Capitol Region Emergency Planning Committee
ESF-8 Health and Medical
October 3, 2007
Wethersfield Public Safety Complex
Wethersfield, Connecticut

Present

See attached attendance list

Nick Sabetta represents the Counter Terrorism Program at the Connecticut State Police. He presented a report on the security issues that are part of the operations of a public health prophylactic program "point of distribution" (POD). A survey will be conducted, and community groups are urged to include the State Police in all local planning sessions. One method to control crowds at the clinic sites would be to bus the public to the PODs. The State Police is engaging in an interactive program to share relevant information before any emergency.

Mr. Gavaghan reported that the state and regional evacuation plans have just been released on disks and it was suggested that each local health director be given one of these for planning purposes. This information is protected from public disclosure and wide distribution will not take place. Mr. Gavaghan reported that the state purchased cots and comfort kits from a different vendor than CREPC. The comfort kits were delivered with toothpaste made in China, and because it is tainted with a toxic chemical, these are all being replaced by the vendor. A school preparedness program has just been established with $5M in state funding. Another $5M will be available next year for competitive grants. There are 1,100 schools in the state. Finally, pet evacuation planning is now required by state legislation. A planning template will be available in two weeks for use by local emergency managers.

Mr. Marino reported on behalf of the State Department of Public Health. Planning for the distribution of pharmaceuticals should also include using the postal service to mail these to the public. Large industries can also provide distribution for employees and their families. Work is underway for developing distribution plans for the CHEMPAC chemical antidote kits that are stockpiled.

Mr. Huleatt reported on his observations at a Boston pharmaceutical drill held in Boston. In the event of an emergency, regular mail delivery will be suspended and Doxycycline will be delivered to every residential address. The purpose is to give the public a rapid response while PODs are being set up. The success of this exercise was noted.

Mr. Centrella gave a report on the Department of Emergency Management and Homeland Security RPO grant. CREPC is serving as the lead agency for the DEMHS Region 3 communities. An additional $800,000 in funding is available to enhance and develop programs. The grant is limited to CEO communications, resource typing, RESF SWAT Analysis, RESF based budgeting, public works, fire, EMS and law enforcement projects. Applications will be submitted early next year for this money. An essential part of the application is the revision of the regional emergency response plan, and the CREPC RED Plan has already been revised.

Ms. Morris handed out a document outlining the regional EMS training initiative. The skills to be developed are the use of personal protective equipment (PPE) by EMS responders at a HAZMAT. The current OSHA regulations, the recently distributed SMART tagging system, and the need to comply with NIMS are part of this training. EMS units already stand by at fires, offer primary care, and staff rehabilitation units. EMTs do more than just respond to emergencies. Dr. Shaw stated that FY 2004 MMRS funding is supporting this initiative.

Mr. Centrella commented that a need exists to bring in incident management training to establish integrated incident management teams in the region. CRCOG is looking at an $8.6M grant application RFP that might help in that effort. He also reported work on a patient tracking system that could be a dynamic interface with WEB EOC. The goal is to send patient information to the hospitals from the scene before patients arrive. It was suggested there be the need to change the dynamics of responder activity at the scene before the electronic systems are developed. Presently, all available manpower is dedicated to treating and moving patients as quickly as possible. Taking time to document patient identifiers and conditions might delay this transportation. It was suggested that a technical solution will be developed quickly even if its implementation has to be delayed while the personnel roles are identified.

Mr. Koscuk reported that New Britain EMS is using a consultant from Boston EMS to develop a local patient tracking system. A vendor is demonstrating a product later in the day that will be evaluated. The EMS section report also included information about a participation initiative. Currently, there are 13 local EMS groups participating on the committee. A CMED Major Incident Protocol is being developed to provide early information about large events and to authorize CMED to begin early to alert local groups and coordinate responses. Next week, the State DPH will be confirming the locations of the MCI trailers. These are to be rolled out in a few months. The state SMART triage training program is being reviewed by the state EMS training committee and the Connecticut EMS Advisory Board is expected to approve it next week. Plans are in the works to hold a “triage day” in the future where all EMS groups will apply the SMART tags on routine patients to expose this system to hospital staff.

Dr. Shaw announced the site on the CRCOG Web page where minutes of meetings are posted. CRCOG is exploring funding to create podcasts of meetings that can be downloaded.

Mr. Falaguerra and Mr. Centrella reported they have not received any information yet from DPH on which communities and hospitals responded with their identification of the alternate care sites/facilities. CRCOG has received information from three hospitals: Saint Francis, John Dempsey and Hartford Hospital. A lot of work lies ahead once the venues are identified. It is expected that regional pandemic influenza planning and the development of the alternate care sites/facilities will be done with a regional exercise held by August 31, 2008.

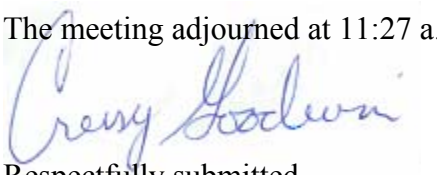
Dr. Kramer announced a forum to be held at Hartford Hospital on October 25, 2007 on the ethics, risks and liabilities of alternative standards of care. This topic has been a significant barrier to planning for alternate care sites or facilities. Mr. Falaguerra pointed out the Joint Commission is pulling hospitals in a different direction by requiring hospitals to remain self-sufficient for up to 96 hours without community support. He also identified the need to develop a database for

documenting surge capacity that is consistent with the state database. Another area needing focus is the development of forward movement of patients in the context of creating alternate care sites. Finally, in planning for future regional exercises, the regional after action report and improvement plan for the June Surprise exercise needs to be reviewed and acted on.

Ms. McCormack reported on the Medical Reserve Corps. This program is now focusing on support of the region's ESF-8 activities. A reorganization meeting is scheduled for this evening. A database has been developed, and a training manual was created. A two-year training cycle has been decided on based on defined standards of operations. Regular monthly meetings will be scheduled. A checklist will be used for people to attend training sessions throughout the year to meet their requirements. After enough personnel have received this training, the MRC can become operational.

Mr. Huleatt reported that the major activity with the CRI project is assessment review. New DPH regional contract award initiatives are coming. The CDC guidelines have changed again regarding priority levels with the State DPH now having to make several decisions about what priorities will have to be followed. DPH remains committed to the electronic disease detection system and this will receive some continuing funding. Public Health preparedness grant funding exists, but no guidelines have been issued and no contracts are proposed. Thirty percent (30%) of the funds have been released to the state to initiate activities, and it appears there is hesitance to participate.

The meeting adjourned at 11:27 a.m.



Respectfully submitted,

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Recorder

ATTENDANCE:

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