**HEALTH AND HUMAN RESOURCES (HHR) SUB-PANEL,**

**GOVERNOR’S SECURE and RESILIENT COMMONWEALTH PANEL**

**Tuckahoe Library, Henrico Virginia**

**November 16, 2022**

**Meeting Minutes**

1:00 Welcome

* **Introductions – Wendy Klein, MD, MACP**
	+ Dr. Kline called the meeting to order at 1:12 PM.
* **The Honorable John Littel, Secretary of Health and Human Resources**
	+ Secretary Littel provided welcoming comments, thanked attendees for the work that they performed during the COVID response. He stated hid focus was to ascertain here we were able to pivot during the response, how we were able to pivot to meet the needs, what’s next and where do we go from here?
* **Colin Greene, MD, MA, State Health Commissioner**
	+ Dr. Greene provided some opening comments from his perspective; COVID ruled the world from the HD point of view. Arrived as LHD looking at the Gamut of Public Health practice. Ebola scare in Early 2018 in Winchester, it passed. Networks are key to response. Monkey pox and Ebola potential, take a good look at violence, and look at UVA example or Idaho. Why are people using violence as an outlet? We are getting back to “normal” and this group is going to lead the way.

1:10 Panel History / Mission / Future

* **Bob Mauskapf, MPA, Director, Office of Emergency Preparedness, VDH**
	+ Mr. Mauskapf thanked the Secretary and advised that Senate/House Bill 10 was a piece of legislation in the Commonwealth that required the state to review all things COVID. We, in VDH have conducted multiple Interim Progress Reviews (IPR) and will continue to refine and document lessons learned and corrective actions. He also provided an overview to panel members of the origin, name, and history and purpose of the Sub-Panel. ***Additional content can be found in the posted slide presentation***.

1:30 Emerging Health Threats

**Jonathan Falk, MPH, Office of Epidemiology, VDH**

* + Mr. Falk provided the group with the current situation related to Influenza Surveillance and Investigation. He provided an update on Current COIVD numbers, Current and emerging threats such as Highly Pathogenic Avian Influenza, Monkeypox, Healthcare Associated Infections and Multi-Drug Resistant Organisms (MDRO). ***Full information can be found in the associated slide presentation***.
	+ Question/Comment-Dr. Kline stated that the CDC advised a rebound in TB cases coming out of COVID. Mr. Falk confirmed that to be the case. Not clear clinically if these cases were missed or it is real disease.
	+ Question/Comment: Should we be expecting a peak or decline or another peak? What we have seen is a single peak season (Flu). Flu can be difficult with multiple sub0tyos could present at different times where we have an initial peak, it drops and then another peak around or after the holidays.

2:00 Virginia Incident Management Team Response

* **IMT Staff**
	+ Mr. Mauskapf provided the panel with an overview of how the internal VDH response and Unified Command organizations were comprised for the COVID response. ***Full information can be found in the associated slide presentation.***
	+ Question/Comment: A panel member stated that a local Law Enforcement agency in being investigated for the lack of a fit testing program for facemasks/PPE. How much is the availability of masks a factor on OSHA/DOLI? Mrs. Silverstein advised that we are looking at making a 60 day state supply of masks according to burn rates and that the requirement hasalways been there for agencies dependent upon their anticipated need/jobs to ha a Respiratory Protection Program.
	+ Question/Comment; what is the shelf life of a mask? Mrs. Silverstein advised that it is 2-3 years, but shelf life extension is possible.

2:15 In-progress Review/ The Way Ahead

* **Bob Mauskapf, Director, Office of Emergency Preparedness, VDH**
	+ Mr. Mauskapf turned over the floor to the next presenter.
* **Aaron Kesecker, Office of Emergency Preparedness, VDH**
	+ Mr. Kesecker began by explaining to the panel the differences between an after action report for an event that has a definite end point and the fact that COVID, we knew was going to be a long duration even with no real tangible end date. He advised that we decided to assess our response eerily on and to date have conducted three Interim Progress Reviews of the response. He stared with some of the strengths that were learned during the response and then proceeded to cover some of the common themes that arose out of the three IPR’s. He finished by stating that our intent is to develop and executive summary for the IPR’s and package it with an Improvement Plan and begin to populate the plan with corrective actions**. *Full details can be found in the associated slide presentation.***
* **Laurie Forlano, DO, MPH, Deputy Director, Office of Epidemiology, VDH**
	+ Dr. Forlano began to outline the path forward from the lessons learned and corrective actions that have been taken or are going to be taken which will be included in the final Improvement Plan mentioned above**. *Full Details can be found in the associated slide presentation.***

3:05 BREAK

3:15 Addressing Access and Functional Needs during COVID

* **Karen Brimm, MA, RID Ed:K-12**, **Virginia Department for the Deaf and Hard of Hearing**
	+ Mrs. Brimm began by providing some history of her position within the response framework for COVID. She advised that upon her takeover of the role policies and procedures were still in draft highlighting the need for a wide range of information regarding best practices, information for Government and Private partners. She served as touchpoint for these resources during the response. She ended her presentation with a suggestion to the panel that should be a consideration for a State Level Position to coordinate Access and Functional Needs issues at the state level as the response to COVID winds down. ***Full Details can be found in the associated slide presentation.***

3:25 Medical Reserve Corp Response to COVID

* **Michael Magner, State MRC Coordinator, Office of Emergency Preparedness, VDH**
	+ Mr. Magner started by providing a major lesson learned at the outset of the COVID Response. He advised that as far as pre COVID readiness state, the MRC had 12,000 registered volunteers in the Virginia system. It was realized that out of that 12,000 only 976 were deployable to provide coverage for most of the requests that were initially received. He went on to advise that we then had a volunteer surge to 7633 deployable in March 2020 to 25,097 deployable by December of 2021 and volunteers loges 800,000 volunteer service hours during the course of the response**. *Full Details can be found in the associated slide presentation.***

3:40 VDH Call Center Update

* **Suzi Silverstein, MA, RD, Assistant Director, Office of Emergency Preparedness, VDH**
	+ Mrs. Silverstein began by providing the purpose of the VDH call Center along with some previous examples of its activation and use in 006, 2009 H1N1 and Measles**.** She then presented some of the challenges and growth of the call center during the COVID response and how the Call Center adapted and morphed as the response changed with surges up and drops in call volume.She finished with the plan to manage the call center moving forward. ***Full Details can be found in the associated slide presentation.***

4:00 Public Health and Healthcare Preparedness Grant Update and Review of Goals

* **Bob Mauskapf, Director, Office of Emergency Preparedness, VDH**
	+ Mr. Mauskapf presented the panel with an overview of grants and funding and organization, mission of the Office of Emergency Preparedness and concluded with the fact that there currently is no state funding that goes into the Public Health and Healthcare Emergency Management Programs of the Commonwealth and the responses outlined in the meetings presentations was all accomplished via federal grant funding. ***Full Details can be found in the associated slide presentation.***

4:15 What’s Next?

* Mr. Mauskapf stated to the panel that “you” the panel serve as our advisory board. Dr. Kline asked how we should proceed, to which Mr. Mauskapf responded by asking that a workgroup of panel members to develop goals and objectives and guidance for the Health and Medical Preparedness and Response. Virginia is the only state that when submitting the grant in 2002, placed the emphasis on Emergency Preparedness and Response at the highest level of the agency.
* Dr, Gormley offered a statement that everything we have seen here today is because of Bob, Bob did it.

4:28 Public Comment

* The floor was opened for public comment. None were heard or documented.

4:30 Closing Remarks

* **Wendy Klein, MD, MACP,** Chair
	+ Dr. Kline stated that we have to move forward, we need to prepare for the future to lead the way into those threats and current, existing threats.

Adjourn-The meeting was adjourned at 4:34