

## 12/10/20 Municipal & First Responder Call Notes

### I. **Welcome and Introduction:** VEM Deputy Director Chip Deasy

- Welcome participants on the call.
- This is the weekly call for first responders, EMDs, RPCs, and municipal officials.
- The next call will be on Thursday, December 17<sup>th</sup> at 2PM. The invitation will go out on Monday, December 14<sup>th</sup>.
- The meeting invitations include a link to a survey we use to guide our talking points. The survey will only capture one question per response. To ask multiple questions, fill out the survey multiple times. The survey link will not change week to week.
- On today's call we will hear from myself and DEPRIP Director Dan Batsie. In addition, we have Vermont State Police Captain Mike Manley, Division of Fire Safety Director Mike Desrochers, and Fire Academy Chief Peter Lynch available to answer questions. We will be providing you all an overview of the State's response to COVID-19 and we will have time for additional questions at the end of the call.
- FAQs will be updated as needed and can be found at: <https://vem.vermont.gov/coronavirus>
- From this site you can also click on the "[Call Notes](#)" section on the left-hand side where we will post notes from this call. It will be added to the list of First Responder Notes.

### **AGENDA:**

- I. **Intro/call format**
- II. **COVID-19/VDH Overview**
- III. **SEOC Overview/VEM Comments**
- IV. **Q&A with participants**

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### II. **COVID-19 Overview/VDH Comments:** HOC Incident Commander and DEPRIP Director Dan Batsie

- Overall update on COVID-19 in Vermont
  - There were 771 cases of COVID-19 in the past week, up from 716 cases the week prior. These high case counts are part of a recent surge in infections.
  - Vermont now includes probable cases (in addition to confirmed cases) in its total COVID-19 case. Probable cases are a small percentage of total cases, so they aren't really inflating the statistics.
  - Vermont's 7-day positivity rate is 2.8%, up from 1.9% last week.
  - The number of deaths associated with COVID-19 in Vermont are also up substantially. There's been 89 total deaths, including 14 in last week and 30 in last 30 days. These numbers are very low compared to other states and the national average, but are concerning nonetheless.
  - The number of hospitalizations remains stable. 22 Vermonters are currently hospitalized with COVID-19, 2 of whom are in the ICU. No Vermont COVID-19 patients are currently on ventilators.
- The Department of Health is currently managing 36 outbreaks of COVID-19, associated with colleges, schools, businesses, etc.
- Testing/tracing updates
  - Testing remains a high priority. The State extended on-demand testing (now called local testing) to 15-17 sites a day. The goal was to have testing available within a 30-minute drive of every Vermonter 7 days a week, and that's largely been achieved.
  - Testing has been boosted by the private vendor CIC Health, as well as EMS agencies. This help allows Department of Health district offices to focus their efforts on outbreak response instead of more routine testing.
  - The State is moving toward a surveillance testing program for first responders but is still working out the specifics. The State wants this to get off the ground quickly. The current thinking is that blocks of appointments at preexisting testing sites will be set aside for first responders.
  - The Department of Health is working on its rapid response capability to assist emergency organizations impacted by COVID-19 outbreaks and resulting quarantines. The organizations will be able to reach out

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directly to the Vermont Emergency Management Watch Officer, who will work to get the agency advice, testing, and whatever else is needed to support emergency operations. The details of this program are still being worked out.

- Vaccination planning updates
    - The first doses of the COVID-19 vaccine could arrive in Vermont as early as next week. The State has been working to get the structure and logistics in place to receive, distribute, and administer the vaccine.
    - An [overview of the prioritization phases](#) is posted on the Department of Health website. This plan was recently modified to match recommendations from the CDC's Advisory Committee on Immunization Practices.
      - The plan has 4 prioritization phases.
      - Phase 1A includes health workers, first responders, and long-term care facility residents/staff.
      - We received a question about where road crews fall within COVID-19 vaccine prioritization, and they will likely be in Phase 1B, though that is still being worked out.
      - Guidance and plans are changing rapidly.
    - The vaccine will be shipped in weekly allotments. There will likely not be enough vaccines the first week for the Phase 1A population.
    - Vaccines for healthcare workers will go to hospitals, which are then responsible for administering the vaccine to their own staff and area providers. Vaccines for long-term care facilities will be administered by pharmacies.
    - In later phases, the Department of Health will run vaccine points of distribution (PODs) through its district offices. These PODs will likely need support from EMS agencies. A preliminary email already went out to EMS chiefs. The State will contract with EMS agencies, similar to the arrangement used for COVID-19 testing. EMS agencies might also separately work with hospitals and healthcare providers for earlier distributions. The Office of EMS will put out an updated scope of practice allowing ALS providers to administer the COVID-19 vaccine.
    - There are still questions to be answered about vaccine side effects, especially if the side effects mimic COVID-19. More information is forthcoming.
  - EMS updates
    - The agency stabilization grant funding has been distributed; some agencies received checks already. This program was to provide financial relief to EMS agencies which experienced reduced call volumes during the beginning of the pandemic this spring.
    - Contracts went out today for workforce stabilization grants, which provides funds directly to providers, basically like hazard pay. Those who received hazard pay through a different program, such as the Local Government Expense Reimbursement (LGER) program or the Hazard Pay Act, are not eligible.
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### III. SEOC Overview/VEM Comments: VEM Deputy Director Chip Deasy

- **SEOC status:** The SEOC remains activated every weekday from 0800 until 1600. On the weekends, the SEOC is in monitoring status, meaning the watch officer is the point of contact for any resource needs that arise. The SEOC is entirely virtual.
- As Vermont continues to see a rise in COVID-19 infections, our continued vigilance is crucial. It is incumbent on us to set an example.

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- **SEOC active missions that have been progressing this week:**
    - The Vermont Foodbank decided to continue a version of the Farmers-to-Families Food Box Program for January and February. Planning is still underway, and more details will be shared as they become available. The current Farmers-to-Families program is ongoing through December 31<sup>st</sup>. Reservations for the entire month of December are available on [www.dhr.vermont.gov/food-help](http://www.dhr.vermont.gov/food-help).
    - The SEOC established a centralized Vaccine Depot as a component of the Medical Countermeasures response. The facility has ample cold chain storage capacity for proper vaccine storage and other infrastructure needed to receive, store, and re-distribute COVID-19 vaccines and ancillary supplies as they arrive into Vermont. The State is ready to receive vaccines, and support hospitals and pharmacies in distribution and administration.
    - Several ongoing missions related to staffing:
      - Emergency service organizations with service interruptions due to COVID-19 should reach out to the SEOC. Our Safety and Security Branch is focused on helping with exactly these sorts of requests. The SEOC can be reached 24/7 at: 800-347-0488.
      - Towns that anticipate local and neighboring road crew resources will be inadequate for route-clearing during snowstorms should reach out to the SEOC preemptively. Mutual aid may be unavailable during a large storm. It can be more challenging to send help during a storm than staging resources before a storm based on anticipated needs.
      - There is an ongoing mission to aid long-term care facilities with critical staffing needs through contingency planning and developing a staffing pool. There is particular focus on assisting facilities during the first 48 hours after a reported outbreak.
  - There have been many questions recently about Town Meeting Day 2021. The latest guidance can be found on [vlct.org](http://vlct.org), which is updated continually. For instance, the state legislature recently passed Act 162, allowing local legislative bodies to choose to use Australian ballots for any town meeting in 2021.
  - The National League of Cities will host a call tomorrow from 1 to 1:30pm to discuss the current status of federal aid and the current bipartisan stimulus proposal in Congress. We will put a registration link in the chat.
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#### IV. Questions from Call Participants

- It likely isn't possible to combine the staffing / capabilities surveys that go out to EMS and fire agencies. We recognize that it duplicates effort for some agencies, but keeping the surveys separate is sometimes important, like for COVID-19 vaccination prioritization.