

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
January 6, 2010
East Hartford Public Safety Complex
East Hartford, Connecticut

Members Present: (See attached attendance list)

The meeting opened at 9:08 a.m.

Region 3 DEMHS updates: Mr. Gavaghan that a vacancy is being filled for DEMHS Region V. The office will be moving from Southbury to Waterbury. The EMS Region Coordinator's position remains vacant, but may be filled soon.

Everbridge System: Mr. Gavaghan reported that training is now underway. Training for Public Safety Answering Point (PSAP) personnel is wrapping up now. Local directors of emergency management will be the next group trained. A task force is working now to develop a policy and practices manual for Everbridge.

WebEOC: Mr. Gavaghan reported that training was suspended in November – with the pending holidays, interest in classes had abated. Many people now wanting to take classes will cause the renewal of training with the first session scheduled for January 28 from 9-12. He noted that this class is for community EM staff and differs from the training being provided to hospital and EMS workers by DPH. A class of 30 is needed – 10 people have signed up so far. Training modules are now being developed and will be incorporated into WebEOC to assist all users.

It is expected that all hospitals will be using the DPH WebEOC system within two to three weeks. Each hospital will be able to customize their WebEOC pages to reflect variation in their organizational structures.

For a while both the existing bed management system and WebEOC will jointly be used to transition to WebEOC becoming the sole source of bed availability reporting. There are three incident command (HICS) templates added to the DPH WebEOC. This will allow reporting to follow this system of organization. EMS will be reporting on the DPH WebEOC system but the launch of the EMS modules will be delayed for a bit longer.

DPH Updates: Mr. Best reported DEMHS has established a process for developing leadership training. This training is now being refined and will include of the Forward Movement of Patients Plan. Mr. Groux commented that there are several regulatory and legislative issues remaining before the FMOP Plan can become operational:

- Corporate and non-profit EMS organizations are not covered by state statute allowing local governments to consider themselves part of mutual aid unless they opt out;
- There is requirement for the assigned primary Public Service Area (PSA) holder to always keep one ambulance available locally to handle the next 911 call even if another service has an available unit to provide this backup coverage, and finally,
- Restrictions allowing charges to be billed for the types of transport that are needed in an emergency outside the PSA holder's assignment.

Mr. Best stated he would work within DPH to identify and clarify these issues and report back if any of these might not require regulatory or legislative action to be resolved.

Training: Mr. Scace identified an exercise development training program will be developed in the next month of so.

Planning: Mr. Centrella reported concerns over updating PPE and equipment purchased in 2001-2002. Some of these units have the need for replacements due to use. A strategy is being developed focused on the surveying institutional leaders where this equipment is housed to identify what equipment has been used and what is still available. If this equipment is tied to an operational response group, decisions will be made for procuring replacements. Otherwise, consideration will be made for establishing a regional cache for deployment wherever it may be needed in an actual emergency.

MMRS: Dr. Shaw stated that stockpiles were established for first responders and their families from 2002-2003. Many of these pharmaceuticals have expiration dates and will soon need to be replaced. A national directive stated that MMRS funds cannot be spent on such replacements “if other stockpiles exist.” The intent of the original program was to provide these reserves locally and quickly for first responders. A central stockpile in another community won’t serve this purpose. Clarification is needed before current funding can replenish local stockpiles. Mr. Centrella noted that funds have recently been spent replenish significant amounts of antibiotics and valium auto injectors. The total cache in Region III is valued at about \$100,000.

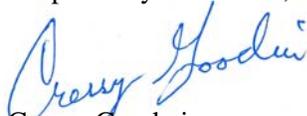
Alternate Care Sites: Ms Traugh from Yale New Haven Center for Emergency Preparedness and Disaster Response stated DPH has developed standards of care in extended public health emergencies. Her group is under contract with the DPH to expand these guidelines with the 5 DEMHS regions, and this guidance will begin in February.

Three year plan: Mr. Scace reported that the ESF-8 group in December 2008 established a 3 year plan. Out of this, and the work of other ESF groups, a formal regional capabilities assessment was completed. Three of these were derived from the ESF-8 group. A detailed discussion followed leading to the need to assess what capabilities remain to be developed, and to identify specific objectives for the coming year. Notes were made by staff. Draft objectives for 2010 will be brought back for review and approval at the next meeting.

Autumn Storm - Full Scale Exercise: Mr. Centrella announced January 22 as the date of the Initial Planning Conference for the regional exercise. This meeting will be at the South Congregational Church starting at 9:00 a.m. The Full Scale Exercise will be in mid-May.

The next meeting will be on February 3, 2010 at the East Hartford Safety Complex at 9:30.

Respectfully Submitted,



Cressy Goodwin
Recorder

ATTENDANCE:
CREPC ESF-8 Meeting

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