

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
November 7, 2007
St. Francis Hospital and Medical Center
Hartford, Connecticut

Present

See attached attendance list

Mr. Gavaghan reported on DEMHS Region 3 activities:

- The previous week, 32 local emergency management officials from DEMHS Region 3 attended a meeting with the state DEMHS commissioner. Another Region 3 meeting is planned for November 8 in Manchester. These meetings will be repeated in the other 4 DEMHS regions.
- The state has purchased *WEB EOC* software. Mr. Gavaghan was asked if the Region 3 RCC would be tied into this software for communicating to and from the regional level. Mr. Gavaghan said he would find the answer to this and report back. Each town will need an updated computer with access to the Internet and funds have been located to assist those communities having difficulty obtaining this resource.
- He continued his report by identifying there are 1,100 schools in Connecticut, and of these 538 have indicated an interest in becoming involved with a new project for school emergency planning. Of these, 178 schools are in the Region 3 area.
- Resource typing is being planned for four disciplines: law enforcement, fire services, public health and public works. The structure for this effort is now being discussed with actual typing of resources to follow.
- A challenging exercise was held last Saturday – the health district covering Hebron, Haddam, East Hampton and Portland set up clinics with the transportation of people as would be required in a response to any pandemic influenza outbreak.
- There is continuing discussions to refine the boundary lines of Region 3. Middlesex Memorial Hospital and the Town of Middletown are evaluating this and may wish to join Region 3. They have been working with ESF-8 in Region 2 and still want to continue with that group.

Ms. McCormack gave the report on the Medical Reserve Corps:

- A training guide has been developed and published. This guide defines a two year program where members can report for monthly meetings for training.
- Core competency logs are to be given out to the members. Each member will maintain their training in essential skills. This will allow training to be obtained over a period of time.
- Documentation will qualify individuals for assignment at future exercises and events. On-line registration has also been established and includes a system allowing documentation of attendance at events when the corps is called out.
- Ms. McCormack has worked with other medical reserve corps within and outside of the state and will share this training guide.
- Agreements have been signed to establish a wide, multi-state coordinated program.

Mr. Scace presented the training report:

- The new curriculum for cold zone EMS hazardous responses is moving along.
- The state has developed a new mass casualty event/triage training program and is now developing instructors.
- A video training program about the RED Plan is under development. This will allow independent study and can also support classroom lectures.
- A schedule for awareness training in weapons of mass destruction is being developed for courses starting in January. An instructor cadre needs to be developed.
- Medical control and protocols for WMD/HAZMAT events is under development. The medical protocols part of this course will be worked out with the Department of Public Health, Office of Emergency Medical Services. There will be two versions: a 40 hour, one week course and a semester course to be held at Goodwin College. The text has been selected for this program.
- A first responder medical monitoring and rehabilitation course is under development. Guidelines have been developed and once the program is finalized, instructors will be required.
- ICS 100 and ICS 200 courses continue to be taught - available on line and in classrooms.
- IS 700 (NIMS) is only available on line; no classroom materials are available.
- PPE/HAZMAT operations training is in development. This is being coordinated with Conn OSHA. As part of their program, it was noted that an employer is responsible for documenting the completion of courses by their personnel. This may present a problem for smaller EMS organizations with limited administrative staff. The goal is for an 8 hour competency-based course.
- Additional issues reported by Mr. Scace included medical control, CME credits and how to document course completion, funding and scheduling of courses.

Mr. Koscuk gave the EMS report:

- The distribution of the SMART triage packs to local EMS groups is nearly complete.
- The MCI trailers are out in their host communities. Deployment policies are being worked on.

Mr. Klein gave the CMED report:

- He is working with the regional MCI committee to upgrade their procedures for communications during an MCI.
- It is essential that EMS notify CMED any time they are at the scene of a large event. In many past responses to an MCI, CMED is not informed until patients are being transported that there is a large response needing management.
- Planning is underway to expand the CMED budget for added staffing during exercises and stand-by events for training its staff.

Mr. Goodwin suggested the group may want to begin planning a coordinated effort for exercises this coming spring. There is a tendency to wait only to find that many groups have been planning in

isolation for individual exercises that require regional support. Ms. Kertanis noted that CDC is funding two specific exercises that will be held next year. Mr. Falaguerra stated there would be a two day vertical evacuation exercise conducted by St. Francis Hospital. On December 11, the campus at the Mount Sinai Hospital will be involved. On December 12, the City of Hartford will be participating. Mr. Falaguerra stated he would follow up with Mr. Stonoha about the status the *After Action Report and Improvement Plan* for the June Surprise Exercise.

A brief discussion then took place about the “Homeland Security Evaluation and Exercise Program (HSEEP).” A five day instructor course was held in Hartford March 26-30, 2007. Several people from DEMHS Region 3 were certified. Mr. Goodwin stated he would work with Ms. McCormack and others to prepare a short presentation describing how this program is designed to function.

Mr. Quinlaven reported on the status of the Statewide Trauma System Plan. Drafted over a year ago, there were several areas that the EMS Advisory Board wanted to discuss further. For the last four months, negotiations have been underway. Many issues have been resolved, but many issues remain. The focus of this negotiation is on different groups with separate expectations trying collaboratively to better understand why some of the recommendations – and opposition to other recommendations – remain on the table. Next Wednesday, the EMS Advisory Board will meet to discuss the approval of the current draft. The State Trauma Committee will meet afterward and vote on the plan’s approval. If approved by the State Trauma Committee, the plan will be forwarded to the commissioner for action. Dr. Shaw noted that several MMRS deliverables, notably the Forward Movement of Patients are tied to the current draft of the plan.

Ms. Kertanis gave the public health report:

- A meeting was held last week with the directors of local health departments. DPH had requested proposals to identify a lead health department in each DEMHS region to spearhead the planning process. Two proposals were submitted from Region 3. When the award was made, a new stipulation was added – that the lead agency hire a planner. Discussions took place identifying this was not in the spirit of the original RFP and could be a detriment to the past mutually inclusive collaboration and cooperation that has been so effective. As a result, the awardee declined to accept the grant. Further meetings are being held with the regional health departments and DPH to resolve this issue.
- A deficiency has been identified in the Project Readiness Program. The planning for epidemic surge planning depends on “just in time training” to prepare responders as an event begins. The resources and programs to do this are not adequate to ensure success. The group has reached out to Yale New Haven Preparedness Center to develop a program to resolve this.
- Resource typing of public health assets remains an area of great interest.

Dr. Shaw reported on MMRS activities:

- A meeting was held last Monday with commissioner Robert Galvin and others at the Department of Public Health. The focus was on defining roles and responsibilities for the alternate care facilities (ACF) project. Much was resolved, but more discussion is needed. It was agreed that the logistics and implementation of ACF would be local and regional.

- There is a need to create protocols for the release of the CHEMPAC kits that are locally positioned. There are currently seven such caches in the region and will be used for first responders and the public as well.
- Medical stockpiles were obtained in 2003 for first responders. This includes 3,000 MARK I kits. An additional cache of pharmaceuticals are stored at a hospital in the region. Training and strategies for mobilization are needed. The 2006 regional exercise pointed out many areas that are being addressed. The Department of Consumer Protection has been consulted.
- Another initiative needed is establishing a database to collect information from first responders and their families. A prototype system is in development, and last week, beta testing has begun. Two agencies are testing this. Each has identified a “gatekeeper” to bring the data into the database and send this to the Department of Consumer Protection. The goal is to protect confidentiality of the information. The outcome will be to release the required pharmaceuticals to the requesting agencies with individuals named for internal distribution.
- Dr. Shaw reported on the forum held two weeks earlier at Hartford Hospital where the risks, liabilities and ethics of medical decisions in a disaster were explored. Mr. Falaguerra reported on a Webonair conference he participated in covering the same topics. The decision was reached to reprise these discussions at the December or possibly the January ESF-8 meeting.

The meeting adjourned at 11:30 a.m.

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Capitol Region Emergency Planning Committee - RESF-8 Health and Medical

Minutes: November 7, 2007

Page 5 of 6

ATTENDANCE:

CREPC ESF-8 Meeting

November 7, 2007

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