Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
April 2, 2008
East Hartford Public Safety Complex
East Hartford, Connecticut

Present

See attached attendance list

Tom Gavaghan gave a report of DEMHS Region 3.
Among the topics discussed was an upcoming training program for all first responders and public works staff in the MGT317 course: "Public Works: Planning for and Responding to a Terrorism/WMD Incident" This 3 day course will be held April 21-23 at the DEMHS training facility on Maxim Road in Hartford.

Carmine Centrella made a presentation on the Urban Area Security Initiative (UASI) project.
He explained the UASI is a national initiative and is designed to set a strategic direction for the enhancement of regional response capability and capacity. UASI's mission is to reduce regional vulnerability and prevent terrorism and/or weapons of mass destruction (WMD) incidents. Through Federal grant funding, UASI is to accomplish this by strengthening the cycle of responses and by ensuring that potential targets are identified, assessed and protected. Connecticut DEMHS met with a group of the regional planning partners and identified the agency wanted to approach this issue through its processes. Our project was originally defined for the Greater Hartford Standard Metropolitan Statistical Area (SMSA). CREPC has taken the lead by expanding the area to include all of DEMHS Region 3.

There are eight goals leading to a regional strategy of sustained effort. The long term strategy is to guarantee regional planning efforts will be sustained. Dr. Shaw stated one goal is to expand public health and medical response capabilities. Thus, the projects we have been working on need to be identified and maintained in this new effort. There is $13M in funding coming into Connecticut. Problems being identified and solutions being worked out by the planning team over the next several weeks will include projects such as patient tracking and information platforms to enhance our capabilities.

One of the early findings was to identify there are two dozen separate radio systems used throughout the region during any emergency. During a recent incident in New Britain, the iTACH, iCALL communication linkages did not work.

There are five project areas being developed:

1. ***WebEOC -*** There is a lot of information that comes into an EOC during an emergency. WebEOC is a tool that can help manage this. Mr. Libby stated that DHHS is now using this 24/7 as its management tool. He is willing to share any templates they have developed.

2. ***Electronic Patient Tracking*** – a project we had previously identified as important.

3. ***Expansion of Medical Reserve Corps capability*** – we own the 55 bed field triage unit but we need equipment, supplies and manpower to make this work.

4. ***Early detection of diseases*** – public health surveillance is important and a system is needed to monitor diagnostic indicators to give early notification of potential epidemics.

5. ***Stockpiling of supplies for alternate care sites*** – this will be designed to fund the Capstone Project for one hospital or a group of hospitals in the region that may need to establish an alternate care site.

A meeting is planned for tomorrow to begin the in-depth planning that will be needed.

Mary Duley provided an update of Public Health Preparedness activities. She distributed two documents, one announcing a webinar on pandemic influenza that will be held later in the day (April 2). The second was an appendix that "provides state planners with recommendations for developing health care operational plans to manage an influenza pandemic," and for "mass fatalities."

She identified that federal programs have given pretty good guidance on the development of alternate care sites. The state now has to use this to establish its guidelines. She cited a notebook in which she has collected resource material and guidance, using this as a practical and important reference. There is no expectation by the federal government for using alternate care sites for caring for very sick patients. As a result, funding has been spent to provide more ventilators and infusion pumps to expand these resources within the hospitals.

In response to a question, Ms. Duley reinforced that state planning is being developed in the social and economic context of a pandemic – *e.g.,* schools, banks, physician offices and businesses closed, possibility of roads being shut down, and hospital staff reduced by as much as 40% due to illness.

In response to another question, the role of EMS is being addressed by the State Mobilization Task Force. DPH has no plans to decide on a case by case basis where EMS should take patients. At a drill to be held Saturday, Danbury Hospital will be making those decisions for the town hosting the exercise. Mr. Libby reinforced this by stating that in an emergency, to the extent possible, we should be using the routine systems – in this case CMED and the day-to-day medical control procedures.

Mark Libby spoke to the National Ambulance Contract. Following the federal responses to Hurricanes Katrina and Rita, a decision was made to preplan rapid deployment of resources for patient transportation from an area in response to a devastating event. This resulted in a "Federal National Ambulance and Para-transport Support Services Contract." This is commonly referred to as the "National Ambulance Contract." The program is jointly administered by FEMA providing

the contract funding, and HHS/ASPR for technical support and guidance. When deployed, this system is designed to integrate into and not negatively impact any local, mutual aid or EMAC deployments already there.

The strategy is to provide assets as needed to an increasingly expanding situation:

- Local increase in surge capacity
- Mutual aid
- EMAC
- National Ambulance Contract

The response is built around the deployment of 300 ground ambulances, 25 air ambulances (both fixed and rotary wing), and transportation resources for up to 3,500 non-stretcher patients per day. The contract calls for a 12 hour activation for the ambulances to be at the scene, and 24 hours for all the support logistics to be present. All assets mobilized must come from outside the affected area. None of the ambulances deployed can come from designated units that are part of an EMAC response. The response is designed as an all-hazards approach and can be used for storms, terrorist activity, or any other devastating emergency.

AMR is the contractor for ground ambulance assets. Multiple private contracts for air assets have been authorized – all groups operate CAMS professionally accredited services. NDMS assets are all military and are in coordination with the other contracted responses.

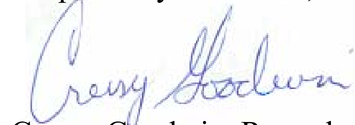
Mr. Libby walked through the typical steps that can lead up to deployment – from initial advisory information through eventual demobilization.

Mr. Libby stated he is now working with the New England Council for EMS, Inc. to develop uniform operational standards for any event occurring in any of the six states. He closed with a focused statement of the initiatives that remain to be resolved to remove barriers to effective mobilization of patient care and transportation assets in time of need.

The next meeting of ESF-8 will be on May 7, 2008 at the East Hartford Safety Complex.

The meeting adjourned at 11:00 a.m.

Respectfully submitted,



Cressy Goodwin, Recorder

ATTENDANCE:
CREPC ESF-8 Meeting

April 2, 2008

Name	*Affiliation*	*e-mail Address*
Paul J. Wentworth	Johnson Memorial Hosp.	Paul.Wentworth@Jmhosp.org
DAN SCACE	CRCOG	daniel.scace@sbcglobal.net
[illegible]	H H	CGOODWI@HARTHOSP.ORG
[illegible]	ESF 8	[illegible]
JIM GARROW	AMR -	JAMES.GARROW@AMR.NET
Katherine McCormack	Hartford MRC	file
WAYNE I. RIOUX	MANCHESTER HEALTH	- ON FILE -
Charles J. Petrillo, Jr.	Windsor Health Dept	file
JAY SALVADOR	RED CROSS	SALVADORJ@USA.REDCROSS.ORG
Brenda Shaw	North Central CT EMS Council	shawb@northcentralctems.org
Carmine Centrella	CRCOG / CREPC	- on file -
Bob FALAGUERRA	SFHMC / ESF8 HOSP.	on file
Ron Buckman	CR MRC / Manch. PH	—

ATTENDANCE:

CREPC ESF-8 Meeting

April 2, 2008

Name	Affiliation	e-mail Address
Scott Aronson	Russell Phillips + Associates	saronson@phillipsllc.com
Ken Loock	ESF-1 Chair	on file
Mark Petrone	UCONN Health Center/JDH	petrone@uchc.edu
Brenda Tenney	East Hartford Fire	bmurphy@ci.east-hartford.ct.us
David Koscuk	NBEMS	David.Koscuk@NBEMS.org
Kris Pagano	The Hospital of Central CT	kpagano@thocc.org
Marge Letitia	Eastern CT Health Network	mletitia@echn.org
Laura Nagle	Bristol Hospital	lnagle@bristolhospital.org.
Tom Gavaghan	DEMHS	Thomas.Gavaghan@po.state.ct.us
Irma Moehringer	Hospital of Central Ct	imoehringer@THOCC.org
Judye Torpey	CCHD	judye.torpey@wethersfieldct.com
Mark Libby	HHS/ASPR	mark.libby@hhs.gov