

Capitol Region Emergency Planning Committee  
RESF-8 Health and Medical  
*December 10, 2014*  
Regional Coordination Center  
Manchester, Connecticut

Members Present: *See attached attendance list (p. 5, below)*

The meeting was opened at 9:36 a.m. by Chairman David Koscuk.

The minutes of November 5, 2014 were distributed at the meeting. These minutes were amended as follows:

Under Ms. Marquis report: On page 1, delete the second bulleted item "People - officials." On page 2, delete the first complete bulleted item "In - groups," substituting the following:

- In conclusion, Ms. Marquis reiterated the CDC Operational Readiness Review (ORR) tool, which is replacing the old Technical Assistance Review (TAR) tool, is still focused on an anthrax attack, but takes a more all-hazards approach. Following the region 3 and Connecticut state ORR reviews this past fall, CDC has determined that reviews should be conducted locally as there is no regional authority to operationally respond to anthrax; there are no regional points of dispensing (PODs). To finalize Connecticut's beta testing of the ORR tool, CDC came to review this activity by City of Hartford in November.

The group then moved to its agenda:

**Ms. Marquis and Ms. Cherniak-Lexius gave the local health department report.**

- Some time ago, federal funding through the Department of Public Health distributed N95 masks. These have now exceeded their 5 year shelf life, and many have been found unusable - the straps break with use. An inventory will be made and Public Health Emergency Program funding will be requested for replacements.

**Mr. Bailey continued with a report on EMS.**

- A tabletop exercise was conducted the previous week involving potential incidents on the new limited access busway between New Britain and Hartford. Some of the issues identified were that access points are not controlled, the roadway is very narrow with Jersey barriers making it difficult for vehicles to turn around, and a lack of planning to decide which EMS provider should respond to any crashes or emergencies on the busway. Resolution of these and other issues will lead to a full scale exercise planned for January 15, 2015.
- Newly mandated local EMS planning is underway. There is some confusion over what performance measures are and which might be best used by a community. A template is being prepared for distribution to guide local officials.
- All providers are supposed to be trained in SMART TRIAGE but review of a many exercises locally has shown this skill is not well understood nor fully utilized at mass casualty events. Eastern and Northwest EMS Regions have done retraining. It is recommended that Region 3 revisit this issue.

- The new spinal motion restriction (SMR) protocols have been implemented limiting the use of long backboards and reduced use of cervical collars. This has led to the identification of a new problem - many hospital personnel are not aware of this and are questioning the EMTs coming in. Also, athletic trainers, first aid rescuers and others need to be informed so patients won't be placed on formerly required spinal immobilization equipment before the ambulance arrives.
- Mr. Bailey announced this would be his last ESF-8 meeting representing regional EMS. He has accepted a new position. The group extended gratitude for his excellent service and wished him well in his future endeavors.

**The CMED report was given by Ms. Morris:**

- It has been observed the volume of EMS calls appears to be increasing significantly. Last Monday, on one shift, there were 300 calls to CMED.
- With the sale of AT&T to Frontier, the upgrading and improvements to the circuits feeding CMED are now the responsibility of the new group. AT&T (and now Frontier) has been charged with the overhaul of the 911 system. The upgrading of the CMED circuits will be part of this next generation of communications. In the meantime, hospitals are using the redundant system installed three years ago to manage gaps in the old technology at CMED. Training initiatives are underway.

**Mrs. McCormack gave the Medical Response Corps (MRC) report:**

- The group met the previous week in Glastonbury. Mr. Centrella gave an excellent presentation entitled "Santa Comes to Glastonbury" while wearing a Santa costume.
- One recent new member is a pharmacist. Feedback identified the problem new members have when joining the group without understanding the overall scope and responsibilities of the MRC. An orientation and mentoring program is being advanced.
- A recruitment program is underway. Seven new people signed up last week. This increased volume has shown the need to obtain better preliminary information on the background and training of new members.

**Ms. Dean gave the report on behavioral health:**

- There has been recruitment training in Region 5. Additional training has taken place statewide.
- Yale University is planning a full scale exercise next summer involving a shooter on campus. The DHBRN team is planning to participate.
- A session was held at UConn in Storrs to plan for its responses to support students in the event of a shooter. Attending were 120 people; behavioral health was part of the discussion.
- Short term and long term planning is underway using lessons learned from past events to further improve responses.

**Mr. DeSanti reported on Long Term Care Facilities Mutual Aid planning:**

- A Job Action Sheet is now in place for a duty officer who would be at any regional coordination center during a disaster. This is to be used statewide by January 1, 2015.
- A statewide contact list is being developed.
- On January 15, 2015, a kick-off meeting and day-long training session will be held for Region 2.
- On January 16, 2015, a half day education and exercise will be held for Region 3 involving assisted living facilities.
- In Region 3, the plan covers 79 long term care, and 40 assisted care facilities.
- An event on December 9 activated the regional plan when a CO detector was activated. Before any patients had to be activated, the source was located in a roof-top unit, and the hazard was quickly mitigated. The activation responses are being evaluated.

**MMRS report:**

- Mr. Centrella is currently at the national conference in Denver. On his return, he plans to create an after action report (AAR) of this region's ebola responses.

**Ms. Ferreira reported for the Connecticut Department of Public Health.**

- The next quarterly meeting is being planned
- A review has been made of the current fiscal year reporting and most of the work plans and reports on deliverables are up to date.
- Additional Public Health Emergency Program (PHEM) funding of \$30,000 has been made available to each region. A brief description (using bullet points) is due to DPH from each region by December 31, 2014. Contracts will be awarded based on these requests. DHHS representatives will be coming to Connecticut next week to review progress.
- Planning is underway to designate three regional ambulances dedicated to the transport of ebola patients with symptoms.
- A new area under review involves the transportation and isolation of pets of those infected with ebola. In Spain, one patient's pet was euthanized because there was no protocol for managing this. It is not known if animals other than humans can contract ebola, and a patient's pet can serve as significant support to their owners.

**Mr. Gavaghan reported on behalf of DEMHS:**

- Local directors of health are being asked to sign off on school emergency plans.
- A planning template was developed a year ago for use by school officials; mental health components are included.
- By state statute, all schools are to create emergency response plans and turn them in by December 31, 2014. There are over 160 schools in Region 3, and as of this date, only 40% have been completed.
- The Connecticut School Superintendents Association is now involved in promoting this effort.

- As part of this effort, it has been learned that new school staff, and the lapse in time since existing employees took the ICS training, many officials are not aware of this framework for this emergency planning. A definition of who should take this training, and a streamlined way to get this training to school officials is being developed.
- By January 1, 2015, DEMHS will make its required report to the legislature on the progress being made for school planning in emergency management.
- Two other initiatives are being developed: integration of post secondary education institutions (colleges and universities) and child care centers in emergency planning and training.

**General Discussion:**

- The region has been asked to identify projects for which a \$30,000 Public Health Emergency Program (PHEP) could be applied. The objective is to enhance RESF-8 activities.
- Alternative suggestions included additional drills and exercises to support the new public health assessment tool, training, equipment, and strategic planning.
- During the discussion, one emerging threat was restated - the continuation of support for the regional effort given drastic reduction in federal funding support. Following the national strategy of creating health care coalitions for long-term continuity, it was decided to invest \$25,000 of this grant in a 12 month strategic planning and mentoring process to develop a regional health care coalition.

The meeting adjourned at 10:50 a.m.

No Hospital Section meeting was held after this meeting.

The next meeting will be held on Wednesday, January 7, 2015, at the RCC in Manchester.

Respectfully Submitted,



Cressy Goodwin  
Recorder

ATTENDANCE:  
**CREPC ESF-8 Meeting**  
 December 10, 2014

Initial if Present	Name	Affiliation	E-mail Address
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