

Capitol Region Emergency Planning Committee  
RESF-8 Health and Medical  
*February 1, 2017*  
Regional Coordination Center  
Manchester, Connecticut

Carmine Centrella opened the meeting at 9:36 a.m.

Those present introduced themselves. (See list of attendees, Page 3)

**Brian Gran** was introduced as the new Emergency Manager for the University of Connecticut Health Center. This is a new position within the Department of Safety.

**Mr. Centrella** reported that the January 19 meeting of the Capitol Region Emergency Planning Committee (CREPC) had a very large attendance as this group began a new year under new leadership. One project under development is the organization and operation of emergency coordination centers different from the incident command system. This will include intelligence gathering and other functions unique to working in a fixed facility.

**Mr. DeSanti reported on Long Term Care - Mutual Aid Planning (LTC-MAP):** On January 20, a facility in DEMHS Region 2 lost their heating system. Seventy patients were affected. The plan was activated, and portable heaters were obtained to manage the facility until the heating system was restored. In DEMHS Region 4 on January 31, after a construction accident, the plan was activated and 14 patients were transferred or discharged.

**Mr. Falaguerra reported on Hospitals:** Hospital Mutual Aid Planning contracts for the next funding period are due. Five hospitals have not yet returned their paperwork. He also reported that the federal Health and Human Services Assistant Secretary for Preparedness and Response (ASPR) is developing a template that will incorporate Joint Commission and other standards for future compliance for federal funding. Hospitals in this region are assisting in this development. The Connecticut Department of Public Health is developing a new 5 year cooperative planning process. A joint meeting is coming up to explain and explore this. A course on health implications of terrorism: "Back to Basics and Then Some" is being held at the DPH Health Laboratory in Rocky Hill February 28. A prolonged discussion followed about a state level Hazard Vulnerability Analysis (HVA) conducted many years ago that has not been updated. The HVA is the basis for planning, and agencies at different operational levels have not aligned their separate HVA results. It was noted that the national program is shifting from an assessment to an operational focus, which will require integrated HVA followed by regional and state level impact analysis.

**Ms. Dean, reporting on Behavioral Health** cited current work with UConn at Storrs in the conduct of training activities. At UConn, plans are underway to incorporate behavioral health responses within the broader emergency management program. In the past, the emphasis has been on responding to events to support acute mental health care. After a review of lessons learned from past events, plans are underway to provide support for long-term psychological needs of people in an emergency.

**Mr. Bova reported on Emergency Medical Services (EMS):** This committee had become dormant, and he is helping it to regroup. The Forward Movement of Patients Plan is now on the agenda with the intent to recommend revisions. Another project of this group is identifying the location of each hospital's Hospital Emergency Administrative Radio (HEAR) receiver and the name of the person in charge. There is a need to ensure this

system is still functional as a final backup when CMED and other systems fail. Another project being revisited is the setting guidelines for local pre-planning for EMS at large gatherings. The State EMS Advisory Board has an EMS Committee, which is currently looking at specific guidance for EMS operations at the scene of an active shooter.

**Mr. Centrella reported on the Metropolitan Medical Response System (MMRS):**

There is a national work group looking at issues inherent in health and medical response to a major event with shifting and coordinating issues for multiple agency response. Another area being examined is the role of community health centers.

**Ms. McCormack reported on the Medical Reserve Corp (MRC):** Recruiting is a priority with work underway to identify and train new members. A new project is being initiated - participation in the Connecticut Virtual Operations Support Team (CTVOST). This project uses monitoring of social media to capture and summarize information on social media during an emergency, and forwarding this to decision makers at appropriate coordination and command centers (See attachment 1, page 5). The MRC plans to participate at the upcoming exercise in March. Finally, the group is recognizing the impact on availability of personnel to respond to an emergency when they may be focusing instead on attending or observing major sports events such as the Super Bowl.

**Mr. Huleatt reported on local public health:** In a week, the 60 page draft Public Health Readiness Plan assessment format will be rolled out. An exercise is planned for March with Hartford Healthcare and Middlesex Hospital indicating an interest in participating. The commissioner of public health had previously proposed to consolidate separate health departments serving localities into county-level organizations. This has met with many objections and new plans are being proposed to consolidate these into agencies based at the regional level corresponding to DEMHS boundaries. Legislation will be required, so further discussion about this will be held at that level.

**Ms. Provenzano gave the report for the Department of Public Health:** No guidance has yet been received for funding of local contracts for FY 2018. The current fiscal year ends June 30, 2017. Also, the previous ebola funding grants also end on June 30. A work group is being created to revise and improve on medical counter measures planning. Funding (\$35,000 to \$60,000) is available to replenish supplies in this effort.

The meeting adjourned at 10:50 a.m.

The next meeting is scheduled for Wednesday, March 1, 2017.

Respectfully Submitted,



Cressy Goodwin  
Recorder

RESF-8

Feb 1st

2017

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## Attachment 1

# Wanted: Social Media Heroes

Some heroes wear helmets. Others have a head for social media and an investigative spirit...so put your digital skills to use during disasters and large-scale emergencies. Yes, *you can really help to save lives!*



The Connecticut Virtual Operations Support Team (CTVOST) is a group of community volunteers whose mission is to assist emergency responders by monitoring and analyzing social media for important information and communications trends posted during emergencies.

### We need social media enthusiasts to join our team!

- Receive **free training Feb 24 & 25** on how to use and monitor social media during disasters and large-scale emergencies
- “Deploy” from the closest computer or mobile device
- Connect and network with other social media peers

#### Minimum Requirements:

- Be 18 years or older
- Join or currently belong to a Medical Reserve Corps unit



### SIGN UP TODAY!

Scan the barcode above or  
For more information contact  
Sara Darlagiannis, CT VOST  
Coordinator at [skruczek@zoho.com](mailto:skruczek@zoho.com)

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