

Region 3 ESF-8 PH Meeting
April 3, 2009
Hartford- Northend Senior Center

Attendees: Claudia Gugliotti, Mary Laiuppa, Marge Seiferheld, Jeremy Plossay, Charles Petrillo, Jennifer Kertanis, Jeffrey Lim, Tung Nguyen, Juanita Estrada, David Boone, Michael Pascucilla, Wesley Bell, Judy Torpey, Tom Gavaghan, Bruce Lockwood, John Degnan, Janet Leonardi, Steve Huleatt, Carlos Rivera, Katherine McCormack, Carmine Centrella, & Melissa Marquis

Melissa called the meeting to order at 9:35 and thanked the Hartford Health Department for hosting. The group introduced themselves.

Claudia made a motion to approve the minutes Judy seconded. All in favor.

Regional Planning Updates:

- ◇ Resource Typing and Training workgroup have decided to split the team to focus on the specific issues. Resource typing will focus on Epi Surge strike team development and the Training group will focus on implementation of the Training and Exercise Plan.
- ◇ Steve Huleatt shared that Charlie Brown had drafted an ESF8 communications plan and it needs action from this group. Melissa will share it with the group for action at a future meeting.
- ◇ Some of the full-ESF8 workgroups met to for EMsystem product demonstration on March 18th. One concern raised was how the volunteer roster would be managed and maintained. It appears as if the volunteers themselves would have to update the system. Melissa shared a quick overview of the EMsystem that was reviewed including patient tracking, resource management/inventory, volunteer credentialing, plus others. It can also be linked with WebEOC. Dave Kosciuk from New Britain EMS has been leading the patient tracking effort. They became aware of EM Systems, the tool that Boston uses for this purpose. New Britain EMS is working forward with their plans and had done the vendor research. If the region moves forward they will benefit from the research that they have done. The region has not made any decisions on moving forward with this type of program. Carmine indicated that the cost with limited modification is approximately \$100,000 which is based on per capita. Hand-held scanners are additional \$3,000 to \$6,000. For the entire region including all the available modules and with hand-helds would cost an approximate \$1.5 million.
- ◇ No other Workgroup updates.

MRC Discussion-Katherine McCormack:

- ◇ Capitol Region MRC is the second MRC in the State. The Regional approach was originally designed to complement the Yale MRC with the pre-hospital focus. Middletown also applied with a primary goal of being a field team to protect hospital

surge—alternate care site is their focus. There were great expectations to lead the volunteer group and wanted to be the action arm of ESF 8 by coordinating the medical support that was not linked to healthcare system. The MMRS supported the development of tools to support the MRC mission. This included training, and increased recruitment. Over time, the MRC became more of a public health medical reserve model. First aide, triage and medical stabilization are key functions of the CR-MRC. During Katrina, some the CR-MRC members were deployed. CR-MRC tried to promote a Connecticut wide model for the MRC and the mission of the CR-MRC has not changed over time. Focus has been on increasing the volunteer corps. Currently Manchester and West Hartford have cooperative agreements and are actively recruiting for local units of the CR-MRC. Mary Duley is the MRC coordinator for CT. She does have some authority in saying which MRCs are recognized. Katherine suggests that all the local health departments in Capitol region support the CR-MRC as opposed to creating their own. Dave Boone asked who the ultimately authority for CR-MRC is? Katherine indicated that Mary Duley is the statewide coordinator and she has authority to say “yes” or “no.” CR-MRC follows the RED Plan for activation. Bruce emphasized the need to communicate with duty officers when the MRC is activated so that they know what resources are available or being used. CR-MRC has a field office and a 55 bed ambulatory care unit. Tom referenced the CR-MRC by-laws that may be used as a model for others. CR-MRC will be deployed during the Hartford CRI POD. Hartford HD will be doing educational sessions in the event they are deployed for this type of response. As funding for local emergency preparedness funding diminishes, the regional model offers more in terms of long term support and maintenance.

- ◇ Steve wanted to update folks about the activation of the RED Plan. Inside the Regional Emergency Support Plan there are five levels of activation starting with level one- local activation and escalating to local mutual aide, regional implication which exceeds regional capability, and lastly federal response. Unless the MRC is activated, liability questions are raised. Look to see what liability coverage you have to protect your local interests. One suggestion is to employ those volunteers (part-time if able) so that they are covered under your insurance. Bruce reminded everyone that you can keep the duty officer updated, via alerts, in the event that you think you might exceed local mutual aide capacity.

Drills and Exercise Updates:

- ◇ May 29th Bristol Burlington will be doing Community Mitigation TTX
- ◇ June 23 Manchester TTX Community Mitigation
- ◇ Marge indicated that one of her private schools contacted her regarding the CDC school pan flu checklist. They will be doing a TTX next week.

Mary asked who is telling the schools that they need to have plans in place. Tom Gavaghan said he has heard similar but he is not sure where that is coming from. DEMHS has provided grants to communities for developing school security plans. In Hartford, Katherine indicated that she, as emergency manager, works with schools to develop and review plans. CADH will try to track down the school plan requirements.

Steve suggested that the group establish a small workgroup to review the day care piece to assess the role of local health in ensuring that day care providers have emergency response plans. Charles Petrillo and Judy will work on this with Steve to focus on standard approaches for the Region. Bruce mentioned a Child Safety Committee that should include a local representative.

Steve clarified the current requirement for the local contracts to conduct a PAN FLU TTX testing the community mitigation plans.

Local Public Health Contract:

CRI: Tung reported that we are one month away for POD Functional Exercise at the Hartford Expo Center. Michael Pascucilla reviewed the Hartford CRI Exercise Overview scheduled for May 4th and 5th. Hartford Health and the CRI planning team have really been working hard, and it has really helped to develop stronger relationships with partners. Carmine was recognized for his support of this exercise. May 4th will focus on the set up of the clinic. That evening the MRC will be trained. On May 5th there will be different education centers to provide training and overview of CRI initiative and response.

Carmine indicated that if there are other volunteer groups that want to come in, they would need to know so that they can anticipate space and training needs. Let Hartford (Tung or Michael) know if you were planning on having CERT or other teams attend.

Melissa reminded the group that the regional training and exercise plan in the region includes a communications drill as part of the CRI exercise. Steve indicated that it will primarily be a standby notification but the LHDs will be required to attend and support the exercise as part of their local CRI subcontract.

TARs need to be redone. This is part of your local contract. Melissa will be issuing a schedule and coordinating this with each department within the next two months. Steve reminded the group to focus on those items that were below a one. Steve encourages all departments to work off of their corrective action plans. There are still some components that we are trying to answer regionally like the RSS component. We also hope to develop a drive-thru POD plan for the region to address one of the alternative dispensing requirements.

Steve reported that every LHD will be receiving a subcontract soon that will outline the CRI requirements for this year.

State Preparedness Updates:

Tung asked about update on the EP funding for next year. Steve reported that the cut was less than we initially anticipated and the EP Management team is putting forward a proposal that would fund LHDs the same way they did last year.

Juanita reported that DPH is a few weeks behind in scheduling the trainings for WebEOC. The hold up is with loading software. As soon as this is up and running she will notify LHDs of training dates and use CTTRAIN. There is still no alerting system. DPH is working with DEMHS to fix that. The back up WAN system is working. HAN still does function if you follow the instructions.

DEMHS-Tom reported that DEMHS is running WebEOC trainings the third Thursday of every month at the Brainard facility. Trainings are limited to 15 people and he will share the schedule. Steve clarified that the DPH and DEMHS trainings are different. Tom and Janet discussed that Middletown will be conducting a two day full scale exercise which will include deployment of the incident management team. Mary reviewed what an incident management team is: the teams are comprised of a full complement of trained incident managers that can assist when incident management teams need to rest. It is a regional asset.

CREPC Update:

Carmine reported that '08 UASI grant funds were held back because of poor resource typing efforts. This is turning around and the hope is that funds will be released. '08 funding also included the Resource Coordination Center initiatives. The '09 application was submitted on time at \$2.7 mill. We won't hear until August on that application submission.

MMRS Update:

John Shaw et al, are applying for CDC grant that will provide an educational opportunity. Steve asked for a recommendation that ESF8 asks the REPT to move forward on the CDC application that would provide an opportunity to send a team of 60 people to training in pandemic flu planning. It would include a very broad array of participants. The region would have to determine the selection process. Bruce recommended that the group support this application, Melissa seconded. ESF8 subcommittee recommended that REPT move this application forward.

Steve also mentioned the idea of submitting an application to develop an Applied Practice Center in the Region. It may require that we indicate a local health department in name to champion the application. Steve reviewed the overall goal of the Applied Practice Centers. It is approximately \$500,000 over three years. The region would have to develop tools and resources that could be shared across the country. Jennifer indicated that the strength of the CREPC application is the regional experience that is put in place. Dave asked if we are prepared to take our work in PPHR to the next level and what they would be looking at for the money. Bruce made a motion that we advance the application. Charles seconded. All in favor. Steve indicated that we would explore applying as a region but if there is any other department interested in ... let us know.

Tom reported on some additional training opportunities regarding agricultural safety.
More to come on that.

Other Business: None

May 1st next meeting in Enfield- Confirmed. Exact location TBD.

Adjourned at 11:35.