Present

See attached attendance list

The meeting opened at 9:08 a.m.

Mr. Gavaghan reported on DEMHS Region III Activities. WebEOC training programs are underway. Forty-six people have already been trained and thirty-five additional students are scheduled for a class on December 4. Another session is scheduled in January.

Dr. Shaw reported on a recent Region 2 RESF 8 exercise. Eleven community CEO’s participated in a recent exercise involving communications. During the hot wash, it was identified that there is no existing system for communicating between community EOC’s. The developing WebEOC system may resolve that issue.

Ms. Duley gave the DPH report. She reported on the current status of planning for Alternate Care Facilities – regionally and locally, and on Mass Fatalities planning. The Bridgeport area ESF-8 meeting on Monday led to a detailed discussion on the state planning. A document listing the 14 questions raised and their answers will be shared with Dr. Shaw for distribution to the Region III ESF-8 group in the future. She reported additional guidance is being developed and should be available in December. If new questions surface, she identified an advisory work group at the state level that can help provide specific guidance. Dr. Shaw commented that these activities are deliverables under the MMRS program for Region III. Planning is two years in progress, and it appears that no end is in sight. He welcomed additional guidance and encouraged everyone to finish the planning so a regional final plan can be submitted.

Dr. Shaw reported on strategic planning efforts. Two major efforts are currently underway – communications and information sharing platform (WebEOC) development, and creation of Alternate Care Facilities standards, guidelines and operations planning. He distributed the Region III SWOT Analysis dated March 2008. This was for information and was not discussed.

Dr. Shaw, using a PowerPoint presentation, reviewed the 3-Year Strategic Plan for Building the Regional Public Health and Medical Response for the region. The first part of this presentation reviewed the history and background of the Strategic Planning Project. At present, three capabilities are identified for the strategic plan:

- Medical surge capability
- Mass prophylaxis capability, and
- Triage and pre-hospital care capability
A three year outline was then discussed to develop these into a regional plan:

2009 – Existing EMS Mobilization Plan, Forward Movement of Patients Plan and the Burn Plan need to be refined to be integrated into these three regional capabilities.

US Military Academy grant-funded expertise will *identify logistical requirements to move forward with Electronic Patient Tracking and Inventory/Resource Management.

Medical Reserve Corps Recruiting and Competency Development will continue.

Long term care (LTC) facility agreements will boost medical surge capacity.

Stakeholder, Support Requirements and Training will be identified to support the Plan.

100% of the First Responders will be registered in the Electronic Data Base.

2010 – Results of 2009 will be built into the regional system to institutionalize the way emergencies are handled.

Resource Management including the Electronic Data Base will be further developed.

Validation and exercise planning efforts will be finalized.

Training will continue and be expanded.

The Capstone Project (logistics for Alternate Care Facilities) will be completed.

2011 – Responders will be trained and equipped to the standards of the Regional Plan.

Implemented projects will be validated.

Communications systems developed with RESF-2 will be implemented.

Proactive actions developed and implemented to mitigate and respond to disease and disaster.

Technology will allow full visibility of the RESF-8 efforts in the Regional Plan.

Dr. Shaw announced plans to develop a regional grant-funded project leading to a full scale regional exercise in the fall of 2009. Lessons learned from this project will be used to develop an annual exercise program for the Capitol Region. The Homeland Security Exercise and Evaluation Program (HSEEP) guidelines will be followed.
Dr. Shaw identified four new Region 3 RESF-8 working groups or committees to work on these initiatives:

1. Exercise Committee to develop program leading to a Full Scale Exercise in the fall.

2. Volunteer Recruitment and CERT Strategies.

3. Alternate Care Site Strategic Planning (Complete the site assessments and develop a concept of regional logistical support).

4. Patient Tracking System Plan Workgroup (to identify PTS best practices and make recommendations).

It was agreed that other working groups could be added later if the need is identified. It was noted that none of the four now identified deal with public health issues. Dr. Shaw passed around signup sheets for people present to indicate which of these workgroups are of interest (see attached).

It was also suggested that the ESF-8 meetings be held bi-monthly with the alternate months reserved for the workgroups to meet separately. The East Hartford Public Safety Complex is reserved from 0830 to 1200 each month through 2009. It was agreed upon that Dr. Shaw would coordinate the staggered starting times of the workgroups – some people may want to serve on more than one group and won’t be able to attend two meetings held simultaneously. Dr. Shaw agreed to meet initially with each group to give its charge and his expectations. There was discussion and support for each work group to submit a written report in advance of the bi-monthly meeting to prevent the full RESF-8 group going over every detail of each group at its regular meetings. *The work groups will begin on January 7th.*

Ms. Duley stated that working groups in the other regional ESF-8s have been identified. She will share reports and minutes of these other groups if this would be helpful.

*The next full meeting of the RESF-8 group will be February 4th.*

The meeting adjourned at 11:00 a.m.

Respectfully submitted

Cressy Goodwin
Recorder