ATTENDEES
Jodi Brennan, Director of Clearfield County Planning Office
Meredith Krejny, Planning Specialist of Clearfield County Planning Office
Jerry Pollock, Deputy Director of Clearfield County Emergency Management Agency
Robert Murray, CEO of Clearfield Hospital
Nancy Mencer, Houtzdale Home health
Jan Zimmerman, PA State Department of health
Gary Peters, DuBois Nursing Home

INTRODUCTIONS
Those in attendance gave a brief introduction of themselves and whom they were representing.

GUEST SPEAKER
Since emergency / disaster planning was such a hot topic at the last roundtable, Jerry Pollock, Deputy Director of the County EMA was invited to speak on this topic. Jerry informed the group that most disaster planning is done through a six county counter terrorism taskforce through homeland security. He indicated that an assessment of risks for the County has been done as well as several training events.

In response to a question of getting medications in a short time frame, Jerry indicated that “push packs”, as their called, of medicines are stockpiled at undisclosed locations in case of an emergency, which can be available within six hours.

Jerry indicated that the county, state and federal EMAs do not have “authority” to step into a local municipality and take over emergency planning efforts. The county, state and federal EMAs are resources that a local municipality may tap into upon request. Jerry explained that each municipality has their own emergency management coordinator. It is that coordinator who is responsible for emergency disaster planning efforts. Assistance is provided in a tiered system: local requests assistance of county; then county of state and then state of federal.

An inventory and mutual aid agreements are in place for equipment, transportation etc. that may be needed in an emergency from both public and private entities. Countywide evaluation planning is more difficult. Site specific evacuation plans are more practical and effective. Good signage is a key to evacuation plans.

Hospitals, nursing home etc. need to have specific evacuation plans in place and should work with their local emergency management services. When asked what can a facility do to assist in this effort, Jerry recommended that they train their personnel how to
evacuate, perform basic triage, know when to shut down HVAC system, know how to lock down the facility and develop a plan that spells out who will do what and when.

REVIEW GOALS OF LAST ROUNDTABLE
County Planning Director, Jodi Brennan, asked participants if there were any additions or modifications to the last roundtable minutes. She asked specifically if there were any additional goals that we should add. It was mentioned that we should encourage a grassroots up approach to local emergency management coordination.

DEVELOP IMPLEMENTATION STRATEGY FOR TOP 5 GOALS
Participants were provided a list of the top five goals that were prioritized by participants at the first roundtable. They were asked to assist in developing an implementation strategy for achieving those top five goals.

Following is a summary of the feedback provided by those participants by goal.

1. Goal: Better coordination of providers:
   • Regular meetings to network, share ideas (i.e. roundtables) find out what others are planning, etc. County or Department of Health could host ideas. Would need well–defined purpose to encourage attendance
   • Develop team to examine issues common to providers
   • Eliminate redundancy
   • Smaller, regional meetings to identify issues then send reps to larger county wide meeting

2. Goal: Empower county to coordinate emergency response:
   • Commonwealth system of government doesn’t really allow County to coordinate emergency response
   • Improve communication among EMA’s, hospitals, care facilities, etc.
   • Need to obtain written agreements for services in an emergency
   • Local EMA’s need to work better with county EMA (attend training, etc.)
   • More money for local EMA coordinators
   • Change in attitudes at local level to effect system changes at higher levels
   • Develop accreditation system for local EMA’s

3. Goal: Develop alternative Programs:
   • Work with CCAAA to find what resources are available
   • Need someone to identify funding opportunities
   • Programs to educate family members, etc. about how to care for elderly, those with medical problems, etc. since money is not always available for care
   • Cooperation between healthcare providers and social services agencies needed (work with county collaboration board, Health and Human Services Council)
   • Get collaboration board to focus more on health issues
Participants were unable to discuss goals #4 & #5 due to lack of time, but were encouraged to forward any feedback to the County Planning Office.

Participants were thanked for participating and were informed that the comprehensive plan update will continue into next year, so there is still time for additional goals to be submitted to the planning office. Minutes will be prepared and sent to participants in the near future. Minutes from all minutes will also be made available on-line at the county’s planning website.