Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
June 4, 2008
East Hartford Public Safety Complex
East Hartford, Connecticut

Present

See attached attendance list

Mr. Centrella reported staff work continues on strategies to implement UASI grant when it is awarded. We should hear an announcement of any grant funding the first week of August.

Ms. Nagle gave the report on the hospitals subcommittee. The group is developing a regional plan for mass fatalities, and Mr. Kramer from the BT Center of Excellence is doing some staff work as this begins. A joint exercise is being planned for July jointly between Bristol Hospital and The Hospital of Central Connecticut. The focus will be on surge management and mass dispensing. The planning is following guidance from the Homeland Security Exercise and Evaluation Program (HSEEP). It is noted that when teaching local courses in HSEEP, students benefit from having computers during the sessions so they can interact with the tools that are on the Website. A half-day session at the Bristol Hospital Computer Lab has been requested. A request is also being made for this training to be conducted by Bruce Lockwood and the BT Center of Excellence staff.

Dr. Shaw reported on the Capstone Project. This project focused on the logistics for establishing alternate care sites in the region. The US Military Academy at West Point has assigned several cadets to do this work, and the first phase of the planning was completed on May 8. A display board was set up to show their evaluation and recommendations for future efforts. A follow up project will now be undertaken to establish the logistical planning – identification of the trigger mechanisms and the required inventory control and management control. We have now identified the geographic locations of potential alternate care sites. There now is the need to identify the staffing requirements and where these resources can be found. The DPH is planning in these areas, mostly focusing on the hospitals. The results of this planning will be needed before the regional plans which can also include community resources can be created.

Mr. Centrella facilitated a discussion applying the national strategy embodied in "target capabilities list." This is the second of three meetings to be devoted to this strategy. Mr. Centrella used a series of slides to focus the discussion.

There are 37 target capabilities identified nationally. These capabilities are intended to establish plans, procedures, systems, relationships, training and evaluation programs that enhance operational performance. He proposed to use the target capability list tool by focusing on just one activity – ***mass prophylaxis*** – and do a critical self evaluation.

For this activity, there are 10 activity areas. Each of these was reviewed and discussed. (Slides, pages 5-6) The first of these activities is "Develop and maintain plans, procedures, programs and systems. This activity has 15 critical planning tasks and 12 associated preparedness measures.

Each of these preparedness measures was discussed, and a group consensus was recorded:

100% – Percent of state/local plans contain elements included in the State/Local SNS Assessment Tool – metric 100%

YES – Mass prophylaxis plan is incorporated into overall emergency response plan – metric Y/N

YES – Plan addresses requesting and receiving Mass Prophylaxis from the State and/or CDC – metric Y/N

YES – Plan addresses the distribution of mass therapeutics (e.g., Points of Dispensing, medical supplies, staffing, security) – metric Y/N

YES – Plan addresses cultural characteristics of population to be treated (e.g., religious needs, language barriers) metric Y/N

YES – Plan addresses the provision of prophylaxis to special needs population (e.g., disabled people, quarantined individuals, people requiring ongoing medical support) – metric Y/N

YES – Plan addresses infection control measures to protect staff and patients (e.g., medical screening is performed in separate area away from the mass prophylaxis site – metric Y/N

YES – Frequency with which mass prophylaxis plan is reviewed and updated – metric every 12 months.

YES – Mass prophylaxis plan incorporates input from all relevant stakeholders, including local and state health department, emergency management agency, public works, department of transportation, law enforcement, EMS, fire, hospitals, military installations, department of finance – metric Y/N

YES – Treatment center point of contact is identified and documented in mass prophylaxis plan – metric Y/N

YES – Mass prophylaxis plan provides authorization for practitioners to issue standing orders and protocols for dispensing sites – metric Y/N

YES – Mass prophylaxis plan provides authorization for practitioners to dispense medications – metric Y/N

Mr. Centrella observed that the region has achieved a higher compliance (100%) with these performance measures than it has with medical surge planning (35%). One possible reason for this is the local health departments are public agencies and all are committed to work on this project. Hospitals and medical practitioners are private organizations, and are not unified in this as a priority.

Hospitals also have to answer to regulatory requirements that may not be consistent with these measures.

The next step in the three part planning process will be to return in July to identify program priorities for the coming year, and define strategies to obtain participant agencies and officials to buy-in to working on these priorities. Three rhetorical questions were asked to frame the need for setting priorities: "What is the one thing we can accomplish with no new funding to make us more effective?" "If funding increased, what additional things would be priorities to add to the program?" Finally, "What is the one thing the communities would fight to retain if the entire program was threatened?" Mr. Centrella identified his view that the group is at a "critical mass" of motivation and leadership. This must be sustained or further progress will be increasingly difficult.

A brief discussion ensued about the membership of the ESF-8. Currently, representation of agencies and groups in the region is made up of operational people looking at tactical processes. The discussion for July will require strategic policy level representation. Members returning in July perhaps need to identify the issues with their local leaders to bring their strategic views to the table.

Steve Huleatt, head of the RESF 8 Local Public Health Section, notified the group of impending DPH fund reductions. Existing contracts with the DPH for Public Health Preparedness funds will be reduced. By August 9, 2008, a twenty-two percent (22%) reduction must be imposed. This affects funding to local public health departments and hospitals, and could affect the capabilities of these groups.

Mr. Gavaghan presented a briefing on the newly released program: Local Distribution Point Plan for Commodities. Using a PowerPoint presentation, he explained the new national initiative to organize distribution of needed supplies after a major disaster.

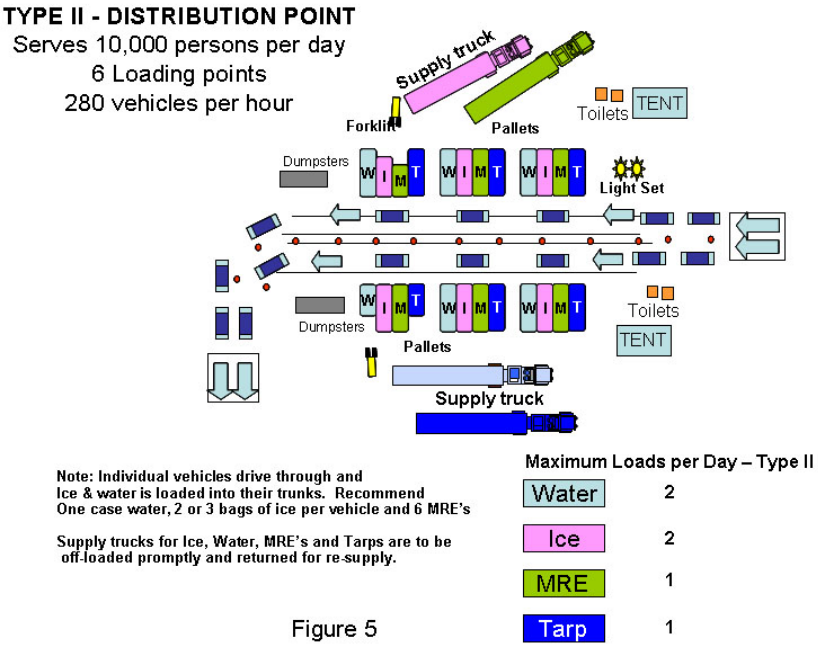

Figure 5

This program was based on work done over the past two years in Florida. Mr. Gavaghan met recently with all the local emergency managers in the region and charged them with identifying where trucks coming from the state Distribution Point can arrive and offload their supplies, and to address the logistics and requirements. These include security, traffic control, staffing, community and media relations, and communications. The state Distribution Point will be located at Rentschler Field and will provide an organized system for breaking down pallets of supplies into smaller units. Trucks will circulate through to pick up varying quantities of each leaving for these local distribution points. The loading of supplies to go to communities will take place from 7:00 a.m. until 7:00 p.m., and the next twelve hours will be spend receiving re-supply from national staging areas with stockpiles to prepare for the next cycle. Our DHEMS Region 3 will require a Type II Distribution Point.

During the discussion, several variables were noted. The designation of a local area where these supplies may arrive might not be available for people to drive to pick them up – service organizations and community groups may be needed to get these supplies out to the neighborhoods. Contingency plans might be needed if the arrival of these supplies to the communities has the barrier of flooded roads or damaged infrastructure. It was agreed that a lot of planning is needed, and this new program with its guidelines is an excellent beginning.

Additional meetings are scheduled in July to advance this program.

The meeting adjourned at 11:12

The next meeting of ESF-8 will be on July 2, 2008 at the East Hartford Safety Complex.

Respectfully submitted,

Cressy Goodwin, Recorder

ATTENDANCE:

CREPC ESF-8 Meeting

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CREPC ESF-8 Meeting

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