

# **LEPC for NCC – September Meeting**

## **Meeting Minutes**

November 10, 2014

### **I. Welcome**

Chairman Irwin called to order the November 2014 meeting of the Local Emergency Planning Committee of New Castle County at 2:30pm on November 10, 2014.

Todd Brentz from Delaware City Refinery (PBF) welcome everyone to the facility, discussed evacuation procedures in an event of an emergency and offered refreshments to everyone.

### **II. Introductions**

Everyone went around the room introducing themselves and the company, community, citizen or agency they represented. The following persons were present – (also see Sign In Roster).

David Anderson – NCCIHMR/Aetna Fire Co	Heather Hudson – Dept. of Public Health
Jeff Backus – DuPont Stine Haskell	David Irwin – Chairman LEPC NCC / SERC
Bob Barrish – LEPC / Citizen	Dr Ming Lau – Dept of Public Health
David Bennett – Agilent Technologies	Mark Lucy – Miller Environmental
Kim Bennett – Formosa	Bill McCracken – LEPC NCC/ IT Committee
Jamie Bethard – DNREC ER	Jake Morente – LEPC NCC
Todd Brentz – Del. City Refinery/PBF Energy	Rob Armstrong – Miller Environmental
John Deemer – Del. City Refinery/PBF Energy	John Outten – DNREC
Bob Fox – State Fire Marshal's Office	Al Stein – LEPC / Railroad Industry
Bruce Galloway – DuPont Exp Station	Charles Stevenson – Sussex LEPC
Mike Gladle – University of Delaware	Brenadine Wasserleben – AstraZeneca
Babak Golgolab – Claymont Comm Coalition	
Wayne Hopkins – DuPont Chestnut Run	

**III. Agenda Approval** – Motion: Babak Golgolab, Seconded: Bob Barrish. Vote: all in favor. Motion passed.

### **IV. Approval of minutes from last meeting**

Electronic copies were sent to members; minutes from the last meeting. The minutes were accepted with following corrections: *No Changes or Corrections Offered*

Motion: Babak Golgolab, Seconded: Al Stein. Vote: All in Favor. Motion passed

## V. Committee Reports

- A) Finance** Chairman Irwin reported the following expenses since last meeting that include Background Check, Post Office Box fees and Professional Services for Chairman and Vice Chairman.

Total Expenses \$ 13,477.84

Budget Balance \$ 60,779.82

- B) DECON** Jamie Bethard/DNREC – New Decon Vehcile is being outfitted and will be housed at the old Mill Creek Fire Station on Kirkwood Highway – it will be in service shortly. The pervious Decon Trailer is getting prepared for auction. It was also announced that Jamie Bethard accepted the position of Program Manager II – Emergency Response section of DNREC, vacated by the retirement of Ellen Malenfant.

- a) IT** Bill McCracken – (attachment 1) IDSI contractor for Tier II Manager software provided updates to allow easier reporting. Responder side still not ‘user friendly’

- b) Training** Mark Dolan was unable to attend due to illness. Chairman Irwin provided an overview of the November 5<sup>th</sup> Planning and Training meeting at Elsmere Fire Company. Mark Dolan provided a training report (attachment 2).

- c) Transportation** Al Stein reported BNSF plans to apply a \$1000 surcharge for each older crude tank car (DOT 111’s) effective January 1<sup>st</sup>, 2015. Canadian Pacific Railway adopted a surcharge for older tank cars that don’t meet the CPC 1232 standard. The Feds, proposed the phasing out of older tank cars and lowering he speed limit on High Hazard Flammable Trains (attachment 3).

- VI. Tier II Report** John Outten – DNREC – Tier II - John went into further detail of Tier II Manager software update corrections for users – to make reporting easier. John also answered questions regarding common reporting errors and software field changes. (attachment 4)

- VII. SERC** No report was presented

## VIII. Staff Reports

- a) Jake Morente – read accomplishments since last meeting (attachment 5)

- b) Chairman Irwin – read highlights and accomplishments since last meeting (attachment 6)

**IX. Old Business**

- a) 8<sup>th</sup> Annual HazMat Workshop - Chairman Irwin gave through overview of the 2015 Hazmat Training Workshop including courses and instructors. Chairman Irwin will work with the SERC and Deputy A.G. Morris on a path forward as the Workshop has grown over the years. This Workshop with nationally recognized instructors is provided free for all responders.
- b) Full Scale Exercise Video Status Chairman Irwin reported that on-going discussion with the property owner over what video footage can be used. Chairman Irwin hopes this can be resolved by our January meeting.

**X. New Business**

- a) LEPC Reports LEPC Chairman Chip Stevenson – no report

**XI. Presentation – Ebola and First Response** Dr. Har Ming Lau – Chief Toxigolist, Div. of Public Health

Presented a 30 minute presentation on Ebola and First Response in Delaware including a questions and answers session. (Attachment 7)

**XII. Any other Business**

Bruce Galloway from DuPont Experimental Station presented Chairman Dave Irwin and Jake Morente a certificate of appreciation and challenge coin for their involvement as evaluators in a facility drill in late September.

*Next Meeting – January 12, 2015 – Delaware State Fire School – New Castle Campus, 2311 MacArthur Drive New Castle 19720*

Host: Miller Environmental

**XIII. Adjournment** – Chairman Irwin adjourned meeting at 4:05pm

## **IT Committee Report 11/10/2014**

IDSi the vendor for Tier 11 Manager has provided fixes to the software on the reporting side; where DNREC is focusing on the upcoming reporting cycle.

The Response side of the software is still in need of some work, since it is not user friendly at the present time.

Hopefully, there will be a State IT Committee meeting prior to the December SERC Meeting.

Bill McCracken, Chair



Monday, November 10th, 2014

**NEW CASTLE COUNTY INDUSTRIAL HAZARDOUS MATERIALS  
RESPONSE ALLIANCE**

**NCCIHMRA TRAINING COMMITTEE REPORT TO THE LEPC FOR NCC**

The New Castle County Industrial Hazardous Materials Response Alliance Training Committee conducted one training session between the September 8<sup>th</sup>, 2014 and the November 10<sup>th</sup>, 2014 LEPC for NCC meetings.

The Thirteenth Annual NCCIHMRA Planning and Training Meeting was held on Wednesday, November 5<sup>th</sup>, from 05:30 pm to 09:00 pm at the Elsmere Fire Company Station 16. The Keynote Speaker was Delaware City Refinery Fire Chief Ron Dietrick, who presented "Delaware City Refining Company's Hazardous Materials Emergency Response and Preparedness". The NCCIHMRA Training Committee presented a draft of the CY2015 training program, DNREC ERT presented its emergency response incident annual summary plus a review of the SERT response levels contained within the State of Delaware Oil and Hazardous Substance Incident Contingency Plan, and the New Castle County Special Operations Hazardous Materials Technical Decontamination Team reviewed its 2015 plans at the November 5<sup>th</sup> NCCIHMRA Planning and Training Meeting. The meeting's attendance totaled fifty-seven.

The NCCIHMRA Training Committee conducted Committee Meeting #39 on Monday, October 6<sup>th</sup> at the Mill Creek Fire Company Station 21 to complete the following: (a) logistics planning for the November 5<sup>th</sup> NCCIHMRA Planning and Training Meeting; (b) first draft of the CY2015 training program; and (c) review of the recommendations from the September 18<sup>th</sup> After Action Report Meeting of the August 23<sup>rd</sup> LEPC for NCC sponsored Freight Rail Hazmat Incident Full Scale Exercise held at the Occidental Chemical River Road Site with support from the Delaware City Refining Company LLC, the Norfolk Southern Railroad and the Delaware City Fire Company.

Submitted by:  
Mark Dolan  
NCCIHMRA Training Committee

# Transportation Committee Submitted by Al Stein

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BNSF Railway Co plans to apply a \$ 1,000 surcharge for each older crude tank car. The charge goes in to effect January 1.

This surcharge will pertain to cars known as DOT 111s. It will not apply to cars called CPC-1232s that are built to a higher standard adopted in October 2011.

Canadian Pacific Railway Ltd. adopted a \$325 surcharge in March 2014 for older crude tank cars in the United States that don't meet the CPC 1232 standard. Earlier this year Canadian National Railway Co. introduced a rate structure to "create an economic incentive" for shippers to use the safer tank cars.

The Feds, in July, proposed the phasing out the older tank cars and lowering the speed limit on High Hazard Flammable Trains. The Feds are now in the process of receiving comments on these proposed rules. A lot of the comments state that a reduction in the speed limit may result in total rail system gridlock.

**Tier II Update - November LEPC Meetings [Provided by John Outten 11/25/14]**

**2013 Tier II Reports**

- **As of November 7th**
- **1790 Total annual reports submitted**
- **841 Reviewed, 47% up from 29% in September**
- **939 not reviewed to date**
- **22 fewer facilities compared to 2012**
  
- **37% of these reviewed had an issue that required some type of follow up**
- **101 facilities were contacted because they had not submitted**
  
- **175 Revisions**
- **138 Reviewed**
- **29 not reviewed to date**
  
- **Tier II Manager update has been received (9/25)**
- **reviewed and comments sent to IDSi 10/22**
- **Last follow up/clarification 11/5**
- **We are waiting on IDSi for a time table for new version's installation on the State's servers for the 2014 reporting year starting January 1st.**

**Annual EPCRA newspaper ads should be running later this week (Thursday [11/27] in State News, Sunday in News Journal [11/30])**

**2014 Tier II Facility User Training**

**New Castle County**

- **1/7 Lukens Drive**
- **1/14 Lukens Drive**

**Kent County**

- **1/6 Dover Fire School**
- **1/8 Dover Fire School**

**Sussex County**

- **1/13 Georgetown Fire School**
- **1/15 Georgetown Fire School**
  
- **1/20 Lukens Drive not advertised. Reserved if needed.**

## Local Emergency Planning Committee for New Castle County

### Vice-Chairman Staff Report

**To:** David Irwin – Chairman LEPC for NCC  
**From:** Jacob E. Morente - Plan Review and Fire Service Liaison  
**Date:** November 10<sup>th</sup>, 2014  
**RE:** Staff Report since September 8th, 2014

#### SERC & Tier II

9/10/14                      Attended SERC meeting in Dover

Site Assessments & Plan Reviews: (0 Completed)

#### Outreach:

- 9/18/14 Attended After Action Meeting for Full-Scale Exercise – Delaware City Fire Company
- 9/18/14 Delivered RAEP brochures to NCC Office of Emergency Management
- 9/20/14 Delivered RAEP brochures to Timber Farms Community Picnic - Newark
- 9/24/14 Participated as Evaluator in facility response drill – DuPont Experimental Station
- 9/25/14 Participated in Table Top Drill planning meeting – G.E. Aviation in Newark
- 9/25/14 Participated at Elsmere Fire Company - Open House event
- 9/28/14 Participated at Talleyville Fire Company - Open House event
- 10/4/14 Participated at Brandywine Hundred Fire Company - Open House event
- 10/8/14 Participated at Minques Fire Company - Open House event
- 10/11/14 Delivered RAEP brochures to Al Stein for Wycliffe community

#### Fire Service Liaison:

9/4/2014              Attended NCC Fire Chief's Association meeting at Hockessin Fire Company  
10/2/2014              Attend NCC Fire Chief's Association meeting at Elsmere Fire Company

NCCIHMRA & Training:

- 9/9/14 Participated in #1 Hazmat Workshop Planning Meeting at Mill Creek Fire Company
- 9/29/14 Received NCCIHMRA's Operations Manual – DNREC, Grantham Lane
- 10/6/14 Participated in #2 Hazmat Workshop Planning Meeting at Mill Creek Fire Company
- 10/6/14 Participated in NCCIHMRA Planning Meeting at Mill Creek Fire Company
- 10/8/14 Attended Rail Car Emergency Response training course at DSFS – Dover
- 11/3/14 Participated in #3 Hazmat Workshop Planning Meeting at Mill Creek Fire Company
- 11/5/14 Participated in NCCIHMRA Planning Meeting at Elsmere Fire Company

Attended the Emergency Preparedness & Hazmat Response Conference – Valley Forge, PA October 26<sup>th</sup>, 2014 thru October 29<sup>th</sup>, 2014

- Conference Steering Committee Member
- Presented a 40 minute brief during LEPC Best Practices session on our LEPC makeup and facility assessment process – received favorable comments
- Attended two-day Hazardous Materials Safety Officer course, Hurricane Sandy US Coast Guard Hazmat Response issues, Cyber Security and EPCRA EHS reporting

David Irwin  
Activity Report  
September 9, 2014 to November 10, 2014

**SERC Activities:**

- Participated in the September 10<sup>th</sup> SERC meeting.
- Prepared and submitted in a timely manner the LEPC Quarterly Performance Report
- Facilitated two HAZMAT Workshop Planning Committee meetings (9/9 & 10/6) hosted by the Mill Creek Fire Company

**Emergency Response Plan Reviews and Facility Visits:**

- Met with Burris Logistics and Goodwill Fire Company officials to conduct annual Emergency Response Plan review and site assessment.

**Exercise Status:**

- Participated as an evaluator at the DuPont Experimental Station Emergency Response Exercise conducted on September 24<sup>th</sup>.
- Agreed and accepted the Olson Group Freight Rail Incident Full Scale Exercise After Action Report & Improvement Plan
- Participated in the Full Scale Exercise After Action Report review meeting September 18<sup>th</sup>.
- Worked with Full Scale Exercise partners to get invoices processed and paid.
- Working with GE Aviation, NCCIHMRAs and DNREC personnel to plan and conduct a Tabletop Exercise by the end 4Q14.

**NCCIHMRAs:**

- Facilitated the 13<sup>th</sup> Annual NCCIHMRAs Planning & Training Meeting hosted by the Elsmere Fire Company.
- Presented Ellen Malenfant with a NCCIHMRAs Leadership Award.
- Presented DCRC Fire Chief Ron Dietrick with certificate of appreciation for presenting the "DCRC Hazardous Materials Emergency Response & Preparedness" presentation.
- The DuPont Edge Moor Site donated a "Midland Emergency Response Capping Kit" to NCCIHMRAs at the 13<sup>th</sup> Annual NCCIHMRAs Planning & Training Meeting.
- Worked with The Chlorine Institute to schedule Chlorine Training for March 28, 2015.
- Participated in Steering Committee meeting (10/6)

**Outreach Initiatives:**

- Participated in three CAP meetings, the Delaware City Refining (9/9), FMC (9/17) and Croda (9/24).
- Participated in the DC CAER meeting (10/9).
- Represented LEPC at Kent (9/9) and Sussex (9/18) meetings.

**Additional Activities:**

- Responded to EPA contractor Certification Request regarding Member Company complying with EPCRA reporting requirements (11/7).



## **DELAWARE DIVISION OF PUBLIC HEALTH ALERT**

### **UPDATED GUIDANCE REGARDING TRIAGING PATIENTS AT AMBULATORY/NON-INPATIENT HEALTH CARE SETTINGS FOR POSSIBLE EBOLA INFECTIONS**

#### **Background**

**Countries with ongoing transmission**

**Symptoms and mode of transmission**

**Recommendations for triaging, handling, and reporting suspected cases**

**Recommendations for Personal Protective Equipment**

**Facilities performing invasive/ aerosol generating procedures**

**Recommendations for cleaning**

**Questions? Or to contact DPH**

#### **Background**

This communication provides an update to the October 17, 2014 Delaware Health Alert regarding the ongoing Ebola virus disease outbreak.

The epidemic of Ebola virus disease (EVD) continues to unfold. Particularly affected are the West African countries of Sierra Leone, Liberia, and Guinea; but travel related cases have also shown up in other areas including Dallas, TX, and New York City.

Because of increased monitoring of travelers instituted by DPH in conjunction with CDC's Division of Global Migration and Quarantine, it is unlikely that patients responding "yes" to travel and/or exposure relevant to Ebola and complaining of symptoms will present to your non-hospital facility. Virtually all such patients would already be under monitoring by DPH.

There has been evidence of healthcare associated transmission of EVD in the United States, with two nurses who cared for a man with travel related EVD in Dallas, TX contracting the disease. Both nurses received immediate treatment and have recovered.

There has been no community (non-healthcare) associated transmission in the United States.

#### **Countries with Ongoing Transmission**

The epidemic continues to evolve. For an updated list of countries with ongoing high level transmission, visit the Centers for Disease Control and Prevention (CDC) website at <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>

## **EVD-Symptoms and Mode of Transmission**

Based on currently available information, Ebola virus is only transmitted by patients who have symptoms. Transmission occurs when a susceptible individual comes in contact with blood or other bodily fluids of an infected individual.

Symptoms of EVD occur after an incubation period of two to 21 days and include:

- Fever (temperature greater than 100.4<sup>0</sup>F or 38<sup>0</sup>C)
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

## **Recommendations/Reporting**

The Division of Public Health (DPH) is providing the guidance below to outpatient facilities including, but not limited to, urgent care centers and outpatient clinics, in order to help with triaging and handling patients who may have had potential exposures to Ebola virus.

1. Ensure that staff is familiar with the signs and symptoms of EVD listed above.
2. Have on hand several sets of personal protective equipment (PPE) and ensure that staff is familiar with their use. (See below for DPH recommendation regarding PPE)
3. Develop a quick screening tool that can be used by front desk staff to assess patients coming into your facility, including screening for recent travel to West Africa, and for contact with a known Ebola patient in the U.S. An example of such a tool is included here, and is also available on the DPH website.
4. Be sure that this screening is administered to all patients coming into your facility, rather than to a select few based on language, name, perceived accent, race, or other demographic. Remember that there is no increased risk inherent to such factors as race, nationality or language. The risk is only present with recent travel and/or exposure to infected patients.
5. When responses to the screening tool suggest no exposure to Ebola, continue to manage patient as you normally would.
6. When responses to the screening tool suggests the possibility of Ebola exposure but the patient has no symptoms consistent with Ebola, continue to treat the patient as you would normally, but also contact the DPH Office of Infectious Disease Epidemiology 24/7 at 888-295-5156, including weekends and holidays
7. For those whose responses suggest the possibility of Ebola exposure AND who have ANY of the symptoms listed above, take the steps listed below:

- a. First, remain calm. Bear in mind that there are several travel related illness including malaria, typhoid fever and dengue much more common than Ebola, and whose symptoms overlap with Ebola. You may very well be seeing any of these other illnesses.
- b. Separate the patient from staff and other patients in a room that has a door, and private bathroom if available.
- c. Contact the DPH Office of Infectious Disease Epidemiology 24/7 at 888-295-5156, including weekends and holidays. DPH will arrange for transport of the patient to the hospital for further evaluation.
- d. Any staff person attending to the patient should be appropriately attired in PPE. See PPE recommendations below.
- e. After the patient has left, clean the room where he/she was kept following CDC guidelines at <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>. Further detail also below.\*

### **Recommendations for Personal Protective Equipment (PPE)**

For non-hospital settings in which invasive procedures and aerosol producing procedures are **NOT** performed, DPH is recommending the following for the care of persons suspected of having been exposed to Ebola: \*\*

1. At the minimum: impervious gown, double gloving for all patient care, use of eye protection, face cover (such as a face shield) should be used.
2. In addition, it is important that the following additional measures be implemented if the patient is actively vomiting, bleeding, has diarrhea or is otherwise releasing copious bodily fluids:
  - a. No area of the healthcare workers' skin should be exposed and
  - b. Shoe covers or boots should be utilized.
3. Proper attention should be paid to removal of PPE after care of the patient suspected to have Ebola. Facilities should practice the "buddy system," in which one healthcare worker observes another removing PPE after caring for a suspected Ebola patient.

An easy to understand graphic for PPE removal is available at [http://www.who.int/csr/disease/ebola/remove\\_ppequipment.pdf?ua=1](http://www.who.int/csr/disease/ebola/remove_ppequipment.pdf?ua=1)

The CDC also provides detailed guidance on PPE removal available at <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>

<http://www.cdc.gov/vhf/ebola/hcp/ppe-training/index.html>

\*\*For facilities performing invasive procedures or aerosol generating procedures, see next section

### **Recommendations for facilities performing invasive or aerosol generating procedures**

DPH recommends that outpatient/non-hospital facilities consider deferring non-emergency invasive or aerosol-generating procedures on individuals with history of travel to affected areas or history of exposure to known Ebola cases until at least 21 days have passed since their last potential exposure.

If aerosol generating procedures (such as nebulizer treatments) or invasive procedures must be done in an outpatient setting, DPH recommends that such facilities follow CDC guidelines for PPE use in hospital settings available at link below and that the number of staff involved in the procedure be limited to the minimum number that can safely be involved <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>.

#### **\*Recommendations for cleaning**

When cleaning up after a suspected Ebola patient has been removed from your facility, you should follow CDC guidelines for cleaning available at <http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html>

Cleanup should be done by individuals adequately attired in appropriate PPE, with proper attention to careful removal of PPE, as is done for those who have cared for the patient.

#### **Reporting/Questions/Suspected Case**

Call the DPH Office of Infectious Disease Epidemiology 24/7 at 888-295-5156, including weekends and holidays.

# Ebola Quick Screening Tool

## for Outpatient Practices

In the past 21 days, have you...

- a. Been in Guinea, Liberia, Sierra Leone, or
- b. Had contact with an individual you know has Ebola (in West Africa, the United States, or elsewhere).

**YES** to either (a) or (b)

Have you had, or do you currently have, any of the following symptoms:

- Fever (greater than 100.4°F or 38°C)
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

**YES**

**NO** to both (a) and (b)

**It's okay for the patient to sit in the common waiting area.** Treat as with any regular patient. Use standard precautions and proper hand hygiene, as you would with any patient.

**It's okay for the patient to sit in the common waiting area.** Treat as you would any regular patient. Use standard precautions and proper hand hygiene, as you would with any patient.

**In addition:** Obtain patient's contact information for a follow up call from the Division of Public Health (DPH). Call DPH with any reported exposure at **888-295-5156**.

**NO**

**Move to a room with a door, separate from other patients.** Staff are to use personal protective equipment (PPE) - at minimum, impervious gown, double gloves, face and eye cover.  
**Call DPH IMMEDIATELY** to report at **888-295-5156** and **DPH will arrange transportation** to the hospital.

