

**Agenda**  
**DEMHS Region 3, R-ESF 8**  
**Public Health Sub-Committee Meeting**  
**February 3, 2017**  
**South Windsor Health Dept., S. Windsor EOC**

**Attendees** – Francine Truglio, Jeff Catlett, Leonard Nelson, Patrick Getler, Sara Darlagiannis, Corinne Rueb, Heather Oatis, Betty Morris, Patrice Sulik, Bill Kramer, Jennifer Kertanis, Wendy Mis, Michael Pepe, Allyson Schulz, Wesley Bell, Mary Pelletier, Marge Seiferheld, Jim Cordier, Amanda Garrity, Robert Miller, Ann Hartman, Janine Simms Colon, Melissa Marquis

*Expedited agenda due to Region 3 Regional Plan training*

- **Welcome** – Steve Huleatt
- **Approval of Minutes** – Melissa Marquis added name to attendees; Marge Seiferheld motioned; Patrick Getler second; approved
- **Regional Status Updates** – Steve Huleatt
  - Quarterly meeting held last week; new 5-year agreement contract from CDC for Public Health Emergency Preparedness (PHEP); has not yet been received by the State; expected at end of January; no shift of money expected, only possible shift of focus
  - New funding direction for HPP capabilities; unsure of changes for CDC PHEP Capabilities
  - Email 2/1/17 for first responder training at DPH Lab on 2/28/17 (WMD)
- **State Updates** – Corinne Rueb
  - New HPP capabilities; feedback next week expected from hospitals
  - New website – [www.ct.gov/dph/prepare](http://www.ct.gov/dph/prepare)
  - Local Public Health Preparedness Contract – HPP/PHEP Cooperative agreement app not yet received; will need letters of concurrence from each region; Draft letter of concurrence for chairs to review due 2/7/17
  - New correspondence protocol at office; Elen Steelman will send out all department correspondence; log of correspondence will be maintained
  - New hospital board will be up and running on Web EOC shortly

**Regional plan training-** Steve Huleatt and Melissa Marquis facilitated training on the following plans for ESF-8: Region 3 Regional Emergency Support Plan (RESP), Region 3 Public Health Emergency Response Plan (R3 PHERP), High Consequence Disease Annex.

- Steve began the training with a recap of how Region 3 ESF-8 got to where it is today:
  - 21 ESFs; we are part of ESF 8
  - MMRS - Metropolitan Medical Response System (stemmed from 9/11)
    - Had been around for first responders prior to 9/11
    - Funding is not all through CDC or HHS; funds dwindling
- Capitol Regional Public Safety Committee/CRCOG/DEMHS Region 3
  - Consists mainly of police and fire officials, public health, emergency managers, reps from area hospitals, private industry, volunteer orgs
  - Comparable to state of Rhode Island in size, 41 towns
  - Help in emergency through RESP; planning assist with SARA requirements; debriefing, Critical Incident Stress Debriefing Teams
  - Based on local ICS
  - RESP does not supersede town's EOPs; dictates how town responds to your request
  - To activate RESP = 860-832-3477; Provide the following info:
    - Nature of incident; location of incident; assistance required; call back number; contact name
  - Important facts – An emergency in your town is yours; your incident commander is in command; CREPC is a resource for the Incident Commander (IC)
  - Available resources – 4 mobile command/communication vehicles post; regional level A Haz Mat Team; mass transport capability; regional SWAT; regional bomb squad/dive team; search & rescue; mass care coordination; RCCs
  - Long term care mutual aid plan (LTC MAP) – Emergency Ops planning; meet quarterly in Duncaster; hospitals started Health Care

MAP; data sharing/benefits shared; foundation for Region 3 hospital plans

- Melissa facilitated the rest of the discussion on the specifics of the Region 3 RESP- ESF-8 annex, the Region 3 PHERP and the High Consequence Disease annex. Training being done now prior to the Region 3 Ebola full-scale exercise next month.
  - Melissa highlighted the framework and structure on how plans are generally aligned.
  - National response framework (NRF) for national level- details operational and functional plans for every Emergency Support Function (ESFs); Every state responsible for maintaining State Response Framework (SRFs); Incident specific or response specific plans (DPH- State PHERP- base plan); RESP aligns with state response framework; Region 3 PHERP aligns with State PHERP; within regional PHERP, incident specific plans, training plans, etc.; local Emergency Operations Plan aligns with the RESP and the SRF, while the local PHERPs align with the R3 PHERP and DPH PHERP.
  - RESP – Region 3 ESF 8 Annex (role in updating)
    - What would make this better as a plan for locals?
    - CRCOG and CREPC maintain plan and provide updates
    - Last updated 2014, most recent substantive changes
    - Based on 3C's- Communicate, Coordinate, Collaborate; not authoritative
    - Nothing supersedes local plans; but rather supports local jurisdictions
    - Communicate using Regional Incident Command System (RICS) –
      - Coordination and collaboration aspect lies within
      - Quarterly communication drills with Everbridge were part of this; no longer a regional deliverable; however, it will be tested in 3/2017 drill

- 7 arms to ESF 8 (LTC, Hospitals, MRC, Public Health, Behavioral Health, EMS, Community Health Centers.)
  - Would request additional resources through ESF 5 Duty Officer once local resources are exhausted; situational awareness; Resource typing document used to communicate needs to LHD in region.
- Regional PHERP
- Has never been activated; written for PPHR needs; wanted regional-based ESF8 plan for support
  - Evaluated by CDC 2013/2014; first time CDC evaluated CT regionally; identified areas where operational needs could be improved; MCM - more broad explanations needed
  - Recently altered PHERP to be more capability-based (15 CDC HPEP Capabilities, 8 on HCP side, now down to 4) and more operational and understandable
  - Overall introduction; situational assumptions; concept of ops (includes local, regional, and state based on event; duplicative information to be eliminated; feed back needed); public health prep capabilities (like-capabilities lumped together into 6 domains)
  - Input needed in Public Health Prep Capabilities – some areas do not flow well; transitions needed. ***ACTION ITEM***
  - Feedback on overall layout needed; too educational? Quick action steps needed? At-a-glance structure with checklist? Separate RCC action steps for leadership, other regional steps to compliment for others involved; Yale/Region 4 has done this (may want to contact person who developed as resource). ***ACTION ITEM***
  - Pages 18-20 plan should speak to regional leads and their roles/responsibilities; is background in RESP to eliminate from PHERP?
  - Organizational Responsibilities – Pages 11-26
    - Bulletize key points

- State/Federal/Local interplay, currently highlights actions in detail
  - DPH Team info can be consolidated – ***ACTION ITEM*** feedback needed
- What is the local expectation? What would you not ask for that has been included? – would help staff in RCC to develop pathways/understand and articulate request.
 

***ACTION ITEM***
- Users of PHERP – Region 3 ESF 8 staff; mechanism to activate regional assets from local need; resource to train/plan at regional level and fix disconnects in plans; mobilizes local assets that are not needed in their towns
- Behavioral Health responsibilities need to be evaluated/consolidated. ***ACTION ITEM***
- Help identify areas that are too educational, redundant, do not relate to ESF 8 – comment suggested changes without altering documents by February 17, 2017. ***ACTION ITEM***
- Share updated document in March; Exercise 3/21/17.
 

***ACTION ITEM***
- Doc to be sent in Word, please use track changes when changes or additions made- use the comment button.
 

***ACTION ITEM***
- High Consequence Disease (HCD)/High Impact Pathogen Plan
  - Plan to be activated for 3/21/17 drill
  - State Received Federal Funds through CDC fund - Ebola
    - Resource heavy plans
  - Ebola, MERS, SARS
  - Appendix D to PHERP; Hospitals, EMS, LTC
  - Maintain alignment with state plans
  - Situational awareness; resource requests; mutual aid; activation (highest level, full RCC activation)

- A lot of references to other plans
- More educational
- Resource typing document and Personal Protective Equipment (PPE) inventory will be used heavily for this; keep eye out for Everbridge messages ***ACTION ITEM***; VEOCI used for functional exercise in past; mirrors Web EOC; document sharing
  - Exercise will be a good opportunity to run both systems simultaneously with Maven to evaluate functionality
- Continuous quality improvement
- 3/21/17 Drill
  - One compliant and one non-compliant patient
  - Manchester, Middlesex, Hartford Hospital, etc.
  - Routes of transport to be tested
  - Ambulance decontamination and EMS staffing needs/procedures
  - Local participation will begin week before drill; keep eye on email.
  - ***ACTION ITEM***
  - Not all locals use VEOCI; links and instructions will hopefully be sent
  - Hot Wash and After Action will be completed afterwards for PHEP Ebola deliverables
- Discussion
  - Report that CDC quarantine powers expanding; would greatly impact HCD planning. Not verified.
  - President Trump has suspended new regulations; in limbo; wouldn't be in effect for 60 days; Feds can overstep local and state to quarantine individuals for 72 hours

*Next meeting March 3, 2017, Host NCDHD- Vernon Office*