

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical – Long Term Care Facilities Planning
Workshop Meeting
December 10, 2009
Avery Heights, Hartford, Connecticut

The meeting opened at 8:05a.m., with 15 people present. A separate attendance sheet was created and is now held at the CRCOG office.

The discussion focused on prior activities and methods to implement data collection activities.

One actual emergency situation was discussed in detail. The loss of a boiler in a facility in Massachusetts caused the local building inspector to threaten pulling the certificate of occupancy within an hour. Intervention prevented this action that would have required an immediate evacuation of all residents. The issues were resolved securing the safety of all involved. This incident demonstrated the need for facility officials to get to know local officials face-to-face and share planning expectations in advance.

The following topics were reviewed defining current program elements under development:

1. A review of the proposed categorization of psychiatric capabilities;
2. Distribution and discussion of the revised disaster tag with bar coding labels;
3. Surveys to be made identifying suppliers. ***During the discussion, the group recommended that local pharmacies be included in future meetings with suppliers;***
4. The planning premise that each facility will plan to accept transfers from others not to exceed, and that time, 110% of their census;
5. The planning objective of risk management by keeping patients comfortable and secure if possible by protecting in place rather than transferring them. This can be done if essential resources required can be identified and brought to a facility in a disaster using regional resources – mutual aid.

Data survey forms were presented and discussed in some detail. It was announced that these forms will be posted on the Website. Each facility is asked to review these and make comments back before they are finalized. At that point, each facility will be asked to complete and return these forms using this Website. In addition to patient care capabilities and internal resources, a separate survey will be developed to document transportation capabilities. ***Answering a question, the consensus was reached that both surveys should be distributed at the same time.***

It was agreed that communications to all facilities announcing the release of the surveys and the need to complete the data inputs is best served if this originates from DPH. Mr. Aronson will check on having DPH be the primary agent to communicate this to facilities in the region.

The draft Long Term Care Facilities Mutual Aid Plan will be released in a week. This document will guide future discussion.

The session adjourned at 9:10 with members invited to participate in a walk-through survey of physical space at Avery Heights

The group toured the medical office and rehabilitation area documenting available space and possible configurations to accept additional patients up to 110% of the licensed capacity. Individuals learned from this how to conduct their separate surveys locally.

General Meeting to Introduce the Project

The primary purpose of this meeting was to introduce the project to those long term care facility representatives not attending the initial meeting on October 14, 2009.

The meeting opened at 10:08 a.m. with 17 people present. A separate attendance sheet was created and is now held at the CRCOG office.

A formal presentation was provided by Mr. Aronson. (See PowerPoint slides, attached).

This presentation identified the need for developing a mutual aid plan for long term care facilities in the Connecticut Department of Emergency Management and Homeland Security (DEMHS) Region 3.

The elements of this plan were presented, and each of the planning steps were identified

The timetable for this process was then discussed. During March and April 2010, the planning process will become finished and the project will move into the phases of training and exercising.

During the discussion, it was agreed that in all future documentation, references will be made to “patients” rather than “residents.” This will make the plan and supporting documents consistent.

The meeting adjourned at 11:58 a.m.

Respectfully submitted

Cressy Goodwin
Recorder