

Minutes
DEMHS Region 3
R-ESF 8
Public Health Sub-Committee Meeting
July 15, 2016
South Windsor Health Department

Attendees: Chuck Motes, Jeffrey Catlett, Diane Collier, Heather Oatis, Michael Pepe, Allyson Schulz, Francine Truglio, Ann Hartman, Charles Brown, Leonard Nelson, Betty Morris, Judy Torpey, Marge Seiferheld, Bill Kramer, Janine Simms Colon, Tung Nguyen, Melissa Marquis

- Welcomed by Melissa Marquis at 9:33
- Introductions/New Staff
- Approval of Minutes – N/A (June Facilitated Discussion for Regional Distribution Site (RDS))
 - Correction needed in previous minutes (will be an addendum)
 - CROGG up to date
- Regional Status Updates (Training, Drills or Exercises- RDS Workshop Update / Next Steps)
 - New Fiscal Year, no information yet from DPH for deliverables or work plan
 - RDS Report sent to Carmine Centella to submit on behalf of the region to DPH. Melissa and Charles Brown provided recaps of the meeting and the report:
 - Plan could work as a multi-local or large local incident that needed a lot of resources over a long duration
 - DPH's stamp of approval needed on certain pieces
 - Other concepts could be explored, no authority at regional level; look at other organizations that have plans for that type of set up
 - Move forward on planning concepts after receiving DPH's support
 - Allyson asked if there has been a formal request for approval from DPH; nothing yet

- Leonard asked if we've met deliverables; Charles confirmed that we have met deliverables
 - Ideally organize a training from this report
- No MMRS updates
- State Updates – No representative (Discussion facilitated by Melissa)
 - DPH & DEMHS
 - Med Surge plan to be updated
 - Mass fatality exercise- Tuesday October 25th – Thursday 27th
 - Thursday is family assistance center component
- Family Assistance Centers (FAC)- Charles and Melissa opened discussion regarding the Regional Public Health role in FAC.
 - Leonard asked about how exercise this will work for local health departments; Region 4 suggested that there was a change where locals are not responsible for mass fatality plans, will be DPH's responsibility to write; locals responsible for family assistance centers
 - What is American Red Cross' role? They can help manage the volunteers
 - Spontaneous volunteers; very difficult to manage- this might be an avenue for the Region? The Region's job is helping to acquire resources (personnel or material). Could also assist in facilitation of volunteer training.
 - Reconnecting families is a very large undertaking
 - Locally, what is public health's role in a Family Assistance Center?
 - Medical, sustenance, bedding, infection control, sheltering, sanitary inspections
 - Assist with identified resource availability
 - Contact Lists – Funeral Homes, morgues, ice, etc.
 - Funeral association wrote guidance
 - Region 3 new planner?
 - Town resources are managed through local EOC; responsibility is assurance of resources, not acquiring or managing
 - Behavioral Health assets lacking locally

- Great resource available resulting from Sandy Hook, what needs were determined?

- Caution to use that plan as guidance due to municipal bias

Conversation varied regarding what local and regional public health role is in a family assistance center. Charles recapped the anticipated regional role, along with some planning examples:

- Designate primary liaison for Region 3?
- Mimic shelter plans for family assistance shelter for minimal responsibilities?
- Spontaneous volunteers will be most difficult to manage
- Region 5 hosted a training for family assistance center and sheltering due to needs during mass casualty incident (Ann Hartman) – trying to get name of organization that hosted training; complicated due to possible federal nature or other
- Current events are trending towards these types of events; Region 3 ESF 6 connection needed to represent the region and bring info back to ESF 8 group; invite a Red Cross person to this meeting to update the spontaneous volunteer plan
 - John Basso is ARC person to contact
- Location of family assistance center important to be close to incident, but not within eye site; best facility is usually hotels due to food facility, conference room availability
- Psychological impact of physical equipment/space – space and equipment cannot be used again (ex. Trucks used to move bodies cannot be put back to work); cultural overlap of customs during these types of events; reach out to Yale Divinity school for spiritual guidance for handling these situations
- Local Public Health Preparedness Contract
 - Nothing new to share at this time
- Betty Morris- CMED
 - Mass gatherings in communities becoming more frequent

- Planning with community resource EMS
- State emergency preparedness committee working on guidance for mass gatherings – if police and fire are involved in planning, include EMS. Threshold of 5000 people for event must have plan for
- Void of info since Tom Gavighan (DEMHS) left
- New director from Hartford Hospital – strongly advocating for collaboration
- Other Business-
 - PPHR Update- Melissa provided a recap on Project Public Health Ready (PPHR) and current status:
 - In 2012 Region 3 received regional recognition (5 years); 2013 other 4 regions received
 - From 2012-2013, it was decided that Region 3 would be pilot; at next cycle, region 3 would be grandfathered for extra year and reapply with rest of state in 2018
 - There were originally many questions about regional authority from the reviewers. The executive summary provided this information, but questions remained
 - Conversations ongoing with NACCHO and DPH to develop a new process or framework for regional applications
 - Timeline for regional applications will likely follow this: Fall 2017 letter of intent due, and in the Fall 2018, each region will reapply
 - Connectivity between regional plans needs to be focused on between local, regions, and state
 - Look at local plans, do annual updates and records of revision page; document substantive changes made with date
 - Plans should be overlapped – resource requests, etc., will look more consistent
 - Melissa to share local PHERP (FVHD and WHBHD) for those who are interested in revising local plans to be more consistent

- Regional plan will need to be updated; small group to be convened to work on this; Ad hoc work groups; restructure this meeting to walk through plan; will result in more standardized plans
- If this is a re-recognition of the accreditation – maintain, sustain, and continue to use plan for operations, will need to find documentation of that over past 5 years
- “Tell me how you do this” – everyone should answer consistently
- Region 4 subcommittee – working on regional PHERP

- MCM Region 1 September 8. 2016
ASPR Summit in Rhode Island in August

Next meeting September 9, 2016 NCDHD