

**DEMHS Region 3**  
**R-ESF 8**  
**Public Health Sub-Committee Meeting Minutes**  
**April 7, 2017**  
**Windsor Health Department – Council Chambers**

**Attendees:** Janet Leonardi, Francine Truglio, Michael Pepe, Leonard Nelson, Patrick Getler, Jon Basso, Janine Simms Colon, Charles Motes, Carmine Centrella, Rob Miller, Judy Torpey, Ann Hartman, Heather Oatis, Allyson Schulz, Wendy Mis, Steve Huleatt and Melissa Marquis

- **Welcome:** Melissa Marquis welcomed the group to the Windsor Health Dept office and thanked them for hosting.
- **Approval of Minutes:** Motion to approve by Carmine Centrella, second by Patrick Getler, all in favor.
- **Regional Status Updates**
  - **Training, Drills or Exercises**
    - Ebola FSE March 2017- Carmine facilitated an After Action Review. Patient transfer process was successful. Challenges: patient biocell for EMS transport was too small, ambulance decon/demobilization remains contentious because DPH's plan defines this as a hospital responsibility and hospitals don't have the resources. The region tested a tool for horizontal communications (Veoci) and generally it was well received and well used. The State's WebEOC incident did not work for anyone other than one health district. A tool like Veoci will require more and better training as well as staff to manage the tool during an incident. The Virtual Operations Support Team (VOST) which monitored social media was beneficial, however some regional players were able to see the VOST activity and weren't clear if they should act on the information or not. The intended concept of operations for a VOST is to not provide full regional visibility to their work but only summary analysis findings. The Veoci VOST room may have been too "open." Full regional After Action Review is on May 3, 2017 9:00 a.m. to noon. In the afternoon, CREPC is hosting a seminar on social media in emergencies for PIOs and others interested in the topic.
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  - **CREPC Update-** Carmine relayed that CRCOG had notified DPH they would not be interested in serving as Year 1 fiduciary. In fact, CRCOG has not officially communicated any decision to DPH

because the CRCOG Board has to make this decision and will not do that before May 24, 2017. CRCOG might be willing to serve as fiduciary only, but DPH is requiring fiduciary and coordination activities from the regional entity. There is a long-range potential for this entity to be coordinating many funding streams/subcontracts for other ESF-8 agencies. LHDs might want to assume that 5% of their allocation may be reallocated to regional entity for admin. Steve clarified that the fiduciary will be accepting > \$500K and therefore will be required to undergo a Federal financial audit. Regional HPP Ebola funds remain available through 2020 with proposed coalition strategic planning activities that will likely commence soon.

- **State Updates-** no representatives present
  - DPH- Greg Chiara retired last month. Corinne Rueb is his replacement on Project Public Health Ready.
  - DEMHS
  
- **Local Public Health Preparedness Contract-**
  - DPH submitted its CDC PHEP cooperative agreement application. Pres. Trump's proposed budget cuts PHEP by \$49 million for 2017-2018. Directors are requested to provide letters of concurrence to DPH by 3/24. Melissa's review of the new five-year cooperative agreement do not provide sufficient detail to know exactly what will appear in the 2017-2018 PHEP Workplan. The ORR remains a requirement and will be done again as a full self-assessment using the newly revised tool. There is some suggestion that MDAs might be split up across a two-year period for review. Update local/regional plans in the following areas: community mitigation, isolation/quarantine, pandemic influenza, CBRNE, active shooter. PHEP awardee will need to work with coalition partners to assess responder health/safety needs and inventories. May be an opportunity to conduct fit testing regionally to assure all staff are assigned correct respirators.
  - Family Assistance Centers regional plan deliverable is due May 30. At the November 2016 Region 3 ESF-8 LHD meeting, we discussed our regional plan. Melissa suggested each LHD submit Nov 2016 minutes and state that if the municipality requests American Red Cross, they are the lead agency for Family Assistance Center operations with local health support. Carmine noted that local mass fatality planning is difficult to do in the absence of a State mass fatality management plan to understand the gaps we have to fill.
  
- **Other Business:**
  - CT Legislative Activity - Rob Miller reported there is proposed State legislation (Committee bill 37) regarding isolation/quarantine. Modified

much of the language to state “the Commissioner or the local Director of Health...” Significant detail is provided regarding the appeal process.

- Resource Typing Workgroup – the tool needs to be simplified and focused on the most likely resources local health needs, e.g., sanitarians, vaccinators, public health nurses, interviewers, administrative staff. The Workgroup will meet after the next ESF-8 LHD meeting May 5 to begin revising our resource typing. Melissa requested a health director join the Workgroup; Wendy Mis volunteered. Allyson’s new associate, Ryan Crumbaker, will also join the Workgroup.
- Project Public Health Ready- The NACCHO Workgroup is still revising the Regional framework. Melissa is presenting a session at the Preparedness Summit later this month on the new framework.

*Next meeting May 5, 2017 Host is Farmington Valley Health District*