

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical – **Hospital Section**
November 5, 2008
East Hartford Public Safety Complex
East Hartford, Connecticut

Present

See attached attendance list

The meeting opened at 11:38 a.m.

Review of documents: The group reviewed in detail the document *Alternate Care Site Estimated Staffing Levels for Healthcare Surge Scenarios*. Each of the staff classifications were reviewed with the number of staff and their locations retained or modified to be realistic to the needs of Region III. Following this, the document *Staffing Comparison (Original ACF Plan vs. Revised Plan)* was quickly reviewed. This document comes from the California template and is based on a 40 bed (instead of a 50 bed) facility. Ed Kramer kept notes on his copies and agreed to revise the document for distribution before the next meeting.

During the discussion, the possibility was noted of assigning staff to five 12 hour shifts. This would result in an FTE being equal to a 60 hour week. It was agreed that the final document needs a notation identifying the length of the work week for the staff.

Process for document development, review and approval: Discussion took place on the planning process. State DPH has asked each hospital in Connecticut to develop its Alternate Care Facility plan. For Region III, it was agreed to allow those hospitals who wished to engage in developing a regional plan. It was agreed this would be done by CREPC through the ESF-8 hospital group. As a result, the final document should be returned to CREPC and not to DPH. As this is only a guideline, it is expected that individual hospitals will modify and adapt the guidelines to meet their needs. As a result, after a discussion, it was agreed to allow the document to be reviewed by medical and emergency department staff for their recommendations as it is being developed by the group. Those hospitals who wish can begin developing their programs and activities before the document is approved.

Triage: Some discussion took place on the reality that when a hospital's bed capacity has been reached, new patients will continue to come to its ED. The state plans to establish regional triage centers. People, even those near a community hospital, will be expected to go perhaps to another community where the regional triage center is located and from there be assigned to return home, to go to an ACF, or to be admitted to a

Capitol Region Emergency Committee – RESF-8 Health and Medical

Minutes – November 5, 2008

Page 2 of 3

hospital. Many logistics and barriers need to be addressed, and these issues will be taken up by DPH.

Future committee work: At the next meeting, the group needs to review the modifications to the documents made at this meeting. One remaining document needs to be reviewed as well. This is a ninety-nine page Adobe .pdf document which contains a section of fourteen or fifteen pages on equipment. This document has to be retyped or converted from the .pdf format to permit modifications and changes. Several people offered to help in this conversion, and Ed Kramer will be the focal point for this activity.

The meeting adjourned at 12:25 p.m.

Respectfully submitted

Cressy Goodwin

Recorder

ATTENDANCE:
CREPC ESF-8 Meeting
November 5, 2008

Capitol Region Emergency Committee – RESF-8 Health and Medical
Minutes – November 5, 2008
Page 3 of 3

Name	Affiliation	e-mail Address
Jennifer Martin	Connecticut Childrens	jmmartin@ccmckids.org
Edward Kramer	HH	ekramer@hasthosp.org
Mark Petrone	UCHC	petrone@uchc.edu
Laura Nagle	Bristol Hospital	lauranagle@christophospital.org
Tony Stewart	HH-CENT	jstewart@hasthosp.org
Donald G.	Hosp. for Special Care	DCYR@HFSC.ORG
Franz Moehringen	Thee	moehringen@hochschule-frankfurt.de
Bob Calogeros	FFMC	rfalgout@STFRANCISCHU