

Capitol Region Emergency Planning Committee  
RESF-8 Health and Medical – *Hospital Section*

*June 3, 2009*

South Church, 277 Main Street  
Hartford, Connecticut

***Present***

*See attached attendance list*

The meeting opened at 12:15 p.m.

Mr. Falaguerra reported that few hospitals have provided him with the requested information on their MOUs to be incorporated into the future Autumn Storm exercises. He is requesting from every hospital in CREPC Region 3 copies of any MOU for resupply in an emergency of the following:

- Food
- Fuel
- Water
- Drugs
- Medical Supplies (including PPE)
- Flatbed air conditioning (chillers)
- Flatbed boilers

He also requested an indication if any hospital does not have an MOU for any of these items. And note if this is because a vendor won't give an MOU.

The objective is to have a complete listing and documentation for all hospitals in the region to appropriately test any conflicts when multiple hospitals simultaneously request resupplies in an emergency.

The group discussed several gaps in expectations during the recent H1N1 emergency responses coordinated by DPH. During a recent hotwash, it was stated that hospitals didn't designate a point of contact or person in charge who could be reached. However, it was not understood that DPH needed this, and questions were raised about what such a person would do if they were appointed. Future discussions with DPH are indicated to clarify this and other expectations that are not clearly identified.

The Connecticut Children's Medical Center reported a call volume increase when area schools cancelled classes contrary to the guidance given by DPH. Many private practitioners were ordering antiviral medications as prophylaxis rather than for treatment. Also, when DPH publically announced they had sent antiviral medications to hospitals for treatment, no guidance was given to the public. This created an expectation the public could go to hospitals to obtain this medication for prophylaxis.

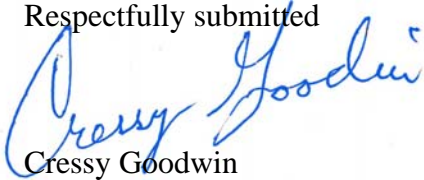
Further confusing was the fact antiviral doses were distributed to local public health agencies – implying an expectation for prophylactic use (health departments do not provide treatment for individual patient medical conditions).

In summary, the group felt that procedures and allocation of scarce resources should first be defined as they affect all stakeholders. Then a decision should be taken on what information should be provided to the public. Finally, a coordinate joint information center (JIC) should be used to carry these messages to the public.

There were many variables that properly evaluated could become effective lessons learned for the future. DPH should be encouraged to conduct a formal debriefing and create an after action report / improvement plan (AAR/IP) in the near future. It was recognized that the event is not yet over. It was also recognized that no major problems surfaced given the limited extent of the emergency. However, it was recommended that efforts be made quickly to capture the important variables during the past implementation of operations. The next situation could be far more extensive and severe. Lessons learned from this effort will help mitigate against possibly more severe future problems.

The meeting was adjourned at 12:56 p.m.

Respectfully submitted



Cressy Goodwin  
Recorder

ESF-8  
HOSPITAL SECTION  
6/3/09

ATTENDANCE

Mary Turley  
Amanda Garriety  
Laura Raque

Hospital for Special  
Hospital for Special Care  
Bristol Hospital

~~John Shon~~

RESF8

Jennifer Martin  
Mike Tortora

Connecticut Childrens  
CT Children's Med. Ctr.

JOHN STONOLTA

HH

Ed Kramer

HH.

Lisa Hohl

H.H.

~~Chris Pagano~~  
Bob Falagumma

HCC  
SFHMC

Mark Petrone

UCHC/JDH