

Region 3 RESF 8 Meeting

Wednesday July 1, 2009

East Hartford Public Safety Complex

Attendance list

Introductions and Welcome by John Shaw

- Handouts:
- 1) Article: The Greatest Good for the Greatest Number: Implications of Altered Standards of Care. From Hospital and Health Systems Practice Group
There has been much discussion in other meetings about alternate standards of care. The state has a committee with DPH that is working on this and it's view appears to address ethical questions rather than operations. We should expect a draft document in September.
 - 2) Report on UASI/MMRS Conference-Charlotte Jun 8-12, 2009
 - 3) Current Issues and Obstacles (Power point by John Shaw)
- a. CTDEMHS Region 3 Coordinator - no report
- b. CTDPH Liaison (Greg Chiara)
- DPH will lose 70 people due to the retirement package, which is 8-9% of the department.
 - An 8 million dollar grant request was sent to CDC on June 22
 - The Hospital Emergency Preparation Grant request was sent in on June 30th by Mary Duley.
- c. Region 3 UASI Project Coordinator.
- 1) Exercise: Autumn Storm planning committee will be meeting from 1-5 PM today at the Windsor Town Hall. The July 15 drill will be looking to exercise Command and Control and Communications. Reminder the full scale exercise will be held on September 23.
 - 2) UASI Regional Assessment will be started next week assessing the 37 National Target Capabilities for the region. Topics will begin with volunteer management and donations, medical supplies and distribution, prophylaxis etc. Result should be completed by September for a report in October.
 - 3) Training IS300 and 400 classes are limited. A new schedule will be coming out with more classes in the summer and fall.
Incident Management position-specific training has started at Bradley Fire Academy.
PIO training will be held August 24-28
Leadership (positions and skills) and teamwork for ESF8 on planning and response will possibly be held in Oct, Nov and Dec in conjunction with the monthly ESF 8 meetings.
- d. Workgroup reports:
- 1) Patient Tracking- information was gathered, meetings with vendors were held for tracking and medical records. Working also on Logistics and Inventory Control.
 - 2) Hospital and Exercises- The MESL for the drill is being worked on. Each hospital should open their command center. ESAR-VIP will be worked in so credentialing will be tested. This will be a 4 hour drill and it is expected all hospitals should participate for the entire time, so build in your own MSEL to keep it going. There was a discussion on the Salamander System: lost or available?? Kathy will bring concerns back to her state credentialing group.
 - 3) DPH held a conference call June 30 for the Flu outbreak where hospitals had the opportunity to comment.
 - 4) Yale is working on 2 tabletop exercises: Evacuation and Mass Fatality.
 - 5) Dates to Remember: July 15 functional drill

August 12 FSE Midterm planning meeting- all day event

August 14 After Action Review for Functional drill.

September 9 Final planning meeting for FSE

- 6) Volunteer Management- no report
- 7) Alternate Care Site Committee- Looking at the California and New Hampshire plans as guide, a toolkit was developed. It needs to now be operationalized.

e. Presentation:

Current Issues and Obstacles

Here's what we do at CREPC- "We Promote Community-based Preparedness"

The mission : to reduce morbidity and mortality

The Objectives (2 ways)

1. Planning: support the integration of emergency management, health and medical systems into a coordinated response to mass casualty incidents caused by any hazard. (*we write plans*)
2. Operations: enhance and coordinate public health and medical response during the first 96 hours of an incident (*we make the plans work*)

The Outcome

Measurably reduce the consequences of a mass casualty incident during the initial period of a response (*the key is measurement*) –Done by augmenting existing local operational response systems before an incident occurs. (*by 2010 feds will need the measurement for grant mone allocation purposes*)

Here's how we do it:

Task specific planning by sections and workgroups

Vetting of plans by entire RESF8

Present plans to CREPC ESF chiefs acting as REPT/MMRS Steering Committee for review and comment, then consensus or vote

Present to CRCOG Policy Board

RESF 8 – centric drills and exercises.

Where we are today:

Hospital Section- regional ACS plans are in the works

CMED and EMS Sections: Revised Regional MCI guidelines

Regional FMOP Operational Plan

Regional EMS Mobilization *Plan (to include strike teams available to Incident Commander)*

Statewide FMOP plan: EMS Mobilization Plan + Burn Patient Management Plan.

Issues: When do we open a Casualty Collection Point (CCP) for MCI?

Who makes the determination to open the CCP?

Where do staff come from?

How can we push legislation change through to make these solutions workable?

Do we wait to open CCP until all the hospitals are overloaded?

Or do we open when there is a perceived need?

Discussion.

f. Hospital section met after this meeting.

Respectfully submitted,

K. Pagano