Capitol Region Emergency Planning Committee
RESF-8 Health and Medical – Leadership Group
January 5, 2011
East Hartford Public Safety Complex
East Hartford, Connecticut

Members Present: (See attached corrected attendance list)

The meeting opened at 9:10 a.m.

DEMHS Report: Mr. Gavaghan reported:

1. Training notices are due to be mailed out shortly. This will cover planned WebEOC training on January 25. These courses will cover the overall DEMHS portions of the system but not the health department's supplemental "boards" for the medical system responses. It was suggested that joint training be arranged for medical staff so there could be better coordination of time and effort for hospital, CMED and EMS staff that need initial training for their areas. In response to a question, Mr. Gavaghan stated he will follow up and report later about when the resources sections of WebEOC will become operational.
2. Work is continuing on the *Save the Children* project. The remaining tasks to be accomplished are probably beyond the ability to meet the deadline of July 1, 2011. A meeting was recently held with leaders of RESF-6 and REESF-16 and data that is required does not exist. Regional planning activity will have to wait until the state level strategies and templates can be defined. One option is the use of consultants to be brought in to develop the missing information. Mr. Best identified a staff person within DPH who has been involved with the continuing EMS for Children project. Her name was given to Mr., Gavaghan to follow up on any resources and data this person might have that could help. Ms. Dean, responding to a question, identified there are many behavioral health emergency team members who have training in pediatrics. There is an identified need to organize their database to more 3efficiently identify who these individuals are, and so far, pediatric behavioral health needs in an emergency are not been identified as roles for this team.

DPH Report: Mr. Best reported:

1. Region 1 has completed their project to locate a shelter trailer in each of their city and town. This will provide cots and other supplies to assist when ever there is a local or regional need.
2. An MCI-Alternate Care Site trailer has been placed in Suffield. Another has been placed in Waterbury.
3. Statewide, there will be positioned 5 MCI trailers and 4 MCI-Alternate Care Site trailers.
   a. It was explained that an Alternate Care Site trailer contains 20 cots, 4 "big boy" wheelchairs, O_2 administration sets, "go-kits," backboards, collars, a 10' square pop-up shelter, table and chair, bull horn and traffic cones along with other supplies.
   b. It was also explained that the MCI trailers are being modified by the removal of advanced life support supplies – which are mostly outdated – and the addition of a table, chairs and other supplies.
4. A contract is being drafted to initiate the Everbridge alerting system for hospitals. The number of people that each hospital can reach has been expanded. Training will be done by the vendor's representative.
5. All hospitals have received training in WebEOC. The hospital "boards" will become available by the end of January. After a four week transitional period, these will become operational by the end of February. This new resource interacts with the Hospital Incident Command System 4. The CMED status reports will be the next part of WebEOC to be developed.

Development of a revised strategic plan for ESF-8 for FY2011: A workshop was held using an updated draft of last year's strategic plan as a template for discussion. There were 12 objectives identified in this draft, with planning steps and operational comments defined. The resulting draft of the "Goal 3" Enhance Medical and Public Health Preparedness" is attached.

Significant discussion during this process is outlined below:

1. **Objective 3.1: Develop and sustain an achievable regional medical surge capability**
   a. Step 3.1.1 was moved from the previous draft that listed it as 3.12 because this step will be the central mechanism for regional management of surge capacity.
   b. The second added program planning in Step 3.1.1. identified for medical resource procurement and payment for MRC, EMS and local health agencies as well as hospitals could be central in completing objective 3.5, below.

2. **Objective 3.2: Develop and sustain operational capabilities of the Capitol Region and Middletown Medical Reserve Corps and Uncas Health District (on-going)**
   a. The problem identified in Step 3.2.1 is that many operational members of different MRC organizations may have been trained in different aspects of responses, and not all may have achieved their identified core competencies. The problem is amplified when an MRC organization may respond to another region creating uneven expectations of performance. Earlier, Mr. Best agreed to head up a review of state strategies to achieve this objective.

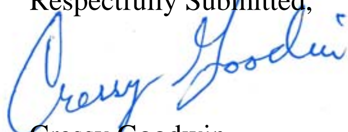
3. **Objective 3.5: In conjunction with RESF-7, establish a regional process for resource acquisition of and payment for medical goods and supplies.**
   a. During the discussion on Step 3.5.5., an unresolved question emerged that in any emergency requiring regional procurement of resources, CREPC, not ESF-8 would be the agent that needs to establish a regional process for procuring and paying for these resources. Another part of the discussion not resolved is the escalating scale of need – hospitals, EMS agencies, and others will first share resources between themselves. As events escalate, federal assets may be made available. One idea expressed was the mutual aid planning identified in objective 3.1,1. above, may actually provide resolution of this issue, and duplicate activity here may not be required.

4. **Objective 3.8: Support the development of an achievable regional emergency medical response strategy (consistent with Goal 3.1) for a 1,000-patient Mass Casualty Event (MCE)**
   a. The first step, 3.8.1. was added. This preliminary step would separate the planning process into multiple pathways. For example, 1,000 chemically contaminated patients would lead to a different pathway for scene coordination, initial care, triage, transportation, communication and hospital care than an explosion with burned patients, or a situation in which the hospitals may not be accessible such as when there might be major flooding. A part of this planning process probably will be accomplished through the hospital mutual aid planning process identified in objective 3.1,1. above.

5. **Objective (on the previous draft) 3.12: Develop and Implement a Connecticut Region Three Hospital Mutual Aid and Evacuation Plan**
    a. This objective with its two steps were moved to become the first step of Objective 1 (above). Rather than viewing the project as a separate, the development of a mutual aid plan was seen as a primary mechanism to achieve regional medical surge capacity. This makes Objective 3.1 a priority as it directly relates to the achievement of several other objectives as well.

The meeting adjourned at 11:55 a.m.

Respectfully Submitted,



Cressy Goodwin
Recorder

ATTENDANCE:

CREPC ESF-8 Meeting

January 5, 2011

Name	Affiliation	e-mail Address
Tom Gavaghan	DEMHS	Thomas.Gavaghan@ct.gov
Jon Best	CT-DPH	Jonathan.Best@ct.gov
Laura Nagle	Bristol Hospital	lnagle@bristolhospital.org
John Shaw	RESF 8	jymmks@aol.com
John Stonoha	CT DPH	john.stonoha@ct.gov
David Koscuk	NBEMS	david.koscuk@nbems.org
Brenda Shaw	NCCMED	info@newenglandmedtrans.com
Bob Falaguerra	Saint Francis	rfalague@stfranciscare.org
Gressy Goodwin	ESF-8 Recorder	cgoodwin@tiac.net
Dan Scace	CRCOG	daniel.scace@sbcglobal.net
Carmine Centrella	CRCOG	
Kathryn Dean	DMHAS/DCF	kdean@uchc.edu
Alice Sadowski	Capitol Region Mental Health Center	alice.sadowski@po.state.ct.us
Steve Huleatt	WHAHD	steveh@westhartford.org

Attachment 1: Revised Objectives following discussion January 5, 2011

GOAL 3: ENHANCE MEDICAL AND PUBLIC HEALTH PREPAREDNESS

Objective 3.1: Develop and sustain an achievable regional medical surge capability
National Priority: Strengthen Medical Surge and Mass Prophylaxis Capabilities

Step 3.1.1 Develop and implement a Connecticut Region 3 Hospital Mutual Aid and Evacuation Plan by June 2012

- Develop RFP to contract services to facilitate this project by June 2011
- When possible, include ways this system for medical resource procuring and payment can be used by MRC, EMS and local health agencies as well
- Provide Regional support to contractor

Step: 3.1.2. Define and establish achievable target medical surge bed capacity for Region 3 based on the National Response Framework bed surge guidance (20% aggregate bed surge capability) by September 2011.

Step: 3.1.3. Through the MMRS, coordinate planning for an operational regional medical surge bed capacity with regional hospitals, Connecticut Department of Public Health, other state agencies, community health centers and private sector stakeholders by December 2011

Step: 3.1.4 Assist state agencies in achieving revision of current state statutes and regulations regarding reimbursement policies and liability protection for regional EMS and other response teams (on-going)

- For EMS responders, review and revise EMS regulations to authorize specific responses required.
- For EMS agencies, revise regulations and/or policies to permit payment for services in a disaster.
- For hospitals, review regulations and policies providing liability protection and reimbursement capabilities.

Step: 3.1.5. Develop Regional standards and protocols for EMS transport to alternate care sites by December 2011

Objective 3.2: Develop and sustain operational capabilities of the Capitol Region and Middletown Medical Reserve Corps and Uncas Health District (on-going)
National Priority: Strengthen Medical Surge and Mass Prophylaxis Capabilities

Step: 3.2.1. Work with DPH to review and change state strategies and mechanisms to ensure that all MRC operational personnel have achieved the required core competencies

Step 3.2.2. Continue monthly MRC training for core competencies and operational planning. (on-going)

Step: 3.2.2. Conduct joint MRC training, exercises and planned events with all MRCs in Region 3 By December 2011

Step: 3.2.3. Regional MRC's participate in a functional exercise or planned event at least twice annually. Step: 3.2.4. Fully develop MRC logistics capability, including trailer set up and maintenance, inventory management, and deployment capability. (December 2011)

Objective 3.3: Establish logistical and operational models for regional alternate care sites
National Priority: Strengthen Medical Surge and Mass Prophylaxis Capabilities

Step: 3.3.1. Determine what, if any, authorities exist to establish alternate care sites

Objective 3.4: Assess the development and implementation of an effective regional mass prophylaxis capability being developed by the Cities Readiness Initiative (CRI) project for the Centers for Disease Control

National Priority: Strengthen Medical Surge and Mass Prophylaxis Capabilities

Step: 3.4.1. Identify best / promising practices from the Region 3 CRI Project by June 2011.
Step: 3.4.2. Develop a regional point-of-distribution (POD) master plan by December 2011.
Step: 3.4.3. Provide support to achieve the CRI Project (on-going)

Objective 3.5: In conjunction with RESF-7, establish a regional process for resource acquisition of and payment for medical goods and supplies

National Priority: Strengthen Medical Surge and Mass Prophylaxis Capabilities

Step: 3.5.1. Identify process options and authorities for the acquisition/timely payment of medical goods and supplies by September 2011
Step: 3.5.2 Develop accurate current inventory of medical supplies and equipment
Step: 3.5.3. Identify and implement the best process option for acquiring needed supplies by September 2011.
Step: 3.5.4. Identify process options for deployment and distribution of medical goods and supplies by December 2011.
Step: 3.5.5. Identify and implement the best process option for the deployment and distribution of medical goods and supplies June 2012.

- Groups that may require regional procurement of medical resources include hospitals, EMS, MRC and local health departments.

Objective 3.6: Provide staffing needed to sustain regional medical surge and mass prophylaxis capabilities

National Priority: Strengthen Medical Surge and Mass Prophylaxis Capabilities

Step: 3.6.1. Identify staff requirements in conjunction with Objectives 3.1, 3.2, 3.3, 3.4 and 3.5. by December 2011
Step: 3.6.2. In collaboration with CTDPH, address credentialing issues for volunteer medical and public health staff by December 2011
Step: 3.6.3. Coordinate Regional planning with CRI and other RESF 8 initiatives by December 2011
Step: 3.6.4. Provide logistical support needed for implementation of Regional Epidemiological Strike Teams and Regional Behavioral Health Strike Teams by December 2011
Step: 3.6.5. In conjunction with RESF 16, continue to develop a volunteer recruitment process for POD/ACS sites ongoing

Objective 3.7: Sustain regional pharmaceutical countermeasure cache to protect all regional first responders and their families

National Priority: Strengthen Medical Surge and Mass Prophylaxis Capabilities

Step: 3.7.1. Assess current capacity for protecting first responders, critical infrastructure personnel and household family members by implementing electronic responder database by June 2012.
Step: 3.7.2. Sustain a regionally controlled adequate pharmaceutical cache via purchase and/or a vendor managed inventory process (on-going)

Objective 3.8: Support the development of an achievable regional emergency medical response strategy (consistent with Goal 3.1) for a 1,000-patient Mass Casualty Event (MCE)

National Priority: Strengthen Medical Surge and Mass Prophylaxis Capabilities

Step: 3.8.1. Define the situational variables for events that could result in 1,000 + casualties.
Step 3.8.2. Assess current supply of resources to support regional MCE capabilities (on-going) **by July 2012**
Step: 3.8.3. Acquire sufficient resources to support a regional capability (as needed)
Step: 3.8.4 Ensure that the Regional Forward Movement of Patients Plan and its annexes are consistent with and enhance the Regional strategy, and include the necessary authority to implement the plans effectively **by July 2012**
Step 3.8.5 In conjunction with CTDPH and DEMHS, resolve authority and liability concerns that impede the implementation of a Regional strategy **by July 2012**

Objective 3.9: Train RESF-8 stakeholders on regional medical response plans, protocols and medical supply caches

National Priority: Strengthen Medical Surge and Mass Prophylaxis Capabilities

Step: 3.9.1. Develop region-wide training program for first responders and RESF-8 volunteers by July 2011.
Step: 3.9.2. Leverage vendor training options by December 2011.
Step: 3.9.3. Implement region-wide training program for first responders and RESF-8 volunteers by December 2011, to include:

- Train leadership for Regional receipt and distribution of the SNS stockpile
- Just-in-time training for POD volunteers
- Train EMS personnel on specific tasks included in the FMOP Plan and its annexes, especially the EMS Mobilization Annex
- Train volunteer teams and stakeholders on all aspects of the Regional Emergency Medical Response Strategy

Objective 3.10: Exercise RESF 8 stakeholders, staff and equipment through coordinated regional exercise program (ongoing)

National Priority: Strengthen Information Sharing and Collaboration Capabilities

Step 3.10.1: Continue to coordinate Regional and local MCI and medical surge exercises using CDC and FEMA guidelines
Step 3.10.2: Ensure all Regional medical exercises conform to HSEEP guidance

Objective 3.11: Implement and sustain Connecticut Region 3 Long Term Care Mutual Aid Plan (LTC-MAP)

National Priority: Strengthen Medical Surge and Mass Prophylaxis Capabilities

Step: 3.11.1. Identify resources required to sustain the LTC-MAP Coordinating Center by June 2011.
Step: 3.11.2. Provide needed Regional support to sustain the LTC-MAP by June 2011.

Revised objectives resulting from RESF-8 leadership meeting January 5, 2011