

Region 3 RESF 8 Public Health Minutes

Meeting: 1 April 2011

Wethersfield Police Department Community Room

Harmonization and Standardization Meeting

Attendees: Dr. Gerald Schwartz, Charles Petrillo, John Degnan, Carmine Centrella, Bruce Lockwood, Kerry Flaherty, David Boone, Bill Kramer, Francine Truglio, Mary Laiuppa, Juanita Estrada, Heather Freeman, Rob Miller, Judy Torpey, Dave Koscuk, Brian Bielawiec, Tung Nguyen, Jeffrey Lim, Wes Bell, Allyson Schulz, Janet Leonard, Charles Motes, Jr., Tom Gavaghan, Steve Huleatt, Melissa Marquis, Sylvia Dake

Welcome: Steve Huleatt welcomes everyone to Wethersfield and announces that he will facilitate the meeting as Melissa Marquis has a report out function for her workgroups.

Approval of Minutes: 4 February 2011 minutes – Corrections: NONE. Motion to accept the minutes made and motion seconded. The vote carried and the minutes were approved.

Handouts: Children and Disasters 2010 National Commission report available

Workgroup Reports:

Local

CRI: Melissa notes that EHHD will be the first to go through the TAR in Region 3 (on the 12th of April). She is also looking for suggestion to make improvements...training, exercises, etc. There are not a lot of areas where significant improvements are needed. John Degnan asks about exercises that are on the schedule. Melissa reminds all that drills and exercise must be done this year to cover deliverables since h1n1 will not count this year. She notes that there is a Table Top exercise on April 13th for Region 3's WMD exercise series. There is also a date for the Functional Exercise -June 15th. Carmine Centrella has opened registration (on CT Train) for these exercises. Workgroups are meeting and work products are being generated. Bill reports out that his workgroup is surveying the material available and identifying gaps to work on.

PPHR: Steve asks about PPHR meetings with NACCHO. A webinar will be hosted by NACCHO to give an overview of the PPHR process (date 11 April). A regional workshop is also planned for a date in the near future. This workshop will probably be scheduled to overlap with a Region 3 RESF 8 meeting - possibly in May – at our next meeting. Melissa put up a rough PPHR work product timeline on the board for all to see. The Regional Emergency Support Plan (RESP) should be complete for a September submission to DEMHS with the PHERP as an annex. December approval from DEMHS is followed immediately by a

submission to DPH for a review and scoring. With the DPH comments coming within a month, CADH will then rework the application and make updates/corrections before submission to NACCHO in March of 2012. We have less than a year to complete this process but we are moving forward. The next big step is to create the bare bones of the regional PHERP. It will mirror the state and local PHERPs. The focus of these documents will be on how the region supports and incident through the 3 C's: Communication, Collaboration, and Coordination. Kerry Flaherty notes that the timeline is aggressive. Melissa indicates that the focus is on making the work a collaborative effort that doesn't fall on any one person's shoulders. Steve notes that with the 3 year contracts, we do have time for local plans to be developed. However, the pressure is on for the regional plan to be finalized - not in a draft status as it appears on the CRCOG website. Kerry notes that spending too much time on local plans could be a problem. He suggests the focus be on the regional plan. Carmine emphasizes that regional planning still relies on strong local plans. Kerry notes that compiling or updating local plans that cover 10 or 11 towns takes a lot of time. Getting all the stakeholders (CEO's, law enforcement, etc.) to the table always takes quite a bit of time and effort.

Bruce asks about the circular letter and the "blank check" on CRI requirements. Steve will answer that by email.

Bill asked about the steering committee and its functions/responsibilities. Steve notes that the steering committee has met and is functioning to provide the oversight for integration of the work group products. Steve reviewed the workgroup membership and status. He encouraged everyone to align themselves with a workgroup. He notes that scalability is important in local plans. He also suggests a local risk analysis from the "All Hazards" view point. As a result, some LHDs might need to focus more on food borne illness while others look more closely at other areas. For all LHDs, there will be some common issues - like quarantine. Carmine reminds everyone that when local resources are expended, the region can be called. He shares that response time for regional assets is about 4 hours. Generally you can expect the RCC to be up and running within 12 hours. State and federal assets will follow as needed. Kerry asks about how many folks are using WebEOC PH to stay "plugged in". Some hands go up but it is not unanimous. Dr. Gerald Schwartz indicates that his staff is in need of training on WebEOC PH. Steve asks for another show of hands on how many are trained on the DEMHS side of WebEOC. About half the hands in the room go up. Kerry notes that this tool is important for local situational awareness and an effective link to local Emergency Operations Centers. Steve again surveys the group to ask how folks are notified that a board is active on WebEOC. Juanita Estrada notes that state will typically send an email notice when a new incident is opened on WebEOC. Steve notes that everyone should be trained to work on this platform and should check it when there's an incident in progress. He notes that it runs easily in the background on your computer - while you are work on other things.

Regional

*Carmine request that everyone register on CT Train for the April 13th Table Top Exercise (TTX) – named Operation THREAT. It will be conducted with the assistance of Tetra Tech. He suggests a review of your local plans and some of the regional plans/guides, too. He notes that other plans like the RESP are important to review because the Region 3 WMD exercise will involve a bio hazard. Hint! Hint!

CRI: Carmine noted that there are changes in dispensing procedures. Allyson Schulz drafted a document that addresses dispensing/distributing to First Responders at the Regional level. Melissa and others have created some Job Action Sheets (JASs) in this area and they will be available soon. Each of the ESF 8 workgroups have been asked and subsequently created some of this material. Some PPHR contributions have been delivered too.

IPHERP: Regional PHERP is a major and parallel component. A lot of the response elements are already present in the plan but they must be integrated into the main plan (the RESP). Steve notes that the proper procedure for the workgroup is, generally, to make revisions by consensus. Sometimes, face to face discussions and votes may need to occur to get consensus. Consensus is defined as a vote of 2/3rds. DEMHS, DPH, CADH and CRCOG are the main players. Steering committee minutes will be taken and posted. The question was raised if a steering committee member can't make it to the meeting, can there be a proxy? Answer: Yes. In general, the development process will fold the writers' voices together and does not strictly follow Roberts Rules of order.

State

PPHR: Juanita is representing DPH today. Mary Pettigrew will not be available for this meeting but she is on the steering committee. She will also lead a multidisciplinary group to oversee statewide PPHR workgroup planning. Greg Chiara has reviewed the PPHR criteria in relation to the plans of all 5 DEMHS regions. This is the beginning of an effort to identify gaps and begin to target their work. It will take a while to get through this review.

PHP: Steve also noted his PERL-C meetings and indicated that they replace the Advance Practice Center (APC) meetings. Yale is no longer a PERL-C or APC anymore. Harvard University and Columbia University are the leads. Their coverage splits our state. Columbia University covers western MDAs (for the most part – although some confusion exists). Harvard University covers the eastern MDAs. Steve shared a document that will drive our next cooperative agreements. The Public Health Preparedness Capabilities: National Standards for State and Local Planning document is available on line. A question was asked if there will be major shifts in the way that we approach future agreements. Steve explained that the flavor may be toward more standardization and fewer silos. Overall, it should facilitate future funding. Melissa will make this document available to all via a link that she will email to everyone once available.

Training, Drills and Exercises: Carmine reiterates that everyone should register on CT Train and attend the 13 April Table Top Exercise! Steve notes that TAR 12.6 criteria will be discussed at this TTX and this exercise will give us a chance to get credit for some TAR deliverables. There were some questions about registration and what role you are – player, observer, etc. Carmine suggests you register as participant. This TTX will not require you to bring local plans but you should be familiar with and ready to answer prompted questions. Melissa notes that PHP forms are on the state secure website where they can find intent to drill forms. Steve notes that local and regional participation credit is possible. You should submit the short form AAR. Steve notes that PH will have a major focus. He encourages everyone to plan to get the most out of this.

MDA 31 has rescheduled and exercise series from last fall. There will be a TTX on dispensing antibiotics on the 4th of June and the full scale exercise will occur over two days - the 22nd and 23rd of June. POD set up will be on the first day and the 2nd day will push 300 volunteers through the clinic. The exercise on Thursday is during the day and they are seeking volunteers for the walk through.

Kerry is meeting with the St Joseph college of Pharmacy to get students trained as MRC volunteers. He and Steve will meet and chat about this later.

Steve asks about real world events:

Manchester had to open a temporary shelter when the American Red Cross was not available.

Bruce notes that functional needs shelter requirements (from FEMA) have some very high standards. Legal cases are in process because of lack of compliance with some ADA regulations. It is also noted that recent shelter training guidelines does not put enough emphasis on this.

Steve thanked everyone for their participation in the call down drill yesterday. It was to be conducted on Everbridge but there were some access difficulties and the fall back was Global Connect. The point to take from this is that it is good to have redundancy but also important to be fully trained on new systems. This will be a significant item for the AAR. Mary commented on the drill report results: there were some bad phone numbers, some redundant systems reports and it was difficult to identify some departments. Mary will be gathering some updates from the departments (especially from some of the folks who are new to their departments). Steve asked about the report on how many departments could send personnel to the staging area the next day. In a rough summary, Mary indicated the departments could send 29 Sanitarians, and others totaling 3 dozen personnel. Some suggestions to improve the process included: provide directions to the staging site (it helps with drive time considerations); and update the reporting format to reflect the skill type needs more clearly.

Other drills: Southington conducted a call down drill – all HD staff, CERTs, and others were contacted via Everbridge and on radios. It was a 3 hour drill with 90+ % response. The North Central Health District is planning a TTX focusing on transportation issues to PODs. It is scheduled for the 21st of April at Ellington HS. Brian has asked a few DEMHS folks and others to be evaluators.

The kick-off for the Patient Tracking System training is the 25th – 28th of May.

Bruce noted that Disaster Logistics (the folks who provide RFID tracking software and systems) will soon offer a seminar on their product and how to use it. No date or location is available, yet. Kerry asked about this seminar's content and the inventory control links and support options. Kerry noted he is about to move his department to a new location and he wondered if resource management can be supported by RFID technologies? He notes that a consistent platform will be important (software revs et al). In regard to this effort, the West Point resource management work project (a Capstone project) has had 2 phases and is now in the phase where they are looking for software support. The previous phase was more related to decision tree processes. John and others noted that the paper inventory processes has us stuck in the dark ages but requests for upgrades (software) are consistently turned down. Steve noted that RESF 7 is working with us to move toward in this effort.

Other Business:

Kerry asked about whether other HD's are getting questions about radiological concerns. Carmine noted that the Gov's response and our plans have us ahead of the curve.

DEMHS: The Jan 11 - 12 snow storm request for emergency declaration was approved by FEMA. However, only Public Assistance (PA) was approved. No Individual Assistance (IA) was approved. This means that only public infrastructure impacts will be eligible for reimbursement. Unfortunately, at the current time, no coverage of roof snow removal cost can be included because most of these efforts did not fall within the 48 hour window of the declaration. Tom reminds everyone that the "Save the Children" deliverables must be in by June. These are not plans but content pieces that support process efforts. A new initiative, to reach out to child care providers, is focusing on training to help them formulate EP plans for their operations. Steve notes that HDs might get some calls on this. Tom indicates that they are working closely with DPH, local EMDs, and others to get this training out and make cross connections that link these stakeholders. Patty notes that during the current licensing process, business owners are questioned about their emergency plans. The current questionnaire is standardized and some inspectors press the issue more or less than others. She notes that this planning outreach program is welcomed and needed in the effort to be more realistic. Many current plans don't go beyond fire escape or shelter in place procedures. Juanita is asked to see if there is a checklist for inspection. Bruce notes that Connecticut Senate bill (983) has been

driving this improvement process (one that was started 3 years ago). Tom notes that the near the Millstone nuclear power plant, child care operators were the first to be involve in this process. It was asked if there are links available for providers to get the additional information that they are hungry for.

Bruce updated everyone on the status of the Children and Disasters National Commission. It officially closes next week but it may be reauthorized. The commission report is available as a handout today.

DPH: Juanita notes that there are internal work groups that are focusing on WebEOC and other issues. She announced that Peter Mitchell will be taking over a lot of her EP work. She will be going to Oral Health and doing some epidemiological work. She will still keep her hand in some EP and HAN work projects.

CREPC: None

Steve's impromptu discussion prompt:

A short Q and A "game" to follow yesterdays call down drill:

What would you do if: you were asked for help (needed Sanitarians) when another local health department was over whelmed? Bruce notes that ESF 7 does not deliver but tracks resources. ESF 8 is the request conduit but ESF 5 is also involved.

Rob Miller asked a follow on question to clarify the request: What if it was late in the afternoon and hard to get 2 Sanitarians to report to a distant location within the time frame given?

Charles Motes, Jr. is asked for 4 sanitarians and asked how he will get them. Chuck asks about additional deployment information like..... What kits should they bring; What is the staging location; What is the reporting time?

Dave Koscuk, how would you decide on whom to select for the deployment? He will decide based on travel time and other impacts.

Rob's sanitarians are selected. The question is, how will he support and supply them? Will you go to the region for requests for staffing of multiple shifts? Questions arose about who would authorize pay and who's in charge of safety. Steve mentioned ethical response guidance. How will you receive mutual aid from others? Is it in your volunteer management plans?

Melissa notes that more gaming – along these lines - is coming!

Other items:

You might want to bring copies of your mass dispensing plan to the TTX on the 13th of April. Carmine indicates that there are 14 specific mass prophylaxis questions that will be a part of that exercise.

Peggy asked about the CREPC form (on the website) that goes to Bill Austin regarding Salamander ID's. One of the new CRCOG staffers, Bill Perkins, will be involved with this process.

RESF 8 duty officer assignment procedures will be discussed in a meeting next week.

Tom has some additional personnel updates: Dave Brown resigned from DEMHS and has taken a job in the private sector. Effective as of the 1st of April, Katherine McCormick is no longer the Hartford Emergency Management Director. That position is now being held by an Asst. Chief in the Fire Department.

Contract updates and processes are discussed. Question asked by Bruce, "How many folks are planning to buy trailers?" Many of the meeting attendees indicate that they are making such plans. Bruce suggests everyone watch their timelines on purchases.

Steve closes the meeting at 11:42am.

The next meeting is May 6th at BBHD