

**Charleston County
Local Emergency Planning Committee
LEPC**

**Meeting Minutes
November 10, 2010**

- I. **Call to order**
Bill Hyatt called to order the regular meeting of the Charleston County Local Emergency Committee at 9:42am on November 10, 2010 in the Charleston County Public Services Building, Council Chambers.
- II. **The following persons were present:**
Bill Hyatt - Chairman
Kurt McNeely - Vice Chairman
Patty Pace - Secretary
Ken Kromer - SC SPA
Steven Gottula, Joint Base Charleston - EM
Mike Volosin, Sand Bagger Corp.
Chuck Kramer, SPAWAR Atlantic
Greg Chesher, CC EMD
James Baker, VAMC
Melissa Shearer - FLETC
Tony Cervino, James Island Public Service District
Christine Cagle, Boeing
- III. **Invocation** -Bill Hyatt gave the invocation.
- IV. **Approval of Minutes from last meeting** - The October minutes were approved as written.
- V. **Safety Briefing** - Bill Hyatt appointed key personnel in the event of a safety issue. In the event of fire, or fire drill, persons are to go down the stairwell across from B-337 (room in which this meeting is held), go out the front door to the far end of the parking lot. Persons are asked not to leave as they individuals must be accounted for via the sign in sheet.
- VI. **Subcommittee Reports:**
- i. **Project Impact** - No Report
 - ii. **Training** - Information was distributed by e Charleston County EMD, to register please contact Patty Pace at ppace@charlestoncounty.org.

SCFA Technician Refresher
November 30-December 1, 2010
St. Johns FD, Headquarters

ER to Chlorine Incidents
December 16-17, 2010
North Charleston FD Station 4

Anhydrous Ammonia Training -TransCare
April 2011
Additional information regarding this training will be announced at a later date. To register please call Bill Hyatt at 259-8419.

Right-to-Know - No Report

New Business - Patty stated that on December 2 she will be attending a meeting regarding a State Credentialing system. The meeting will be held at SC EMD in Columbia.

Kurt McNeely announced that they are now Joint Base Charleston. A Joint Service Vulnerability Assessment, which includes WMD, Natural Disaster and HazMat was recently conducted by a team put together by the Secretary of Defense and Joint Chief of Staff. Tri-County Emergency Managers were invited to meet the assessment team. The Team was pleased with the communication and working relationship between the base and Tri-County Emergency Managers. Kurt stated that non-classified information from the assessment maybe shared with the Committee.

Old Business - Greg Chesher stated that the appointed Subcommittee continues to review the Charleston County Hazardous Materials Standard Operating Procedure (SOP). Most of the SOP has been revised. Currently they are working to review Ordinances, NIMS Compliancy and contact numbers. There was discussion regarding MEDUCARE / Hospital Communications serving as the warning point for hospitals. An update will be given at the December meeting.

Patty announced that the WMD Regional Response Team exercise has been changed from December 2 to January 7. Members are invited to attend.

Bill Hyatt reminded attendees that are interested in becoming a member to complete a membership application and send to Patty Pace at ppace@charlestoncounty.org.

Round Table - Bill Hyatt commented that at the December meeting Committee will need to elect a Chairman from Emergency Response and a Vice Chairman from Industry. Kurt McNeely announced that due to an upcoming deployment he will not be available to serve as Chairman in 2011. Members were asked to consider these positions.

The next Tri-County LEPC meeting will be held January 12 at Trident Hospital.

Adjournment - Bill Hyatt adjourned the meeting at 10:31 a.m.

The next meeting is scheduled for Wednesday December 8, 2010 at the Charleston County Public Services Building located at 4045 Bridge View Drive, Room B337, North Charleston.

Upcoming Presentation:

Tentative Presentation - Mark Jackman: Hagemeyer
Minutes submitted by: Secretary, Patty Pace

**Charleston County
Local Emergency Planning Committee
LEPC**

**AMENDMENT
Meeting Minutes
May 12, 2010**

Addition to Roster:
James Baker, VAMC

Round Table:

James Baker raised the issue about the Hazmat Material protocol not being followed for the 4 May spill whereby Rhodia would call MUSC Med-U-Care and fax the MSDS. Al Nesmith and Barry Socia joined in the discussion and it was agreed that the issue needs to be reviewed in a future meeting and the Charleston County Emergency Operation Plan; Appendices F & P would also be reviewed.

This issue will be placed at the September 8, 2010 meeting.



*The Center for Health Professional Training and
Emergency Response (CHPTER)*

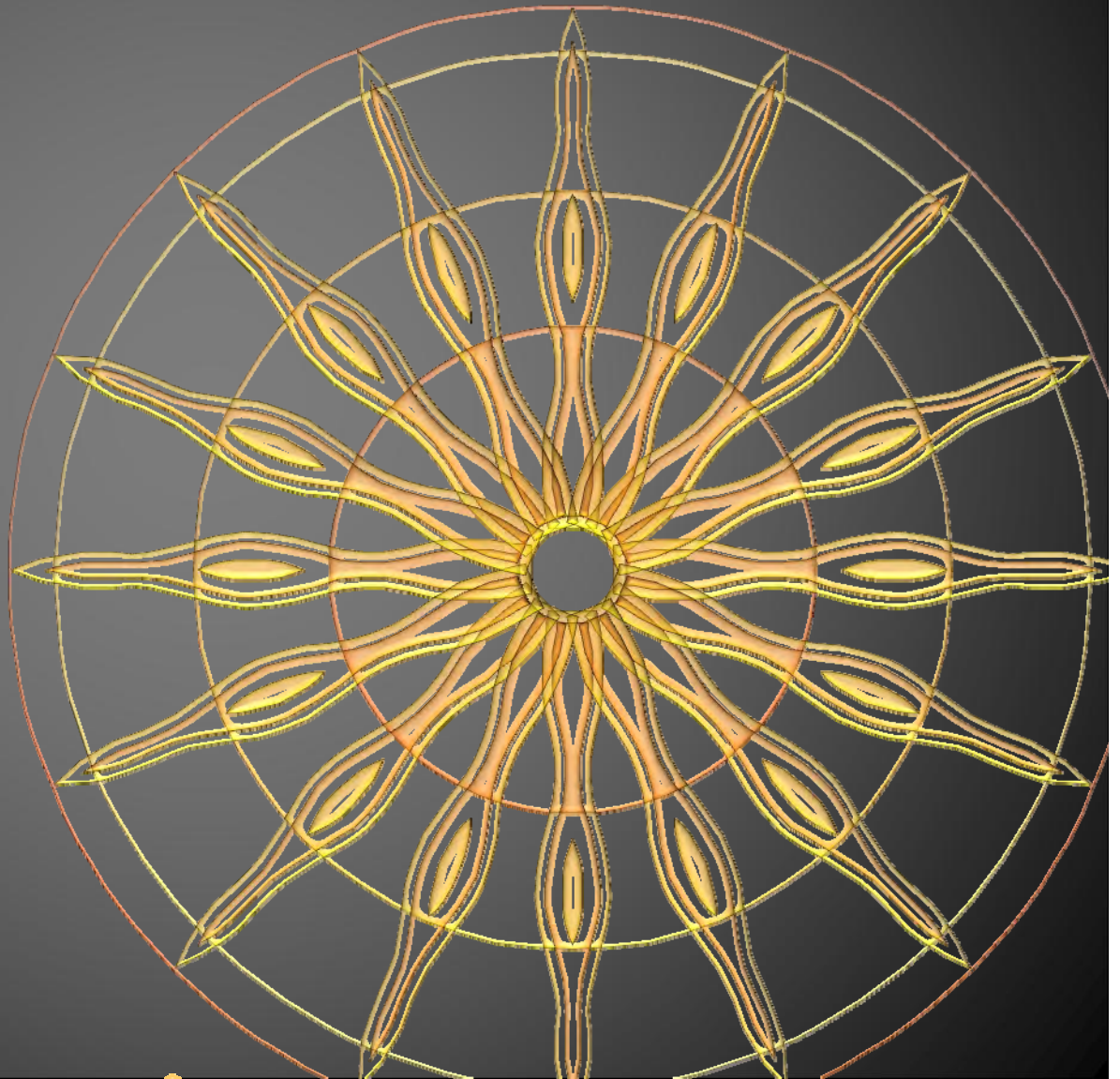
LowCountry Emergency Planning Committee (LEPC)

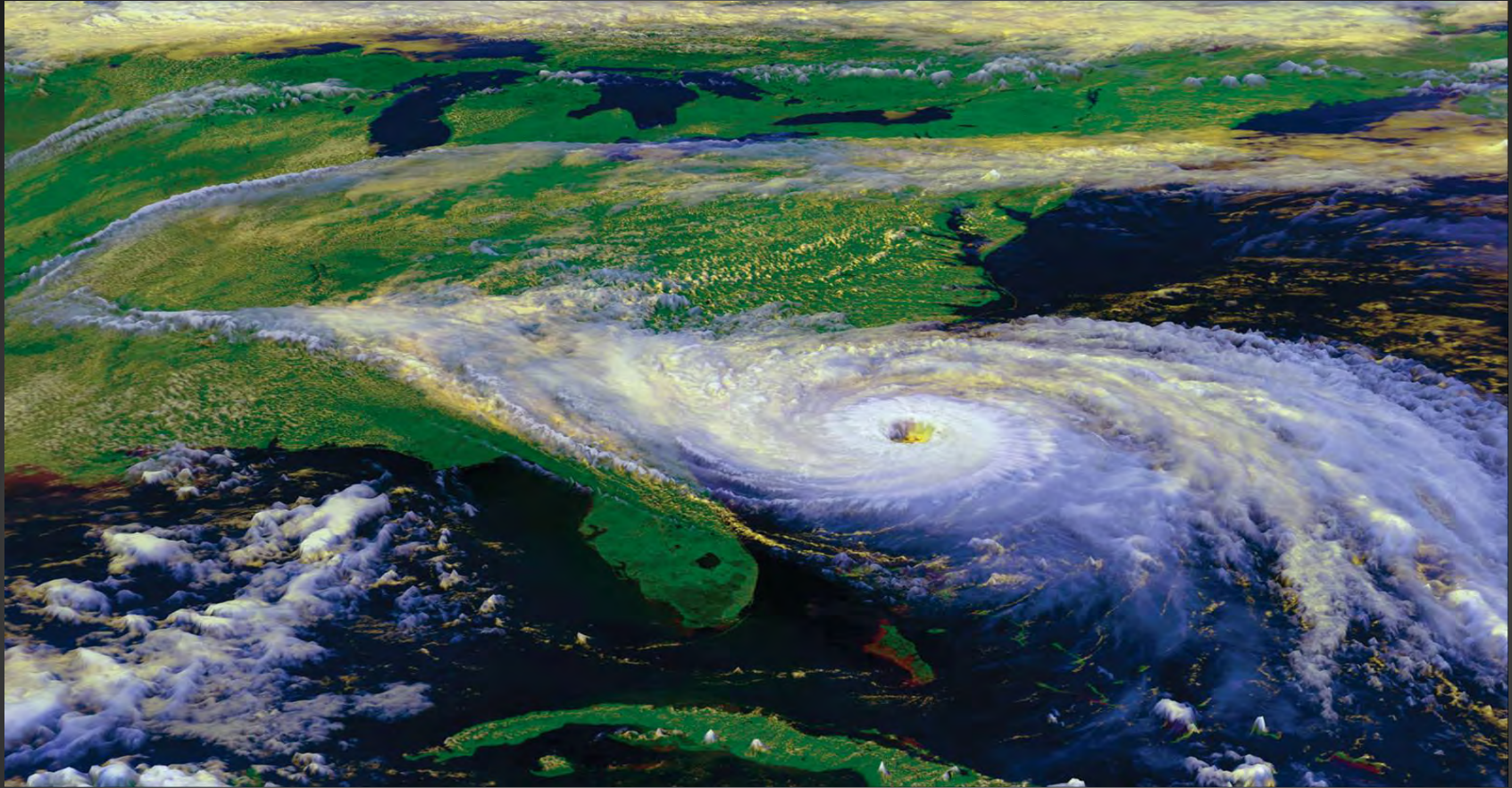
Lancer Scott, MD Medical University of South Carolina

October 13, 2010



Where do we start?

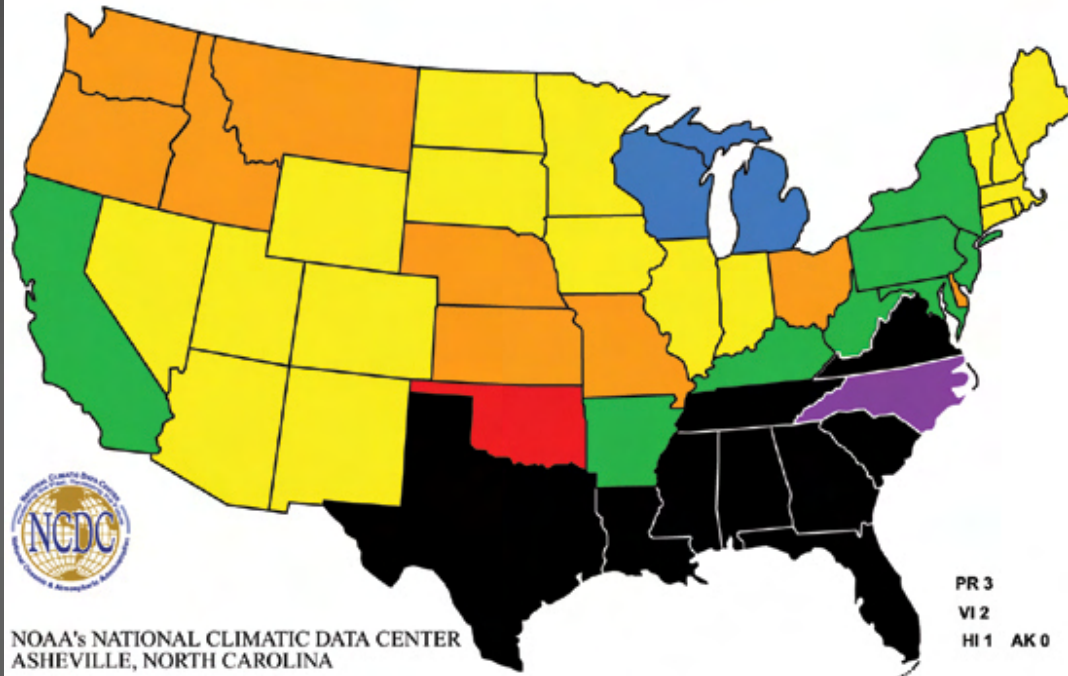




1. The next disaster is coming



Billion Dollar Climate and Weather Disasters 1980 - 2004



NOAA's NATIONAL CLIMATIC DATA CENTER
ASHEVILLE, NORTH CAROLINA

PR 3
VI 2
HI 1 AK 0

NUMBER OF EVENTS	DISASTER TYPE	NUMBER OF EVENTS	PERCENT FREQUENCY	NORMALIZED DAMAGES (Billions of Dollars)	PERCENT DAMAGE
1 - 3	Tropical Storms/Hurricanes	20	32.3%	144	36.8%
4 - 6	Non-Tropical Floods	12	19.4%	55	14.1%
7 - 9	Heatwaves/Droughts	10	16.2%	144	36.8%
10 - 12	Severe Weather	7	11.3%	13	3.3%
13 - 15	Fires	6	9.6%	13	3.3%
16 - 20	Freezes	2	3.2%	6	1.6%
21 - 25	Blizzards	2	3.2%	9	2.3%
	Ice Storms	2	3.2%	5	1.3%
	Noreaster	1	1.6%	2	0.5%
		62		391	

Please note that the national map color-coded by state reflects a summation of billion dollar events, for each state affected--ie, it does not mean that each state shown suffered at least \$1 billion in losses for each event.

THE NEW FACES OF POVERTY



The new faces of poverty are some you may recognize. Like the family you see at church (who can't afford a doctor visit for their sick child); like the senior sitting in front of you on the bus (whose social security benefits no longer cover the cost of their rent and their food); like the person buying bread and peanut butter at the grocery store (who has been employed in the same industry for most of their lives and is suddenly without a job).

St. Anthony's has helped people through the struggles of poverty for almost 60 years and 7 recessions, with basics such as food, healthcare, clothing, and employment training. Your contribution today will help sustain their lives and provide a glimmer of hope for those most affected in these critical times.

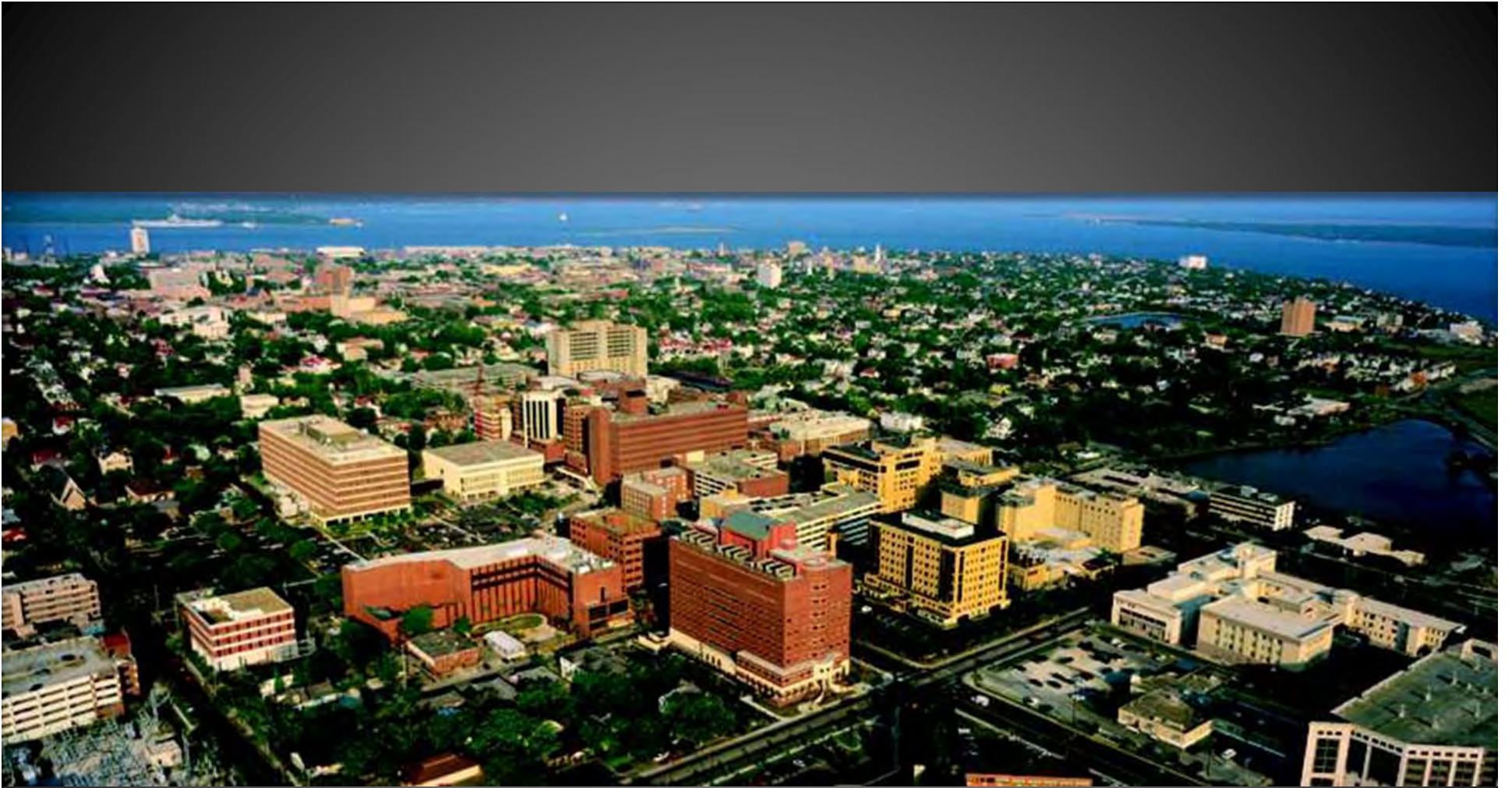


ST·ANTHONY
FOUNDATION
WWW.STANTHONYSF.ORG
150 GOLDEN GATE AVENUE
SAN FRANCISCO, CA 94102

2. Disasters disproportionately affect the disadvantaged



Health Security?



Charleston, SC



*1989, Hurricane Hugo
\$7 Billion in damages*



1886 Charleston Earthquake

Most powerful earthquake recorded in the Southeast.

Thousands of residents injured or homeless.

Tokyo: March 1995

- Aum Shinrikyo “Supreme Truth”
 - Shoko Asahara, leader
 - Subway rush hour, 30% Sarin gas containers
- 5500 victims
 - 11 dead
- 1364 EMS/Hazmat Providers
 - Forward deployment
- 85% of patient self transported
 - St. Luke’s Hospital



Two Fronts.....



1364 EMS and HazMat providers on scene

- 641 exposed patients show up to the local ER
- 27% of staff exposed**





Health Security in the Rural South

Graniteville: January 2005

- Train “inadvertently” switched to an industrial spur on grounds of textile factory.
 - 183 people working night shift.
- 46 tons of chlorine spilled immediately
 - 14 tons additional over three days
- 8 die at scene
 - 1 additional death

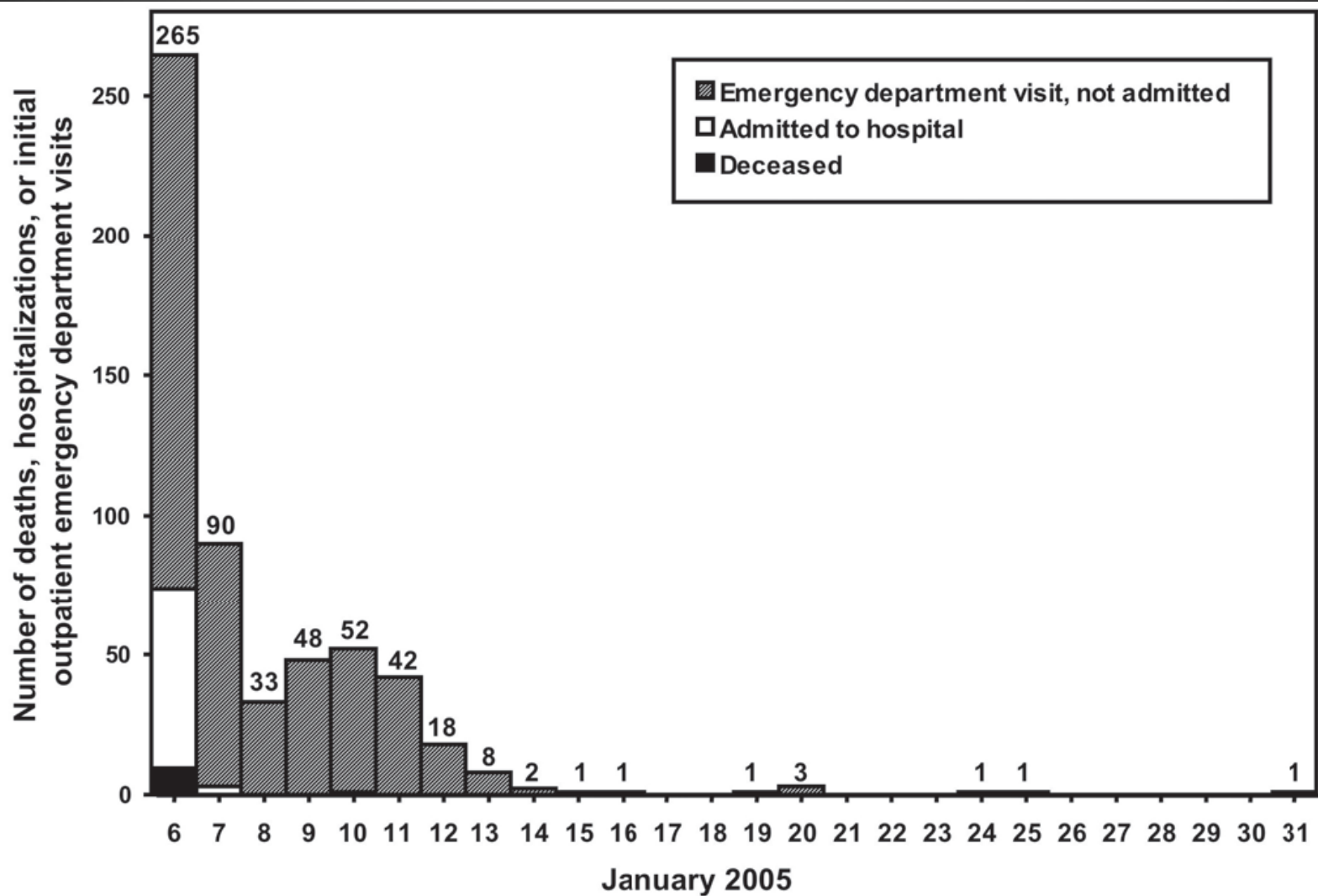


Graniteville Surge

- 597 patients
- 263 ED patients
 - 109 patients Aiken
 - 146 patients MCG
- **Aiken County EMS**
 - 3 Decon sites
- **63% Transported by Private vehicle**



Graniteville Surge



Is Our Front Line Ready?



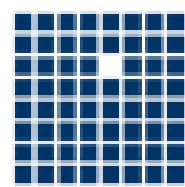
2009 ACEP Report Card

- Grade C: Disaster Preparedness
 - 34 out of 50 States
 - 38% of Nurses “any” Disaster Training



2009 ACEP Report Card

- Georgia: 44%
- North Carolina: 40%
- Virginia: 35%
- Texas: 46%
- Mississippi: 45%
- Louisiana: 40%
- Alabama: 43%



American College of
Emergency Physicians®



Health Security

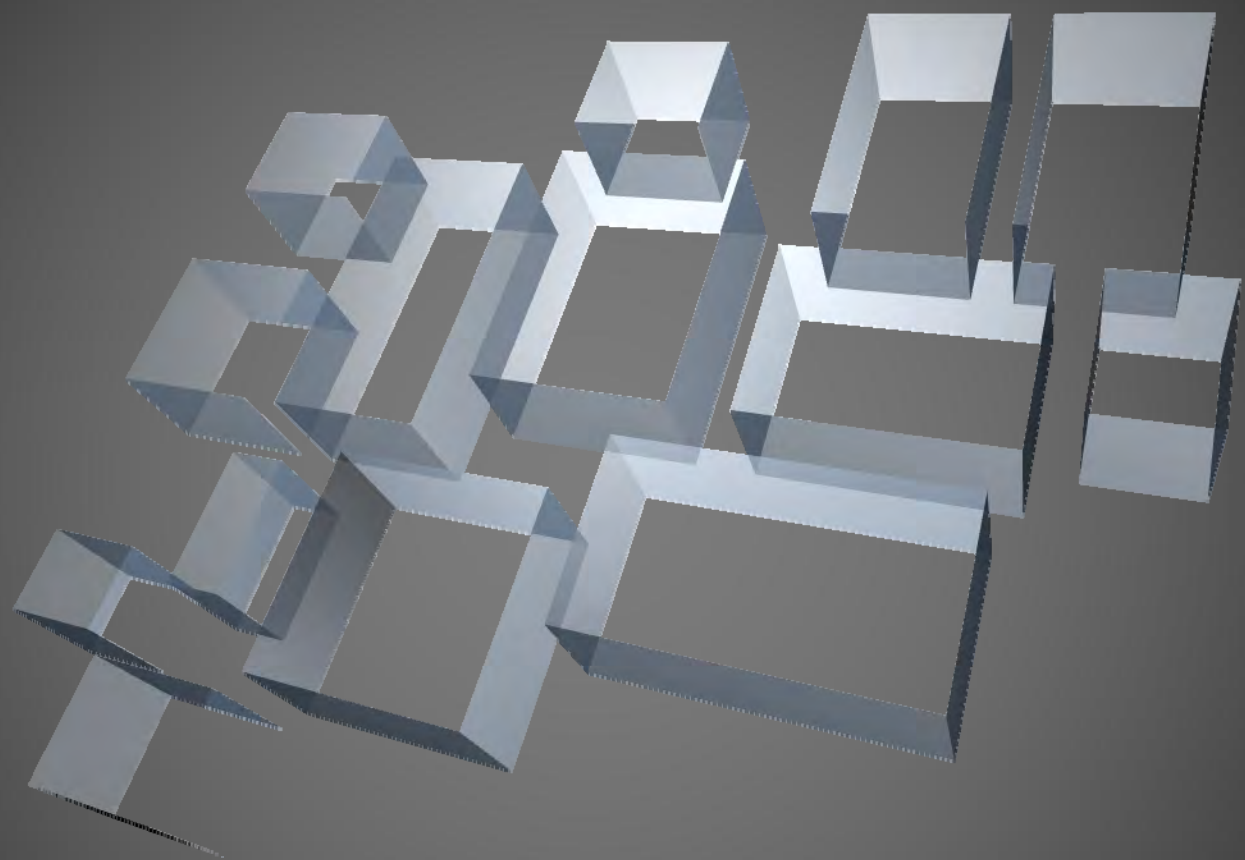
Homeland Security = Health
Security



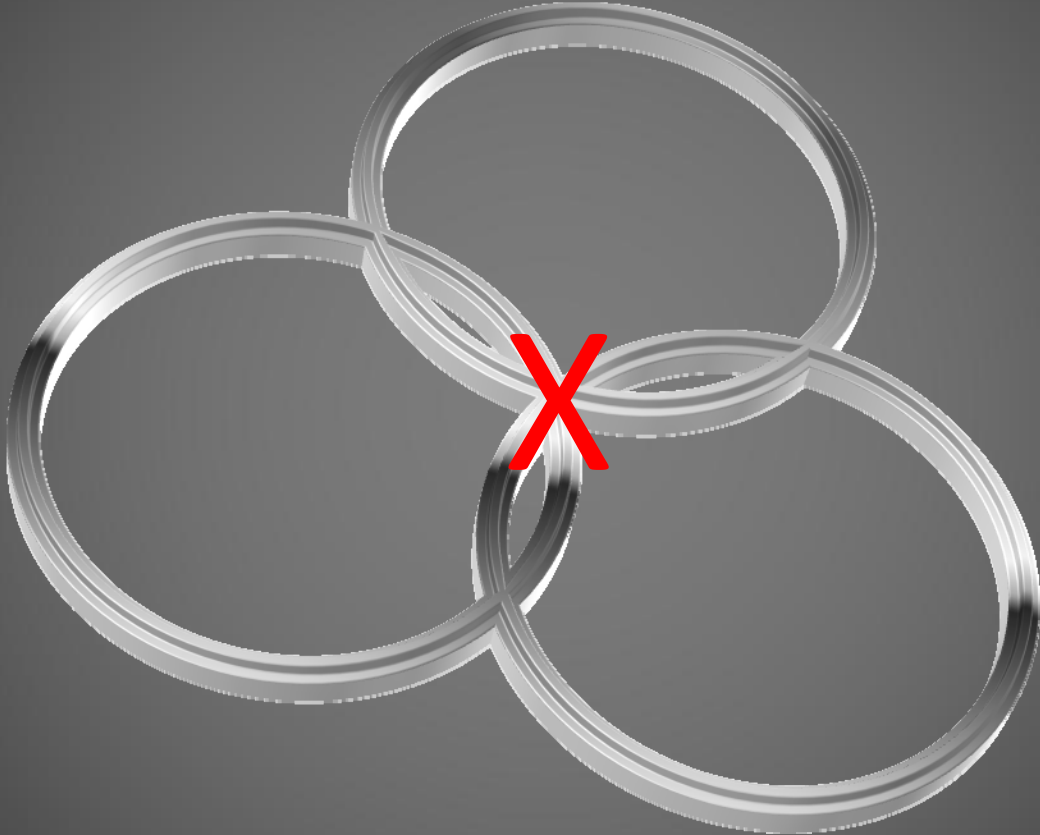
Disaster Response Training Networks



Charleston, SC – Emergency Preparedness Stakeholders



PUBLIC



PRIVATE

NGO

PUBLIC

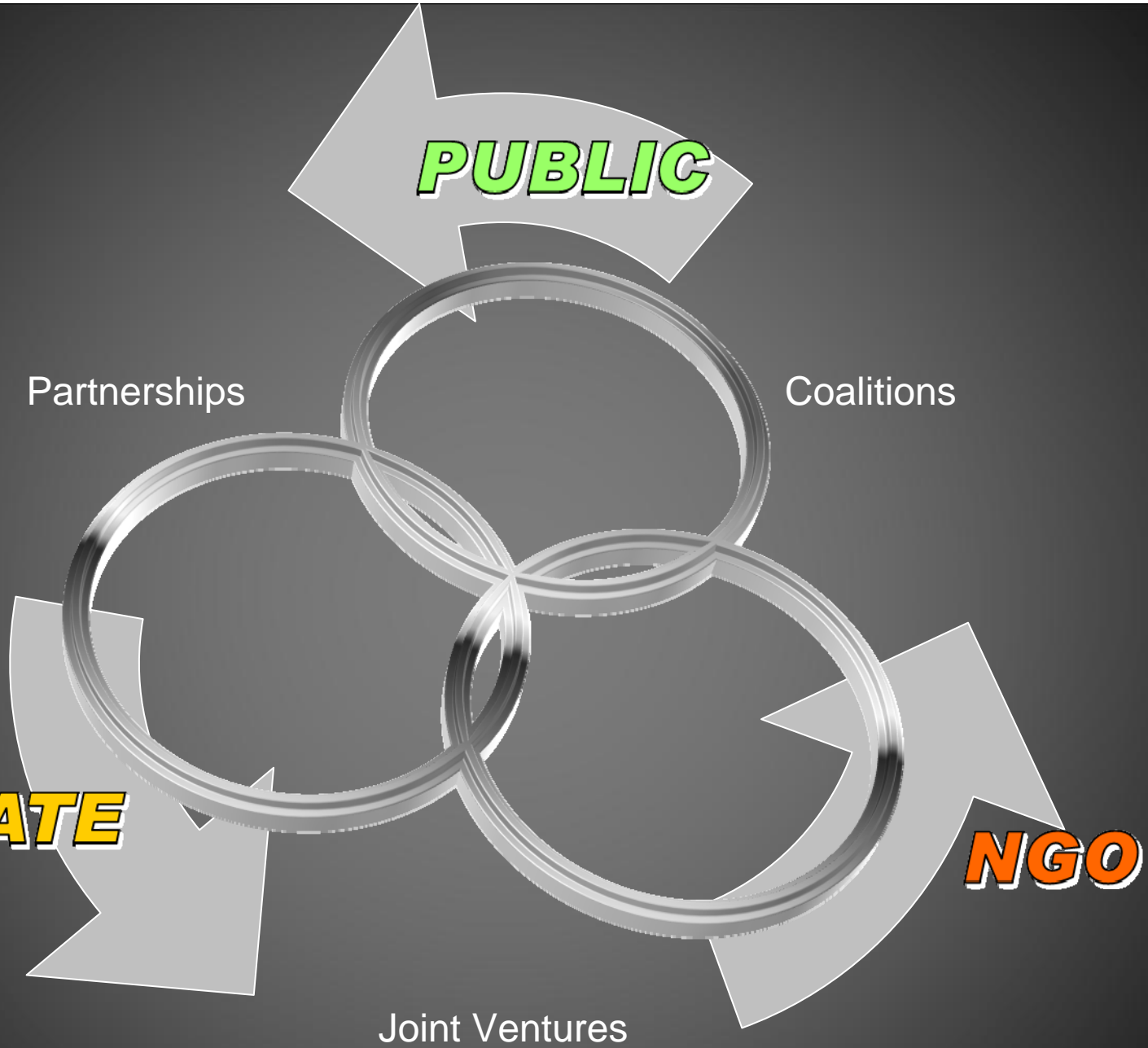
Partnerships

Coalitions

PRIVATE

NGO

Joint Ventures



PUBLIC

NGO



PRIVATE



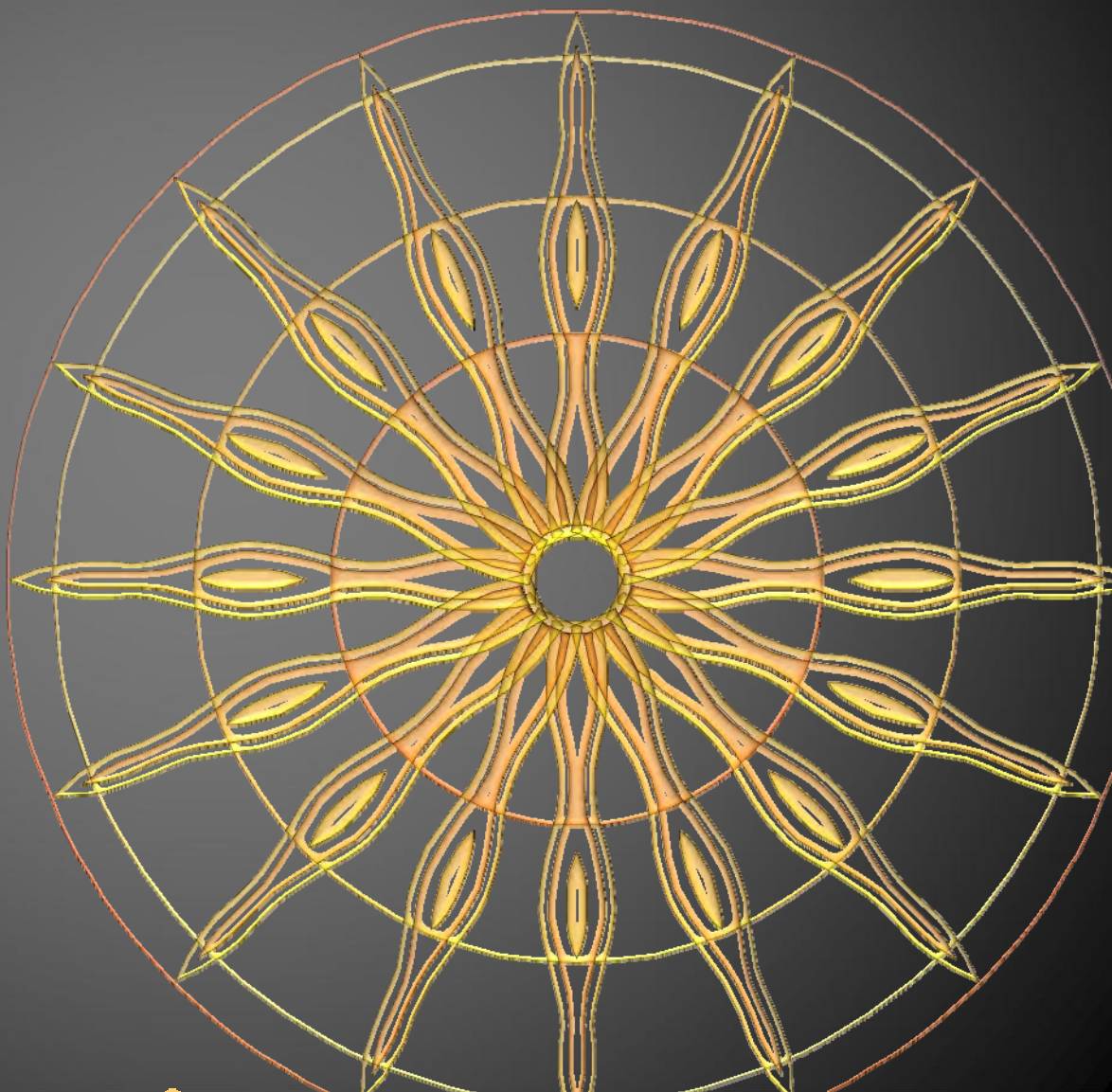
Disaster Response Networks

Hospital Leadership Needed

1. Homeland Security = Health Security

2. Hospitals can help lead DRN's

3. Debunk Myths





“Don’t worry, there are health security assets just waiting to be deployed,.....”

SMAT, DMAT, MRC, ESAR-VP

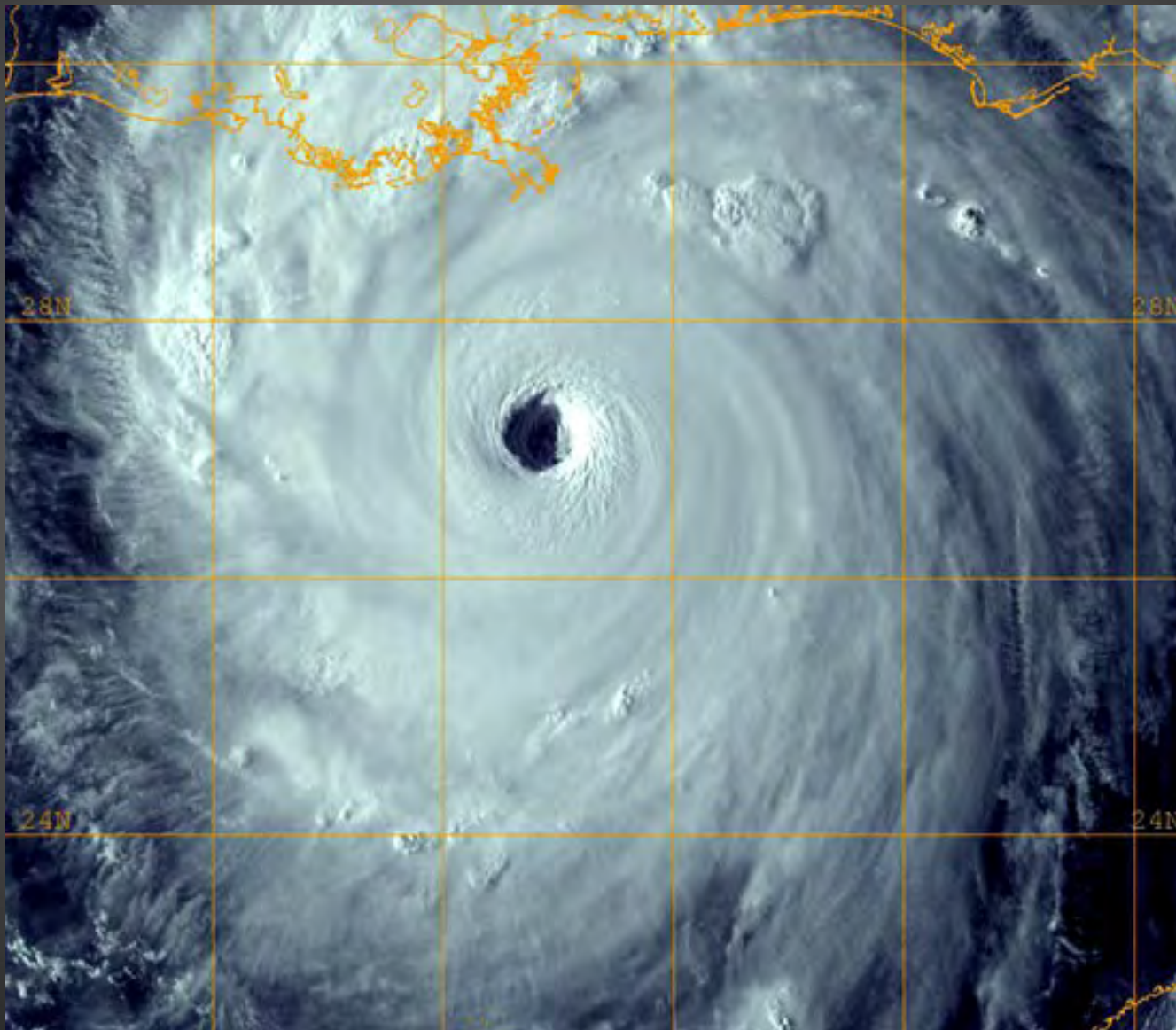
Hancock Medical Center

Bay St. Louis, MS

August 28, 2005



August 29, 2005



Bay St. Louis



Bay St. Louis



Hancock Medical Center

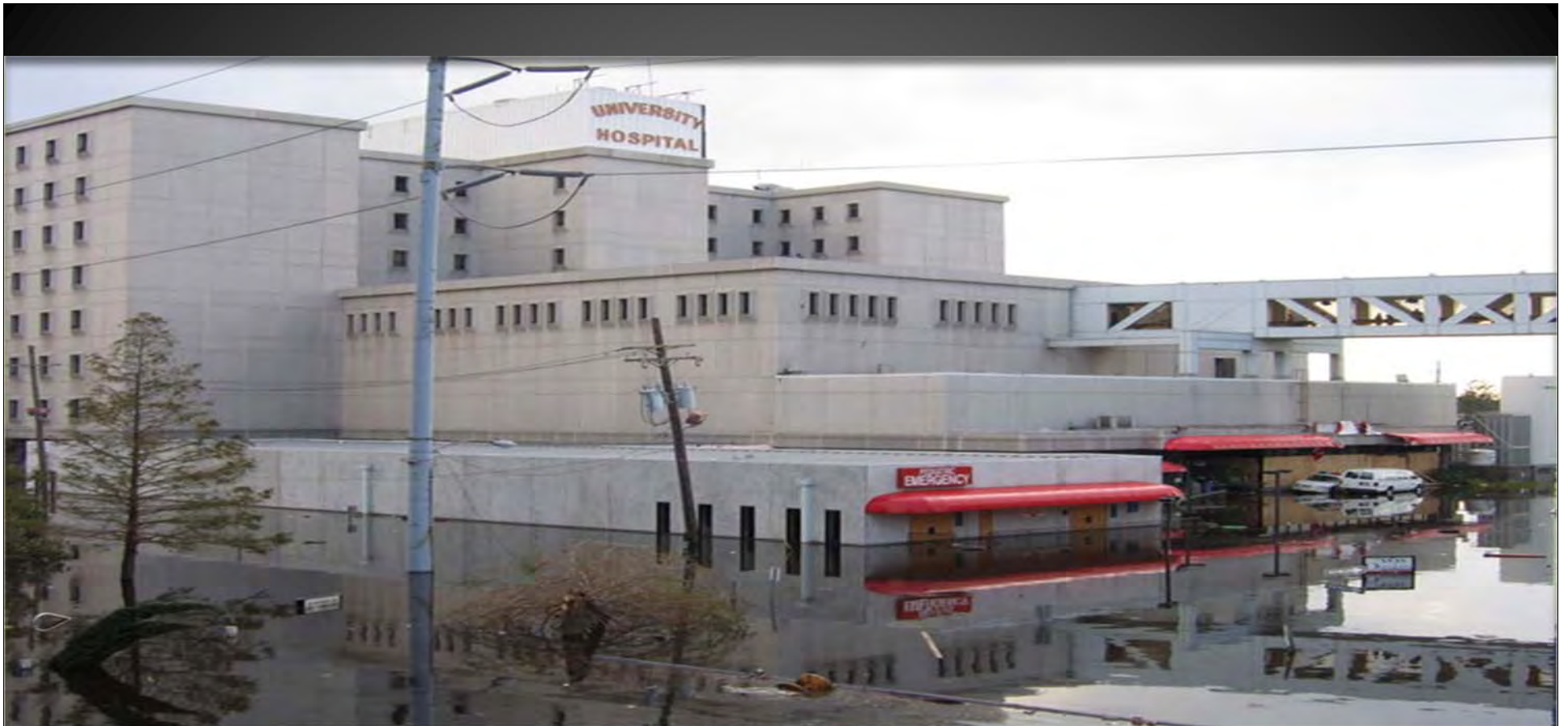
- 33 foot storm surge, 3 ½ feet of water
- \$25 million in damages
- 100 hospital staff stayed
 - All but 35 patients evacuated safely
- No medical backup for 4 days
 - No power for 14 days
- 850 patients

What is the difference between New Orleans and Charleston?



There is no levy in Charleston





*The most important asset during
a disaster is the asset already deployed*

Surge Capability, not just Capacity





We know that Hazmat training saves lives,.....

Very little proof,.....

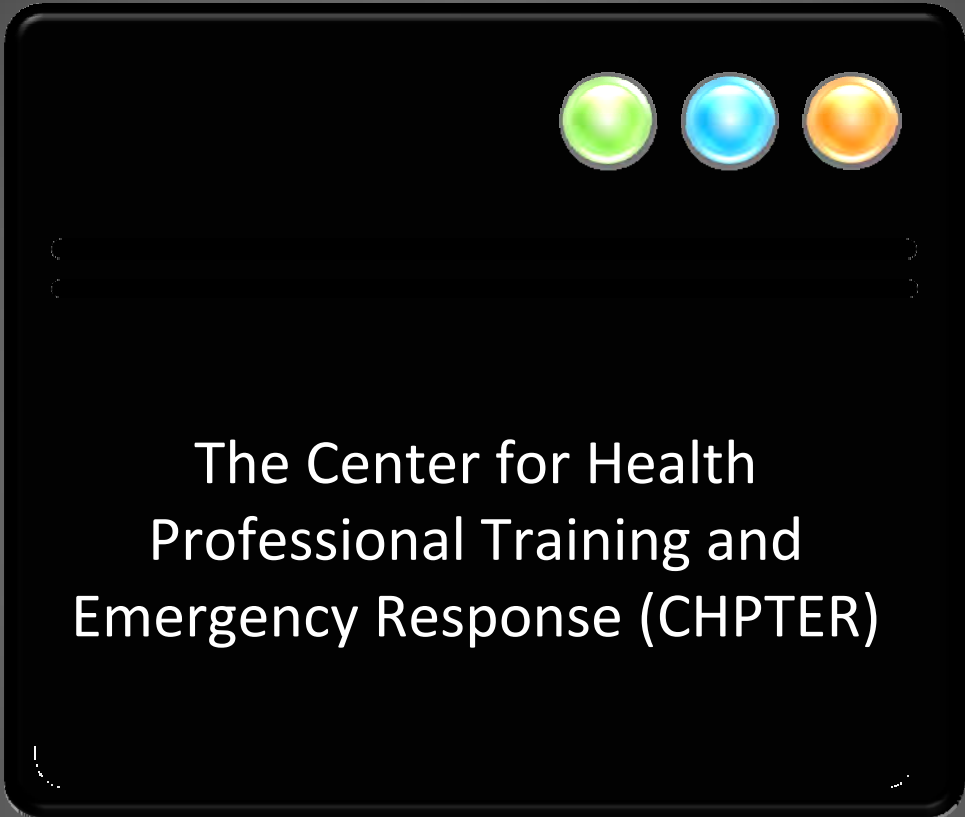
1. Kyle used a combination of human actors and simulators to recreate a Weapons of Mass Destruction (WMD) exercise.
2. Subbarao used a combination of video and high fidelity human simulators to train teams of EMS/Fire medical providers to treat victims of chemical, biological, radiological, nuclear and explosive (CBRNE).
3. Summerhill utilized a prospective cohort design to help show how human simulation increased internal medicine resident's scores on bioterrorism written tests.
4. Vincent had medical students listen to podcasts about triage and then showed that students would improve triage accuracy after repeating scenarios with human patient simulators.
5. Miller showed that health professionals (mostly EMS) would improve their confidence after using human simulators in a HAZMAT scenario.

Training dollars: scarce

- The Hazardous Materials Emergency Preparedness (HMEP) grant
 - Flat funding since 2001 (12.8 million 2001-2006)
- All other Emergency Preparedness Grants are down >20%
 - Many Hazmat training programs eliminated

Measure our success!

- 'Drive by training' is not sustainable
- Let's SHOW instead of TELL
- Trainees should
 - Prove what they know (cognitive objectives)
 - Demonstrate what they've been trained to do (performance objectives)
 - Most importantly, demonstrate that training can save patient lives



The Center for Health
Professional Training and
Emergency Response (CHAPTER)



*The Center for Health Professional Training and
Emergency Response (CHPTER)*



CHPTER will fill a critical health worker training gap and enhance surge capability in our region by giving workers hands-on lessons that will protect and save patient lives.

CHAPTER Goals

- Consolidate
 - Unify curricula, reduce training redundancy
 - Use what you have
 - 11,000 ft² technology center
 - Trident Tech facility
- Build the DRN (NGO, Private, Public Stakeholders)
- Overcome known obstacles
 - Time: one day event
 - Save money: **'Train the Trainer'** modules
 - Prove it: performance-based metrics

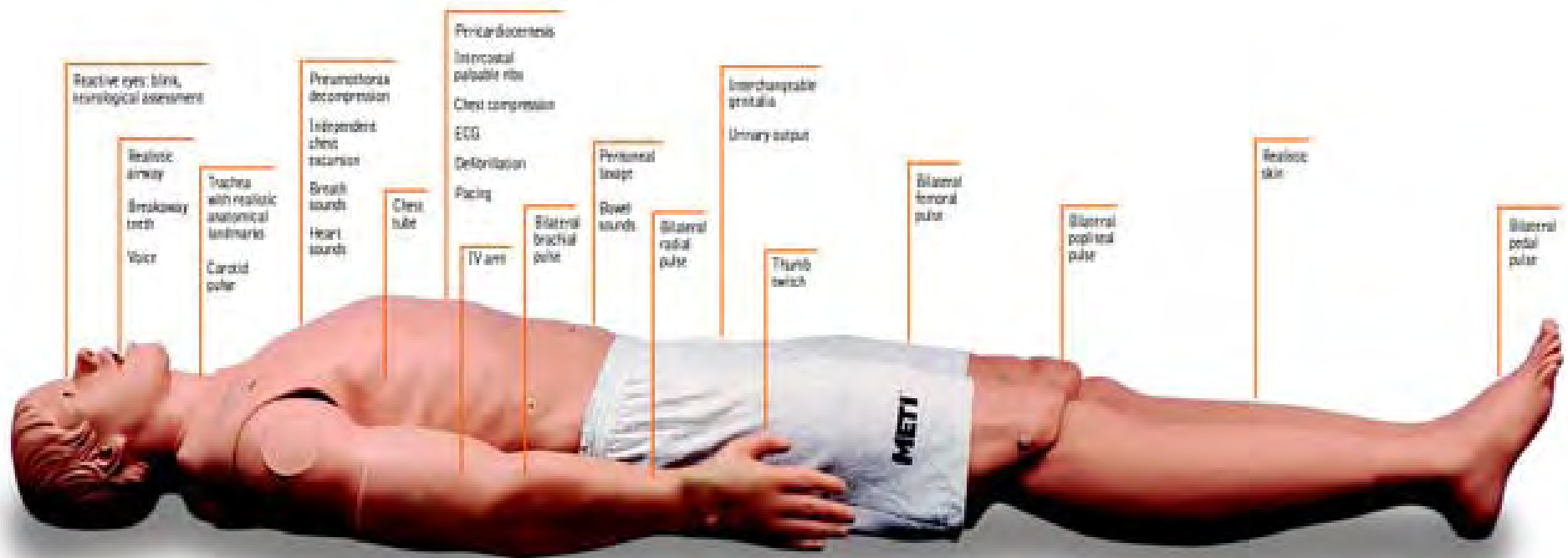
Make It Fun!

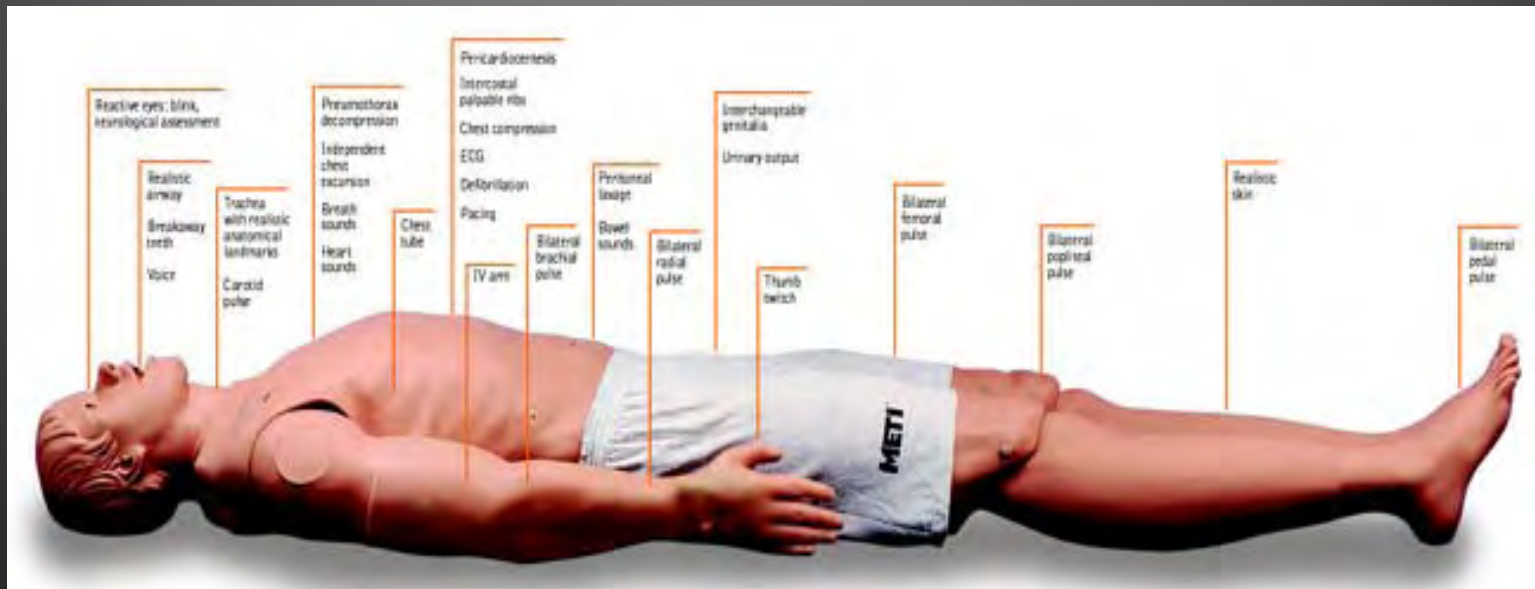
CHAPTER: Disaster Simulation

The Center for Clinical Effectiveness and Patient Safety



Sim Man: 3000 potential data points





CHPTER's Coalition

- **MUSC and MUHA**
- South Carolina Medical Association
- South Carolina Hospital Association
- South Carolina DHEC, Region 7
- Roper Hospital
- Trident Health System
- Bon Secours St. Francis Hospital
- East Cooper Hospital
- Ralph H. Johnson VA Medical Center
- Naval Health Facility of Charleston
- South Carolina AHEC
- Trident Technical College
- MUSC, National Crime Victims Center
- SPAWAR
- South Carolina State Ports Authority
- Charleston Metro Chamber of Commerce
- EMS, FIRE and Law Enforcement Agencies



The Center For Health Professional Training and Emergency Response (CHPTER)

THANK YOU!

DISASTER: A WAY OF LIFE

In 1886, the most powerful earthquake recorded in the Southeast destroyed communities in Charleston, leaving thousands of residents injured or homeless. One hundred years later, in 1989, Hurricane Hugo forced evacuations across the region and caused over \$7 Billion in damages.



During the course of these events, the Medical University of South Carolina, Roper, St. Francis and other regional healthcare facilities provided timely, needed medical assistance to thousands of patients, particularly the underserved.

HEALTH SECURITY = HOMELAND SECURITY

The next major disaster in our region will significantly impact hospitals and healthcare facilities faced with hundreds to thousands of patients who simultaneously require care. Unfortunately, health professionals are often unprepared and poorly trained to handle such disasters, posing grave risks to both patients and providers. As Hurricane Katrina showed, hospitals are key to disaster response, yet often overlooked when it comes to state/federal funding for emergency preparedness training.



THE CENTER FOR HEALTH PROFESSIONAL TRAINING AND EMERGENCY RESPONSE (CHPTER)

CHPTER is a ground-breaking community project, serving as South Carolina's first collaborative emergency preparedness training center for healthcare workers. CHPTER will fill a critical workforce training gap and enhance surge capability in our region by giving health professionals hands-on lessons that will protect and save patient lives.



CHPTER will:

- Consolidate and improve existing training resources around the region, reducing training costs.
- Utilize existing community resources – such as MUSC's human patient simulators and an 11,000 ft² technology center – to ensure that healthcare workers receive state-of-the-art training.
- Train hundreds of health professionals each year and—via web-based 'Train the Trainer' modules—hundreds to thousands more.



CHPTER is working to protect one of our state's most important surge capacity assets, our healthcare workers and hospitals, from being harmed, contaminated, or overrun during a disaster. With a goal to improve health professional preparedness and readiness around the state, CHPTER has the potential to deliver advanced, timely, and cost-effective preparedness training to every health worker in the region.



CHPTER'S COMMUNITY COMMITTEE

MUSC, Emergency Medicine
 MUSC, College of Nursing
 MUSC, College of Health Professionals
 South Carolina Medical Association
 South Carolina Hospital Association
 South Carolina DHEC, Region 7
 Roper Hospital
 Trident Health System
 Bon Secours St. Francis Hospital
 East Cooper Hospital
 Ralph H. Johnson VA Medical Center
 Naval Health Facility of Charleston
 South Carolina AHEC
 MUSC, National Crime Victims Center
 South Carolina State Ports Authority
 Charleston Metro Chamber of Commerce
 EMS, FIRE and Law Enforcement Agencies

For more information, contact Dr. Scott, CHPTER Director, scottlan@musc.edu.



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