

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
December 7, 2016
Regional Coordination Center
Manchester, Connecticut

David Koscuk opened the meeting at 9:30 a.m.

Those present introduced themselves. (See list of attendees, Page 3 and 4.)

Ms. Dean gave the Behavioral Health report: The group participated in the full-scale exercise held in Vernon on October 7. Later, a total of 13 people attended the 3-day mass fatalities exercise with about 7 members present as a team for each day. Next Tuesday, an orientation will be held for about 20 new recruits all of whom are from the Connecticut Mental Health Center.

Ms. McCormack reported on the Medical Reserve Corp (MRC): The group participated in the mass fatalities training and exercise. The annual year-end training session is scheduled for later tonight. A weather-related scenario will be the topic of a discussion and exercise. From 40 to 50 people are expected to attend.

Mr. Centrella reported on the Metropolitan Medical Response System (MMRS): The full-scale exercise was held on October 7 in Vernon. The scenario was an active shooter at the high school. There were 150 participants including a SWAT team and the bomb squad. There were about 50 evaluator/controller personnel resulting in a large volume of individual reports needing to be reviewed and consolidated. The after action report will take additional time to complete, and the results will be reported at the annual state convention of school leaders. On another issue, Mr. Centrella reported that funding is no longer available to support the maintenance of medical reserve pharmaceuticals at Hartford Hospital. Discussions are underway to define alternative solutions. Needed are prophylactic medications for 4,000 first responders immediately available as countermeasures to a chemical or biologic attack.

Ms. Marquis reported on local public health: Work continues to define how the Project Public Health Ready, developed 5 years ago, will be renewed next year. The National Association of Counties and City Health Officials (NACHO) had decided not to accept any regional plans. However, as Connecticut has no county government, Connecticut's approved plans were based on regional cooperative agreements, not on a system of statutory authority. There is a need to define a method to review these plans for renewal. NACHO agreed to form a study group to devise a system, and a great deal of time has been spent working on this. A presentation is to be made by the end of April 2017. If approved, applications will be due in 2018.

Mr. Best gave the report for the Department of Public Health: The Medical Surge document is edited to incorporate the comments received earlier. Once done, the revised document will be given to the hospitals for their review. Once the review process is completed, the document will go to the medical examiner for final approval. On another issue, Mr. Best is clarifying the confusion over different terms identifying the interhospital radio network. There are several systems available to provide this linkage in an emergency. The system currently being focused on is the Hospital Emergency

Administrative Radio (HEAR) system, which has existed for decades. He is recommending this system be referred to by its acronym (HEAR) rather than one of several descriptive names such as MEDCOM, Interhospital Network, etc.

DPH had to invest resources to support the mass fatalities management exercise after New York City dropped out. This proved to be of benefit as it provided confidence and showed the strength of the state performing this role alone during any future event. Connecticut will continue to work in partnership with the other groups. One lesson learned was the state medical examiner's office is greatly overwhelmed in its daily operations – primarily due to the dramatic increase in opioid deaths. This affects its ability to respond to any actual mass fatality situations.

Connecticut has been asked to help develop and evaluate a new initiative from Health and Human Services. ASPER has developed a program for mass medical decontamination. Long term, plans call for a training site to be established in each of the DHHS regions, and by pursuing this, Connecticut could be recognized as the center for New England.

Letters have been sent out for next year's funding for local public health programs. Funding levels should remain about the same. Some discussion is underway about the distribution of funding. Currently there are 72 separate contracts to be managed.

A question was raised about recent newspaper descriptions of a proposal to consolidate local health departments and share the costs among communities more uniformly. The towns are reviewing this proposal and any legislative action is pending this further study. Progress, if any, will be reported at future meetings of this group.

The next CREPC meeting is scheduled for January 19, 2017. This will be the kick off session for the new leadership of CREPC.

The meeting adjourned at 10:24 a.m.

The next meeting is scheduled for Wednesday, January 4, 2017.

Following the meeting, a demonstration was provided for hospital representatives of a commercially available information management system to record ongoing hospital compliance with Joint Commission standards.

Respectfully Submitted,



Cressy Goodwin
Recorder

12/7/16 ATTENDANCE
RESF-8

NAME	REPRESENTING	E-MAIL
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Region 3 RESF8

SIGN IN

12/7/16

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DAVE Kosciuk	ESF-8,
Brian Baldwin	North Central CTEMS / CMED
Sandra Ferreira	CT- DPH
Jonathan Best	CT- DPH
Katherine McBluedick	CT NRE
Bill Kramer	Chatham Health Dist.
DON TAVELLE	MANCHESTER E.M.
Jim Paturas	YNHHS
Jessica Brodmeyer	CT DPH
Domina DiBiase	CHCACT
Fred J. Wentworth	JMH / Trinity
RICK ANDERSON	AGILIS, INC.
John Dorazio	ECHN
Patrick Gether	N (DHD)
Steve Huleatt	WHRM)