

MINUTES

Access and Functional Needs Coalition Meeting

2 December 2020 10:00 A.M. – 11:30 A.M.

Welcome and Introductions – Kirsten Miner, Access and Functional Needs Advocate, SWUPHD: This coalition was created to help organizations prepare to meet the needs of vulnerable populations. Planning framework is CMIST = Communication, Medical, Independence, Supervision, Transportation. This meeting's focus is communication.

COVID-19 Southwest Region Update – David Heaton, Public Information Officer, SWUPHD: There is encouraging news about advancements being made on Covid treatment and response. We had a surge recently which stressed our hospitals, but at the moment we're in a plateau. When vaccines arrive they will go to healthcare workers first. There are outbreaks in 10 long-term care facilities at this time. Utah has the lowest mortality rate (0.5%) in the nation. There have been positive cases in people as young as one day old; survival rate is very high for young people. COVID most adversely affects a targeted population, namely people over age 65. We need to continue to protect our senior and more vulnerable populations. The wearing of masks is an effective tool to protect others. There will not be any more shutdowns, unless, for example, there is a large outbreak in a school, which would necessitate a temporary closure of that facility. At this point there have been no significant outbreaks in schools in our five-county area, including higher education, which indicates that masks and other precautions are working. Recent studies show that a 2-layer mask is 80% effective at protecting the people around the wearer. 40-50% of the spread is coming from asymptomatic carriers, so masks are helpful in protecting others. There have been outbreaks in correctional facilities and similar congregated settings, but few hospitalizations have resulted from these. One out of five people who have been sick as a result of COVID-19 infection are manifesting long-lingering residual symptoms. There are 3 vaccines with 90%+ efficacy that should be approved/released soon, but won't be available to the general public until perhaps June or July. Utah won't mandate the vaccine, they'll educate. All vaccines typically cause a reaction of mild symptoms; info sheets will be available for the COVID vaccine. We don't know yet if the COVID vaccine will need to be modified annually, as is flu vaccine. CDC quarantine guidelines have updated options, 10 days if not tested and no symptoms, 7 days with a negative test result and no symptoms. We will be using those guidelines. Evidence suggests COVID-19 was present in USA in Dec. 2019. Antibody test is only 40% accurate; PCR nasal swab is most accurate; saliva test is quite accurate; Rapid antigen test not as accurate as PCR, but accurate enough to guide decision-making, antigen test after 7th day from exposure is 99% accurate. Some drug stores offer rapid test. Testing too soon after exposure can show a false negative. Utah COVID-19 mandates and guidelines for masks & gatherings are now based on county transmission rates. Washington, Iron, Kane, Beaver, & Garfield counties are currently at HIGH.

Emergency Alerts – Tiffany Martineau, Washington County Emergency Services. Washington County uses Everbridge system to send out local jurisdictional notifications, our dispatch also uses Everbridge to send out alerts; this is sometimes inaccurately called Reverse 911. NOTE: Texting to reach 911 is now

available in our 5 counties. If you can't call, text. Be sure to always give an address whether calling or texting. Our messaging is often prepared in haste; we're working on multilingual capability. We are able to pair with local phone company to gain access to landlines, but there are fewer and fewer landlines in use. In order for us to reach people's cell phones, they need to register to receive county alerts at 911register.com for Washington County. ([IRON citizenalert.info](http://IRON.citizenalert.info), [KANE kane.utah.gov](http://KANE.kane.utah.gov), [BEAVER beaver.utah.gov](http://BEAVER.beaver.utah.gov), [GARFIELD gcutsherrif.com](http://GARFIELD.gcutsherrif.com)) We use redundant means; we'll send to Email, voicemail, text, and fax. Examples of alerts include those for missing persons, shelter-in-place, utility/road closures. Washington County tries to limit alerts to imminent threats. The state has its own notification system through IPAWS (Integrated Public Alert and Warning System) which is managed by FEMA, to send out Amber alerts, etc. School districts also use mass notification systems. Some cities have their own system. The health department uses UNIS (Utah Notification and Information System).

Emergency Communication Plans - Mac Harmer, Amateur Radio Emergency Services, SunRiver St. George: SunRiver has an active CERT (Community Emergency Response Team) with a well-developed communication plan. They use FRS (Family Radio Service) radios, AKA "walkie-talkies". The SunRiver community is divided into 7 neighborhoods, each with a Neighborhood Rep. and a Ham Radio Operator. (They currently have 36 operators.) Each neighborhood is divided into blocks, each block has a leader with an FRS radio who goes to each house and checks on each person, then reports via radio to their Neighborhood Rep. and HAM operator who then relay that report to the SunRiver EOC (Emergency Operations Center convened in the community clubhouse.) The SunRiver EOC relays info to the Washington County EOC. By practicing their plan they have discovered best practices for meeting/transmitting locations and rules for avoiding chaos. You can contact Mac drmacharmer@gmail.com or go to dixieham.org to learn more.

UNIS Registration (Utah Notification & Info System) – Kirsten Miner: At Southwest Utah Public Health Dept. we use UNIS to send out mass alerts to our partners. We can create an updated spreadsheet of our contacts and import the information to UNIS, but this can take several hours, since there are continual changes among our partners. In an emergency that is too long. The better way is for each partner to go to unis.utah.gov and register their own info. That way, we can more quickly send out health alerts and practice our capability for emergency communication when we send meeting reminders.

Flu Shoot-Out After Action Review – Mike Gale, Director of Emergency Preparedness and Response, SWUPHD: Drive-thru and walk-in models were used at nine locations for the flu shoot-out this year (Hurricane - Fairgrounds, St. George - Red Cliffs Mall, Cedar City - SUU, Springdale, Kanab, Ruby's Inn, Panguitch, Beaver and Milford) involving volunteers as well as health department employees to staff the vaccination events. We saw a great turn-out (over 2,000 in all). This is how we prepare to vaccinate our population on a large scale; planning is absolutely critical, as well as collaborating with partners for logistics, etc. For COVID vaccination we may serve several thousand. We're ready.

Mike Gale

Long-term Care Facilities Report - Emily Davis, Healthcare Preparedness Program Coordinator, SWUPHD: It was a great experience to visit some of these facilities and meet some of their directors for the first time. There was a difference in how each facility is working thru Covid. We toured the Covid floor at Coral Desert Rehab; they are embracing the challenge of dealing with Covid. Maybe instead of fearing it, we can learn to accept it and work through it.