Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
November 5, 2008
East Hartford Public Safety Complex
East Hartford, Connecticut

Present

See attached attendance list
The meeting opened at 9:10 a.m.

Dr. Shaw received a report from Mary Duley that the Department of Public Health is moving toward completion of the statewide Mass Fatalities Plan. A white paper defining the plan and its use is expected to be released soon.

Mr. Gavaghan reported on DEMHS Region III Activities.
- WebEOC training programs are now planned for chiefs of EMS organizations in the region. These courses will be held November 17 from 9-Noon, and November 18 from 6-9 p.m. Another course is planned specifically for the CREPC ESF chairs on December 4 from 9-12 Noon.
- It was learned at a state planning meeting that software templates in WebEOC are being developed to support DPH and hospitals. This is being done by the WebEOC vendor, but no information is available on how this software will be made available for use by hospitals. Dr. Shaw said this information is needed because CREPC is planning on putting out an RFP in another month for an IT Platform for data collection and sharing, and this could affect the scope of the Region III effort.
- Ms. Nagle stated that a demonstration of the WebEOC software will be taking place at Bristol Hospital by the end of the month and anyone wanting to be present should contact her (Lnagle@bristolhospital.org).
- Mr. Gavaghan also announced his office will be moving from Rocky Hill to the State Armory in Hartford on Thursday, November 6.

Mr. Koscuk gave the EMS Section report. Regional MCI standards are being finalized and should be ready by the end of the year. Equipment for the MCI trailers is now being provided by the state – this includes the unit housed in New Britain.

Dr. Shaw gave the MMRS report. The statewide Forward Movement of Patients document, including the Burn Patient Management Plan and the EMS Mobilization Plan attached as annexes, is ready for presentation to the Commissioner of Public Health for review and approval. Once approved, this will be the first state-approved plan for these activities in the country.
Ms. Nagle gave the Hospital Section report.
The group is still meeting to review the regional alternate care facilities (ACF) Plan and the Mass Fatality Plan. The State Health Department is proposing guidelines for hospital-sponsored ACF while asking each hospital to develop such a facility. Standards will be defined and authorities developed to cause these facilities to be regulated. In Region III, it has been decided to develop regional guidelines so that each hospital can create their ACF in a way that will be compatible with other hospitals in the region. The California planning template is being used as a guide.
Region 3 is also developing plans for community-supported alternate care sites, where a range of medical activities might be performed. Dr. Shaw noted that nationally, the term “Neighborhood Emergency Help Centers” (NEHC) is being promoted to describe these sites to distinguish them from hospital-based sites.

Ms. McCormack reported on the Capitol Region Medical Reserve Corps. A drill will be held this evening. Early notification was given to alert MRC personnel. This time, feedback on this notification was provided to verify the alert was received, read and understood. During the actual drill, the logistics unit will actually set up the cabana. Training on triage techniques will be provided by Chief Gary Allyn of WHFD. Patient registration procedures will be put to a test, and at that point, the medical director, Dr. Buckman, will conduct a medical simulation of operations.

There was no CMED report.

Mr. Janelle (ESF 5 Emergency Management) reported on the state credentialing committee report for health and medical. Planning at the DPH has led to an identification of 48 job categories that apply in a disaster. The first goal is to reduce these to 4 broad categories, allowing Connecticut personnel to be credentialed to enter an area’s outer security perimeter and to report to staging. This should be completed by March 2009. Dr. Shaw reflected that this is a good start, but will not provide sufficient detail to allow hospitals to give outside personnel hospital privileges needed for delivery of medical care within the hospital setting.

Strategic Planning. Following a review of the 4-month long process of assessing Region 3’s capabilities to respond to a public health or medical event, Dr. Shaw led a discussion of a document entitled “RESF-8 3-Year Strategic Plan” (see attachment 1). This document defines the desirable characteristics of sub-state regional public health and medical disaster response capabilities that were identified during the assessment process by the RESF-8 group. Once consensus has been achieved regarding these characteristics, the amended document will be submitted to the Region 3 REPT for review, comment, and action. It was noted that several of the recommended action steps clearly will not be the responsibility of RESF 8 alone.
During the discussion, the following comments were offered:

- The wording of “Anticipated Outcomes” item 3 should change to insert “Appropriate strategies for community mitigation, drug prophylaxis, etc.”
- The title of the document should be changed to reflect that this paper describes the characteristics of a completed system, not a strategy on how to achieve it. It was noted that a separate document outlining the tasks and work program to achieve this system will be prepared and discussed at a later time.
- The statements that define outcomes as objectives to be achieved should follow the traditional planning process identified by the acronym: “SMART.” Objectives should be stated in objective terms that are Specific stating what they want to achieve; Measurable; Achievable and attainable; Realistic with the resources that are available; and Time identifying when they are to be completed.
- Hospital personnel in Region 3 are especially trained in this nationally accepted planning structure. Ms. Martin agreed to follow up on this with Dr. Shaw.
- Many of the items identified for 2009 may be carried over into future years, following an evaluation of the level of achievement each year.
- The yearly periods were defined as ending December 31.
- It was defined for 2009 item 5 that the resulting electronic system could be one that already exists (such as WebEOC, or Salamander), a new one “created” for us, or a model using components of both.
- Many of the items contain the term “well understood.” This implies that training will be required and this could result in a separate objective for each in the forthcoming work program.

A revised document will be presented to the group next month for further discussion.

Dr. Shaw asked the group to rank the eleven items listed under 2009. He distributed a document, Rating the RESF 8 2009 Strategies November 200, and requested that each attendee identify his top three choices of priority actions. The forms were collected at the end of the meeting.

The meeting adjourned at 11:23 a.m.

Respectfully submitted

Cressy Goodwin
Recorder
## ATTENDANCE:
**CREPC ESF-8 Meeting**

*November 5, 2008*

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**CREPC ESF-8 Meeting**

**November 5, 2008**

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Attachment 1

RESF 8 3-YEAR STRATEGIC PLAN
DRAFT V 1.0 10.23.2008

The Goal

By 2011, CT DEMHS Region 3 has a comprehensive, well understood plan with the necessary authorities to respond appropriately to public health or medical disasters. The plan is integrated with state and federal plans to the extent possible, and fully addresses those Target Capabilities that are specifically supported by the Emergency Support Function 8 (ESF 8-Public Health and Medical) as defined in the National Response Framework. Operationally, the RESF 8 sections shall have taken full advantage of technologies for patient and resource tracking, POD management, syndromic surveillance, and hospital bed/resource tracking, utilizing a dynamic interface with an IT/information platform allowing visibility from local jurisdictions to Region 3, and to state and federal authorities.

Anticipated Outcomes

1. Region 3 medical resources, including Emergency Medical Services (EMS), local health departments and districts, and volunteers, are effectively trained and equipped to be appropriately dispatched to provide pre-hospital triage, treatment, transport, tracking of patients, and documentation of care appropriate for the incident, while maintaining the capabilities of the Regional healthcare system for continued medical operations.
2. Large numbers of medically injured or ill patients from a multi-casualty event are rapidly and appropriately treated through the maximally efficient use of regional and other resources, while simultaneously maintaining the region’s capacity to serve the medical needs of the general population.
3. Appropriate drug prophylaxis and immunization strategies are implemented in a timely manner upon the onset of an event to prevent the development of disease in exposed individuals.

Three-Year Strategies

2009

1. Region 3 will develop and implement a well-understood plan specifying criteria and procedures for the activation of Medical Surge, Mass Prophylaxis, and Triage and Pre-Hospital Treatment plans for large and complex events
2. Region 3 will review regional risk assessments and vulnerabilities, and the Regional Emergency Operations Plan (REOP), annually as applied to Medical Surge, Mass Prophylaxis, and Triage and Pre-Hospital Treatment planning for worst case/ most probable scenarios
3. Region 3 plans will address the coordination of Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment plans with Mass Care initiatives to ensure provision of basic life sustaining needs for confined, isolated and quarantined individuals
4. Through the RED Plan and CREPC, Region 3 will fully engage NGOs in the region’s development of Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment plans (e.g. American Red Cross, Salvation Army, Faith Based Organizations, etc.)
5. Region 3 will develop a plan to create a system for electronic patient tracking and resource management.

6. Region 3 will develop a plan for acquiring necessary personnel resources to support Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment plans for large and complex events.

7. Region 3 will implement a well understood plan to identify and meet the safety and security requirements of pre-identified Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment sites.

8. Region 3 will develop a well-understood plan for the provision of needed support services and utilities, including behavioral health support services, at pre-identified Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment sites.

9. Region 3 will develop and implement well-understood processes to project service demands for Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment sites to include personnel and supplies.

10. Region 3 will develop and implement self-sustainable training and exercise programs testing the ability of Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment activities to achieve the capabilities included in the outcome statement.

11. Region 3 will have identified the required legal authorities to conduct Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment activities and will create a plan to address any identified gaps in authorities.

2010

1. Region 3 will develop and implement a well-understood plan addressing the unique cultural characteristics of the region’s populations in need of Medical Surge, Mass Prophylaxis and/or Triage and Pre-Hospital Treatment (e.g. religious needs, language barriers).

2. Region 3 will implement well-understood plans for patient and resource transportation based on statewide Forward Movement of Patients and EMS Mobilization Plans.

3. Region 3 will have developed a plan that addresses the safety and protection of response personnel and their families, including a housing plan.

4. Region 3 will develop and implement well-understood plans for risk communications and public information-sharing relevant to Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment activities, including dissemination of accurate, timely and accessible information to the public and to the media.

5. Region 3 will develop and implement plans to acquire and to manage sufficient inventories and reserves to support Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment activities for large and complex events.

6. Region 3 will implement a resource accountability and patient tracking system scalable to catastrophic events.

7. Region 3 plans will address the coordination of Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment with Mass Care and Logistics initiatives, including completion of the Capstone Project.

8. Region 3 plans have identified, and are prepared to at least partially support operations for, at least one alternate care facility for each hospital, and four community-based alternate care sites.

9. Region 3 has developed and implemented a well-understood plan addressing the unique cultural characteristics of the region’s populations in need of treatment during a Medical Surge,
Mass Prophylaxis or Triage and Pre-Hospital Treatment event (e.g. religious needs, language barriers)

10. Region 3 has implemented well-understood plans for patient and resource transportation based on statewide Forward Movement of Patients and EMS Mobilization Plans
11. Region 3 has implemented a resource accountability and patient tracking system scalable to catastrophic events
12. Region 3 has implemented a plan to recruit, manage and train volunteers to support Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment activities
13. Region 3 has implemented a plan to recruit, manage and train volunteers to support Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment activities
14. Region 3 has developed a well understood plan to acquire the medications, equipment, supplies and transportation resources to support Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment activities
15. Region 3 has implemented a plan for credentialing of volunteers to support Medical Surge through the Medical Reserve Corps
16. Region 3 plans for rapid distribution of therapeutics has been completed through the CRI Initiative that includes provisions for the protection of first responders and their families first
17. Region 3 will have developed, implemented, exercised and amended as needed a well understood plan to provide medications to special needs populations through the CRI Initiative
18. Region 3 Mass Prophylaxis plans will include well understood infection control procedures to protect staff and patients from disease

2011

1. Region 3 has a reliable interoperable communications platform in place to include voice and data systems sharable among first responders, and including first receivers and hospitals, and regional coordination centers
2. Region 3 has established a well understood plan for the coordination of resources among RESF 6, 7, 8, and 19 to assure competent medical care for special needs populations
3. Region 3 has developed and implemented coordinated and well understood plans to support evacuation operations of single or multiple healthcare facilities including long-term care facilities
4. Region 3 Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment plans that include all relevant stakeholders have been exercised and amended as needed, and have been implemented in the Region
5. Region 3 Medical Surge, Mass Prophylaxis and Triage and Pre-Hospital Treatment plans include procedures to implement all necessary legal authorities to conduct Medical Surge, Mass Prophylaxis, Triage and Pre-Hospital Treatment operations