

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical – *Hospital Section*
November 3, 2010
East Hartford Public Safety Complex
East Hartford, Connecticut

Present: See attached attendance list

The meeting was opened at 11:18 a.m. by Mr. Falaguerra.

Regional Hospital Exercise: Mr. Falaguerra summarized a conference call held on October 25 where hospital representatives discussed the need for a regional hospital exercise. It was agreed:

1. A regional exercise will be held on June 15, 2011
2. It will start on time and be conducted following disciplined time lines
3. It will be held between 10 a.m. and 2 p.m.
4. The scenario will be for an event of significance requiring all hospitals to be affected
5. The management of the situation for the first twelve hours would be notional (pre-drill simulated). This way, the exercise will cover the planning and logistics for a change of shift
6. If the revised state listing of volunteer nursing and physician staff is completed by that date, calling in non-affiliated professionals and processing them to grant privileges will be included
7. The scenario will be flexible enough to allow each hospital to focus any objectives it had in addition to the regional objectives.
8. The scenario will be realistic with a high probability of happening
9. The Everbridge system, and WebEOC if available, will become regional objectives

During the discussion, it was reported that DPH has developed a regional “red cell drilling process.” This uses a SIMCELL releasing regional level injects defining strategic problems to keep all hospital operations working on a coordinated time line. This was used in another region for a train wreck that involved hundreds of injured passengers. DPH will be participating in the Region 3 exercise next June and to use this red cell process in a similar way. DEMHS will also be participating in June.

Discussion followed on identifying the elements of a scenario. Suggestions included a similar train crash with hundreds of victims, a disease outbreak, a pepper spray exposure at a large venue such as the Convention Center, an incident during the Hartford marathon or at the Riverfest July fourth celebration, each with thousands of bystanders in congested areas.

It was then suggested that the objectives for the exercise should first be defined, and from this, the scenario tailored in a way to serve these objectives. CREPC has also identified its scope of regional training, planning and exercises that the hospitals might want to coordinate with to sharpen the common focus for both efforts. From this, the group discussed many options including:

- communications, including the new CMED back up radio system
- patient surge,
- hospital decompression,
- forward movement of patients,
- hospital decontamination,
- (discussed above) using the state list of outside professional staff to come to hospitals

During this discussion, it was suggested that a review of the After Action Report and Improvement Plan for the region that held the train wreck scenario might identify areas they found in need of improvement to bring forward to this exercise. Mr. Falaguerra defined one goal for the exercise as stressing the regional medical system until it breaks, thus defining remedies to increase the region's patient care capacity. This includes specific areas of concern to each hospital and to the region as a whole. Mr. Best noted that once each hospital has identified its objectives, injects can be separately created for each facility and be released from the red cell as well as injects for the regional objectives.

Mr. Falaguerra appointed three subcommittees to further develop this project;

1. **Regional objectives** – to define the regional objectives for the June 15 hospital exercise – Mr. Falaguerra, Mr. Scace, and Dr. Shaw.
2. **Hospital objectives** – Each participating hospital is to identify its separate objectives *and report these to Mr. Falaguerra no later than November 24 to allow preparation of a consolidated report to be given at the December 1 meeting.*
3. **Scenario development** – to broadly outline the location and type of situation that can be more fully developed into a scenario – Dr. Shaw, Mr. Best, Ms. McCormack, and Ms. Letitia,

The following time lines were outlined:

A week before the December meeting, hospital objectives are to be given to Mr. Falaguerra. At the December meeting, regional and hospital objectives will be discussed along with a broad outline of the scenario. At several 2011 CREPC meetings starting in January, educational seminars will be given addressing different aspects of regional planning strategies and tactics that could be important for coordination of hospital and regional planning. By April, the separate events in the scenario will be determined. In May, training will be initiated including, perhaps, a tabletop exercise or mock walkthrough.

Mr. Falaguerra announced there will be another conference call on November 12 to check on the progress being made in meeting the subcommittee charges and to share information.

CMED remote base stations: Mr. Victor reviewed the problems several months ago where CMED had to evacuate its facilities shutting down its services. The improvement plan developed after a review of that event has led to the regional purchase (UASI funding) of separate single channel base stations to be located in each hospital emergency department. All radios except for Middlesex Hospital have been delivered by the vendor and configured. These are relatively small units, and can receive transmissions directly from ambulances. These are to be installed in each ED, tested, and then turned off. They will only be used when hospitals are asked to turn them on when CMED is out of service. In any future loss of CMED, turning these units on will allow the hospitals to hear all ambulance communications directly – therefore, they will only be used for priority one calls. These units were handed out to the representatives at the end of the meeting with instructions to give it to hospital engineering for installation in the ED. These are 25W transmitters and if there is any radio frequency

(RF) interference with nearby monitors and electronic devices, an external antenna will have to be installed. Mr. Victor reported that of the 10 radios requested, only 3 requested support for external antennas. When these radios are used, there will be no CMED control or coordination.

Mr. Best noted that WebEOC, once it becomes operational, can connect the ambulances to hospitals through on board portable computers as another back up possibility.

Regional Surge Capacity Initiative: due to a lack of time, this topic was moved to the December agenda.

The meeting was adjourned at 12:21 a.m.

Respectfully submitted



Cressy Goodwin
Recorder

ATTENDANCE:
CREPC ESF-8 – Hospital Section Meeting

November 3, 2010

| Name | Affiliation | e-mail Address |
|---------------------------------|------------------------------------|-----------------------------|
| Virginia Krishi (for full name) | Hartford Hospital | |
| Laura Nagle FOR GAVAGHAN | Bristol Hospital DEHHS REGION 3 | THOMAS.GAVAGHAN@CT.gov |
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