

Meeting Minutes

DEMHS Region 3, RESF – 8, Public Health

2 September 2011

Windsor Health Dept.

Attendance: Dave Koscuk, Bruce Lockwood, Kerry Flaherty, William Turley, Bill Blitz, Bill Kramer, Allyson Schulz, Sharon Enot, Charles Petrillo, Marge Seiferheld, Judy Torpey, Mary Laiuppa, Francine Truglio, Tung Nguyen, Steve Huleatt, Greg Chiara, Carmine Centrella, Kate Novick, Rick Matheny, Sylvia Dake, Melissa Marquis

- **Welcome:** Melissa Marquis welcomed everyone and thanked our host Charles Petrillo (Windsor HD)
- **Handouts:** July minutes, Melissa Marquis' SNS Summit Conference (26 – 28 July, Atlanta) notes, schedule and location list for ESF 8 meetings through August 2012.
- **Approval of Minutes:** Judy Torpey moved to accept the July meeting minutes and that motion was seconded by Kerry Flaherty. The motion passed unanimously and the minutes were accepted without change.

Note: This meeting's agenda was changed to allow for discussion of the events related to Tropical Storm Irene. Major project updates were presented in an abbreviated format before each department had a chance to give a quick status update and then a separate overview of the significant issues that arose in terms of storm preparation, response and recovery. This meeting will serve as our "informal hot wash" to collect information to generate a regional AAR.

CRI TAR: – The departments are waiting for the contract. CADH is moving forward with scheduling the reviews. After Melissa's trip to the SNS Conference at CDC in July, she was able to offer a heads up on changes to the scoring algorithm. With changes to the composite score - the number of metrics to be used, use of POD and Distribution standards, and 1 Full Scale exercise per 5 years. - it is expected that scores will drop into the 40s or 50s. Each department should inform their staff and local CEO's about these changes and reassure them that lower numbers for the next few years do not reflect a reduction in capabilities – just a change in scoring calculations. CADH must move up the window for scheduling the Region's reviews. Since TAR reports must be finalized by the 15th of July 2012, the region should expect to schedule review dates on Thursdays only starting in the month of February.

Melissa's SNS Conference notes were well received. She noted that conference would likely be the last one for quite a while due to budget cuts at the federal level. There were not a lot of other locally significant changes.

Steve Huleatt noted that no major personnel cuts were in the offing but the 10% budget cuts were still expected. The Regional Advisors meeting suffered many delays and cancellation but the next date is set for the 22nd of September. Additional detail about the schedule and the contracts may be available after that meeting.

PPHR: The PHERP is coming together. Assignments came in from this group for the plan. The intent is to process the suggestions and notes and get it back out to this group for review. In terms of the application, this work on the PHERP is mainly to answer the criteria found in Goal I - Plans. Goal II is training – Charles Brown (CADH) and Kristin Sullivan (DPH) are working on several elements and Dan Scace will be brought in to assist as well. Goal III is the exercise or real world documentation. We may be able to use some of the Irene response for this section of the application but there are some documentation hurdles. Bill Perkins (CRCOG) has a general IAP from Irene which may cover some of our PH responses. Since Operation THREAT2 was strongly public health focused, the chances are good that the results of that exercise will be used for Goal III.

On the third Monday of each month, NACCHO hosts a conference call for the spring 2012 regional applicants. We exchange status updates, inquire about reference material and other best practices and clarify our understanding of the application criteria. In November we will share our Executive Summary with this group and get some feedback on whether we have made our unique (county free system) understandable to reviewers from outside of CT. DPH will review and score the full application in December so we can make changes and finalize it for final submission in March 2012. Allyson Schulz asks about how we handle pointing to local plans. We use narrative, organizational charts and flow charts to explain lines of authority, roles and responsibilities. Steve reminds everyone that their expertise is important in letting the core team (Melissa, Carmine, Sylvia) know what's missing or incorrect. We want the PHERP to be an operational plan that really works in the RCC. Some questions arise: Where are the local PHERPs? Should we store them at CRCOG? Should we link to them on various local sites? Kate Novick asked about gaps in local plans. Steve notes that departments have different plans and don't cover all topics due to variations in their missions. However, there are good plans on various topics out there. Kate also asks about what happens when a LHD is completely out of commission with no Continuity of Operations Plan (COOP) or immediate recovery capability. There is some general discussion about local COOPs and standard mutual aid agreements. Having a COOP is an important part of your local emergency operations plans and PHERPs. Municipalities in the past had to ensure that their plans included a section on COOP, but the Districts were never held to this standard.

Melissa notes that the resource inventory (completed last year) will be used within the PPHR application. She recently sent it out to the Directors, and reminds the group to please look at the current resource typing and update it for their respective departments. Melissa would like the updates within the next two weeks. We may use the data to create additional Strike teams or task forces - like the EPI Support team. We may look at another update in 2012 - after PPHR is

finished. It is noted that new FEMA material has POD position information that might need to be added to this inventory.

Allyson asks about the EPI support team. Steve updates the EPI team status: Tung Nguyen is being asked to consider being the lead but others are invited. (Tung notes that there are big changes in process within the Hartford office. Currently they have no director and may not have an officially designated leader until after the election.) Steve says we might continue to move forward with EPI team training and SOP development.

Health Department Status - post TS Irene:

Tung - Hartford: The city Emergency Operations Center (EOC) was activated. Raul Pino and Tung were on call. Hartford did set up a shelter. There was difficulty with feeding those who were sheltered. City officials were not pleased with the difficulties that arose. Tung notes that the fire department (FD) was recently given the emergency management function. There is a lot of work ahead to improve on this performance. There was only light damage in the city.

Charles Petrillo – Windsor: There was light damage in the town. Only a few homes were damaged but there were a few still without power five days after the storm. The town EOC was opened on Saturday. It closed in 48 hrs. There was some focus on a local dam with an eye toward a possible evacuation of some residents. There was good involvement from all departments in town. A phone bank was used to take call from the public – similar to the one set up for the H1N1 outbreak. It was an excellent tool. The town manager conducted a hot wash and an After Action Report (AAR) will be created.

Kate Novick – Southington: The impact on shoreline communities (including her home) was more significant than in Southington. Cell phone service was difficult and as a contractor for other shoreline health departments, she was needed there. Some Long Term Care facilities were considered for evacuation.

Bill Kramer – Manchester/Glastonbury (not so bad)/Chatham/Portland (harder hit): There were significant power issues in Portland. The Regional Coordination Center (RCC) closed and Bill thought that should not have happened. Requests for assistance that went to the State did not garner an adequate response. Satellite phones were used for requests for assistance – there was a need for restaurant inspectors and others. Some restaurants may have re-opened on their own – without a proper inspection. The DPH conference call on Saturday night was announced with very little notice. Special needs sheltering requests channel was some what complicated.

Bill Blitz – North Central District Health Department: The area was not very hard hit except for the issues at Johnson Memorial Hospital – where the back up generator exploded and briefly caught fire and patients were evacuated to other hospitals. Some restaurants lost power. There were some homes without power. The health department did not get notified about the situation at Johnson Memorial until Monday (notice finally came from state officials). This should not

have happened! Curiously, the state put out citizen preparedness information after the storm! The department was made aware of a situation with CL&P crews that were staged in Windham to prepare for work. Box lunches were sent to them but there is a question about whether the meals were kept at a proper temperature. There were concerns about compromising their very important restoration work if they got sick from otherwise well intentioned efforts.

Mary Laiuppa – West Hartford/Bloomfield: Each town held pre-event meetings. Steve and Mary shared the public health representative duties. There was the possibility of a nursing home evacuation but the generator was successfully activated after a short time. Concerns about this kind of evacuation were high. Many facilities fear that if they transport their patients elsewhere, they may not return. In W. Hartford, there were concerns about buildings that had damage from the earthquake being further compromised by the storm winds. The Medical Reserve Corps (MRC) was activated (Melissa was deployed) to conduct medical evaluations in a shelter. Individuals on oxygen got advice and good support regarding evacuation and shelter in place procedures during flooding and anticipated power outages. One nursing home had a fire watch due to no power.

Marge Seiferheld - East Hartford: The town EOC opened on Saturday morning. Nursing homes were contacted by phone before the storm. 12 hour shifts were established in the EOC with 2 public health representatives. Marge used WebEOC at home to stay in touch while sheltering in place. The Fire Chief did a good job. Recovery efforts were the biggest impact - restaurant inspections. Health Department staff drove around town to identify the areas and establishments that needed to be inspected. Approximately 25 restaurants closed due to power issues. Overtime costs were not too excessive with a tactical inspection plan in place. There was some confusion about commodities distribution (was there really a need and if so, where was the distribution).

Kerry Flaherty – Farmington: Preparedness information went out before storm. The department kept power. Unionville and Simsbury had flooding off the Farmington River. Kerry noticed that response to requests were slow. DPH, DEMHS and RCC responses could have been better. When the commodities distribution plan changed - at the state level, DPH asked the local EOC to reach out others about some issues. Farmington is dealing with the impact of restaurant inspections.

Bruce Lockwood – Bristol/Burlington (BBHD): The Pequabeck River flooded causing major flooding issues throughout Bristol; resulting in one storm related death. BBHD offices lost power, but the generator kicked in; however it only provided power to certain areas of the building. Major renovations in the town building housing the health department may have been at the core of the problem with the automatic change over to the back up generator. The department suffered a loss of all vaccines. The generator did come on and the building was checked by a custodian but BBHD office got missed on the check. Servers and phones were out. With a \$6 million renovation scheduled in the coming months, things will change to prevent this from happening again. Mitigation may include an alarm device on the refrigerators. Steve

notes that Chatham had similar concerns. An inventory of the vaccine loss is in progress. They will be seeking state, federal and local funds to replace the loss.

Dave Koscuk – New Britain: A meeting was held in the town EOC on Friday. Guidance on emergency medical service responses during the storm was sought but arrived late. EMS, Fire and Police services all had different guidelines. Some 6 – 8 story buildings had residents who wanted evacuation to a lower floor during the storm. This caused some unique issues that had to be worked out with the building owners. The FD helped with this. There was excellent battery back up on their vaccine fridges.

Judye Torpey - CCHD: It went pretty well. The department got preparation information out to restaurants before the storm. Some shelters opened but no inspections were needed there. She is not sure that all public health sheltering related requirements were met. Sanitarians got out after the storm. With potentially 600 restaurants to cover, a pre-printed list and a plan was helpful. Their after actions report will include the need for signage to post on the doors of restaurants to remind them to contact the Local Health Department (LHD) before opening. Some tracking sheets need revision. There were some special needs inquiries. Some folks called quite late to get their names placed on the town's special needs registry. Going forward, it might be helpful for the region to start pushing special needs registration. Certainly, better public education is needed on this topic. Patients using oxygen also need to be told to register with power companies to get on their priority restoration lists.

Allyson - South Windsor: – OK

Steve reported for Somers– Things seem OK.

Carmine Centrella comments on the RCC (Capitol Region Council of Governments/Capitol Region Emergency Planning Committee-CRCOG/CREPC) response: The RCC's premature closure was a problem. It was complicated by the relationship that the locals must have with the State. On Monday, CRCOG made a significant effort to reach out to the locals. There were needs that were not being met by the state and CRCOG determined that there was something they could do. With the change in the distribution of commodities plan, some of the towns had difficulty freeing up vehicles to pick up commodities. Bill Austin and Bill Perkins helped by securing a truck and making deliveries. The Johnson Memorial Hospital evacuation was supported by Dave Koscuk and the RCC. Congratulations to Dave Koscuk for a job well done!

Status of the RCC: Dave reports for RESF-8. He was the duty officer on Sunday the 28th of August – the day of the storm. Hartford hospital reported a little water in their basement. There was only a small staff at the RCC. Scott Aronson did a great job with the long-term care plan. Region 1 was offered help with a nursing home collapse, but assistance was not requested. W. Hartford Health and Rehabilitation was on the verge of an evacuation of patients when their power went out. The MRC was activated in W. Hartford as mentioned before. By 3pm, Dave left the RCC. The Johnson Memorial Hospital (JMH) Generator/power issues started shortly

thereafter. JMH required evacuation of all patients due to no power, and generator explosion. Deployment of the Field Hospital was considered but nixed. An impromptu EMS task force went into action locally. The RESP plan was formally activated for this situation. North Central CMED was tasked to gear up transports. The hospital coordinated with Dave. He continued a “virtual” operation from his office using his cell phone and WebEOC. The incident was controlled - locally. The state SNS coordinator became involved due to the storage of ChemPack assets in the hospital. Chempacks were not moved because the power was restored by generator. The electronic patient tracking system was partially used. It was a “slow out” evacuation. It took 4 hours to evacuate a limited set of patients. The first 90 minutes were fast and furious but everything went well. There was not a negative headline! There are some internal hospital issues and external communications issues to work out. Steve says that this was a good check on plans especially with the use of a “virtual EOC”. John Shaw was out of the country but there were no staffing problems for ESF 8. An AAR is set for the 8th of September at JMH. Everyone is invited or you can read the AAR.

Steve notes that not everyone knows about FMOP or RCC activation procedures. Activation of the MRC worked. It appears that we need to educate more partners on the plans and capabilities that are in place. Steve admits that communications that went out via Everbridge are still a bit cumbersome. WebEOC did not show much on the PH boards. Improvement is needed there. There are no regional recovery issues. Local recovery issues continue. Kerry asks if messages can be sent out to let everyone know about the RCC status. Steve notes that awareness notice procedures needed to happen but got missed. Carmine added that the Citizen Preparedness web site that is under development may get a RCC update link. This would be helpful. Everyone should know that the RCC shared the room with the Manchester EOC. The co-location of EOC’s is questioned. Dave noted that if the storm was more impactful, a virtual RCC might not have worked. The CRCOG conference room could be used for a small RCC staff. A question was raised about help from RICS after incident started. We should have an easier way to reach someone in the RCC. Since the State police now own the emergency management function, maybe we can press for a separate facility.

Greg from DPH noted that the SEOC was open but the DPH EOC closed, sooner. WebEOC was still problematic with posts from DPH. Is there a training and issue with DPH staff?

Lessons Learned: ESF-8 leadership met the week before the storm to develop the ESF-8 concept of operations and to identify staff to report to the RCC if stood-up. We must recognize the limitations to the RCC due to the double hat status of many of the co-chairs. Pre-planning does work. Virtual operations from remote spots do work – in some situations. Steve says that we should recognize that we’ve come a long way from days when public health was “sent home”. There is proof of the current concept. Stand down/up notices need work. Allyson suggests we develop SOPs to handle notices. The ESF-8 discussions on safe responses during storms did not have to happen. There are national best practices for FDs and EMS. They should be adopted and used here. Bruce reminds everyone that special needs shelters can not be

separate. The guidance on this is extensive. There are pending law suits regarding separate services for special needs individuals. Universally accessible shelters are the rule.

Recovery process: E. Haddam and other schools remain closed due to power issues. Those that can are open for locals to showers, charge cell phones and get meals. The region is still transporting FEMA commodities. Some communities need more water. Bill asks about state variances in support. Judy comments on Universally Accessible shelters – can it be done? Should we promote self care with special needs patients? This argument keeps coming up at state level. Care giving is not covered under current licensing.

Recommendations: Education on ESF 8 plans (FMOP and LTC in particular) is need. Melissa suggests a cheat sheet for plans. Steve questions this- it has been done repeatedly. Bruce notes that Bill Austin has a new position at CREPC. As a part of his new position, he will meet face to face with all 41 regional CEO's to share regional successes and get feedback. Allyson says that we should highlight the JMH success.

Steve suggests developing a pre-severe storm checklist for public health. We know that everyone did pre-planning. Kate notes that another hurdle is just getting people to ask for help. We should continue using exercises to drive home the use of RICS and RCC.

When writing your local AARs, it is suggested that you be consistent with HSEEP. Bruce notes that there are templates on the Lessons Learned listserv.

NOTE: The April 6th meeting date must be changed. Bristol-Burlington is undergoing major renovations and will need to reschedule. The calendar will be updated and reissued.

Next Meeting:

October 7th – Hosted by Eastern Highland Health