NATIONAL CONVERSATION ON PUBLIC HEALTH AND CHEMICAL EXPOSURES
CHEMICAL EMERGENCIES

Meeting #5 Summary
Morgan State University
Portage Bldg
April 19-20, 2010

Meeting Objectives:
- Review and discuss work by subgroups
- Make progress on subgroup sections of Work Group report
- Discuss ideas for preliminary recommendations based on the work thus far and develop initial drafts for review
- Develop work plans for the subgroups and the Work Group as a whole to develop a draft Work Group report for presentation to the Leadership Council by August, 2010
- Decide on next steps and assignments

Upcoming Meeting/Call	When & Where	Suggested Agenda Items
Sixth workgroup meeting	Friday, May 14, 12:30-2:00 PM EDT By conference call	• Discuss rough draft of report; • Discuss any input from Leadership Council on work thus far and key questions • Discuss plan for CEWG chair, subgroup chairs, and NCEH / ATSDR staff revision/refinement of draft report

I.   Action Items

System and Coordination Subgroup (S&C)		
Hold April/early May call to further develop drafts	Subgroup membership	May 3, 2-3 EDT
Integrate ASTHO/NACCHO/Web dialogue input (available on shared project site)	Subgroup membership	Monday, May 10
Develop DRAFT report sections II, III, and IV ("current status," "vision" and "action recommendations");	Subgroup membership	Monday, May 10
Upload "parking lot" ideas on shared project site. (These are ideas identified as important/needing to be addressed somewhere in recommendations, but that may fit under multiple categories or work group headers. They can be shared with Andrea/the coordinating group and the NCEH/ATSDR team for advice on how to	Subgroup co-leads	Monday, May 10

handle.)		
Training and Capacity Building Subgroup (T&CB)		
Hold April/early May call to further develop drafts	Subgroup membership	May 5th 2:30-4:00
Integrate ASTHO/NACCHO/Web dialogue input (available on shared project site)	Subgroup membership	Monday, May 10
Develop DRAFT report sections II, III, and IV ("current status," "vision" and "action recommendations");	Subgroup membership	Monday, May 10
Upload "parking lot" ideas on shared project site. (These are ideas identified as important/needing to be addressed somewhere in recommendations, but that may fit under multiple categories or work group headers. They can be shared with Andrea/the coordinating group and the NCEH/ATSDR team for advice on how to handle.)	Subgroup co-leads	Monday, May 10

II.   Meeting Summary

Day 1, April 19th

1) Welcome, Agenda Review, and Introductions

Jen Peyser, RESOLVE facilitator, opened the meeting with an announcement that she will be serving as the Chemical Emergencies Work Group (WG) facilitator while Dana Goodson is on maternity leave. Jennifer informed the group that chair Andrea Kidd Taylor will miss this in-person meeting due to family illness. In her absence, Wanda Lizak Welles will serve as chair for this meeting. Following brief welcoming comments, Jen reviewed and finalized the meeting agenda (Appendix A).

2) Update from the Capacity Building and Training Subgroup

Subgroup co-chairs Clark Phinney and Wanda Lizak Welles led the discussion on subgroup progress. Clark noted that the subgroup is now working toward developing a draft report, with a focus on first responders and first receivers. They have focused on the first responder community, from dispatch to people arriving on scene. The work has led to the identification of gaps and barriers, and they have discussed potential recommendations.

Subgroup members noted that they may use fire service as an example. Fire services offer volunteer and career training, but access to training varies. The subgroup has also looked at competencies needed for responders and receivers, being mindful that not everything is funded. In addition, the subgroup acknowledged that differences between urban and rural areas impact their preparedness and response.

It was noted that responders and receivers know what training and competencies they need, but getting the training to them poses a problem. In addition, continued training and awareness is critical in order to stay current on preparedness and response trends.

Questions this group continues to grapple with include:
- What capacity building is needed to remove the potential for chemical emergencies?
- Given response teams are called different things (NFPA, HAZWOPER), how can we get the entire response team on the same page?
- How can we build the capacity of responders to better handle emergencies as they occur, from the start of an event to its resolution?
- How can we best address the disconnection between business and responders?

Emerging Recommendations
Emerging recommendations focus on internal communication and encouraging collaboration. A specific recommendation that this subgroup has discussed deals with the training of dispatchers and 911 operators to recognize when and what questions to ask when a potential emergency is chemical-related.

3) Update from System and Coordination Subgroup

Review of the Systems/Coordination Subgroup Matrix
Subgroup members presented the Systems/Coordination Subgroup update. Fleming Fallon opened the discussion with an overview of the most current subgroup matrix (Appendix B). He noted that many of the columns in the matrix form 'communities.' These communities are formed by zip codes, arbitrary barriers like political boundaries, and a common interest or focus. When things go wrong, those impacted become a community, which the subgroup has labeled propinquities. Fleming noted that each column contains smart, well-trained people, but they don't always talk to each other, and they are not well integrated. He notes that actors and groups are in silos, with very few bridges; the goal should be much more interconnectedness. It was noted that much more needs to be done to improve the system toward a 'crystal lattice' model with interconnectedness.

Across the matrix, the rows are labeled prevention, planning, preparedness, response, recovery. With regard to preparedness, the subgroup discussed the distinctions among rural, suburban, and urban communities, as population is a driver for resource levels, and resources tend to be inadequate for tasks. Response results have been variable. The first goal of recovery is to protect local communities, but the subgroup has found that regulations are not well-integrated.

Fleming summarized the matrix as follows:
- Federal guidelines and mandates exist.
- Local communities implement them, but with wide variation in depth, content, and success.
- Most prevention activities are community-based.
- Channels of communication include those that are formal, and usually vertical, but can also be horizontal. Informal channels can be faster, and are frequently more effective.

During the discussion of this subgroup's work, it was noted that most funding comes from the federal government, except in industry. In addition, most regulations are federal or based on a federal regulation, guideline, or model. One proposed starting point for future discussions of this subgroup focused on increasing the horizontal integration among different communities and

increasing vertical communication for planning and implementing regulations. Members suggested that this subgroup focus on decreasing barriers among and between communities and levels of government.

Members noted that in disasters, people are forced to work together, and the rules tend to change in response to the situation. Such 'rules' include unwritten rules of practice, funding, and support systems. The event you are planning for may be the one that happens. It makes a difference if responders/communities have established relationships before an emergency. Communication and planning are critical. At the local level, communities work on and fund their own responses, unless a disaster is declared. But, local responses tend not to have enough people or strength.

At least one work group member noted that the U.S. is a reactionary country and that we need to be learning from other events that occur. Another noted that a crystal lattice of interconnectedness has been developed on some levels, but not with regard to the Unified Command Structure. In Maine, the statewide community is small enough that many of those channels occurred, and success occurs because the right people know each other. Such efforts need to be replicated across the country, and the model could be described in the Work Group report.

It was noted that examples exist of good relationships between labor management, local government, academia, and others, but it is important to have a champion or driver for the development of such relationships. This is important because the field experiences turnover; when people leave, they take community partners and leave just a list of names of people to call. Thus, continuity and succession planning should be built in to the process and the matrix. Having an institutional network is important, and what actually happens in an emergency needs to be clarified. For example, one member noted that as a community planner for 20+ years, he thought people waited for EMS to arrive at an incident, but learned that instead people walk or get to the hospital in other ways.

One member noted that the subgroup might want to look at the National Incident Management System or the National Recovery Plan: How is that going? Have we improved? Does it work?

Questions and Discussion:

Are the case studies and the matrix of the Systems and Coordination Subgroup connected to each other?

The subgroup noted that they had planned to use the case studies to fill in the cells of the matrix. However, they found that some members were relying on previous knowledge in addition to case studies to complete the matrix. Case studies could be included in the appendices, but further subgroup discussion is needed to determine whether and how to include these.

 Overlapping issues

The subgroups sought guidance about addressing what may be overlapping issues with other National Conversation WGs. For example, will Monitoring WG be addressing responder health and safety? Montrece noted that the WG chair Andrea Kidd Taylor serves as a member of the Work Group Coordinating Committee (WGCC). The WGCC meets as needed to keep abreast of and address any critical potential overlap. The subgroup acknowledged that some overlap may

occur, and that it is better to have overlap than to miss key issues. Further, if themes are repeated in multiple work groups, this will signal the Leadership Council that those are key themes to be considered for the final Action Agenda.

Prioritization of recommendations

WG members discussed whether prioritization of the recommendations is expected. One member noted that if a recommendation is clearly a 'quick win,' then it should get on the final list of WG recommendations. Montrece suggested reviewing the final WG report template (Appendix B), which contains a list of prioritization criteria for recommendations.

4) Subgroup Break Out Sessions

Below are the notes from each break out session.

Training and Capacity Building Subgroup
- How much information is needed, and at what level of detail?
- Consider prevention opportunities
- Materials that go through community—awareness and appropriate, current training
- Monitoring responder health
- Prioritize?

Systems and Coordination Subgroup
- What models for coordination exist, and/or principles/characteristics for collaboration?
- Systems are dynamic; communication is key to enable adaptation to unanticipated events
- Lessons learned from emergency events-including the "seed"/catalyst or champion
- Scale up OR "ramp down" communications (e.g., Maine LEPC and partners including industry, government, public health, academia, first responders and receivers: created annual stockpile of chemicals coming through communities)
- Ability to use established networks or multiple issues (e.g., Clark—pandemic flu)
- Networks are key; need institutional memory/contacts
    o Sustainability of process/networks: a succession strategy
    o Institutionalize learning and decision-making process and structure
- Case studies from the subgroup can inform the work of other groups.
- Where/how do existing systems (e.g., NIMS work, and where are they falling short / where are gaps?
- Support local ownership

Day 2: April 20th

1) Welcome and Review of Day's Agenda

Jen welcomed the group and reviewed the day's agenda. (Appendix A)

2) Updates from Other National Conversation Input Processes

Montrece provided an update on the following inputs for the National Conversation.

Summary reports have been developed for each of these inputs, and the portions of those reports most relevant to the WG have been posted to our shared Web site at: http://www.nationalconversation-projectsite.org/chem_emergencies/node/1974.

NACCHO Forums
As part of the National Conversation, the National Association of County and City Health Officials (NACCHO) is partnered with several other organizations to gather appropriate information from local health departments (LHD). NACCHO's role in the National Conversation is to adequately and appropriately capture the LHD perspective in addressing chemical exposures and determine how chemical exposure policies and strategies may impact local jurisdictions. Two sessions, held in the Bay Area, CA and Columbus, OH, attempted to capture LHD input on several key topics relating to these issues.

ASTHO Forum and Needs Assessment
In February of 2010, the Association of State and Territorial Health Officials (ASTHO) distributed a National Conversation Needs Assessment to all State Environmental Health Directors. ASTHO also convened a forum in March 2010 to gather the thoughts of this stakeholder group. A report from the forum and the needs assessment has been developed, and the portions relevant to the WG have been posted to our shared Web site at the link above.

Web Dialogue April 5-7, 2010
With help from Jenny Van Skiver, Montrece provided an overview of the purpose, process, and results of the first Web Dialogue. Jenny noted that more than 323 participants from 42 states and territories discussed their views, concerns and ideas. The summary highlights most relevant to the WG have been posted to our shared Web site at the link above.

Community Conversations
Montrece mentioned that the Community Conversation Toolkit should be finalized and available for use soon.[1] National Conversation partners have developed this Community Conversation Toolkit to assist community leaders in hosting local meetings to gather input on public health and chemical exposure issues. It has been successfully piloted in three locations, and we are seeking people interested in hosting a community conversation using the Toolkit between April and June of 2010. More information can be found here: http://www.atsdr.cdc.gov/nationalconversation/Community_conversations.html.

3) **Report outs from Subgroup Sessions and Overview of Initial Draft Recommendations**

Training and Capacity Building

The subgroup developed three initial recommendations. It found the results from the ASTHO Forum and Needs Assessment particularly helpful and have populated about half the final report outline.

Emerging Recommendations
Recommendations that are emerging focus on

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[1] The Community Conversation Toolkit was finalized on May 5, 2010, and is now ready for use. It can be found here: http://www.atsdr.cdc.gov/nationalconversation/docs/toolkit_complete.pdf.

1) ensuring baseline information for everyone perhaps using a Chemical Emergencies Boot-Camp format;

2)developing a user-friendly planning tool or toolkit for local level planning and response;

3) creating a clearinghouse for tools and lessons learned with federal support; and

4) creating a cadre of trained and experienced medical and public health personnel who can be a bridge between health and safety.

This subgroup also noted several parking lot issues. They thought it important to capture these issues, but were not sure if time will allow them to address them. Clark will email these to the full group.

Questions this group continues to grapple with include:
- Do we need to consider chemical/radiological terrorism?
- Should this subgroup consider issues related to responder safety and health?
- How are community members involved in response? How are they rostered, registered, and tracked?

<u>Systems and Coordination</u>

This subgroup focused the report back on identified strengths, weaknesses, and gaps in the current system. They noted that major components of our nation's approach in this area include: 1) CERCLA (response, recovery), 2) EPCRA (preparedness), and 3) Risk management Standard Planning (RMP) from EPA (planning). A statute that works to prevent chemical emergencies by eliminating or vastly reducing hazards remains as a gap. The Chemical Facility Anti Terrorism Reauthorization Act may have some potential in this area. Others noted that the principles of eliminating or vastly reducing hazards are inherent in the theories supporting green chemistry or safer chemistry.

Identified strengths and weaknesses include the following:

Strengths
Federal guidelines and mandates
Community-based activity
Vertical or local communication (within silos)

Weaknesses
Variation of performance by location
Untapped resources in industry, labor, academia, communities
Reluctance of federal agencies to relinquish control
Lack of trust between communities and government
Sometimes plan is not implemented in practice; rules suspended (Katrina, 9/11)
No one repository of information
Less funding to do chemical emergency planning at local level (easier to get infectious disease funding)
Laws we do have (RMP/PSM/CFATS) cover selected industries only

Vision of a successful system
This subgroup focused much of its work on identifying their vision of a successful system. Using the key elements of chemical emergency preparedness and response, this subgroup noted that a successful system might have the following components:
1) Preparedness

       a. A competent community and responder/receiver workforce able to respond to most likely crises and adapt to others

2) Response
       a. Ensure worker safety
       b. Isolate release
       c. Relocate personnel to safe areas
       d. Coordination among agencies and organizations

4) Subgroup Break Out Sessions

5) Adjourn In-Person Meeting

The subgroups met to further flesh out recommendations. The meeting was adjourned at approximately 4:00pm Eastern by the WG facilitator, Jennifer Peyser.

IV. Participation

Members Present:
Bill Benerman, Denver Department of Environmental Health
Jacque Darbonne, Harris County Public Health & Environmental Services
James Eaton, Maine Health and Environmental Testing Lab
Fleming Fallon, Bowling Green State University
Joseph Hughes, National Institute of Environmental Health Sciences
Nancy Hughes, American Nurses Association
Todd Jordan, Occupational Safety and Health Administration
Betsy Kagey, Georgia Division of Public Health
Mark Kirk, U.S. Department of Homeland Security
Wanda Lizak Welles, New York State Department of Health
Maureen Orr, Agency for Toxic Substances and Disease Registry
Paul Orum, NGO Chemical Safety Consultant
Clark Phinney, Maine Oxy
Darius Sivin, International Union, UAW
Anthony Tomassoni, Yale University School of Medicine

Regrets:
Nathan Birnbaum, USDA Animal and Plant Health Inspection Service
John Bresland, U.S. Chemical Safety Board
Susan Cibulsky, U.S. Department of Health and Human Services
Kathleen Curtis, Clean New York
Scott Deitchman, NCEH/ATSDR *senior liaison*
Michael Greenberg, American Academy of Clinical Toxicology
James James, American Medical Association
Erik Janus, CropLife America
Kimberly Jennings, U.S. Environmental Protection Agency
Andrea Kidd Taylor, Morgan State University *(chair)*
Jacqueline McBride, Love, Peace and Prosperity International, Inc
Susan Palchick, Hennepin County
Syndi Smallwood, Pechanga Band of Lusieno Indians
Derek Swick, American Petroleum Institute
Constance Thomas, South Fulton and Fayette Community Task Force

Facilitation & Staff Team Present:
Jennifer Peyser, RESOLVE *facilitator*
Montrece Ransom, NCEH/ATSDR *staff*
Jennifer Van Skiver, NCEH/ATSDR *staff*

APPENDIX A
NATIONAL CONVERSATION ON PUBLIC HEALTH AND CHEMICAL EXPOSURES
Chemical Emergencies Work Group Meeting
Monday, April 19, 1:00 pm ET – Tuesday, April 20, 4:30 pm ET

Morgan State University
Portage Building, Room 215
Baltimore, MD 21251

Call-In Number: 866-747-7570
Code: 6568727

Proposed Agenda

Meeting Objectives:
- Review and discuss work by subgroups
- Make progress on subgroup sections of Work Group report
- Discuss ideas for preliminary recommendations based on the work thus far and develop initial drafts for review
- Develop work plans for the subgroups and the Work Group as a whole to develop a draft Work Group report for presentation to the Leadership Council by August, 2010
- Decide on next steps and assignments

Monday, April 19

Time	Topic	Lead(s)
1:00 – 1:30	**Welcome, Agenda Review, and Introductions** • Welcome and overview of Work Group direction – *Andrea Kidd Taylor* • *R*eview and approve meeting agenda– *Jennifer Peyser* • Round of introductions	Andrea Kidd Taylor, WG chair, and Jennifer Peyser, WG facilitator
1:30 – 2:15	**Update from the Capacity-Building and Training Subgroup** • Overview of work products to date: o Main points & findings o Current status of issues o Vision of a successful system • Discussion and feedback on overall concepts and Subgroup direction	Wanda Lizak Welles and Clark Phinney, Subgroup co-chairs Facilitated discussion
2:15 – 3:00	**Update from the System & Coordination Subgroup** • Overview of draft report to date: o Main points & findings o Current status of issues o Vision of a successful system • Discussion and feedback on overall concepts and Subgroup direction	Erik Janus and Darius Sivin, Subgroup co-chairs Facilitated discussion
3:00 – 3:15	**Break and Move to Breakout Sessions**	

Time	Session	
3:15 – 5:00	**Subgroup Breakout Sessions** • Edit Subgroup documents and incorporate Work Group feedback • Develop ideas for initial recommendations • Next steps and assignments	Small group discussions
5:00	**Adjourn**	

Tuesday, April 20

Time	Session	
9:00 – 9:15	**Welcome and Review of Day's Agenda**	Jennifer Peyser
9:15 – 9:45	**Updates from Other National Conversation Input Processes Relevant to the Work Group** • National Association of City and County Health Officials (NACCHO) meeting • Association of State and Territorial Health Officials (ASTHO) assessment • Report from the first National Conversation web dialogues • Q&A	Montrece Ransom, NCEH/ATSDR staff
9:45 – 11:15	**Report-Outs from Subgroup Sessions and Overview of Initial Draft Recommendations** • Update on Subgroup progress • Review of draft recommendations • Discussion and feedback	Subgroup co-chairs Facilitated discussion
11:15 – 11:30	**Break**	
11:30 – 12:15	**Reflections and Discussion of the Work Group's Direction** • Work Group timeline • Overall progress in responding to Work Group charge	Andrea Kidd-Taylor Facilitated discussion
12:15 – 12:30	**Public Comment**	
12:30 – 1:30	**Lunch** • Demonstration of use of shared webspace – navigating the webspace, adding and editing documents *(15-20 minutes)*	Montrece Ransom
1:30 – 3:15	**Subgroup Breakout Sessions** • Revise initial recommendations • Decide on work plan for preparing draft subgroup report for integration in to full Work Group report	Small group discussions
3:15 -3:30	**Break and Return to Full Work Group Session**	

3:30 – 4:15	**Report-Outs from Subgroups on Work Plans**	Subgroup chairs
	• Share revised draft recommendations	
	• Share subgroup work plans	Facilitated
	• Discussion and feedback	discussion
4:15 – 4:30	**Wrap-Up and Next Steps**	Jennifer Peyser
	• Overall Work Group plan: next calls and meetings	
	• Next steps and assignments	
4:30	**Adjourn**	

APPENDIX B
National Conversation on Public Health and Chemical Exposures
Work Group Report Template & Recommendation Characteristics

Outline
I.   Introduction (approx. 3 -4 pgs)
    a. Work group charge, scope, and objectives
    b. Process and methods used
        i.   Composition of work group/Subject matter expertise
        ii.   Use of subgroups and/or taskgroups and # of meetings
        iii. Data sources (document/literature review)
        iv.   Note on terms and definitions
        v.   Caveats and/or limitations
II. Current status of issues under consideration (approx. 5-6 pgs)
    a. Major components of the nation's approach in this area
    b. Strengths and Weaknesses
    c. Impediments and opportunities
III. Vision of a successful system for work group issue area (approx. 3 pgs)
    a. Aspirational goals
    b. Outcomes sought
IV. Action recommendations (approx. 8-10 pgs)
    a. No more than 12 bullet point recommendations (with no sub-bullets)
    b. Each bullet should be accompanied by 1-2 paragraphs on expected outcomes/improvements, implementation, timeframe (near-term, long-term, etc.), and mechanisms for evaluating and/or tracking outcomes
    c. Naming potential actor(s) is optional
V.   Conclusion (approx. 1 pg)
VI. Bibliography/resources/references
VII. Appendices

The characteristics of a high priority action include that it:
***(The more characteristics apply to the recommendation, the higher priority the action*)**
- Is specific
- Is actionable
- Can be completed in three years or less
- Is a significant measureable step toward long-term change
- Maximizes public health impact
- Reduces disparities in public health outcomes by promoting equity, justice, and the protection of vulnerable populations
- Fosters increased efficiency
- Fosters collaboration and coordination

Together the actions suggested by the work group:
- Should be directed toward diverse sectors, both governmental and non-governmental

- Utilize a range of public health approaches[2]

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[2] Work groups are encouraged to refer to the 10 Essential Environmental Public Health Services in developing recommendations that utilize various approaches. See http://www.cdc.gov/nceh/ehs/Home/HealthService.htm