

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
February 4, 2015
Regional Coordination Center
Manchester, Connecticut

Members Present: *See attached attendance list (pp. 6-7, below)*

The meeting was opened by Chairman David Kosciuk at 9:38 a.m..

The minutes of January 7, 2015 were distributed prior to the meeting.

Mr. Huleatt and Ms. Marquis gave the local health department report.

- Active monitoring is continuing of people who may have been exposed to ebola.
- The resurgence of measles in parts of the country has caused a review of public health measures that may be needed here. In Connecticut, vaccination of children is required unless there are religious or medical contraindications. Parents cannot opt out of vaccination for other reasons, although it is suspected many may claim religious requirements to cover for their preference not to vaccinate.. School registration includes each student's status of vaccination. If one student in a school comes down with measles, all unvaccinated students in that school will be required to stay home for 21 days. Making people aware of this should encourage parents to get their children vaccinated if that is possible.
- The current vaccine was first developed in 1956. In the 1980's, the addition of a booster shot was developed to strengthen immunity.

Mr. Harris brought the group up to date on recent EMS activities:

- The Region 3 EMS Coordinator position remains vacant. Applicants are being interviewed. It is expected the position will be filled within 2 weeks.
- Activity is continuing to implement the 12-lead EKG capability locally.

The Medical Reserve Corps report was given by Ms. McCormack:

- The next meeting of the Capitol Region MRC will be later this date. A recent SWAT analysis report will be reviewed leading to strategic planning.
- A new project is being developed using a valuable corporate resource provided by CIGNA. Their IT Team will be coming to the next meeting to test and evaluate new technology that will allow members to remotely attend future meetings.

Ms. Dean gave the report on behavioral health:

- The team responded to a corporate incident in Middletown that involved a fatality. Twenty employees and the first responders were in need of support. The first responders initially reached out for mental health resources from Valley Health Services which, in turn, called the state for a crisis unit to respond. On arrival, this team of 4 worked with the plant's health and safety team members and, later, with the Employee Assistance Program (EAP). The state team stood down after about 5 hours. Follow up activity includes locating resources for the local officials to use in the future. The event will later be debriefed.
- A second request was received by a local church group for a suicide in East Hartford. The group was redirected to the appropriate local suicide resources.

Mr. Gavaghan reported on behalf of DEMHS:

- The state and regional agencies were active with the winter storm last week. He submitted the Emergency Action Plan (EAP) for inclusion in the minutes (*see Attachment 1, p.5*).
- On the school emergency planning project, two staff people had been working on this to complete the documentation required from all schools. The project funds are now exhausted, and this work has ceased. One half of the schools (K-12) have completed their plans. As of now, there is no decision reached on how the remaining work will be completed.
- All state universities and colleges plans have been completed.
- A new mass care working group has been created and will be meeting February 19 to plan for responses when populations have to be displaced and sheltered.
- Another group focusing on emergency preparedness for children will be meeting next week as well.
- A WebEOC training class will be held on February 25. This will focus on the emergency management side, not the public health side of WebEOC.
- The Student Tools for Emergency Planning (STEP) program has been initiated in Granby. In this program, grade school students are taught to develop personal emergency plans and work at home with parents to include the whole family.
- It was noted that during the last major snow storm, the governor formally waived the regulatory requirements for patient transportation when ambulances might not be able to respond to the side of a patient. This was announced at 10:00 p.m., late in the storm, and was not available to protect crews and companies that did hold back their responses. In the discussion, it was asked if in the future there might be a prepared order available that could be released earlier. It was noted that current requirements don't allow for this - the nature and extent of each emergency has to first be identified, and the wording of each waiver vetted separately. It was agreed to communicate to the state authorities that a more timely response to future events would provide better protection to the public.
- A discussion was also held about emergency facility and EMS staff trying to reach their work places being turned back by state police after the roads were closed. Recent news articles indicated the state police were given discretion over allowing emergency workers to respond to duty, but apparently not all troopers received this word, or ignored the directives. Other alternatives were discussed including incorporating this in future emergency waivers of regulations, developing a standard ID system, or a communication link to the EOC for troopers to call to give clearance to individuals who might be stopped.

The Long Term Care Facilities Mutual Aid update was reported by Mr. DeSanti:

- Region 2 is coming on line as a participant in the state-wide system in mid-February.
- A meeting of the long term care facilities advisory committee to debrief the responses during the storm will be held Tuesday afternoon. For the storm, the plan was activated. In Region 1, 26 of 27 facilities reported in. In Region 3, all 72 facilities reported in. In Region 4, all 29 facilities reported in. In Region 5, all 41 facilities reported in. Staffing was an issue with many workers not able to get

to their facilities. (*Note the previous discussion, above.*) Several procedural issues surfaced, but all were resolved by telephone communications.

The MMRS report was given by Mr. Centrella:

- Previous actions taken regionally in response to the ebola situation can have an impact on any future outbreak of infectious disease. As a result, a thorough after action review and debriefing will be done leading to development of a formal After Action Report (AAR) at the next meeting. All who were involved in these responses are asked to first complete the questionnaire that had been distributed and submit this for review.
- Research is nearly completed leading to a regional white paper or guideline for development of local plans for an active shooter. Such plans would include local fire, police, EMS and other first responders. Topics to be included as planning options include assets, on-scene organization, coordination roles and activities, training, and exercises with follow up. One example cited was the value discovered in the October 2014 exercise in Newington where an isolated warm zone "bubble" was established within the hot zone.
- For the SNS countermeasures program, the 2016 proposed budget is flat, reducing the capabilities for this program to accomplish more than in the past.
- Homeland security funding along with public health funding through the Office of the Assistant Secretary for Preparedness (ASPR) are trying to align the program's core capabilities at the local level. This will have an impact on regional planning, and will become part of our strategies for future funding.

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

- The grant requests for \$66,000 related to additional expenses for ebola monitoring have been submitted. Authority has not yet been received to disburse these funds, but those affected will be notified.
- The process is continuing for making application and distribution the \$2.3M grants for the 7 identified areas of systems planning and infrastructure development.
- A third source of funding is directly for hospitals, and this is being negotiated directly with them at this time.
- A final source of funding related to ebola responses will go directly for laboratory support.
- A statewide mass fatality plan is being finalized and will be released soon.
- A request is made for completion of a needs assessment analysis that was forwarded to each local health department. This is needed to establish future funding priorities

General Discussion:

- In the past, the regional program purchased and stockpiled cots. When requested, these were pushed out to support local communities that were setting up shelters. Not all the cots were later returned. In 2013, additional cots were purchased but were never inventoried. In 2014, two hospitals requested cots, but the supply had been exhausted, and it was noted these CREPC cots were to be used in local

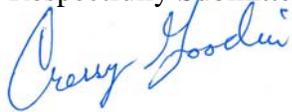
shelters, not for staff use in facilities. As a result, during the last storm, several requests that were received by shelters for cots could not be honored. It has been decided that if any agency requires additional cots, they should order them by contacting CREPC to allow a group order at a discounted price to be placed. If any agency or community currently has cots marked with "CREPC," these should be held locally for future use. CREPC will no longer maintain a stockpile of cots available to communities during an emergency.

The meeting adjourned at 10:4750 a.m.

No Hospital Section meeting was held after this meeting.

The next meeting will be held on Wednesday, March 4, 2015.

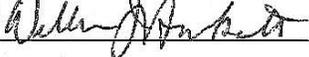
Respectfully Submitted,



Cressy Goodwin
Recorder

Attachment 1

ICS Form 202

INCIDENT OBJECTIVES	1. INCIDENT NAME 2FEB2015 Winter Storm	2. DATE 02 Feb. 2015	3. TIME 1045 Hrs
4. OPERATIONAL PERIOD (DATE/TIME) 02 Feb 2015 0400 Hrs – 02 Feb 2015 2000 Hrs			
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT and conditions (INCLUDE ALTERNATIVES) 1. Life safety. 2. Incident stabilization. 3. Property conservation. 4. Monitor weather forecasts from the National Weather Service, issue Internal/External forecasts regularly. 6. Record and respond to requests for assistance from state and local governments.			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD <p>At 10:15 AM / Feb 02, 2015, radar showed light to moderate snow falling across Northwestern CT with a mix of sleet in Central CT and some freezing rain in Southeastern CT. Total snowfall is currently between 6 - 9 inches in Northern CT and between 4 - 8 inches along the coast. The Northern edge of the sleet line is currently on a line from Danbury to Torrington to Suffield. Temperatures currently range from the mid teens in Northern CT up to the upper 20's along the immediate southeast coast. Winds are currently from the Northeast and gusting 25 MPH at the coast.</p> <p>This morning... Towns can expect the light to occasionally moderate snow in Northern CT to continue for the next several hours as some broken bands of snow and sleet move thru the state. Some freezing rain along the southeast coast may result in a light glaze of ice on power lines and trees. The impact on travel this morning is moderate at this time.</p> <p>This afternoon... Mixed precipitation changing back to light snow between noon - 4:00 PM. There may a period of light to moderate snow in central CT between noon - 2:30 PM resulting in a few more inches of snow. Temperatures will begin to drop this afternoon back into the teens by early this evening. Total snowfall is expected to range from 3" - 6" along the immediate southeast coast, 7" - 10" inches across the rest of Southern CT up to 8" - 12" inches in Northern CT.</p> <p>Tonight... All remaining moisture on roads will freeze. Black ice can be expected especially in southern CT where roads may be down to wet surfaces by this afternoon. Bitter cold is expected overnight with lows near 0 F and wind chills as low as -20 F at times.</p> <p>The Department of Emergency Services and Public Protection Division of Emergency Management and Homeland Security will continue to monitor the latest conditions. Another update will be sent out at 11:30 AM.</p>			
7. GENERAL SAFETY MESSAGE Ensure situational awareness. Adhere to rest cycle. In the field watch for poor visibility, wind and snow that makes travel inadvisable. Ensure that vehicles are fueled and that vehicles have emergency supplies.			
8. Attachments <input checked="" type="checkbox"/> if attached <input type="checkbox"/> Organization List (ICS 203) <input type="checkbox"/> Medical Plan (ICS 206) <input type="checkbox"/> Assignment List (ICS 204) <input type="checkbox"/> Snowfall Forecast Map <input type="checkbox"/> Communications Plan (ICS 205) <input type="checkbox"/> Traffic Plan			
9. PREPARED BY (PLANNING SECTION CHIEF) Tessa Gutowski 	10. APPROVED BY (INCIDENT COMMANDER) William Hackett 		

ATTENDANCE:
CREPC ESF-8 Meeting
 February 4, 2015

Initial if Present	Name	Affiliation	E-mail Address
DA	Debra Abromaitis	UConn Health Center / John Dempsey Hospital	abromaitis@uchc.edu
EB	Ellen Blaschinski	CT DPH, Chief, Regulatory Services Branch	ellen.blaschinski@ct.gov
RB	Robert Blasko	Department of Veterans' Affairs	robert.blasko@ct.gov
	Ronald Buckman	*CRMRC*	mrcmeddirector@crog.org
	Carmine Centrella	Capitol Region MMRS	ccentrella@preparednessplanners.com
	Maryann Cherniak-Lexius	Manchester Dept of Health	mlexius@manchesterct.gov
	Kathy Dean	CT DBHRN	koken@uchc.edu
	Vincent DeSanti	Hebrew Healthcare	vdesanti@hebrewhealthcare.org
	Mary Rose Duberek	CT DEMHS Region 3 Planner	maryroseduberek@ct.gov
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	Sandra Ferreira	CT DPH, Health Program Supervisor	sandra.ferreira@ct.gov
	Thomas Gavaghan	DESPP/DEMHS	thomas.gavaghan@ct.gov
	Cressy Goodwin	ESF 8 Recorder	cgoodwin@tiac.net
	Trevor Harris	Newington EMS	t.harris@newingtonext.com
	Steve Huleatt	WHBHD	steveh@westhartfordct.gov
	William Kramer	Chatham/Manchester/Glastonbury North Central Health	bill.kramer@chatham.health.org

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Initial if Present	Name	Affiliation	E-mail Address
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	<i>John Palazzo</i>	<i>Face New Haven Health</i>	<i>John.Palazzo@ywnh.org</i>
	<i>Michael Catona</i>	<i>North Central Health District</i>	<i>mcatona@nchd.org</i>
	<i>Heather Oatis</i>	<i>South Windsor Health Department</i>	<i>Heather.Oatis@SouthWindsor.org</i>