

Capitol Region Emergency Planning Committee  
RESF-8 Health and Medical  
*April 1, 2009*  
East Hartford Public Safety Complex  
East Hartford, Connecticut

Members Present: (See attached attendance list)

The meeting opened at 9:08 a.m.

Dr. Buckman reported on a small discussion group that met earlier to review for correction the California Registration and short form associated with their program for alternate care sites. Dr. Shaw stated at the next full meeting of our RESF-8 group in June, we will devote time for a complete examination of the ACS document including the registration form. After this review, the proposed policy will be taken to a meeting with the chairs of all the Reefs

**There was no Region III DEMHS report**

**Department of Public Health Report:** Mary Duly reported that guidance for next year's grants is expected by the first of May from CDC. Currently, planning is for a funding cut of 10% but there is a possibility that more significant cuts may be ordered. There will be regional workshops on mass casualty care sponsored by HHS/Institute for Medicine. There will be four such workshops in the country and Ms. Duly will be attending the one for the northeast to be held in New York.

**Region 3 Training Report:** Mr. Scace reported an EMS seminar on managing contaminated patients was held at the Ambulance Service of Manchester facilities. Seventeen people attended this course which included classroom and practical sessions working in class C protective gear. Future courses are planned four times a year, and it is expected that hospital decontamination facilities might be included in future training. Mr. Scace reported that Vernon has requested a future course and wants this to be held on a weekend.

**Region 3 Planning Report:** Dr. Shaw reported that more time may be needed to fully involve constituent groups to define how the Forward Movement of Patients policy should be implemented. This policy has been approved by the DPH and DEMHS with a request that planning be completed defining the operational details by September 1, 2009.

Mr. Centrella addressed planning within the City Readiness Initiative – an exercise will be held on May 4-5 at the Expo Center in Hartford. A contractor will be setting up a point of distribution (POD) center using queuing models. There will be no patients in this exercise but will determine the issues and problems setting up a large POD to serve a population of 200,000 in an actual event. Part of this exercise will be to offer community and agency CEOs the opportunity to be briefed and have their questions answered. Mr. Falaguerra suggested it would be helpful if hospital officials could attend this exercise.

Mr. Centrella then reported on resource typing. Guidelines on the typing of law enforcement and police resources had shifted. New data is being collected. FY08 UASI funding can now be released.

In support of the HSEEP exercise project, a final planning conference will be held on April 14, at the South Congregational Church. The tabletop exercise (TTX) will be held on April 28. At 9:00, controller, evaluator and player training will be initiated. Local and agency CEO training will begin at 9:30. The exercise is scheduled to begin at 11:00. A hotwash debriefing will take place after the exercise is finished. Lunch will be available. It was recommended that each town and agency send one representative. Others can attend but will serve behind the leaders as observers. The exercise will be held at the South Congregational Church. It was noted there is no Wi-Fi service available to access the internet. An alternative site with internet access will be explored. A discussion took place about the overall format. Two options were presented - each group working independently and simultaneously engaging the whole groups whenever key coordination is required as opposed to having a facilitator walk everyone along in sequence with all participants being informed of each participant's activities. The latter approach was the consensus of the group.

Mr. Centrella announced a revised plan has replaced the RED Plan. This new plan is the Regional Emergency Support Plan (RESP). Dr. Shaw stated the planned local CEO briefing will focus on three plans: this RESP, the forward movement of patients (FMOP) plan, and the MCI protocols.

**EMS Mobilization Plan:** Mr. Koscuk reported the MCI protocols have been completed. Brenda Murphy is helping with the distribution of these and educating groups in their application. DEMHS Region 3 has three operational CMED's. Coordination is enhanced because all three answer to the Region 3 Medical Advisory Committee. The challenge now is to make this plan operational. Work will focus on the functional and full scale exercises planned for July 15 and September 23 to provide training and evaluation of the operational capabilities.

Mr. Koscuk reported that EMS strike teams are now being organized following guidelines in the state EMS mobilization plan. A barrier has been identified – as of now, legislative efforts have not succeeded in reversing the proposal to end funding for the 5 EMS regional by July 1. If state funding is ended, the 5 EMS councils will continue as non-profit organizations, but there will be no staff.

**Medical Reserve Corps:** Ms. McCormack reported the MRC will be called out for the Hartford exercise. Members will report and review their training. This approach has been found very effective.

**Exercise Work Group:** Mr. Stonoha reported all details have been planned for the Table Top Exercise April 28. Janet Leopardi announced there will be a local exercise in Middletown. CREPC has been asked to assist in the evaluation of this effort. It will cause a shelter to be set up at the high school with volunteers coming in to spend the night. During the exercise, a simulated outbreak of flu-like symptoms will occur requiring quarantine and

isolation activities. Middletown MRC teams are already trained in shelter operations and will participate.

**MMRS:** Dr. Shaw reported he was in Washington last week. The national MMRS steering committee met with Congressional leaders. Future funding will demand data and metrics measuring effectiveness of past funding. Mature MMRS programs such as the one in Connecticut are focusing more on consolidation and increasing operational capabilities. Dr. Shaw reported there have been three meetings so far with the five chairs of the CT Regional ESF-8 groups. The key issue identified is what authorities are needed for the regional programs to meet the state level program expectations for operational capability.

**Volunteer Work Group:** Dr. Shaw reported this group has expanded its scope to identify what other functions and groups need for volunteers to support. Ways to develop recruitment and activation of volunteers are also being discussed. A recent study was cited. In 2003, New York City sent out letters to 600,000 physicians to solicit voluntary medical service. Eleven percent responded. A year later, this mailing was repeated and only 3.5% responded. For those who agreed to serve, the average cost was \$58 per volunteer.

**Hospitals Subcommittee:** Mr. Falaguerra reported a key need for hospitals is an understanding of the relationship between their operations and the three plans developed by CREPC (RESP, FMOP and the MCI protocols). It would be very helpful if a summary of these three could be developed for each hospital to include in their plans. Decision algorithms might be employed – “If you find this, then you should do that.” Mr. Falaguerra asked for an update on WebEOC for hospitals. Ms. Duly reported that information to the hospitals will be made available next week. Training in data capture on patient templates will be purchased from the vendor and development for hospitals will then proceed. It is expected WebEOC will initially become operational for hospitals by fall 2009. This project will include all health providers – MRC, CMED, and EMS organizations. By August 2010, This system should be fully functional statewide. The “BT Website” currently in use will be retired once WebEOC becomes functional.

Dr. Shaw reflected on a potential problem – training members of CERT teams in using WebEOC – many may have been trained months earlier but when they come to local health departments or hospitals, they may not remember how the tasks are properly accomplished. Ms. McCormack identified the need to include mental health workers in the use of WebEOC. She further defined the need to identify health and medical responders to include first responders and other levels of professionals. The operational guidelines and protocols need to be re-examined to identify who should respond to increasingly difficult emergencies, and how WebEOC may be used. In Connecticut, there are 275 community-based behavioral providers who are currently NMS certified. Plans are being made to include GPS coordinates for where these responders reside and for where they work. Dr. Shaw reinforced the need for sharing activation protocols and including these electronically.

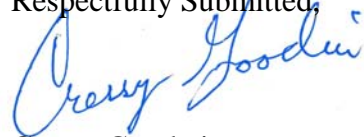
Dr. McKay stated the Connecticut Poison Control Center is planning to visit all hospital pharmacies and list national toxicology data in WebEOC for rapid shared access.

Other Business: Dr. Shaw reported a meeting March 31 at CRCOG. Plans are being made to apply to CDC to provide a 2 day workshop for 60 people in the region on developing alternate care systems in a region to manage a pandemic influenza emergency. The deadline for filing this is April 20. A three member team is putting the application together. The grant will fund an 18 month project to actually put a plan together and get buy-in by all the stake holders. Ms. Duly stated DHEMS Region 5 is also making an application for this same project.

Alternate Care Sites: Ms. Duly reported that the State Health Department Alternate Care Standards Committee has been meeting and has released a draft document for comments. Guidelines are based on ethical considerations to move toward decision-making change the standards of care. A piece of this is a discussion on liability issues developed by attorneys. Dr. Shaw reminded the group to be prepared to discuss this program in full at the June meeting

The meeting adjourned at 10:56.

Respectfully Submitted,



Cressy Goodwin  
Recorder

ATTENDANCE:  
**CREPC ESF-8 Meeting**

April 1, 2009

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**CREPC ESF-8 Meeting**

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