

Agenda
DEMHS Region 3
Public Health Preparedness Planning
ESF-8 Harmonization and Standardization Meeting
September 7, 2012
Windsor Town Hall

Attendees: Charles Petrillo, David Boone, Judy Torpey, Jennifer Sawicki, Bill Kramer, Maryann Lexius, Jennifer Kertanis, Steve Huleatt, Nicole Hawley, Allyson Schulz, Carmine Centrella, Paul Hutcheon, Juanita Estrada, Janet Leonardi, Melissa Marquis

- Welcome- Melissa Marquis welcomed everyone to Windsor and thanked Charles Petrillo and Allyson Schulz for hosting.
- Approval of Minutes- Charles motioned to approve and Judy Torpey seconded. All in favor.

Workgroup Reports:

Melissa reported that the workgroups have not met due to the completion of PPHR and CRI deliverables. We are getting to a point now where workgroups need to be reconvened. Melissa asked the group what ideas they have on projects or issues. Bill would like to identify terminology for sanitarian level- due to varying levels of certifications, etc. Reconvening the resource typing workgroup may be helpful in this. Steve said you can request an RS- registered sanitarian so they don't need to have a supervisor present. Additionally, the state requires certification for sanitarians.

- We have done a lot of work intra-regionally on resource requests and communication within the RESF-8 group, and we would like to bring more work to the inter-regional level (between regions). Steve reminded everyone that this does happen at the regional advisor meetings and with DPH. Melissa discussed that the inter-regional sharing of resources document will need to be finalized and shared with the regions in the state. A state-wide ad hoc workgroup will likely be convened so that representatives from each region will be present.
- Maryann suggested that we also have a back-up person identified to each of the public health leads. The RCC can assist with this redundant level of staffing, particularly in terms of resource sharing.
- We need to develop a plan to train staff to with respect to communicating and sharing of resources. We have an algorithm and a basic plan, but there needs to be more information regarding the process and procedures. Other regions have such a plan- perhaps a regional communications ad-hoc workgroup can be convened to adopt a more formalized process.

Steve shared that DPH sent out a draft local health capabilities survey:

- Mass fatality
- Sharing info with long term care

- Local health role in mass care
- NPI
- Safety and health of deployment of responders
- Local health volunteers

Can we use these overarching ideas to help form some workgroup ideas?

- Administrative preparedness... how do you handle COOP procedures for accreditation.

Of additional news...

- Steve Huleatt talked briefly about the linkage between Project Public Health Ready (PPHR) and the Public Health Accreditation Board (PHAB). If you have gotten credit on PPHR... you may be able to receive credit for PHAB. There may be a potential to submit a regional PHAB application. This has not been officially determined at the national level.
- Robert Wood Johnson has funded cross jurisdictional sharing grants that may fund cross jurisdictional accreditation.

CRI:

- For a while the discussion at the regional advisor level has been to develop regional framework and regional TARs.
- Due to funding cuts at the federal and state level, the State and CDC decided to decrease the amount information sent to DPH, and in turn, to CDC. CDC would like to consolidate New England (Region 1). The idea was to write one regional POD plan. This was tried a number of years ago by a few people, and it was quickly determined that it did not work due to lack of operational authority at the Regional level. Region 4 has successfully developed one plan with each MDA plan as an annex to that plan. This is mainly due to the small number of MDAs (3) they have. CDC and DPH wanted to replicate this model in each of the Regions in the State. After a conference call with CDC at the last regional advisor meeting, it was determined that all regions except Region 4 will conduct the TARs individually as we've always done. The main differences are still being discussed... but we've outlined how it may look:
 - The process of scoring the TARs will be more streamlined to examine only the deficient areas.
 - Melissa noted that the timeline according to the contracts state both the plan and TARs need to be done by April 2013. This will likely affect the start date of TARs for this year. This is not finalized at this time from DPH level.
- Individual contracts will remain with each LHD and WHBHD. Steve has not received any money from DPH yet for this last contract period. This was due to multiple issues. The local contracts are in, but the regional contract has not been finalized yet. Jennifer asked if there is a work plan of sorts that delineates the tasks that need to be completed on an ongoing basis. Allyson has something that she can share.

- There are some questions regarding the capabilities survey that DPH has sent out that is a local contract requirement, and what the results are in terms of defining the work plan moving forward. To date, 2 surveys have been completed, but the contracts do not address any specific work plans as a result.
- The other element with respect to the TAR/CRI process...
 - Melissa discussed that there is still a requirement to complete 3 different CRI metric sheets, but it is unclear at this moment as to a regional or local MDA requirement. More information will be provided as we learn.

State:

- Juanita Estrada reported that DPH has a new deputy commissioner- Katharine Krantz-Lewis is the new deputy. Len Guercia is no longer at DPH. Jon Best is filling in for Lenny. Unclear if his position will be filled. EMS position filled as well. Carmine asked if there is a new section. There is, but Juanita doesn't recall the name.
- DEMHS- see Tom Gavaghan's written report-(attached)

Training, Drills and Exercises:

- Also discussed was the statewide full scale exercise –Summer ICE3... there is still quite a bit of confusion as to the date and what the involvement will be- regional or local only. There is a request for additional support from ESF-8 to be part of the planning committee for this exercise. If interested, please contact Dave Kosciuk.

CREPC Update:

- Carmine stated that Hartford Hospital is having a decontamination drill and training session on 9/19 in am. Mass decontamination units will be supplied. RESF-8 is encouraged to observe. There will also be an active shooter full scale exercise in November.
- On the CRCOG website, the AAR for Long-Term Care- Mutual Aid Plan (LTC-MAP) Functional exercise conducted in June has been posted.
- At the monthly ESF-8 meeting this Wed. Mark Libby from HHS talked about seek and relief and 1135 waivers. There was a good amount of information exchange, and Mark is making it a priority to educate the State on waiver requesting process. Carmine would like to see this information sit as part of State Response Framework or PHERP.
- UAWG met yesterday to discuss '09-'10 funding. There was not a lot of money left for ESF-8 use. Carmine has received his 2010 MMRS money. CADH is submitting a proposal to MMRS to finalize a few larger projects that the region has begun drafting.
- Maryann described that the hospitals are still reeling from the loss of over 1 million dollars as a result of the 2 storms and the lack of obtaining federal waivers. Carmine stated that HHS, DHS and DOT (for EMS) are working on aligning target capabilities at the federal level. HHS/CDC and ASPR has already aligned the PHEP and HPP side.

- Carmine mentioned that the Region was asked by DEMHS to attend a regional medical coordinating center conference in November- 11/15. This meeting will also serve as a full scale exercise for the HMAP.

Other Business:

- Environmental surety template- Melissa and Steve discussed the newly released environmental surety plan that was developed in direct response to the PPHR application's reviewer feedback. This plan was developed at the local level and is intended for every LHD to take and make it their own, by including specific local health department information/processes. If you have questions, please let Melissa know.
- Everbridge update- CRCOG is continuing to update forms from LHDs. If you haven't submitted your data to Carmine, please do so soon. Standardization of nomenclature needs to be done still. Jennifer asked if what we are building can be used for regional use. Initially when Carmine approached Everbridge he asked this as well. Jennifer suggests that if it is, that we should front load the data to ensure naming is standard across all departments in the region.
- Paul Hutcheon asked about Local Emergency Planning Committees (LEPC)- CREPC accepted this responsibility. Paul stated that the Newington LEPC still meets, but the authority remains under CREPC. CREPC stands as the LEPC for 30 communities. They are legally obligated to meet, update information, etc. This does not preclude the local communities from still meeting locally.
- Paul also asked about needs that were identified as part of the state-wide drill-mass care and fatality management. The overall question is what is the LHD role in mass care and fatality management? Who is following up with this at the local public health level?
 - DPH and the CT funeral directors association were charged to oversee this a number of years ago. The last updated plan in 2008. This is one of the capabilities that needs to be addressed in the local contract via the survey.
 - His last question is on sheltering- who is charged with this at the state. The LEOP updated by the state workgroup. Onus is placed on municipality, not the health department. Melissa will share these documents with the group.

*Next Meeting
October 12, 2012- hosted by Eastern Highlands HD*