

Region 3 RESF 8 Public Health Minutes

Meeting: 4 February 2011

Windsor Town Hall

Attendees: Charles Petrillo, Brian Bielawiec, Dave Koscuk, Allyson Schulz, Jeffrey Lim, Marge Seiferheld, Juanita Estrada, Steve Huleatt, Judy Torpey, Mary Laiuppa, Rob Miller, Heather Freeman, Bill Kramer, Maryann Lexius, Paul Hutcheon, Kate Novick, Rick Matheny, Tung Nguyen, Corinne Rueb, Melissa Marquis, Sylvia Dake.

Welcome: Melissa Marquis welcomes everyone to Windsor and thanks Charles Petrillo, our host.

Approval of Minutes: 7 January 2011 minutes – Marge Seiferheld’s name should be added to attendees list. Mary Laiuppa’s comment on sanitarians and nurses should read that they often don’t get a chance to work with sanitarians and nurses from other work communities. Minutes approved, with changes, unanimously. Melissa will re-post on CRCOG’s website once corrected.

Handouts: Working group guidance, proposed new agenda template, SNS extranet site.

Regional Planning Updates:

Workgroup organization is moving forward. More participants are needed in the workgroups – it would be nice to have one DOH on each workgroup. Also, Steve Huleatt wants more SME on each group (i.e. more disciplines from each LHD should be represented). Tell Melissa if interested to join a workgroup.

Carmine Centrella will chair the Regional CRI workgroup and he and/or Dan Scace will chair the Regional PHERP workgroup. ...Melissa will chair the PPHR workgroup and Local CRI workgroup. (See handout for descriptions of workgroup assignments). The monthly ESF-8 pH meeting will now become the harmonization task force. It will be comprised of all who attend our current meetings. This meeting’s monthly agenda will change to reflect our workgroup efforts. Steve shared a draft agenda for these meetings and asked for feedback. Some elements of the old agenda will be kept as needed... state report, etc. (Note the CREPC meeting is also changing and anticipated to meet every other month or so.) The Harmonization meetings will be devoted to work group efforts and reports. We will keep the first Friday of every month as the meeting date but we could look at having only one meeting place. The group agreed to continue with the rotation of the meeting location. Everyone agreed that there is value in getting to know each others communities. The meeting site rotation also offers the chance to raise a department’s visibility within the community. Harmonization meetings will start next month. The steering committee will meet for a short meeting, just before our monthly meetings. The committee meeting will begin at 8:30 and go up to 9:30 when the Harmonization meeting will begin. The

steering committee meetings will be every three months (quarterly). Melissa suggests that the workgroups will determine their own work schedule and can meet every few weeks in person or via conference call – whatever works best for them. Friday the 25th of February will be the first meeting of the steering committee – probably located at the CRCOG conference room. Charles asks that we be sensitive to the time demands required for these meetings and insure that the committees don't become just a rehash of materials from another meeting. Steve agrees and notes that the chairs will try to insure things remain efficient.

Note that Carmine, Melissa, Sylvia, Charles Brown, and Steve will be pulling together our PPHR application. This effort will involve rewrites of the RESP and writing a Regional PHERP. These are the key documents in the application process. Steve notes that this group has been meeting over the last 2 months to outline a work plan for the application. Steve reminds everyone that PPHR is a Regional TAR on steroids. The criteria are different from the 2006 application. Lots of “show me” documentation is required. CT DPH will have a lot of input.

Contracts:

Contracts are signed and delivered for Region 3 and are in the Attorney General's office. Simplified expenditure worksheets need to go to Steve. These worksheets are formatted based on fee for service tracking - not necessarily a line item report of the number of hours you log. Just log the completed tasks.

The \$5K allowance is up to \$6K this year to help cover the PPHR work. Hartford got a \$1K more, with a slightly different contract. Even this small increase should help everyone's budget.

There is a bit of confusion about the grant process which is further impacted by the assumption of new leadership in the state. The new administration is being very careful about the process and this will slow things down. Juanita Estrada noted that PHER grants probably won't get out until March. There's not a lot that can be changed to speed up the process. Steve encourages folks to continue the work and plan to get reimbursed. He recognizes that it is difficult to proceed this way, especially when it comes to purchasing equipment (like trailers). Corinne notes that the state will work on inefficiencies in the contract process. PHERP contracts are at the Attorney General's office and will go out, soon. Steve notes that local budgets can be amended. He also notes that if the change is less than 10% – no amendment is needed. Steve will supervise and negotiate some contracts which go straight to regional office. There is a lot to be finalized.

Drills and Exercises:

Drill reports should continue to go to Steve and Melissa, as well as DPH, so that things won't get lost. Contract processing has yet to be outlined. The schedule over the next 18 months is very full. Melissa attended the regional WMD exercise IPC last Friday and pushed for RESF-8 PH participation to help fulfill our PPHR and CRI requirements for exercises. A key RESF-8 seminar will be at St. Francis Hospital on February 17th. This seminar will outline specific

concerns about EMS mobilization, decontamination, the Mass Fatality plan, and the Forward Movement of Patients plan. April 13th is the date for the WMD table top exercise (location TBD). Multiple workshops and seminars to facilitate the development of this exercise will be posted on CT Train and open for you to register to attend. All are encouraged to attend some of these meetings to facilitate your awareness of the planning for the functional exercise in June (date TBD). This exercise is funded through the Urban Area Security Initiative grant that is coordinated by CRCOG. As a result, some of the language is a bit different than what we hear in DPH. Melissa suggested in the IPC that a biological dispersal be a primary focus. This will allow us to play a significant role. One Functional or Full Scale exercise is required each year with one focusing on Special Populations and one focusing on an Alternate Distribution effort. We may construct an exercise as a distribution effort (closed POD) to a Long Term Care (LTC) facility. That will take care of both requirements in one exercise. Communications drills are also planned throughout the year. Watch CT Train for the April 13th table top drill that will be a fairly large effort - maybe a hundred plus attendees (location TBD).

Maryann Lexius shared that she created a call down tree that harmonized the efforts of medical services with CERT and local PH to handle a sheltering requirement that arose after one of our recent snow storms necessitated a warming shelter be opened in Manchester.

Rob Miller reported on their distribution drill on the 10th of January. They focused on pushing meds out to a closed POD after receiving palletized materials. It went well. They learned a lot about paperwork problems and saw a need to streamline the process. The drill was completed in one afternoon. It will help with updating plans. Steve asked for more detail on the materials used so that others may use the same ideas for their exercises. Rob did identify chain of custody issues as well as the paperwork problem. Corinne had strongly encouraged the use of SNS paperwork but on closer review she found them to be “lacking”. Melissa suggested that we need an inventory of “Meds in boxes” and other materials that can be used for exercises. Previous years exercise materials might have been lost. Demobilization and recovery processes need to be drilled with regard to returning unused materials. With 71 LTC facilities signed on to work with us, there’s opportunity for all to drill and fill the requirements. Southington’s drive through drill was a good one and the AAR should be shared.

Amy Shields, in Region 2, received (from Melissa) a list of volunteer observers and evaluators for their 8 February table top. April 19th is the date for their full scale exercise. They will be pushing to closed pods (LTC sites). This regional effort is being constructed as the sum of the local’s distribution plans. All are encouraged to come see it to facilitate their planning for exercises. Please note that to fulfill your exercise deliverables; you must be a participant – not just an observer or evaluator – but an exercise player with a defined role for it to count as one of your exercises. “Participation” will be further defined by Steve but for now, if you have questions, touch base with Steve.

Allyson Schulz asked for clarification on drill requirements. Steve notes that requirements are buried in contract language. He says you should test 3 of 8 metrics. Next year there will be additional opportunities to fulfill this drill requirement. Melissa notes that quarterly call downs (communication drills) where you call out to your POD partners are required. Corinne adds that, according to TAR, 3 different metrics can be accomplished with one flu drill. A real world food alert to restaurants can be tracked and analyzed to fulfill metrics. Judy Torpey asked if a real world call out to childcare and other care facilities counted. She would like to see written guidance on what qualifies for which metric. John Stonoha, now at State DPH in drills and exercises, might help with that. His current position was empty much of last year. That made things a bit difficult in terms of determining qualifying events but details should be forthcoming. Discussion ensued on what qualifies...site set ups, calls, faxes, decision making. Melissa will send out some guidance on this. It was highly encouraged that Corinne provide specific education on metric sheets since no one received training.

Steve also notes that the plans for next year's exercises must include some kind of "response to floods or natural hazards" drills to fulfill PPHR "all hazard" requirements.

Corinne's presentation:

Corinne provided some education and clarification on Extranet and few of the metric sheets:

She presented information on how to sign up for the newsletter; participate in the announced webinars, etc. A specific user ID and password is on the handout in left side bar. She suggested that everyone browse the site, look at the "What's in the 12hr push pack?" section. Note, this pack goes to Bradley Airport and contains some hospital materials like ventilators as well as the meds that will be pushed out to the distribution sites. Note: there is training on line that includes archived webcasts. Staff training is available. The state has CERC training but the training on Public Information on this site might be more helpful for mass dispensing situations. Corinne can be contacted to observe/evaluate drills and exercises or to help complete reports for your drills. Melissa mentioned that decision making tools might be helpful in exercise evaluation. Closed POD recruiting resources is a good link when you want to reach out to your local partners for work on drills/exercises. You can grab and adapt the brochures and handouts to announce training and inform/prepare your partners for participation. Steve notes that there's a checklist for action items, guidance on closed POD qualifications, etc. This Wednesday there is a webinar on Closed PODs. Corinne encourages discussion of what you learn especially if it conflicts with what we have discussed or done here in CT. Steve noted that ChemPack was the subject of last month's webinar. It offered a chance to learn more about DEMHS' use of the ChemPack for Hazardous Materials incidents. Webinars may require that some software be downloaded but they typically give a dial in number for the audio component and offer online viewing of a live PowerPoint presentation. CDC does monitor the chat during these webinars.

CREPC:

The new CREPC coordinator position has been posted on the CRCOG website.

There is a state wide evaluation of ESF positions. Capabilities assessments are on going. Steve suggests familiarization with the Target Capabilities list. It includes mass dispensing elements with more on core competencies.

DPH:

Updates provided by on: WebEOC training posted to Train, facilities licensing items, POD reports, etc. Steve asked about infectious disease program reports and education. Juanita will get back to us. The question was raised about the absence of the lead reports newsletter? It appears that no reports are getting to LHDs.

DEMHS:

No report.

Other Business:

Dave Kosciuk presented a brief update on the activities of the patient tracking workgroup. Day to day and mass casualty reporting procedures are in place. This workgroup is looking to convene a beta test group this summer.

Mary Laiuppa asked about status reports on the Epi Strike team: Action on this will get rolled into work on PPHR requirements. Work is ongoing especially with team selection and training.

Federally qualified health centers? Who's got one? Hartford and others have them but where is it defined – on the DPH web site. Who gets federal funding? Information on this will be posted.

Melissa closes the meeting at 11:40am

Next Meeting: March 4th - Wethersfield PD