

**Ohio Emergency Management Agency
Fall Directors' Seminar – Follow-up List
September 15, 2009**

H1N1 Information

Vaccine – Healthcare Worker Priority

The CDC has been clear that only healthcare workers who are providing **direct patient care** are in the priority group for receipt of vaccine. This is because of potential risk associated with treating and performing medical procedures on ill individuals. Groups such as law enforcement and correctional officers will not be treating ill individuals. Additionally, persons presenting at mass vaccination clinics are likely to be well, rather than ill, individuals. Non-healthcare workers will be eligible for vaccination when we move outside of the first priority group (Tier 1).

Strategic National Stockpile

All counties will receive a portion of the SNS regardless of whether or not there is a hospital in the county. In late April or early May each county received information (Excel Spreadsheet) on their allocation. It is our understanding that the allocation received next week will be consistent with information provided earlier this year.

SNS PPE is designated for healthcare workers, more specifically those individuals who have **direct patient care** responsibilities. Fire and police are not healthcare providers with **direct patient care** responsibilities and are, therefore, not considered part of the first priority group (Tier 1).

The PPE restrictions apply to the initial 25% of the SNS and the remaining 75% if/when received.

See ODH Antiviral Order attachment for additional information on the SNS.

Schools

Schools/daycares will enter their closure into IMPACT SIIS. The Ohio Department of Education (ODE) will receive an automated email alert as soon as a school submits its closure status in Impact/SIIS. ODH and LHDs can go into the system and see who is closed. It is planned that this information will be part of an auto-updated situational awareness report on an ODH portal with LHD access. ODH expects that if the school is being closed for health issues rather than staffing issues that they are working with their local health department. At this point school closings are a local decision.

A link to the Ohio Department of Education website has been added to the Common Operating Picture on the Ohio EMA website.

Liability Protection

The HHS Public Readiness and Emergency Preparedness (PREP) Act declaration remains in effect allowing for the movement of the federal antiviral stockpiles. The PREP Act also provides immunity for all but reckless behavior for those engaged in planning for and distributing antiviral medications and vaccine (amended 15 June 09). An Emergency Use Authorization allows the use of antiviral medications for younger children. An amendment to the EUA extends the use of the pediatric suspension past the labeled expiration date. Department of Health and Human Services Secretary Kathleen Sebelius renewed the public health emergency declaration for novel H1N1 influenza on July 24, 2009. The original declaration was made on April 26, 2009. To read the declaration, visit:

<http://www.hhs.gov/disasters/discussion/planners/prepact/>.

Additional information is available at:

<http://www.hhs.gov/disasters/emergency/manmadedisasters/bioterrorism/medication-vaccine-ga.html>

EMS Personnel Assisting with Vaccinations

1. The local health district must request additional assistance from EMS personnel in the administration of the H1N1 vaccine and include the resource in their H1N1 vaccination plans. The EMS Board does not have legislative authority over this local health district operational issue/action.

2. The local health district is responsible for oversight of the H1N1 vaccination program in the district. The EMS Board does not have legislative authority over this local health district operational issue/action.

3. What is necessary to allow certain EMS personnel to assist local health districts in administering the H1N1 vaccine?

Pursuant to Ohio Administrative Code Rule 4765-6-03, the Governor must issue a declaration of emergency that affects the public's health, specifically.

Three primary highlights of that situation include:

- The declaration triggers the expansion of the Ohio EMS scope of practice to allow EMS providers to administer immunizations.

- The EMS provider must complete appropriate training prior to the administration of immunizations during this declared emergency.
- The EMS provider must have physician medical direction to administer immunizations during this declared emergency.

4. Ohio Administrative Code Rule 4675-6-03 states that the EMS provider who is administering immunizations must be under physician medical direction. However, the rule does not designate or require that this physician be the EMS provider's EMS medical director. During their meeting in August, the EMS Board recommended that the EMS providers who participate in Ohio's H1N1 vaccination program function under the authority of the local health district's physician medical director with protocols written/provided by the local health district and/or the local health district's physician medical director. In the vast majority of cases, that physician will not be the EMS provider's EMS medical director.

5. With the Governor's emergency proclamation, EMS providers of all levels can administer vaccinations, provided they have completed the appropriate training and function under a physician medical director. The rule does not exclude any level of EMS provider.

However, due to the short time frame that will be available for training prior to the release of the H1N1 vaccine, the EMS Board recommended that only EMT-Intermediates and EMT-Paramedics participate in Ohio's H1N1 vaccination program. This is due to the fact that the skill of intramuscular injections is already within the Ohio EMS scope of practice for those two levels of EMS provider and they already have experience in the administration of medications that are within the Ohio EMS scope of practice (not vaccines) via the intramuscular route. While the EMS Board is hopeful that EMS providers will voluntarily comply with the EMS Board recommendation on this issue, a recommendation by the EMS Board cannot legally supersede an Ohio Administrative Code Rule. Nevertheless, the State Medical Director supports the EMS Board's recommendation fully as it is mutually beneficial to the persons receiving the vaccine and to those who request the assistance of EMS providers to deliver the H1N1 vaccine

6. Ohio Administrative Code Rule 4765-6-03 requires the completion of appropriate training prior to administration of vaccines by EMS providers. For example, the completion of a course in the skill of performing intramuscular injection would be insufficient training to participate in a vaccination campaign and would not meet the standard of care in the eyes of the majority of physicians. The EMS provider participating in this program must also acquire an adequate knowledge base of the clinical effects, recommended dosing regimens, adverse effects, appropriate treatment of adverse effects, warnings and/or precautions, and contraindications associated with any vaccine they plan to administer. This is one of the reasons why the EMS Board also made the recommendation that EMS providers who participate in the vaccination campaign complete training provided by (or with a foundation based upon) CDC in addition to any required training by the local health districts. The H1N1 vaccination training module will be compliant with the EMS Board's recommendation.

7. Since the Governor's declaration and Ohio Administrative Code Rule 4765-6-03 only relate to administration of the H1N1 vaccine, EMS providers will not be permitted to assist with the administration of the seasonal flu vaccine or any other vaccine.

8. This following is the link to an FAQ page re: Public Readiness & Emergency Preparedness Act, the federal law that provides immunity re: the H1N1 vaccine.

<http://www.hhs.gov/disasters/emergency/manmadedisasters/bioterrorism/medication-vaccine-ga.html>

See attachment from State Medical Director for additional information on the use of EMS providers in the vaccination process.

Volunteer Reception Center Handbook Link

➤ http://www.serve.ohio.org/OhioCitizenCorps_CouncilResources.aspx

Use of Ohio Citizen Corps/Ohio Medical Reserve Corps Volunteers

The Governor's emergency proclamation includes language regarding the use of OCC/MRC volunteers to assist in receiving, distributing, accounting for and administering the H1N1 Influenza vaccine.

The Governor's emergency proclamation includes language allowing OCC/MRC volunteers to receive the limited immunity protection of Section 121.404 of the Ohio Revised Code. In the event that local plans include the use of OCC/MRC volunteers for the receipt, distribution, accounting and administration of the H1N1 influenza vaccine, local health departments should be prepared to discuss various responsibilities for those volunteers. Unless a volunteer's acts or omissions constitute willful or wanton misconduct, the limited immunity protection will apply. Any costs of defense of any lawsuit involving volunteers would be the responsibility of the political subdivision that called to the volunteers, most likely the local health department.

FEMA Citizen Corps Volunteer Liability Guide Link

- http://www.citizencorps.gov/councils/volunteer_mgmt.shtm This page also has a publication entitled "State Liability Laws for Charitable Organizations and Volunteers."
- In addition, there is a link to a June 2009 Congressional Research Service report to Congress entitled "The 2009 Influenza Pandemic: Selected Legal Issues"
<http://www.fas.org/sgp/crs/misc/R40560.pdf>

Miscellaneous H1N1

Information distributed regarding Southern U.S. schools that directed parents to remove healthy children from school if H1N1 is in the school.

- The information came from a couple from Canada who have no medical experience. They are selling flu related products on their website. The website contains misinformation about H1N1 that equates it with Avian Flu. They advocate home schooling kids, so they suggest pulling healthy kids out of school. This is NOT recommended.

Notes from May H1N1 AAR

The meeting in May was not an AAR, but a meeting of the Pan Flu Working Group, one of a series of meetings which occurred over the summer to resolve issues identified during the spring H1N1 event, in preparation for recurrence in the fall. EMAO was present at the May meeting. The meeting notes are attached to the email. Please advise if additional information is requested.