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

Members Present: (See attached attendance list, pages 9-11, below)

The meeting opened at 9:15 a.m.

State Update: Mr. Gavaghan from DEMHS, Region 3 was not able to be present. He submitted a written report that was distributed. (See Attachment 1, page 4)

Ms. Duley from DPH was not able to be present. She provided a written report which was distributed. (see Attachment 2, page 5).

Planning Update: Mr. Centrella reported that vendors are being selected for a new patient tracking system. Once this project begins, it will be phased in over time, and further reports will be made. He also stated that local emergency medical services plans are now being reviewed and updated by the regional councils.

Save the Children Project: Dr. Shaw introduced Peter Palermino, Program Manager, Family Planning Unit at the State Department of Social Services[1]. He gave a broad overview of a newly funded project in his agency that is focusing on children in disasters and emergencies. He in turn introduced Jessy Burton, Program Manager for Connecticut's Save the Children project. [2] This project is on a fast track starting on September 1, 2010 running to June 30, 2011. The goal is to plan for child care in emergencies. This effort will include state-wide planning, as well as regional and local planning. One of the goals will be to develop a Regional Emergency Child Care Planning Council in each of the 5 DEMHS regions. When the project is completed, the United Way (2-1-1) will take over the project to manage and maintain this process.

Planning will encompass the three phases of an emergency: preparedness, response and recovery. In the preparedness phase, a major undertaking will be training. The NACCRRA Curriculum "*Is Your Child Care Program Ready*?" will be instructed to agencies that provide child care using United Way, Department of Public Health and SME trainers. Another course, Save the Children's "*Journey of Hope*" will be provided to the Mental Health community to ensure support for child care community post-disaster. Additional training will be Save the Children's *Child-Friendly Spaces* program for emergency shelter managers and staff with 10 CFS kits to be pre-positioned throughout the state.

Another preparedness program will be briefings through out the state such as this one on "*Children and Emergencies*." Such briefings will include national standards and best practices on child safety, along with well-being and support of children in emergency situations. These briefings will be for Emergency Management (State, Regional, local level), and emergency response planners

In the response phase, communications will include a Mapping Project of all Child Care centers facilities and homes to capture child care community data on GIS map in relation to identified hazards. Also to be addressed will be emergency messaging and notification systems to provide preparedness messaging and information, send emergency messages, and collect post-incident information Child reunification will be addressed by facilitating state level meetings to bolster capacity to care for unaccompanied minors, facilitate family well-being inquiries and conduct child

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[2] jburton@savechildren.org 860-593-0347

reunification Also to be addressed will be care for unaccompanied minors, the need for family well-being inquiries and to conduct child reunification programs

In the recovery phase, strategic partnerships and planning will include donations management, identifying public/private partnerships, and establishing a child care relief/recovery fund. Planning will also cover **t**emporary emergency child care regulations, insurance guidance and establishing a coordinated application process to obtain relief funding.

Ms. Burton concluded her presentation noting that when the project is completed next spring, the goal is to have a Comprehensive Emergency Plan for Connecticut Child Care protecting and supporting children and the child care community before, during and after emergencies This will be a comprehensive, collaborative, coordinated effort

Dr. Shaw stated that the national ICS course on children and disasters (ICS 366) has a wealth of information available for those interested in this topic.

Long Term Care Facilities Mutual Aid Planning: Dr. Shaw announced that the project involving the 79 long term care facilities in Region 3 is about to become operational. At a meeting on October 20, memoranda of understanding will begin to be signed and any emergencies experienced by members of this group will then follow these new planning protocols. Dr. Shaw stated he will bring this project to the other regional ESF chiefs to expand this effort state-wide.

Hospital Section: The meeting continued without a break for the purpose of presenting information to the group on current plans for implementing the emergency notification system "Everbridge" in the state and in DEMHS Region 3. John Karambelas, Senior Director of Strategic Accounts[3] along with Matt Ward of Everbridge based out of California presented information on this project. Everbridge currently has contracts with 506 hospitals in the country. Everbridge provides a system of notifying personnel and others on a platform that sends messages via phones, pagers, fax, e-mail, and internet links in an organized process. The four key areas this system addresses are identifying the **people** who might receive different messages, the **processes** to create and iniate communications, **messages** to meet different needs, and the **technology** for transmission and for recording responses. CREPC is developing a specific project for using Everbridge on a regional level with the 79 long te3rm care facilities. Placed in each hospital and long term care facility, it could be used to alert other providers and officials whenever an emergency is taking place. It can also be used for non-emergency purposes such as alerting staff of scheduled meetings, identifying polling data on administrative topics and serving as a conference bridge. The services are provided on a subscription basis, and funding is available to develop the system and initiate operations. A detailed explanation and demonstration of the functions and operations was presented.

Spring Regional Exercise: Plans are underway leading to a series of exercises and training efforts within the region focusing on WMD. Tabletop and functional exercises may be scheduled in the Spring of 2011, and hospitals wanting to participate in this regional effort should remain attentive to future announcements

[3] john.karambelas@everbridge.com 310-567-6300

Regional Surge Capacity Initiative: The University of Pittsburgh Medical Center has released recommendations for regional programs for health care system providers to plan for meeting medical surge in events of varying sizes. This document was distributed. (See Attachment 3, pages 6-8, below.)

The meeting adjourned at 12:00 noon

Respectfully Submitted,

Cressy Goodwin
Recorder

Attachment 1

From: Gavaghan, Thomas <Thomas.Gavaghan@ct.gov>
To: John Shaw <jjsmmrs@aol.com>
Cc: Braga, Natalie <Natalie.Braga@ct.gov>
Subject: DEMHS RESF 8 Meeting Notes
Date: Fri, Oct 1, 2010 4:39 pm

John -
As promised, here are some DEMHS items for the RESF 8 meeting:
1. DEMHS finished overall management of tropical Storm Nicole. Some minor damage across the state but overall we escaped any major problems. The number of activations we've had this year does have an upside. We are better organized and prepared to deal with major events requiring activation of the State EOC. Both newer members of our staff and members of various State department staffs have learned through the activations of what needs to be done so we are more efficient should we be confronted with a serious incident.

2. We've had to cancel two "Emergency Planning for Schools Workshops" due to lack of budget.

3. DEMHS had a very successful two day CERT workshop and a two day CERT weekend on Oct 2 and 3. We presently have approximately 3,500 people participating in CERT teams. They've made major contributions in supporting first responders and civic events. There is a new initiative called Neighbor Emergency Teams (NET) that is focused as the name implies on neighbors formed to provide support to their communities during emergencies. Another classic application would be for condominium associations being encouraged to utilize this approach.

4. Last but not the least, DEMHS along with the Dept of Social Services and Dept of Public Health are collaborating in supporting a major new initiative working with Save the Children that focuses on how to support children during disasters. There is much data to support the extent to which youngsters are affected by these disasters. The effort is just getting started with a target of achieving several deliverables by next summer. We are fortunate to have a key manager, Jessy Burton from Save the Children also assisting in its implementation.

That's about it for now. I will be glad to answer any questions when I return if you wish to make some notes about what is asked.

Tom

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"To be prepared is half the victory" Miguel De Cervantes

Attachment 2

DPH Report for October 6th 2010 Region 3 ESF-8 Meeting

Hospital and Healthcare System Planning Update

- DPH HPP Coordinator meeting with Everbridge representative Thursday, October 7th to discuss package for all the hospitals to receive the service. Will not be necessary for ACHs to use their individual grant funds for this purpose. More information to follow after the meeting/
- Meeting with WebEOC Hospital Boards developers on 11/2 to discuss rollout of Phase 2+. Training dates for November to be announced soon
- Task Force to be stood up soon to develop FAC Plan template for locals to use to assist in their planning and/or to augment Family Assistance Center Plans already in place at the local level. Those interested in volunteering for the task force should contact Jon Best.
- CT has been awarded a three year competitive grant to assist us in ESAR-VHP/MRC Integration: $200K per year times 3 years. More detailed information to follow.
- CT has a new Region 1 HHS/ASPR Hospital Preparedness Program Field Officer, Captain Patti Pettis, MS, APRN, USPHS. She will be visiting CT in late October and we will be traveling around the state visiting various hospitals, attending what meetings may be going on, etc… More to follow on her visit

EMS Planning Update

- 2 MCI/AC trailers have been placed at South Fire, Middletown and UCONN Storrs. Negotiation for the placement of a trailer in Suffield is in progress. There are a total of 5 MCI trailers in service and 2 MCI AC trailers available.

- A meeting was held with EMS Coord and Art Groux from Region 3 concerning FMOPP. Several goals were identified and a work plan for further implementation of the plan will be developed. It is clear we need to differentiate between mutual aid and FMOPP implementation. The process is moving forward.

Attachment 3

Executive Summary
Center for Biosecurity of UPMC January 2010

Major Challenges to Catastrophic Health Event Response

The Center's analysis of the current system for a national response to CHEs revealed several major challenges:

- Many hospitals and other healthcare organizations do not yet participate in fully functional healthcare coalitions, which are necessary to CHE response.
- Most existing coalitions do not yet have the ability to share information, resources, and decision making with neighboring coalitions during a CHE.
- There are inadequate systems to perform the necessary triage, immediate treatment, and transport of patients outside of the immediate area stricken by a CHE.
- Existing plans and resources for patient transport are grossly inadequate for moving the expected numbers of patients.
- There is not enough guidance on the crisis standards of care that will be necessary throughout all stages of a CHE.
- There is no plan that sufficiently outlines healthcare roles, responsibilities, and actions during the response to a CHE.

Definition and Vision of a Healthcare System Prepared for Events of All Sizes

Definition: A well-prepared healthcare system is able to effectively manage the healthcare consequences of common medical disasters and is able to respond quickly and with agility to harness all useful public and private national resources to cope with a CHE.

Vision: During a disaster, a well-prepared healthcare system will be able to function under a variety of adverse circumstances that may include: an immediate surge of patients in need of acute care, a prolonged surge of patients, a contaminated or contagious environment, loss of infrastructure that necessitates triage and treatment outside of healthcare institutions, poor situational awareness, and disruption of incident management chains of command.

Recommendations

These recommendations are derived from the results of, research and evaluation conducted by the Center in developing the *Descriptive Framework*, the *Evaluation Report,* the *HFPP and ECP Partnership Evaluation;* from conducting Issue Analysis Meetings; and from the Center's independent analysis.

Described below (see Table 1) are recommendations and specific actions that the federal government can take to achieve progress toward preparing the U.S. healthcare system for responding effectively to mass casualty events of all sizes:

Table 1: Overview of Recommendations for Improving U.S. Healthcare Response to Mass Casualty Events of All Sizes

RECOMMENDATIONS AND SUGGESTED ACTIONS

1. **Every U.S. hospital should participate in a healthcare coalition that prepares and responds collaboratively to common medical disasters and CHEs.**
    - A Presidential Decision Directive on healthcare preparedness for CHEs should be issued (as a follow-up to Homeland Security Presidential Directive-21*) to outline a vision of preparedness that builds on progress to date and is consistent with the National Health Security Strategy (NHSS).**
    - HPP, U.S. Centers for Disease Control and Prevention (CDC), and U.S. Department of Homeland Security (DHS) federal grant programs should require organization of grantee preparedness and response activities through healthcare coalitions linked to emergency management and public health authorities. Program guidance should outline the critical functions that coalitions must be
    - able to perform.†
    - The HPP should promulgate more detailed guidance on the organization and response roles of healthcare coalitions, including surge capacity goals.
    - HPP guidance should specify surge goals to be achieved by healthcare coalitions.
    - Centers for Medicare and Medicaid Services (CMS) should provide all healthcare entities with financial incentives to participate in healthcare coalitions.
    - HPP should establish goals and metrics to assess the progress of the development of healthcare coalitions in every community.

2. **Links should be established between neighboring healthcare coalitions to enable regional exchange of healthcare information and assets during a CHE.**
    - HPP, CDC, and DHS program guidance should specifically require collaboration with neighboring jurisdictions and coalitions across state lines, including sharing of plans and joint exercises.
    - HHS should develop guidelines and requirements for communications, situational awareness, and health information technology (HIT).

3. **Out-of-hospital triage sites should be established and healthcare responders should be trained in CHE triage.**
    - Future HPP guidance should include requirements for out-of-hospital triage site designation, and ensure provision of specialized training in CHE triage for National Disaster Medical System (NDMS) teams and identified first responders.

4. **A patient transportation system that harnesses alternative, private sector resources should be created.**
    - Federal initiatives already in place to provide a national network of emergency medical transport capacity should address the enhancement of local emergency medical transportation following CHEs.
    - NDMS, DHS, and United States Transportation Command (USTRANSCOM) should jointly review and revise aeromedical evacuation strategies.
    - Federal and state governments should develop and disseminate guidance and best practices for transportation planning efforts.

- HHS and DHS should jointly commission a detailed study of crisis standards of care related to patient transportation.

5. **Development of crisis standards of care should be expanded, and their consistent implementation within and across states should be promoted.**
   - HHS should continue to provide leadership on the issue of crisis standards of care, to include providing a clearinghouse of information to facilitate state and local planning efforts.
   - Future HPP guidance should specify crisis standards of care planning, as well as intrastate and interstate consistency in crisis standards, as priorities for grantees.

6. **A national framework for healthcare response to CHEs should be developed to guide states, jurisdictions, and local entities in developing ConOps for medical and public health activities.**
   - DHS and its federal partners should expedite the development of federal Concept of Operations (ConOps) for CHEs.
   - HHS should create a work group of federal planners and stakeholders to sketch a national ConOps for medical and public health activities (Emergency Support Function [ESF-8]) following a CHE, using a Tier 1 Urban Area Security Initiative (UASI) region.

Conclusions

While the recommendations made in this report are feasible, many of them will take time to accomplish. Concrete progress toward the goal of CHE preparedness can be achieved through the series of actions outlined in this report, but will require sustained effort at the federal, state, and community levels for a number of years, and funding sufficient to make it possible.

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* The White House. *Homeland Security Presidential Directive 21: Public Health and Medical Preparedness*. October 18, 2007. http://www.dhs. gov/xabout/laws/gc_1219263961449.shtm#1. Accessed November 12, 2009.

** U.S. Department of Homeland Security. Federal Emergency Management Agency. *Comprehensive Preparedness Guide 101*. March 2009. 2009. http://www.fema.gov/about/divisions/cpg.shtm. Accessed January 22, 2010.

† Healthcare coalition critical functions are described in the HHS Tier 2 *MSCC Handbook*, the Center for Biosecurity *Evaluation Report*, and the Center for Biosecurity *Provisional Assessment Criteria* (see *Appendix B* of this *Preparedness Report*, page 36).

ATTENDANCE:

CREPC ESF-8 Meeting

October 6, 2010

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ATTENDANCE:

CREPC ESF-8 Meeting

October 6, 2010

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ATTENDANCE:

CREPC ESF-8 Meeting

October 6, 2010

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