DEMHS Region 3
RESF-8 (Health and Medical) Monthly Meeting Minutes
March 2, 2011
East Hartford Public Safety Complex
East Hartford, Connecticut

Members Present: see attached attendance list, *pages 5-7*

A special EMS Section meeting opened at 7:45 a.m.

EMS Issues:

1. A bill has been introduced (HB 6444) defining mutual aid. For EMS groups, this may help resolve strategic problems in several areas, but one restriction is of concern – to release an ambulance to respond to a disaster, it would be required to first obtain the authority of the local police chief. The purpose of this is not clear, and it could become a barrier to rapidly providing life saving resources at the scene. More discussion about this will follow later.

2. To reduce the budget for next year, the Governor has proposed consolidation of state programs and agencies. The Legislature is now reviewing two bills related to Homeland Security. SB 1016 would establish a department of emergency responder training. SB 1017 would move the Department of Emergency Management and Homeland Security (DEMHS) and the Board of Firearms Permit Examiners into the Department of Public Safety. **It is noted that neither bill currently addresses moving OEMS or any of its programs out of DPH.** However, there is the possibility that EMS training activities at OEMS might later be relocated to a different state agency under SB1016.

3. There appears to be a broad consensus in the legislature to leave DEMHS agency at its current level in state government – reporting directly to the Governor. This apparently has led to anxiety by fire and police organizations over possible changes to their existing structures. For example, SB 1016 calls for the moving of the Fire Academy and the Police Officer Standards and Training (POST) into a new, separate agency. The Joint Council of Connecticut Fire Service Organization, which has as part of its mission legislative action, convened a series of meetings to discuss these two bills. This discussion group was later expanded to include the Connecticut Police Chief's Association. Also added was the Connecticut Emergency Management Association representing local emergency management directors. It appears there has not been representation from EMS during these discussions.

4. On February 14, the group developed a "Position Statement" *(see attachment 1, pages 8 – 9)* recommending the State Commission and Fire-Prevention and Control, the State Police Officer Standards and Training Council and the **State Office of Emergency Medical Services, along with other agencies be moved into DEMHS**. A proposed organizational chart was included. **This is the first time moving OEMS had been mentioned.**

5. There was a public hearing on SB 1016 and SB 1017 before the Public Safety Committee on February 14. Michael A. Spera, president of the Connecticut Emergency Management Association presented testimony *(see Attachment 2, pages 10 – 11).* The Position Statement described above was submitted as part of this testimony. This testimony stated "The proposed bill does not represent the ideas of the first responder community's leadership, leaves gaping holes in the operation of vital services, and does not address the reform that is truly needed to streamline services, improve deliverables, and save taxpayer dollars." The testimony requested a blue ribbon commission be created to study the issues

for a year. This commission would be made up of specified groups including the state EMS Advisory Board.

6. The special meeting of the RESF-8 EMS Section discussed the issues this proposal raised. Among the topics discussed were:
    a. How will the functions of rate setting, regulations and inspections, primary service area designations, the regional EMS councils, and training be coordinated with such a move?
    b. How will the local EMS chiefs be represented in future discussions of EMS operations?
    c. How can the EMS chiefs in this region support the efforts of the fire and police groups to lead for constructive cost-effective changes with collaborative planning?

7. After a discussion, it was determined that forming a state EMS Chiefs Association, while probably the best option, will take time and leadership including others beyond the scope of DEMHS Region 3 at this time. It was finally decided to recess the EMS Section meeting to a separate conference room and to develop a CREPC Region 3 EMS Section position paper supporting the efforts of others and stating specific concerns – and a desire to participate and be included in future discussion and negotiations.

8. After the full RESF-8 meeting adjourned, a CREPC Region 3 EMS Section position paper was developed and submitted to the legislative Public Safety Committee for consideration *(see Attachment 3, Page 12).*

The regular monthly meeting of R3 RESF 8 commenced at 9:15 a.m.

Introductions:

1. John Burnap was introduced as the new emergency preparedness facilitator at Hartford Hospital.

DEMHS Report:

Mr. Gavaghan reported:

1. The many proposals of agency reorganization under the Governor's budget are taking a lot of time and effort.
2. Work is continuing on the *Save the Children* project. The current priority task is to identify by GIS every child care facility in the state. 211 Infoline will be given this information to assist in locating appropriate facilities when requested for referrals.

DPH Report:

1. Mr. Stonoha reported on planning within DPH to prepare for an impending nursing home strike later this month. There are approximately 68 nursing homes (37 in Region 3) involved with expiring union contracts. Unlike past years, DPH now has a plan to respond to such a situation, and this has been sent to the Governor for approval. Once an impending strike has been announced, the plan and relevant information will be sent to other state agencies (for example, the Department of Public Safety), each of the regional ESF-8 leaders, hospitals and local health departments. During any strike, there will be daily visits by DPH to each affected facility. An emergency operating center will be set up at DPH, and the routine work will not be interrupted. Ms. McCormack requested that information also be sent to local emergency managers. Mr. Stonoha said he would request this of DPH staff.

MMRS Section Report:

1. Dr. Shaw reviewed the continuing effort to renew MMRS funding. Currently, 70% of the nation's population is covered by MMRS programs, yet funding remains absent from any federal agency's budget. Funding is in the present continuing resolution (for the current fiscal year), but congressional action is not assured. Plans are being made to have MMRS program directors return to Washington in a few weeks to gain support for this funding for next year.

CMED Section Report:

1. It was announced that the CMED radios delivered to all the hospitals will soon be installed. This installation will be by the vendor as part of the contract paid for by CRCOG. Individual hospitals will be contacted to schedule their installation.

Local Health Section Report:

Mr. Huleatt reported:

1. CRCOG will staff the local Cities Readiness Initiative (CRI) Technical Assistance Review (TAR), which is a 12 module checklist that identifies the status of various required features of the CRI program. The first TAR will be conducted in Hartford in April. Manchester/Glastonbury will follow in June.
2. Two working groups have been formed. One is to develop a Public Health Emergency Response Plan (PHERP). Usually this is the responsibility of a county or regional planning agency, but in our situation, the Local Public Health Section of ESF-8 will take this on. The other working group, the CRI team, completed a draft yesterday of the Regional Distribution Center (RDC) plan for distributing medications from the CRMMRS stockpile to regional first responders. The first responder electronic registry, developed by the Department of Consumer Protection, which will be used to voluntarily collect pertinent information from individuals in different public safety groups to facilitate pre-packaging of drugs, is being beta-tested in West Hartford.
3. The Project Public Health Ready (PPHR) designation received by Region 3 from NACCHO in 2006 is due for renewal. The program application for Region 3 is due in March 2012, and working groups have been formed to complete the application in a timely manner. The other 4 regions and the state DPH will make their separate applications in 2013. Greg Chiara from DPH commented that DPH hopes to develop through the PPHR program a consistently high level of public health preparedness in all 5 DEMHS regions.

Presentation of a revised FY 2011-12 Strategic Plan for RESF-8:

1. Dr. Shaw presented for group consideration the results of a December RESF 8 Leaders workshop that resulted in a re-defined and revised 2009 3-year RESF 8 Strategic Plan. The revised Strategy is entitled "The 2011-2012 RESF 8 Strategic Plan" *(see Attachment 4, pages 13 – 16).* The group discussed the implications of several of the objectives and tasks included in the document, but no changes were made.

2. The objectives identified:
   - 3.1 – Develop and Sustain an Achievable Regional Medical Surge Capacity
   - 3.2 – Develop and Sustain Operational Capabilities for 3 MRCs
   - 3.3 – Establish Logistical and Operational Model for Regional ACD Sites
   - 3.4 – Assist in the Implementation of an Effective Mass Prophylaxis Capability
   - 3.5 – With RESF-7, Establish a Regional Process for Acquisition and Payment for Medical Goods and Supplies

- 3.6 – Provide Staffing to Sustain Regional Med Surge and Mass Prophylaxis
- 3.7 – Sustain Regional Rx Cache for First Responders and Families
- 3.8 – Develop a Regional Medical Response Strategy for 1,000 patients by June 2012
- 3.9 – Train Regional Stakeholders on All Medical Response Plans, Protocols and Medical Supply Caches
- 3.10 – Exercise RESH-8 Stakeholders, Staff and Equipment Using an Integrated Regional Exercise Program
- 3.11 – Implement and Sustain the Region 3 Long Term Care Facilities Mutual Aid Plan

3. Working groups will be formed to develop the dialogue to accomplish the objectives identified in the Strategy. The following RESF 8 Section leaders volunteered to oversee their Section's participation:

• Hospitals –	Ms. Nagle –	Objectives 3.1, 3.3
• CMED –	Ms. Morris –	Objectives 3.8, 3.9
• EMS –	Mr. Koscuk –	Objectives 3.3, 3.6. 3.8, 3.9
• MRD –	Ms. McCormack –	Objectives 3.2, 3.5, 3.8, 3.9
• Local Health –	Mr. Huleatt –	Objectives 3.4, 3.6
• Behavioral –	Ms. Dean –	Objective 3.6
• Long Term Care –	Mr. Desanti –	Objective 3.11
• MMRS –	Dr. Shaw –	Objective 3.7

Dr. Shaw will contact these leaders to begin the dialogue and to assist in forming task-specific working groups. Each group will report on their progress at the monthly RESF 8 meetings. The first reports will be due at the May 4, 2011 meeting.

The meeting adjourned at 11:03 a.m.

Respectfully Submitted,

Cressy Goodwin
Recorder

ATTENDANCE:

CREPC ESF-8 Meeting

March 2, 2011

Name	*Affiliation*	*e-mail Address*
Kris Pagano	Hosp of Central CT	Kpagano@4thocc.org
CAROL STILES	HARTFORD FIRE DEPT.	CStiles@hartford.gov
Mark Petrone	Uconn Hlth Cntr John Dempsey Hosp	petrone@uchc.edu
MARGE LETITIA	ECHN	MLETITIA@ECHN.ORG
Katherine McCormack	City of Hartford	KMCCORMACK@hartford.gov
TOM GAVAGHAN	STATE DEMHS	THOMAS.GAVAGHAN@CT.GOV
Marge Seiferheld	Dept of H+SS - East Hartford	mseiferheld@easthartfordct.gov
MARK LIBBY	US HHS - ASPR	mark.libby@hhs.gov
Donald Cyr	Hospital for Special Care	DCYR@HFSC.ORG
John Burnap	Hartford Hosp, Cntr Emer Prep	JBurnap@harthosp.org
Laura Ragle	Bristol Hosp.	lragle@bristolhospital.org
CRESSY GOODWIN	ESF-8	CGOODWIN@TTAC.NET
Ron Buckman	MRC	

ATTENDANCE:

CREPC ESF-8 Meeting

March 2, 2011

Name	*Affiliation*	*e-mail Address*
Carmine Centrella	CRCOG	
Vinnie DeSordi	Hebrew Healthcare	vdesordi@hebrewhealthcare.org
Jean Gauthier	Vernon Fire/Ambulance	jgauthier@vernon-ct.gov
Larry Gorman	South Windsor Ambulance	larry.gorman@southwindsor.org
Alice Sadowski	Capitol Region Mental Health Center	alice.sadowski@po.state.ct.us
Kathy Dean	DMHAS/DCF	kdean@uchc.edu
Beverly Warga	Glastonbury Police Dept.	beverly.warga@glastonbury-ct.gov
Maryann Cheniak Lexius	Manchester Health Dept	mlexius@manchesterct.gov — new
John Doe	RESF 8	
Greg Chiara	CT DPH	gregory.chiara@ct.gov
John Stanoha	DPH	john.stanoha@ct.gov
Margaret R-Sweet	Intern DPH	
Michael Tortora	CT Children's Med. Ctr.	mtortora@connecticare.org
Jaye Winkler	ESF 15	2jwinkler@gmail.com
Steve Hoeft	WHPH	jm file

ATTENDANCE:

CREPC ESF-8 Meeting

March 2, 2011

Name	*Affiliation*	*e-mail Address*
Duane Drouin	American Medical Response	Drouind@AMR-EMS.com
Judy E Torpey	ECHD	judye.torpey@wethersfield.ct.com
Brian Bielawiec	NCOHD	Bbielawiec@NCOHD.org
Bob Faloqueno	SFHMC	
Betty Morris	North Central CHEC	morrisb@northcentralCTEMS.org
Richard Kamin	MMRS	richard.kamin@ct.gov

Attachment 1: Connecticut Position Statement

State of Connecticut
First Responder Community

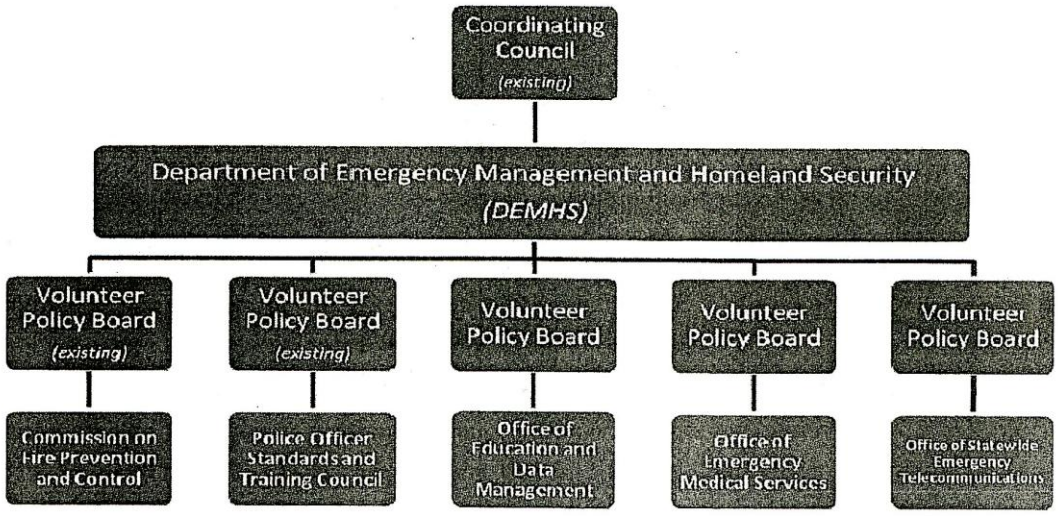
Position statement on SB No. 1016 and SB No. 1017

Connecticut's First Responder Community is comprised of the fire service, law enforcement, emergency management, and emergency medical services. Together, this represents over 35,000 First Responders who serve Connecticut's residents daily. To that end, we acknowledge the gravity of the current fiscal crisis facing the State of Connecticut, and support the Governor's efforts to reduce the size of state government and the fiscal impact on Connecticut's residents.

When discussing the possible consolidation of the state's public safety agencies, which has a direct impact on the first responder community, it is important that professionals from the various domains of public safety provide input. This will ensure that any new structure is both operationally sound and fiscally responsible. To that end, we offer the follow consolidation proposal:

The Department of Emergency Management and Homeland Security (DEMHS) would remain whole and become the parent agency providing administrative guidance and oversight. This would include clerical support, grant management, and human resource responsibilities to the following:

- Commission on Fire Prevention and Control (CFPC)
- Police Officer Standards and Training Council (POST)
- Office of Education and Data Management (OEDM)
- Office of Emergency Medical Services (OEMS)
- Office of Statewide Emergency Telecommunications (OSET)



February 24, 2011

Attachment 1: Connecticut Position Statement

As shown above, each newly created department of DEHMS will report to its respective volunteer policy board. The membership of these policy boards will consist of individuals with considerable backgrounds from the assigned disciplines. Three of these boards already exist and provide vital functions to their respective disciplines.

DEHMS has a proven history of working well with State, Regional and local agencies, works under the unified command structure of the National Incident Management System, and has a working knowledge of the responsibilities of the Emergency Services. The agency and it's practices have become a model for other state's emergency management and homeland security programs.

The above chart lists agencies with common responsibilities in training, certification, accreditation and compliance with State and National standards. This proposal is not only operationally sound, but fiscally prudent. Streamlining these functions and consolidating these organizations could lead to additional cost savings.

As always, Connecticut's First Responder community is at the ready to assist. We are eager to move forward in creating a streamlined, operationally sound, and fiscally responsible public safety network. Together, our work will design a public safety support system that meets the needs of the First Responder community, and most importantly, the citizens we are sworn to protect.

Respectfully,

Kenneth W. Richards, Jr.
Chairperson, Joint Council of Fire Service Organizations

Michael A. Spera
President, Connecticut Emergency Management Association

Lisa Maruzo-Bolduc
President, Connecticut Police Chief's Association

February 24, 2011

Attachment 2: Testimony:

TOWN OF OLD SAYBROOK
DEPARTMENT OF POLICE SERVICES
225 Main Street • Old Saybrook, Connecticut 06475

Michael A. Spera
Chief of Police

Testimony of
Michael A. Spera
President, Connecticut Emergency Management Association
Chief of Police, Town of Old Saybrook

Before the
State of Connecticut
Public Safety and Security Committee
regarding SB No. 1016 and SB No. 1017

The Connecticut Emergency Management Association represents the interests of each municipal emergency management director in the State of Connecticut. Emergency Management Directors are responsible for the creation and maintenance of emergency operations plans and contingency planning in their respective communities. They are true partners in public safety and play a vital role on any local, regional, or state public safety leadership team.

As the Governor's consolidation plan is put into place on July 1, 2011 – State Government as we know it will change. Hopefully, services will be streamlined and costs will be reduced. The Connecticut Emergency Management Association shares Governor Malloy's commitment to changing the way we do business in Connecticut; however, we feel strongly about maintaining an organizational infrastructure that protects our residents and provides first responders with the training and the tools to properly perform their duties.

While I do not disagree with the Governor that the State public safety community can and should become more cost effective, I disagree with the manner in which the proposed bill suggests that we change the State's public safety structure as it will have a negative affect on our local first responder community.

The proposed bill does not represent the ideas of the first responder community's leadership, leaves gaping holes in the operation of vital services, does not address the reform that is truly needed to streamline services, improve deliverables, and save tax payer dollars. In these changing times, the last thing State Government should do is disrupt the very back bone of the systems that keep us safe and secure and provide services during times of crisis.

Emergency Management and Homeland Security was a dysfunctional disgrace many years ago until you and your colleagues fixed the problem. You, through a legislative change and input from local public safety professionals, created a new state agency, the Department of Emergency Management and Homeland Security. You created a civilian oversight committee to provide transparency of the exchange of federal grant dollars and outlined a mission for the new agency to improve the communication and

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Attachment 2: Testimony:

coordination among public safety assets on the local, regional and state level. You created a winning agency that has demonstrated time and time again, during crisis and times of tranquility, that a coordinated, systematic, and independent approach to managing crisis, information sharing, and recovery from disaster truly benefits municipalities and most importantly our citizens. The agency that you created has helped our State and our local partners financially as well. Whether it is aggressively pursuing federal funds to support state and local prevention activities, acquiring emergency rescue equipment owned by regions rather than single municipalities, or seeking federal reimbursements following severe weather events to assist our local communities recover financially, this agency, the State Department of Emergency Management and Homeland Security, has truly become the light in the storm.

As State Government changes on July 1, 2011 the current public safety structure should not. With many agencies in flux, learning new roles, and implementing sweeping change, we should insist that public safety remain intact, until such time that educated, bold, sweeping reform can take place.

As a public safety community we have but one place to turn to seek assistance, and it is you, this prestigious subcommittee. You represent us. In essence you are our 911, and today we are calling. I ask that members of this prestigious committee introduce a bill that will establish a blue ribbon commission comprised of the current presidents of the Joint Fire Council, The Connecticut Emergency Management Association, the Connecticut Police Chiefs Association, the Police Officer Standards and Training Council and The Connecticut Fire Academy, Citizens Corps, and the Emergency Medical Services Advisory Board to study, recommend and implement the way Public Safety is instructed, supervised, and regulated in the State of Connecticut. Our task would be to deliver a comprehensive report to the Public Safety Committee one year from today that would recommend sweeping changes to our State's public safety system with an emphasis on regulatory reform, introducing a more common sense approach to the way public safety business is performed at a state level, modernizing practices, consolidating efforts, eliminating duplicate services, generating new revenues, and most importantly enhancing services while reducing costs.

For this new commission to be successful this proposed Bill would also have to "freeze frame" today's practices. This would include no changes to any State public safety agency or State Department until the commission provides its recommendations one year from today. In essence, delay changes to the way we do public safety business today on the state level for one year, to allow for a more comprehensive, bold, operationally sound, and global approach to public safety reform.

All of you go home at night and trust your local police, fire, and EMS chiefs and your local emergency management directors to keep you and your loved ones safe. Why would we change the system that regulates their activity, and supports their efforts without their input? Please join me in staying the Governor's proposal to consolidate the State Department of Emergency Management and Homeland Security within the Department of Public Safety, Consolidating the Police and Fire Academies into a new state agency, and making any change in the leaders of these organizations until your newly proposed blue ribbon commission on public safety reform has had the opportunity to review current practices and recommend bold, positive enhancements that will save Connecticut Tax Payers Money and reduce State costs.

The bottom line is if there has to be a change, and we all agree that there should be, let's let the change come from the very people who know about the system, have earned leadership roles in the system, and consistently strive to improve it.

Attachment 3: CREPC ESF-8 EMS Position Paper:

Connecticut Region 3

ESF-8 EMS Section

Connecticut Region 3 ESF-8 EMS section (a committee of the Capital Region Emergency Planning Committee, 41 communities in North Central CT) represents the EMS interests in North Central CT. We have representation from Volunteer, Commercial, Non-profit, Municipal, Fire Service and Hospital based EMS providers. We work together on a daily basis, not only with each other but with all our First Responder Partners.

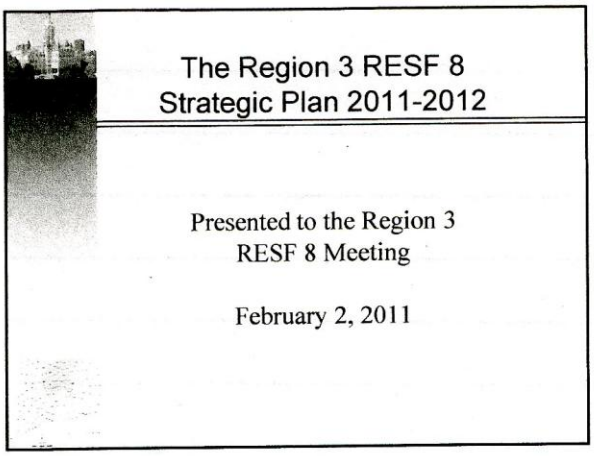
We have reviewed the First Responder Community's position statement on SB No. 1016 and SB No.1017. We realize there is a true need to move forward with a change. After looking at the position statement there are some questions that remain unanswered for us, including how the other legislative references; Rate setting, Regulation, Investigation and others will be addressed. These responsibilities are presently called to be handled by the Commissioner of DPH, through the Office of Emergency Medical Services, and we do not see them addressed in this position.

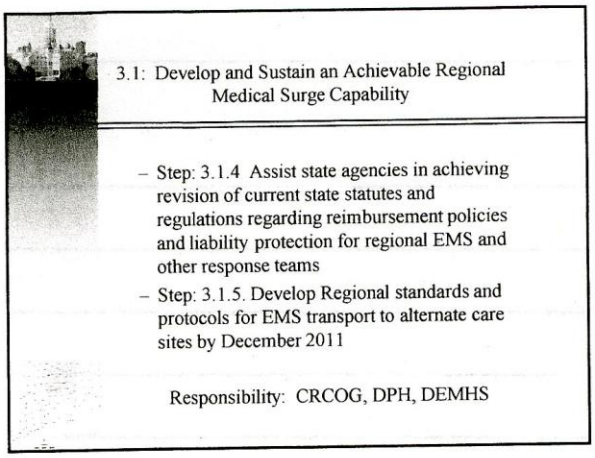
There are many parts of EMS that need to be addressed further in this position statement and we would like to be a party to working out those pieces. We propose that this change be put on hold temporarily and a group formed to review how these changes will look from a global perspective. We ask that this group be composed of a representative of; Emergency Medical Services Advisory Board, Joint Fire Council, The Connecticut Emergency Management Association, the Connecticut Police Chief's Association, the Police Standards and Training Council, the Commission on Fire Prevention and Control, Citizens Corps, the Connecticut EMS Chiefs community, and all affected state agencies.

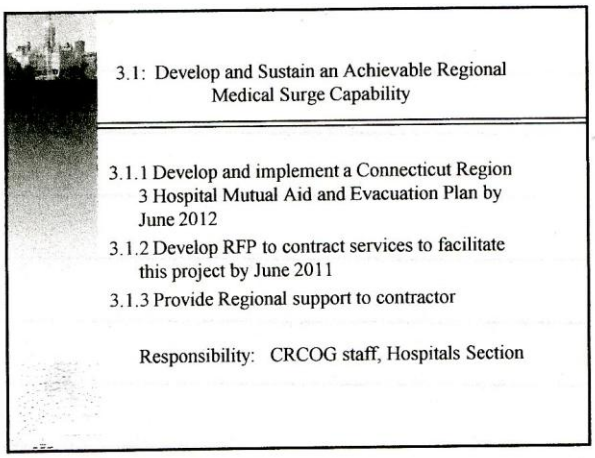
As change moves forward for the betterment of the residents of Connecticut we look forward to having the leaders of the First Responder community together to assure the integration of Public Health and Public Safety into a comprehensive patient care delivery system that keeps EMS as an integrated part of the continuum of Health Care Services.

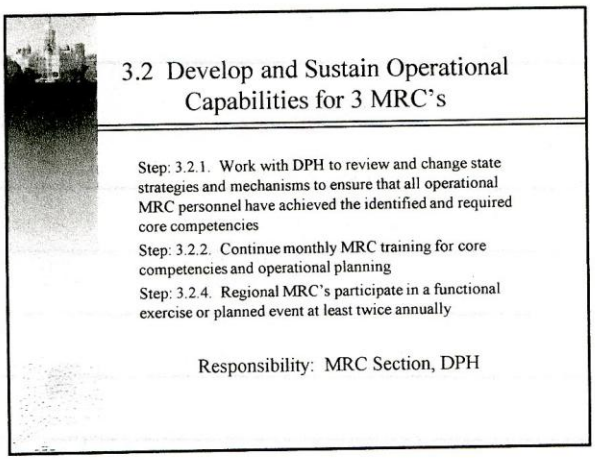
Questions regarding this position maybe referred to David Koscuk, Committee Co-Chair at 860-770-3979.

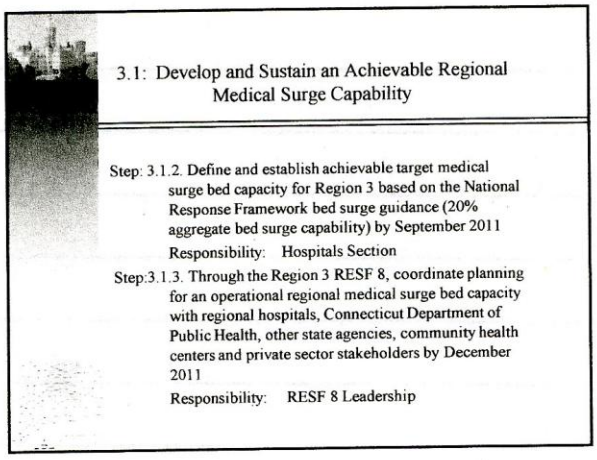
Attachment 4: Strategic Plan

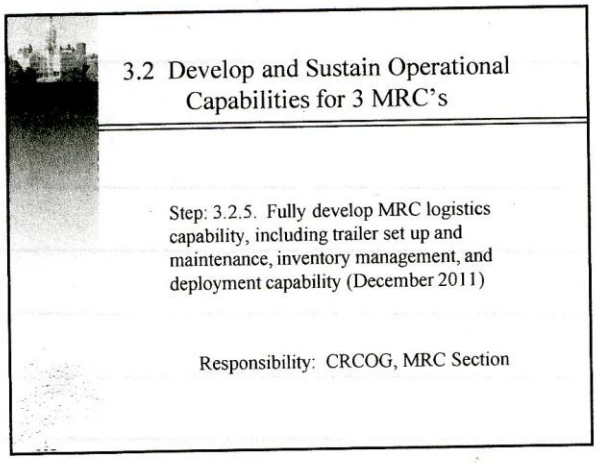












Attachment 4: Strategic Plan

Establish Logistical and Operational Model for Regional ACS Sites

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

Responsibility: CRCOG, RESF 8 Leaders, DPH

Step: 3.3.2 Using the results of the USMA-CRMMRS Capstone project, develop staffing and logistical models for regionally supported alternate care sites

Responsibility: EMS, LHD and Hospital Sections

Step: 3.3.3 Using the Region 3 ACS Selection Tool, identify at least four potential sites in Region 3 that may be used as regionally supported alternate care sites

Responsibility: RESF 7, Hospitals Section of RESF 8

Provide Staffing to Sustain Regional Med Surge and Mass Prophylaxis

Step: 3.6.1. Identify staff requirements

Step: 3.6.3: In collaboration with CTDPH, address credentialing issues

Responsibility: DPH, EMS and Hospital Sections

Step: 3.6.4. Coordinate Regional staffing plans with CRI and other RESF 8 initiatives

Step: 3.6.5 Identify logistical support needed for Regional Epidemiological Strike Teams, EMS Strike Teams, and Regional Behavioral Health Strike Teams

Step: 3.6.6. In conjunction with RESF 16, continue to develop a volunteer recruitment process for POD/ACS sites

Responsibility: Public Health, EMS and Behavioral Health Sections; RESF 16

Assist in the Implementation of an Effective Mass Prophylaxis Capability

Step: 3.4.1. Identify best / promising practices from the Region 3 CRI Project by June 2011

Step: 3.4.2. Develop an operational regional point-of-distribution (POD) plan by December 2011

Responsibility: CRI Project Leaders and RESF 8 Local Public Health Section

Step: 3.4.3. Provide RESF 8/regional support to achieve the goals of the CRI Project

Responsibility: CRCOG, RESF 8 Leaders

Sustain Regional Rx Cache for 1st Responders and Families

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

Responsibility: MMRS Section

With RESF-7, Establish a Regional Process for Acquisition of, and Payment for, Medical Goods and Supplies

Step: 3.5.1. Identify process options and authorities for the acquisition of, and timely payment for, medical supplies by September 2011

Step: 3.5.2. Identify and implement the best practice for acquiring needed supplies by September 2011

Step: 3.5.3 Develop accurate current inventory of regionally owned medical supplies and equipment by September 2011

Step: 3.5.4 Identify best practices for distribution of medical goods and supplies by December 2011

Step: 3.5.5. Implement the best process option for the distribution of medical goods and supplies by June 2012

Responsibility: CRCOG, RESF 7, MRC Section

Develop a Regional Medical Response Strategy for 1K Patients by June 2012

Step: 3.8.1. Define the situational variables for events that could result in 1,000+ casualties

Responsibility: EMS, CMED and Hospital Sections

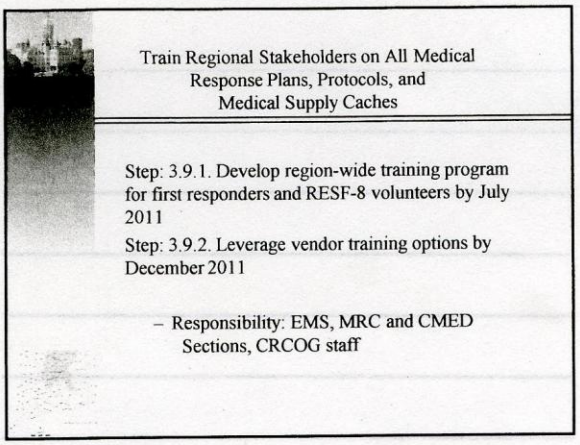
Step: 3.8.2. Inventory current supply of resources to support regional MCE capabilities by July 2011

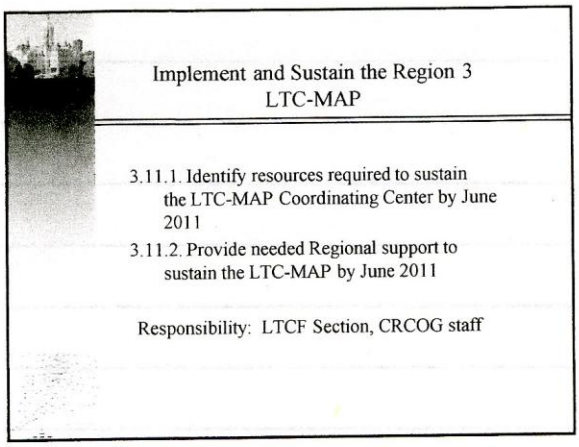
Responsibility: RESF 7, MRC Section

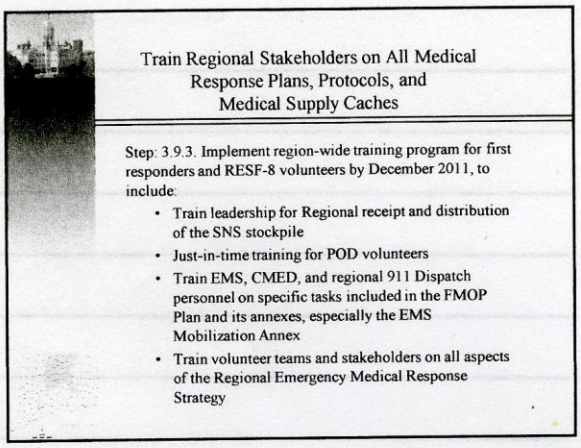
Step: 3.8.3. Develop a just-in-time plan to acquire sufficient resources to support a regional capability

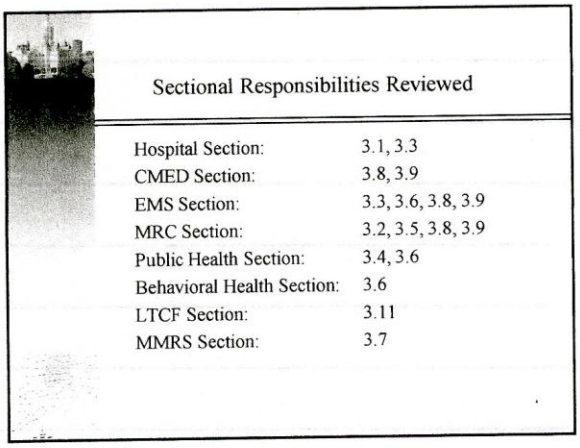
Responsibility: CRCOG, DPH, RESF 8 Leadership

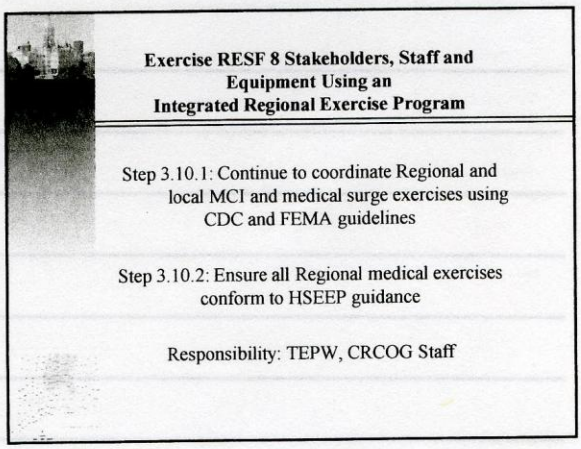
Attachment 4: Strategic Plan

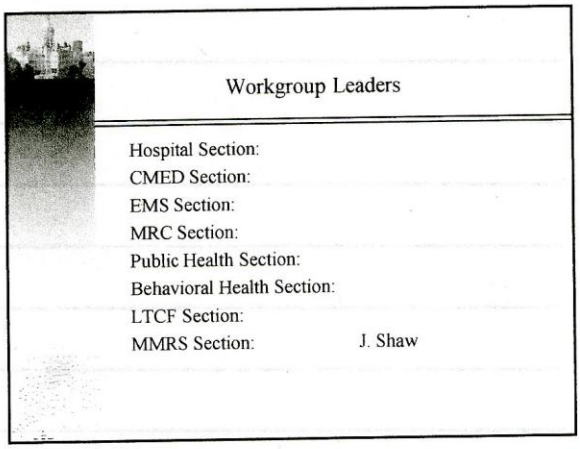
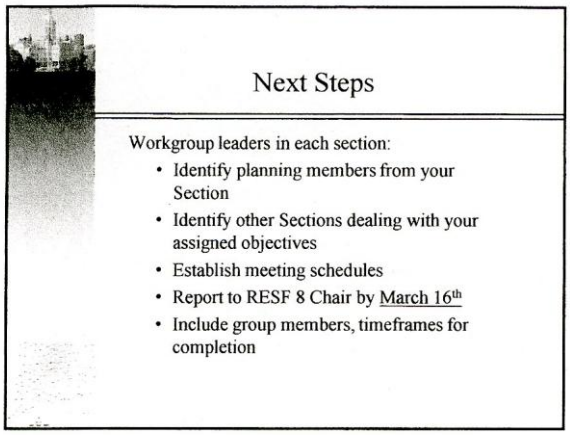












Attachment 4: Strategic Plan