

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
November 5, 2014
Regional Coordination Center
Manchester, Connecticut

Members Present: *See attached attendance list (pp. 5-6, below)*

The meeting was opened at 9:34 a.m. by Chairman David Koscuk.

The minutes of October 1, 2014 had been previously distributed.

Ms. Marquis gave the local health department report.

- The group has been very busy planning for their roles in responding to patients with ebola.
- People in West Hartford had returned from West Africa and these people are in isolation and have been monitored daily by local health department officials.
- A packet has been developed and produced to provide information, guidance and essential supplies to people who may have been in contact with ebola patients and are in isolation or quarantine. This packet contains a general information sheet, a thermometer, a CDC daily log to record temperatures, an algorithm of actions to be taken if temperature spikes, a script of what to say if one calls 911 to request a trip to the hospital, and a biohazard mask and gown to protect first responders.
- During the discussion, it was noted that follow-up is needed regionally and at the state level to avoid conflicts with similar preparations being made by others. It was also questioned what the state or national policies exist for transportation to a hospital: should the patient drive himself or herself? In an ambulance with no EMT in the back? Only by pre-designated ambulances with prepared isolation equipment and training?
- In Manchester, it was reported that protection of personnel is a priority of concern. All EMS personnel are recommended to have biohazard personal protective equipment (PPE) available. Ambulance dispatchers should follow a checklist of questions on receiving all requests for responses. If there are indications of ebola, when an ambulance arrives, only one EMT should go to the patient and obtain a history that confirms the suspicion for ebola. That EMT will request a pre-designated ebola ambulance unit be dispatched. While waiting and while providing any treatment required, the EMT will identify all persons who have been in contact with the patient to report this to public health authorities later.
- The hospital will be notified by the EMT to allow preparations there to begin.
- During the discussion, several concerns were expressed. There is a need to bring out-of-region back up EMS services into this system. Some concern was expressed about having EMTs take time to get histories. Without a state or federal template, there are multiple systems being developed that may conflict with each other.
- Mr. Best of the State Health Department stated that people with ebola are healthy as symptoms begin, followed by a gradual increase of symptoms. Initial responses should only require routine blood-borne pathogen protection. It is eye opening, he continued, how many first responders are not aware of even these basic blood-borne protections, arguing against creating complicated response protocols when

- patients first display symptoms. Others in the group pointed out the public perception of ebola is different and there is a lot of anxiety over properly providing protection and support. Also, some patients may not call early.
- In concluding her report, Ms. Marquis identified that the CDC's Public Health Readiness project is focused on an anthrax attack. Their Technical Assessment Tool was earlier piloted tested in DEMHS Region 3, and the CDC team returned for further evaluation. One aspect of the national program cannot be met in Connecticut: there is no authority for the regional groups to operationally conduct activity as it would be elsewhere as with county government. To get around this, negotiations are underway to determine if the City of Hartford could serve as the operational sponsor for operating points of dispensation (PODs) throughout the region to provide antibiotics to first responders and other local groups.

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

- The group is now developing a Job Action Sheet for the duty officer who would be at their regional coordination center during any disaster.
- Work continues to complete the After Action Report (AAR) following the last exercise.

Mr. Bailey continued with a report on EMS.

- Revised spinal mobilization protocols have been approved and distributed. Nationally, the use of long backboards is now discouraged because they have proven to not provide adequate immobilization, cause discomfort, and actually may cause some patients harm. These revised protocols address this issue.
- Protocols for 12 lead EKGs for field application are still under review.
- Letters have been sent out to all localities highlighting the need for updating local EMS plans. One-fifth of the community plans will be reviewed by OEMS each year. These plans must contain performance standards and measures - a new concept to may local officials. Two new staff are being hired to do this work.

The CMED report was given by Ms. Morris:

- Brian Baldwin was introduced as a new staff member to assist in expanding community outreach.
- CMED is now following guidelines in support of surveillance of infectious diseases.

The hospital report was given by Mr. Falaguerra:

- There has been no formal meeting of the Region's Hospital Section, but all hospitals have been meeting in weekly conference calls conducted by DPH.
- Several concerns remain for the region's hospitals. These include the recommended procedures for managing a situation when a patient presents at the emergency department with early signs of ebola, and decides to leave without medical authorization when it is learned the patient may be isolated or quarantined. Another concern is the capital costs being assumed by hospitals to prepare for inpatient isolation. Are all hospitals required to assume these expenses or will there be a hierarchy set up where patients will be transferred from their ED to one or two tertiary care hospitals in Connecticut. Is there any mechanism that can be

developed to help hospitals recover their costs? And if patients are to be transported to another hospital, what ambulance groups are qualified to do this? Finally, what clinical guidance can be given for managing ebola patients with unrelated medical conditions such as pregnancy or cancer. Mr. Best suggested that conferences held at the Connecticut Hospital Association (CHA) provides the opportunity for hospitals to raise questions like this. Mr. Falaguerra responded that time is limited to raise all the issues required, and there is a delay in hearing back as to any resolution. He suggested a regional meeting would be useful to manage these issues.

- Mr. Aronsen has requested all hospital to send a list of their available supplies and equipment used in managing patients in an isolation unit. This information will be placed in the Hospital Mutual Aid Plan, If any facility needed an immediate restocking of materials before they can be resupplied by a vendor, this listing can be used for rapid short term procurement of supplies.

Ms. Dean gave the report on behavioral health:

- There is a need for accurate, relevant, and timely information for health workers dealing with the stresses of managing ebola. The Substance Abuse and Mental Health Administration (SAMHSA) (see www.samhsa.gov) has developed a new extensive resource toward this end. Included are "tip sheets," coping with stress, and talking with children about the disease. This material is being reviewed, summarized and handed out to those in need to assist local efforts.

Mr. Centrella gave the report on MMRS:

- An extensive exercise is planned for May 2015 to be held in Newington. This exercise may include a motor vehicle crash and fire, an active shooter situation at Cedarcrest, up to 175 participants and activation of mutual aid groups. As of now, no hospitals are planning to participate.
- A national Health Care Coalition Conference will be held in Denver. Region 3 will be represented and information on the national focus for coalitions to be the mechanism for future MMRS funding will be provided.
- Everbridge communications continues to expand. Any one with questions on the use of this system in hospitals should contact Mr. Centrella.
- The US Senate Appropriations Committee will be meeting on Friday, November 7 to discuss supplemental funding for ebola responses. MMRS has forwarded information to this committee on its relevant activities including public education and information.

Mrs. McCormack gave the Medical Response Corps report:

- The next meeting is to be held tonight, November 5, 2014.
- The group will focus on an expansion of the role of MRS to assist in public health responses to future ebola cases.
- The Middletown MRC has focused on manning telephones to assist officials in any future ebola situation where this may be helpful.

Mr. Gavaghan reported on behalf of DEMHS:

- School emergency response plans are continuing to arrive, but in numbers well below that required by recently enacted statutes.
- Granby has named a new emergency manager - the first town in the region to do so in the last 5 months.
- The Governor has available \$27 million for improving school security. In this region, 27 schools (including 3 for-profit institutions) have benefited from these grants.

Mr. Best reported for the Connecticut Department of Public Health.

- Plans are underway for an exercise of statewide biological incident countermeasures to be held in 2015.
- The DPH answering service is changing over to the State Police Messaging Service.
- Anna Sigler was introduced to the group as a new staff person at DPH. Another new staff person has been hired to address the development of the Everbridge communication system.
- The regional ESF-8 assessments in the state have been completed. A meeting was held with the ESF-8 chairs of each region. A report will be released in December 2014. An assessment has also been completed of all local health departments.

The meeting adjourned at 11:04 a.m.

No Hospital Section meeting was held after this meeting.

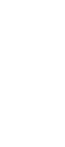
The next meeting will be held on Wednesday, December 10, 2014, at the RCC in Manchester.

Respectfully Submitted,



Cressy Goodwin
Recorder

ATTENDANCE:
CREPC ESF-8 Meeting
November 5, 2014

Initial if Present	Name	Affiliation	E-mail Address
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CREPC ESF-8 Meeting
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