

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
June 2, 2010
East Hartford Public Safety Complex
East Hartford, Connecticut

Members Present: (See attached attendance list)

The meeting opened at 9:12 a.m. Representatives from the Long Term Care Facilities Mutual Aid Planning group were introduced. As of June 1, the LTCF has formally been added as a subgroup of ESF-8. Dr. Shaw described the collaborative effort to consolidate emergency and disaster efforts among the region's convalescent, nursing homes and extended care facilities. The formal mutual aid plan with its joint memorandum of agreement is expected to be signed and in force by August 2010. Each facility has agreed to receive requests to have patients come from other disaster-struck long term care facility even if this requires them to exceed their licensed capacity by as much as 110%. The DPH is cooperating with this planning effort. By joining with ESF-8, the representatives of this group stated they hope to gain experience in how to operate in an emergency. In turn, other health and medical responders can see first hand the value of formal planning to guide operations.

Planning Update: Dr. Shaw reported on a recent meeting with the US Veterans Administration. Long term planning is underway leading to an exercise of the National Disaster Medical System (NDMS) in the summer of 2012. This national program is directly related to the forward movement of patients. If there is a disaster or military event with very large numbers of patients, these victims will be collected in one area and their care managed by mobilized DMAT teams. Meanwhile, the VA will be contacting hospitals throughout the country that have signed agreements to receive such patients. Logistics will include arranging air transportation to pre-designated forward staging areas, such as Bradley International Airport, and arranging ground transportation to area hospitals. The last time hospitals in Connecticut updated these Memoranda of Agreement for NDMS was in 2002. In fact, Connecticut is the only state without any currently effective MOAs in place. The first step, one that should be taken immediately, is to review and obtain current signatures on these agreements. Included is the number and type of patients that each is willing to receive.

Mr. Centrella reported the full scale exercise was held recently. The written After Action Report and Implementation Plan (AAR/IP) are to be delivered soon. Once this is received, the formal "CREPC Moving Forward" effort will begin – defining the expectations and roles CREPC will play in a future emergency. Mr. Centrella noted that the Hospital for Special Care conducted a fire drill last week that involved patient evacuation. Scott Aronson provided assistance in the planning for evacuation, and the operations of the exercise.

Looking ahead, the designation of HAZMAT decon units to specific hospitals hasn't been looked at for some time, and this program will be reassessed.

Training Report: Mr. Scace gave the training report. He stated future emphasis will be placed on citizen training to create better awareness of disaster responses, and motivate greater citizen involvement in local efforts.

Section Updates:

Public Health: Mr. Chiara reported that DPH is now preparing the application for public health preparedness grants. The application for next year is due in June. There is no word yet on carrying unspent H1N1 funds. It is also anticipated that funding coming next year may be changing, and everyone is cautioned to wait for these decisions.

MRC: Ms McCormack announced the next Medical Reserve Corps meeting at 6:00 p.m. this date. There is a movement toward scenario-based meetings for training. An excellent book was discussed: “Unthinkable,” written by Amanda Ripley. This author discusses the reaction of individuals and groups when confronted by a disaster, and suggests methods and strategies for planners and for individuals to save more lives. She has tried to find a sponsor for this author to come to CT and speak. CRCOG and others are looking for a venue to recognize the upcoming 10th anniversary of September 11, and this would be a great opportunity. In the discussion, it was noted that exercises are often viewed as meaningless requirements to meet regulatory and funding needs. Tying real-world events and responses to these simulations can only help officials take exercises more seriously.

MMRS: Dr. Shaw reported that for the last 3 years, \$41M has been allocated to support the MMRS programs. At the national level, the debate is now focused on moving these funds along with others into a larger fund to award as future grants. U.S. Congressman Markey from Massachusetts has put in a bill to maintain MMRS as a contracted program. One problem with contracts is once systems are developed there are no funds available to maintain them. On the other hand, contracts provide accountability. The possibility exists that after FY2010, direct MMRS funding may no longer exist.

General Discussion: Dr. Shaw summarized that future funding will be more focused on system development as opposed to purchasing of equipment and supplies. The support of many of the current ESF-8 activities and coordination may not continue if those funds are withdrawn. The group consensus from this discussion included:

- With the discussion of the future role of CREPC in disaster coordination underway, several regional ESF-8 strategies need to be critically examined.
- These strategies should include additional funding for ESF-8 specific staff and leadership responsibilities supplementing the excellent support already provided to this and all the other ESF groups by the CREPC staff.
- One suggestion, given the breadth and depth of ESF-8 program activities, is a question of the need for a staff leader or executive director position for Health and Medical programs.

The meeting adjourned at 11:40 a.m.

The next meeting on July 7, 2010 will focus on section reports. There will be no August meeting.

Respectfully Submitted,

Cressy Goodwin
Recorder

ATTENDANCE:
CREPC ESF-8 Meeting

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