vermont Hospital Situational Updates:

Attended Y/N	Hospital	Name	Current Situation/EOC Status	Resources Needs	Challenges
Y	Brattleboro Memorial Hospital	Taylor Wellington	<p>2 PUIs on the inpatient unit and 0 confirmed Covid-19 cases. Outside testing site is still up and running and staffing numbers are good.</p> <p>Include KN95s in the regular N95 EMResource section.</p>	None noted at this time	None noted at this time
Y	Brattleboro Retreat	Erik Rosenbauer	<p>0 PUIs and 0 confirmed Covid-19 cases.</p> <p>No policies for KN95s but they are having a shipment arrive next week. They will re-evaluate their policies once the shipment arrives.</p> <p>State will be changing the psychiatric med surge site.</p> <p>Include KN95s in the regular N95 EMResource section.</p>	None noted at this time	None noted at this time
Y	Central Vermont Medical Center	Jonathon Scott	<p>They do not have KN95s and they do not plan to use any. 4 confirmed Covid-19 cases 1 of which is in the ICU.</p> <p>They have been using in-house testing for rule outs. Census and ED numbers are low.</p> <p>Will be using 3M N95 8000s in individual departments to manage their current 1860 inventory.</p>	Nearing 30-day timeline on HEPA Filters for PAPRs – Looking into extending the life of these filters.	None noted at this time

Y	Copley Hospital	Kelly Colling	<p>1 PUI in house and 1 individual that may be a rule out (clarification to follow). No policy on KN95s – expecting to get more in inventory.</p> <p>Include KN95s in the regular N95 EMResource section and detail out numbers in the comment box.</p> <p>Looking at another round of layoffs and furloughs including managers and leadership.</p>	None noted at this time	None noted at this time
Y	Dartmouth-Hitchcock Medical Center	Wes Miller	<p>4 positive Covid-19 patients in house 3 of which are on vents.</p> <p>They have thousands of KN95s. They will not be used as respiratory protection unless everything else is completely depleted.</p> <p>They will begin reprocessing masks for affiliates and partners.</p>	None noted at this time	KN95 Masks are not passing fit testing.
Y	Gifford Medical Center	Doug Pfol	<p>0 PUIs.</p> <p>KN95s – Include KN95s in the regular N95 EMResource section and detail out numbers in the comment box.</p> <p>State delivered gowns and masks that were requested.</p>	None noted at this time	<p>KN95 Masks are not passing fit testing.</p> <p>How are others managing redundant reporting tools?</p>
Y	Grace Cottage Hospital	Dana West	<p>5 PUIs awaiting test results.</p> <p>Received small donation of KN95s. Do not plan on being used unless last resort.</p>	Gowns running low – considering using a poncho type covering.	Multiple requests for data reporting.

Y	Mt. Ascutney	AJ Tapley	1 positive Covid-19 patient in house and 0 PUIs. Increased volume in respiratory clinic of individuals looking for testing.	None reported at this time	Working to discharge a patient to another county and it appears there are no staff willing to help or accept the patient.
Y	North Country Hospital	Bill Perket	0 positive Covid-19 patient and 1 PUI. Not using KN95s and no policy for use. Include KN95s in the regular N95 EMResource section and detail out numbers in the comment box. Working through reuse policies of N95	None reported at this time	None reported at this time
Y	Northeastern Vermont Regional Hospital	Roger Leroux	Received shipment of Chinese N95 (not labeled with a K) that failed fit testing. 1 positive Covid-19 patient in house. Ruled out PUIs yesterday in under 24 hours. Looking into the implementation of the sterilization machines on a call this afternoon.	None reported at this time	Chinese N95 Masks are not passing fit testing.
Y	Northwestern Medical Center	Chris Reinfurt	9 positive Covid-19 patients and 1 PUI. Sterilization of N95s in process. PPE stocks seem solid this is precautionary. Gown reuse policy in place today as they are burning through gowns. Planning for recovery and highly recommend doing this now.	Gowns- we continue to burn through these at a high rate.	None reported at this time.

Y	Porter Medical Center	Mike Leyden	No KN95s and however we need to denote it in EMResource is fine. 2 PUIs. Setting recovery objectives and identifying procedures we want to sustain.	3M Airmate PAPR charger with 3 prong connection.	None reported at this time
Y	Rutland Regional Medical Center	Beth Winter	2 Positive Covid-19 patients and 6 PUIs. No KN95 resources and PPE levels are good.	None reported at this time	None reported at this time
Not on call but provided email update	Southwestern Vermont Medical Center	Mike Moses	In regards to the All Hospital Questions we do not have a policy on the KN95's In regards to the Hospital report out we have not changed much; we have 1 positive in house and 9 PUI's currently I have a conference call today to discuss next phase of the delivery of the Steris Pro-V machine to our facility	NA	NA
Y	Springfield Hospital	Jim Smith	No positive Covid-19 patients and no PUIs. Preparing to receive N95 sterilizer. No strict KN95 policy but they are not accepting them at this time.	None reported at this time	None reported at this time
Y	UVM Medical Center	Kate Hammond	20 positive Covid-19 patients and multiple PUIs. They have KN95s and they are valid filtering material, but the fit is poor. Currently reprocessing N95s	Moldex brand small and medium N95s	KN95 Masks are not passing fit testing.

Y	VA Medical Center	NA	4 PUIs 2 of which are in house and 2 at home. 0 confirmed Covid-19 patients in house. 2 employee PUIs at home. Staff are now required to wear masks. Low census. No information on KN95s. 2 staff members have deployed to NYC. They sent 18 nurses to Boston VA and anticipating a second waive to go out shortly.	None reported at this time	None reported at this time
Y	Vermont Psychiatric Care Hospital	Heidi Gee	No KN95s and don't expect to receive any. Received N95s and goggles. Staffing levels are fine and patients are healthy.	None reported at this time	None reported at this time

Current Situation- What We Know:

Current Hospital Status: as of 8:00 PM 4/14/2020

- *Data source- EMResource (VDH request for hospitals to update daily by 8:30 AM)
- *The previous days data is now being reported to align with lab and epidemiology reporting processes*
- Note: EMResource does not provide real-time data.
- *As of 4/8 Hospitals are no longer reporting deaths.
- *As of 4/15 Medical Surge Site Data is being reported with hospital Covid-19 data.

Date of Report		4/14/2020	4/15/2020
Date of Data Pull		4/13/2020	4/14/2020
Data Point	Hospital		
<u>COVID-19 Patient Status</u>			
COVID-19 Inpatient PUIs		31	33
	Brattleboro Memorial Hospital	1	1
	Brattleboro Retreat	0	0
	Central Vermont Medical Center	0	0
	Copley Hospital	1	0

	Gifford Health Care	1	2
	Grace Cottage	2	2
	Mt. Ascutney Hospital	0	0
	North Country Hospital	1	2
	Northeastern Vermont Regional Hospital	3	0
	Northwestern Medical Center	3	2
	Rutland Regional Medical Center	4	5
	Southwestern Vermont Medical Center	6	6
	Springfield Hospital	0	1
	UVM Medical Center	8	11
	UVMHN-Porter Medical Center	1	1
	VA Medical Center	--	--
	Vermont Psychiatric Care Hospital	0	0
	CVMC Med Surge Site - Barre City Civic Center Auditorium	--	INACTIVE
	NMC Med Surge Site - Collins Perley Sports Complex	--	INACTIVE
	RRMC Med Surge Site - Spartan Arena	--	INACTIVE
	UVMCMC Med Surge Site - Patrick Gymnasium	--	INACTIVE
	VTNG Med Surge Site - Champlain Valley Expo	--	0
Confirmed COVID-19 Inpatient Total		32	34
	Brattleboro Memorial Hospital	0	0
	Brattleboro Retreat	0	0
	Central Vermont Medical Center	4	4
	Copley Hospital	0	0
	Gifford Health Care	0	0
	Grace Cottage	0	0
	Mt. Ascutney Hospital	1	1
	North Country Hospital	0	0
	Northeastern Vermont Regional Hospital	0	1
	Northwestern Medical Center	2	3

	Rutland Regional Medical Center	2	2
	Southwestern Vermont Medical Center	2	1
	Springfield Hospital	0	0
	UVM Medical Center	20	20
	UVMHN Porter Medical Center	1	1
	VA Medical Center	--	--
	Vermont Psychiatric Care Hospital	0	0
	CVMC Med Surge Site - Barre City Civic Center Auditorium	--	INACTIVE
	NMC Med Surge Site - Collins Perley Sports Complex	--	INACTIVE
	RRMC Med Surge Site - Spartan Arena	--	INACTIVE
	UVMCMC Med Surge Site - Patrick Gymnasium	--	INACTIVE
	VTNG Med Surge Site - Champlain Valley Expo	--	1
COVID-19 Inpatient ICU		12	11
	Brattleboro Memorial Hospital	0	0
	Brattleboro Retreat	0	0
	Central Vermont Medical Center	2	1
	Copley Hospital	0	0
	Gifford Health Care	--	--
	Grace Cottage	0	0
	Mt. Ascutney Hospital	0	0
	North Country Hospital	0	0
	Northeastern Vermont Regional Hospital	1	0
	Northwestern Medical Center	2	3
	Rutland Regional Medical Center	2	2
	Southwestern Vermont Medical Center	1	0
	Springfield Hospital	0	0
	UVM Medical Center	4	5
	UVMHN Porter Medical Center	0	0
	VA Medical Center	--	--

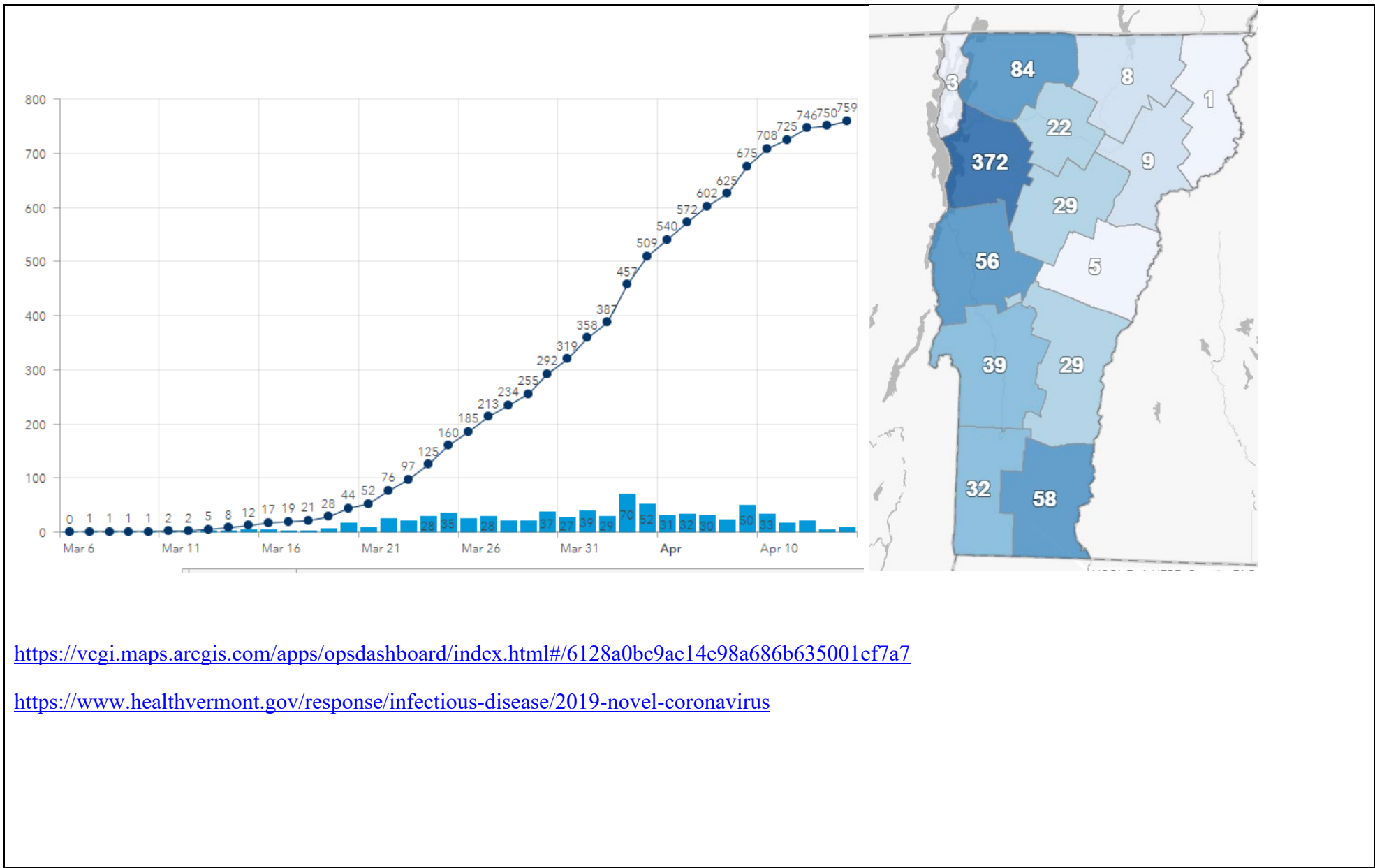
	Vermont Psychiatric Care Hospital	0	0
	CVMC Med Surge Site - Barre City Civic Center Auditorium	--	INACTIVE
	NMC Med Surge Site - Collins Perley Sports Complex	--	INACTIVE
	RRMC Med Surge Site - Spartan Arena	--	INACTIVE
	UVMC Med Surge Site - Patrick Gymnasium	--	INACTIVE
	VTNG Med Surge Site - Champlain Valley Expo	--	0
COVID-19 Inpatient AND Vented		7	10
	Brattleboro Memorial Hospital	0	0
	Brattleboro Retreat	0	0
	Central Vermont Medical Center	0	0
	Copley Hospital	0	0
	Gifford Health Care	--	--
	Grace Cottage	0	0
	Mt. Ascutney Hospital	0	0
	North Country Hospital	0	0
	Northeastern Vermont Regional Hospital	0	0
	Northwestern Medical Center	1	1
	Rutland Regional Medical Center	2	2
	Southwestern Vermont Medical Center	0	0
	Springfield Hospital	0	0
	UVM Medical Center	4	7
	UVMHN-Porter Medical Center	0	0
	VA Medical Center	--	--
	Vermont Psychiatric Care Hospital	0	0
	CVMC Med Surge Site - Barre City Civic Center Auditorium	--	INACTIVE
	NMC Med Surge Site - Collins Perley Sports Complex	--	INACTIVE
	RRMC Med Surge Site - Spartan Arena	--	INACTIVE
	UVMC Med Surge Site - Patrick Gymnasium	--	INACTIVE

	VTNG Med Surge Site - Champlain Valley Expo	--	0
COVID-19 Daily Recovered / Discharged		8	9
	Brattleboro Memorial Hospital	3	3
	Brattleboro Retreat	0	0
	Central Vermont Medical Center	1	0
	Copley Hospital	0	0
	Gifford Health Care	0	0
	Grace Cottage	0	0
	Mt. Ascutney Hospital	1	1
	North Country Hospital	0	0
	Northeastern Vermont Regional Hospital	0	0
	Northwestern Medical Center	0	3
	Rutland Regional Medical Center	2	1
	Southwestern Vermont Medical Center	1	1
	Springfield Hospital	0	0
	UVM Medical Center	0	0
	UVMHN-Porter Medical Center	0	0
	VA Medical Center	--	--
	Vermont Psychiatric Care Hospital	0	0
	CVMC Med Surge Site - Barre City Civic Center Auditorium	--	INACTIVE
	NMC Med Surge Site - Collins Perley Sports Complex	--	INACTIVE
	RRMC Med Surge Site - Spartan Arena	--	INACTIVE
	UVMCMC Med Surge Site - Patrick Gymnasium	--	INACTIVE
	VTNG Med Surge Site - Champlain Valley Expo	--	0
<u>Bed Availability</u>			
Hospital Bed Availability (Total of all bed types reported)		713	722
Hospital Adult ICU Bed Availability		59	63
Hospital Med/Surg Beds		322	339
Hospital Isolation Beds		146	140

Total Hospital Staffed ICU Capacity		192	122
Total Hospital Staffed Med/Surg Capacity		766	698
Med Surge Site Capacity		--	400
Med Surge Site Available Beds		--	399
<u>Ventilator Availability</u>			
Hospital Critical Care Vents Available		162	159
Hospital Critical Care Vents Total		177	177
Hospital Other Vents Available		32	32
Hospital Other Vents Total		37	37
Med Surge Site Critical Care Vents Available		--	11
Med Surge Site Critical Care Vents Total		--	11
Med Surge Site Other Vents Available		--	0
Med Surge Site Other Vents Total		--	0
<u>Respiratory PPE Availability</u>			
N95 Masks		174600	178335
Surgical Masks		172765	171715
PAPRs		273	273
PAPR Filters		506	506
PAPR Batteries		199	199
<u>Non-Respiratory PPE Availability</u>			
Impermeable Gowns		104711	105635
Fluid Resistant Gowns		69543	69552
Full Face Shield		14551	14649
Gloves		2641763	2651953
*Data source- EMResource (VDH request for hospitals to update daily by 8:30AM)			
https://emresource.juware.com/login			

Sarah Perry, POC for EMResource Access 802-495-1002 sarah.perry@vermont.gov			
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Vermont Department of Health Situation Report - Current as of 10:15 AM 4/15/2020



<https://vcgi.maps.arcgis.com/apps/opsdashboard/index.html#/6128a0bc9ae14e98a686b635001ef7a7>

<https://www.healthvermont.gov/response/infectious-disease/2019-novel-coronavirus>

CDC Situation Report- current as of 4/14/2020 12:00PM (NOTE: This reporting is now a day behind)

COVID-19: U.S. at a Glance*†

- Total cases: 579,005
- Total deaths: 22,252
- Jurisdictions reporting cases: 55 (50 states, District of Columbia, Guam, Puerto Rico, the Northern Mariana Islands, and the U.S. Virgin Islands)

* Data include confirmed, presumptive positive, and probable cases of COVID-19 reported to CDC or tested at CDC, with the exception of testing results for persons repatriated to the United States from Wuhan, China and Japan. State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

† Numbers updated Saturday and Sunday are not confirmed by state and territorial health departments. These numbers will be modified when numbers are updated on Monday.

Information is updated on [CDC website](#) at Noon, Monday- Friday

Global Situation Report- current as of 4/15/2020 12:04 PM

<https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins reports:

Global

- 2,008,850 cases
- 129,045 deaths
- 502,389 recovered

United States

- 610,774 cases
- 26,119 deaths
- 50,079 recovered
- 3,138,413 tested

VHEPC Readiness and Response Coordinator Updates:

- 3 HANs still in development- death certificate update may go out today or tomorrow- HAN also to go out on Vermont death data-epi summary.
- If you did not attend the Public Assistance Webinar there will be another one on Thursday - the Webinar information was previously emailed out.
 - Subject: DR-4532 APPLICANT BRIEFING (#2 of 2)
When: Thursday, April 16, 2020 2:00 PM-3:30 PM (UTC-05:00) Eastern Time (US & Canada).

Join Skype Meeting: <<https://meet.lync.com/vermontgov-vermont/ben.rose/G480YCLV>>

Join by phone: Toll number: +1 (802) 828-7667,,603170469# (Dial-in Number) English (United States)

Conference ID: 603170469

OCME/Vermont Department of Health Updates:

- David Casey – VDH
 - Duplicative data reporting: Data points do overlap and is there a way to directly populate NHSN, we just have to find the best method. Strongly suggest NHSN reporting.
- Bill Irwin – 4 Sterilizers will be shipped this week. Hospitals will be getting an acceptance letter they are asked to sign it saying that they agree to help other like facilities in their region sterilize. They will also get a letter to other facilities to reach out to hospital to figure out how to coordinate for drop off of PPE. New SNS shipment should be coming shortly.

Clinical Advisors/Additional Call Participants:

- Mike Leyden – Future agenda item to consider – somebody from VDH epi t come on the call and explain where we are at with contact tracing efforts and what are the plans to sustain and ramp up. Uncertainty about what comes next and epi team update them on any modeling or forecasting.

Other Notes/Concerns/Updates:

- To view current hospital status, bed availability, Respiratory PPE Stock and Non-Respiratory PPE Stock, log into EMResource; <https://emresource.juvare.com/login>
- All Hospitals- It is essential that hospitals keep their resources updated as much as possible. If possible, update EMResource daily by 8:30AM to include PPE and bed availability daily. This will help to provide a common operating picture for resources on hand.
- <https://emresource.juvare.com/login>
- There is a standing weekly briefing with the Health Commissioner and Hospital Leadership- Fridays 8:30AM-9AM, +1 (802) 552-8456, 759215969#

NEXT VT Hospital Situation Update Call:**3x Weekly 10:00AM MWF**<https://zoom.us/j/881265464>

Meeting ID: 881 265 464

Dial by your location

+1 646 558 8656

APPENDIX E: VHEPC HOSPITAL TOTAL NEGATIVE PRESSURE ROOMS- 3/30/2020

Total Negative Pressure Rooms	197	
Hospital	Negative Pressure Rooms	Notes
Brattleboro Memorial Hospital	17	One on the 3rd floor and one in the ED. We also have a Minty Unit that we can set up to make a temporary negative pressure area. 3/30/2020 update: Converted PACU and ACU into Negative Pressure space with air handlers and plastic for a total of 17 rooms.
Brattleboro Retreat	0	Hospital does not have this capacity.
Central Vermont Medical Center	20	We have 6 rooms and the ability to make two more with a Minti Unit. 3/30/2020 update: Still getting an update on Negative Pressure rooms. It is believed that they are up to 20 rooms.
Copley Hospital	9	2 negative pressure rooms. One is in the emergency department and on is in the acute care nursing unit. 3/30/2020 Update: 9 Negative Pressure rooms
Dartmouth Hitchcock	31	According to our Engineering Department, DH has 31 negative pressure rooms
Gifford Medical Center	2	2 negative pressure rooms on our Medical/Surgical unit.
Grace Cottage Hospital	6	1 reported 3/30/2020 update: 6 Negative Pressure inpatient rooms setup.
Mt. Ascutney	3	1 decon room, 1 in ED, 1 on med/surge
North Country Hospital	5	3/30/2020- Negative Pressure rooms need to be verified and will be added to the Sit Rep. Our negative pressure rooms are at 5.
Northeastern Vermont Regional Hospital	11	We have one with an ante- room on our medical surgical unit, one room in the ED. We also have a Mintie unit so we could deploy an additional room or a corridor. 3/30/2020 update: 2 Negative Pressure rooms in ED. 9 beds in cohort in ACU. 11- total Negative Pressure beds.

Northwestern Medical Center	2	We have 2 active negative air isolation rooms, 2 inactive but could make active, and 2 that we could make negative air with Mintie and air purifier.
Porter Medical Center	8	3/30/2020 update: 2 rooms in ED (permanent system) 3 rooms in Medical/Surgical Unit (permanent system) AND 3 temporarily installed systems: 1 Mintie unit, 2 air scrubbers; all have filtered exterior venting via windows.
Rutland Regional Medical Center	17	4 negative pressure rooms on the units, plus 2 within the ED. 3/30/2020 update: Negative Pressure Rooms -17
Southwestern Vermont Medical Center	30	We can convert an additional 3 rooms by using negative pressure machine installation. 3/30/2020 update: Negative Pressure Rooms/Spaces– 30 Looking to add 8 more by the end of the week.
Springfield Hospital	8	1 inpatient, 6 in ED 3/30/2020 update: Negative Pressure Rooms – 8
UVM Medical Center	22	These are airborne isolation rooms No update on 3/30/2020, not on hospital call
VA Medical Center	6	
Vermont Psychiatric Care Hospital	0	VPCH does not have any negative pressure rooms.