

Capitol Region Emergency Planning Committee  
RESF-8 Health and Medical  
May 7, 2014  
Regional Coordination Center  
Manchester, Connecticut

Members Present: *See attached attendance list (pp. 5-6, below)*

The meeting was opened at 9:37 a.m. by David Koscuk, chairman.

**The revised minutes of March 11, 2014** had been previously distributed.

The group agreed by consensus to start future meetings at 9:30 a.m.

**Ms. Duberek gave the DEMHS report.**

- The dates of the Governor's Statewide Emergency Preparedness Exercise has been changed. Saturday, June 21 and Monday June 23. The major emphasis will remain sheltering needs for special needs patients (ESF-19). A shelter will be set up in East Hartford, and video taping will take place for a future orientation program. Monday's efforts will be a table top exercise.
- Information will be sent to members of Region 3 RESF-8 announcing upcoming training projects.
- At the Emergency Management Symposium on May 6, Kurt Schultz, who was the incident commander at the 2013 Boston Marathon, made a presentation. The local MMRS responded through Boston EMS.

**Ms. Keating gave the DPH - Public Health Preparedness report.**

- Objectives for health care practitioners for the Governor's Statewide Emergency Preparedness Exercise have been sent out. A request has been made for feedback on which day each facility will be participating.
- Feedback is being solicited from participants of the SNS exercise held last Fall. The After Action Report will be shared once it is completed.
- The Year 3 grant application for hospital preparedness is due on Friday. Decisions are pending on funding levels for one or more centers of excellence facilities.
- The CDC has been sending out information about the Middle East Respiratory Syndrome (MERS). This information is focused on increasing awareness of this new emerging disease.

**Mr. Huleatt, Ms Marquis and Ms. Cherniak gave the report for local health departments.**

- Another grant application is being applied for the end of the multiple-year cycle of funding. Flat funding is expected.
- A facilitated discussion has been held on the sustainability of past projects developed using federal grant funds. The primary lesson learned was the need for strategic planning for the continuation of the RESF-8 in the future.
- There is a need to develop a mutual aid protocol for sharing resources when shelters are set up. This has been done in Region 4. Work has started and when done, this will assist the RCC in coordinating efforts.

- Mr. Centrella supported this effort by saying that in an emergency, local leaders including CEOs tend to pull back and not share their local resources.
- On June 7, a door-to-door public awareness survey will be conducted. This "Community Assessment Survey for Public Emergency Responses" (CASPER) will focus on a limited number of communities in Region 3.

**Ms. Dean gave the Behavioral Health report.**

- Training has continued in different regions state-wide.
- A teams responded to a recent exercise with long term care facilities.
- In March, members of the MRC were provided training in psychological first aid.
- A brief review was discussed of the responses in December 2013 in Newtown.

**Mr. Falaguerra and Ms. Keating gave the report for the hospitals.**

- Activities continue to follow up with the SNS exercise to identify lessons learned.
- Hospitals are being encouraged to participate on the June Governor's Exercise.
- Beginning in July, DPH will be resuming the monthly meetings to continue developing issues of concern to hospitals.
  - \* Mass Fatalities Plan
  - \* Mass Casualty Plan
  - \* Forward Movement of Patients

It was noted that the hospital accreditation authority, the Joint Commission, is requiring many of these state and regional policies.

- There is consideration to respond to CMS (Medicare administration) over pending regulations that are in conflict with the Joint Commission and would be very costly to implement.
- The new platform for Everbridge is now being implemented. This is far more advanced than before and will require more training.

**Ms. McCormack gave the Medical Response Corps report.**

- The after action report and improvement plan of the October 2013 exercise is still guiding actions to improve the operations of the MRC.
- The logistics chief has implemented activities to improve the ability to support local responses. A SMART triage training course has been taken at the New Britain EMS Academy. Some members have taken the train-the-trainer course to continue this triage training within the group. Unit leaders are assigned specific areas of expertise. Ms. Dean has worked for two months to provide training in psychological first aid.
- Volunteer recruitment remains a priority. Presentations have been made at the Manchester Rotary Club and at Bristol Hospital to identify the role of the MRC and how it can be supported with new volunteers joining.
- Motivation of existing members is also a concern. More frequent activation of the MRC would help and the role of the MRC needs to be explained to more community groups.

**Mr. Centrella updated the group on the status of MMRS programs.**

- MMRS programs are no longer funded separately. Funding through other groups for MMRS programs will end on July 2016.
- Mr. Centrella has attended many national programs. Connecticut has been identified nationally with the December 2013 shooting at Newtown. This visibility has allowed the opportunity for discussion on Connecticut's MMRS programs and the need for sustainability.
- As a result, Mr. Centrella has taken on several new roles:
  - \*Trainer for the MRC
  - \*Administrative support to the hospital MAP project.
  - \*Planner for regional "Active Shooter" responses.
  - \*Planner for Tactical Combat Casualty Care (TCCC) programs.
- A steering Committee has been created to define agency roles in former MMRS projects once central support is no longer available.
- Several projects are closing down - nationally as well as within Connecticut. Three future national conferences will share information on this - to be held in Philadelphia, Denver and Alaska. Among the topics to be discussed is development of emergency services preparedness coalitions, and locally-driven CEMPAC formularies.
- Last fall, the national Homeland Security, Office of Bomb Preparedness did a table top exercise in Hartford. Its success was demonstrated by their request to return for another session involving all partners who would respond to such an event.

**Mr. Centrella reported on activities of the Long Term Care Mutual Aid Plan group.**

- A training conference was held last week at the North East Utilities conference center.
- A full scale exercise is being planned for later this year. Four facilities will be designated "disaster-struck" and their patients will be evacuated to other participating facilities.

**Mr. Kosciuk brought the group up to date on several issues.**

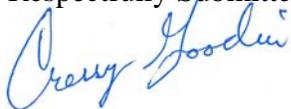
- The legislature approved the clarification of EMS planning and the designation of primary service areas (PSAs) for emergency medical responders.
- Based on this legislation, a hearing was held at DPH and the PSA responder designation of South Windsor Volunteer Ambulance Association was terminated. In its place, Ambulance Service of Manchester will be named the designated responder for ambulance and paramedic coverage.
- The new EMS tracker system is being developed that will allow patients to be identified by a numerical or bar code as they move through the system. A smart phone application will be used to allow scans to be taken as the patient is transferred between levels of care. Art Groux is heading up this effort.
- The American Red Cross is participating with Hartford Hospital to set up an integrated family support center.

- On June 10, discussion will open up reviewing the issues of moving toward a mobile health care response system, such as is now done in Texas. Instead of just responding to patients and transporting them to a facility, such a transformation would allow treat and release decisions to be made in the field. Legislative and regulatory changes would be required, but with advanced technology and more prevalent advanced level field care possible, many patients can be more efficiently served without always transporting them to a hospital.
- Details of the recent case of Mid East Respiratory Syndrome (MERSA) were discussed. This disease has high case mortality rate (30%). There is no vaccine available, and its means of transmission is not yet known. Apparently, people infected with MERS but without symptoms can carry the disease and infect others for between 2 to 13 days. However, there is only one identified case in the US to date. People should review their old SARS response plans to become familiarized with the type of strategies that might be indicated. For now, this discussion is for information purposes only, The CDC Website has more information.

The meeting adjourned at 11:23 a.m.

The next meeting will be held on Wednesday, June 4, 2014, at the RCC in Manchester.

Respectfully Submitted,



Cressy Goodwin  
Recorder

ATTENDANCE:  
**CREPC ESF-8 Meeting**  
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