

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
March 11, 2014
Chawla Auditorium, St. Francis Hospital and Medical Center
Hartford, Connecticut

Members Present: *See attached attendance list (p. 5, below)*

The meeting was opened at 9:35 a.m. by David Koscuk, chairman.

The revised minutes of November 6, 2013 and the minutes of December 4, 2013 had been previously distributed.

Raphael Barishansky, CT EMS Director of EMS, presented information about proposed legislation that could affect EMS statewide. In 1974, the legislature created initial authority to regulate ambulance and paramedic services. Prior to 1974:

- Many EMS groups competed for emergency calls locally, and dispatching followed a rigid pre-determined sequence ("rotation lists") which ignored the proximity of the service to the scene.
- Some EMS units cruised to respond to events based on monitored police radio calls. This led to many crash scenes with multiple ambulance units appearing, none of which were dispatched ("jumping calls").
- Several instances were documented where ambulances would respond to several calls in sequence before bringing all the patients as a group to a hospital ("stacking calls").

The statute approved thirty-five years ago authorized regulations to have OEMS award a "Primary Service Areas" (PSA) as a specific geographical area to be served exclusively by an identified emergency medical services provider (PSAR). The PSAR is the only group that can respond to emergency calls within that PSA.

Currently, there is no identified process for OEMS to change PSA designations. This has frustrated local officials who want to change their PSAR group. In 2013, the legislature approved the creation of a "Connecticut Emergency Medical Services Primary Service Area Task Force. The required report to the legislature was approved by the task force on February 7, 2014.

There are 5 recommendations outlined in the report:

- Each municipality shall update its Local EMS Plan." A template for the Local EMS Plan is proposed.
- DPH shall review and rate each municipality Local EMS Plan a minimum of every five years.
- If the PSAR sells all or a majority of its ownership interests, re-designation of the PSAR is required.
- Procedures are outlined to follow for the removal of a PSAR.
- Procedures to allow a municipality to change a PSAR for reasons not related to quality of care (*e.g.* for economic and competitive alternatives) are discussed. A minority of the task force filed a position statement in opposition to allowing this. A majority position was also drafted.

Mr. Barishansky urged all to view the report in detail. It is available on the DPH website.

http://www.ct.gov/dph/lib/dph/ems/pdf/communication_statements/2014_02_psa_task_force_report_final.pdf

During the discussion, it was noted that some communities have more than one designated PSA within the town/city boundary. Also, the combining of two or more towns is possible to be designated as one PSA.

Ms. Keating gave the DPH Report:

- The next quarterly meeting will be held this week
- Two major exercises are being planned: The Strategic National Stockpile (SNS) exercise in April, and the Governor's Statewide Exercise in June. The SNS exercise will be reviewed and evaluated by federal officials who will be present. The Governor's exercise is scheduled for June 21 & 23. State agencies will participate both days; Each hospital will chose one day for participation.
- Information on future federal funding is still up in the air. Guidance is expected but not yet made available.
- The development of assessment processes for ESF-8 are being developed. These should be available for discussion by next Monday.

Mr. Bailey gave the EMS report:

- There is emerging research that challenges the routine use of long backboards for spinal immobilization. This devise has been found to aggravate some injuries, and is quite uncomfortable. The alternative of soft, conforming structures is being considered. Protocols are being developed and will be discussed in the future. (see: <http://www.medicscribe.com/2013/02/21/in-praise-of-cemsmac/>)
- OEMS is considering an alternate CPR paradigm - hands only compressions. This is contrary to American Heart Association guidelines for artificial ventilation with compressions. Research has shown that hands only CPR except for very prolonged resuscitations increases oxygenation of the patients organs. This new protocol will be rolled out this summer.
- The Connecticut Emergency Medical Services Medical Advisory Committee (CEMSMAC) is reviewing screening protocols for EMS personnel attending fire and other officials at emergency rehabilitation stations. It was discussed that Medical Reserve Corps (MRC) personnel in other regions also perform this service.
- Carbon monoxide (CO) poisoning screening protocols are being reviewed.
- The legislature has a bill pending to direct all first responders to carry and be authorized to use naloxine for counteracting life-threatening effects from overdosing of opiates CESMMAC will be reviewing this for a recommendation.
- A future role is being considered for EMS to coordinate locally integrated medical delivery systems.

The local public health report was given by Mr. Huleatt:

- Prior to the SNS exercise, contract deliverable documents will be completed and submitted.
- The Strengths, Weaknesses, Advantages and Threats (SWAT) analysis previously completed is being reviewed for current validity.
- Work is underway to consolidate and coordinate local public health agency roles statewide. DPH is planning several statewide changes in local health direction. Many current officials in existing public health departments are moving on.
- It was announced that Melissa Marquis has left the Connecticut Association of Directors of Health (CADH) to accept a new position providing support for multiple departments of health in Region 3 (covering 12 of the region's 41 towns).
- State DPH had previously taken over the role of regional planning. This resulted in a loss of funding for CADH. The result is a deficiency in regional preparedness and operational capabilities. The CADH board is now grappling with this.

Mr. DeSanti gave the report for long term facilities mutual aid planning:

- There is a state-wide planning meeting to be held later today.
- April 29 is the date for the training session for the Mutual Aid Plan. This will be held at the Northeast Utilities Conference Room.
- The June 9 Long Term Care MAP exercise will involve Connecticut regions 1, 3, 4 and 5. For Region 3, there will be 4 disaster-struck facilities. Two will play their evacuation roles on paper. The other two facilities will test their complete evacuation of their facilities.

Mr. Kosciuk announced that the remaining unspent UASI funds have been allocated as a priority to complete the planning for long-term care facilities. It is expected that 30 additional facilities will be included in this effort.

There was not formal hospital section reports. It was mentioned that the Hartford Healthcare Corporation is planning to change emergency communications within all its member hospitals to plain English - eliminating all codes.

The Medical Reserve Corps report was given by Ms. McCormack:

- Katherine Davis of the CT Disaster Behavioral Health Response Network. (CT-DBHRN) previously met with the Capital Region Medical Reserve Corps (CRMRC) to conduct a training course in Psychological First Aid. Follow up will take place at the April meeting.
- The CRMRC participated in a program held by the Hartford Chapter, Hispanic Nurses Association. The topic was empowering the elderly.
- Ms. McCormack representing the CRMRC will be meeting this week with Yale New Haven and Hartford Hospital. The purpose will be to discuss in detail the roles played by MRC and ESF-8.
- Citizen Corps grant funding has been made available for CRMRC (\$1,500) and Middletown MRC (\$1,500). A request is being made for added funding for the separate subsections of the CRMRC - Manchester/Glastonbury and Chatham.

- Future meetings of the CR-MRC will implement scenario-based discussions. This is a follow up recommended after the October 2013 exercise.
- The group will be participating in Hartford Hospital's Austere Medicine course being held in April at the New England Disaster Training Center at Camp Hartwell in Windsor Locks.

Mr. Centrella reported on MMRS:

- Funding to support this will continue for two years.
- Active shooter protocols are to be developed. These will coordinate responses from police, EMS, behavioral health responders, local public health departments, and the National Guard.

Mr. Bailey reviewed a listing of pending legislative bills being advanced in the Capitol.

It was announced there would be no meeting of the hospital section following this meeting.

The meeting adjourned at 11:08 a.m.

The next meeting will be held on Wednesday, April 2, 2014, at the RCC in Manchester.

Respectfully Submitted,



Cressy Goodwin
Recorder

ATTENDANCE:
CREPC ESF-8 Meeting
 March 11, 2014

Initial if Present	Name	Affiliation	E-mail Address
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