

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
February 3, 2010
South Congregational Church
277 Main Street, Hartford, Connecticut

Members Present: (See attached attendance list)

The meeting opened at 9:08 a.m.

Section Updates: Dr. Shaw requested updates from each of the sections.

Hospitals Section: Mr. Falaguerra reviewed the progress made in 2009:

- Development of an Alternate Care Site Planning Guide, submitted to CREPC.
- Two hospital exercises completed with the third postponed to 2010.
- Initial WebEOC training and preparation for DPH rolling the hospital version.
- Preparation for and management of the H1N1 influenza outbreak.
- More collaborative communications between DPH and DEMHS.

He identified areas that need to be focused on in 2010 from the hospitals' perspective:

- Refocusing on hospitals limitations to participate in exercises that meet their regulatory and contract requirements.
- Evaluating of WebEOC functions for hospitals and then training staff to let WebEOC become the primary communications system in emergencies.
- Develop a hospital SOP for the WebEOC.
- Anticipate future reduction of funding to meet expanding demands for planning.
- Develop hospitals' role in a statewide mass fatalities response.
- Implement the Improvement Plans from the AAR for the previous exercises.
- Build on the responses to the H1N1 influenza outbreak to prepare for the future.

Ms. Duley from DPH stated the hospital contract requirement for participation in an emergency exercise will be satisfied by each hospital's documentation of activities during the H1N1 influenza outbreak.

Medical Reserve Corps: Ms. McCormack announced a grant of \$5,000 has been received. Training is continuing, and efforts are underway to expand the number of volunteers serving on the MRC. Another issue is to connect with the needs of communities in the Capitol Region. An example cited was the need to coordinate the need for drills when volunteers can best attend (nights and weekends) to the needs of local officials who require weekday exercises because they cannot pay overtime.

CMED: Ms. Morris reported continuing progress in developing MCI and Evacuation protocols for the region. There are several areas where existing EMS regulations may require changes to permit effective EMS mobilization to implement the Forward Movement of Patients Plan. This discussion has already been identified in detail, and Mr. Best at OEMS is reviewing these. More work is needed to more fully implement the SMART Tag system by EMS personnel. A recent incident was debriefed and areas identified where this system can be more effectively expanded. WebEOC will be essential for CMED to bridge required communications between DPH and DEMHS, scene responders and hospitals.

Behavioral Health: Kathy Dean updated the group on progress at the state level to provide mental health resources to regional and local disasters. Two state agencies have personnel that respond to events. The Department of Mental Health and Addiction Services (DMHAS) and the Department of Children and Families (DCF) coordinate with each other. One barrier is that these two state agencies do not have the same regional boundaries. These state agencies also coordinate with private and professional groups such as school social workers, non-profit agencies, and medical practices to provide additional manpower if needed. A database has been established which identifies people able and willing to help in a widespread emergency and this is currently being kept up to date. Responders are listed in a tiered response capability with those who are immediately deployable listed in the Tier 1 grouping. People are recruited for this list from training activities sponsored by the state agencies. These groups have responded to exercises as well as actual events, and several were listed as examples.

In response to several questions, Ms. Dean indicated the list can be activated for local and regional events as well as major events when the Governor declares a state emergency. She stated this is why collaboration and establishing relationships within each of the 5 DEMHS regions is so important. The program is evolving toward the relationships required in a command and control environment, and training for this is being considered.

Long Term Care Facilities Mutual Aid Planning (LTCF-MAP): Dr. Shaw identified there are 78 skilled nursing homes and extended care facilities in Region 3. Work began last fall to develop a mutual aid capability to assist in evacuating any facilities that might be struck by a disaster, or to garner and share resources if this might be needed to avoid having to evacuate patients. To date, 68 of these facilities have signed on. This project should be coming to a conclusion by this summer. Training and exercises will then be developed for the group. This is rapidly becoming a viable resource that should be integrated with the planning of the other health and medical components that make up RESF-8. Dr. Shaw announced he is considering developing a new section of the RESF-8 group toward that goal.

RESF-20 - Faith Based Organizations: Dr. Shaw announced that this group is starting to function. Evelyn McCarthy from the First Cathedral in Bloomfield will be coordinating this effort.

MMRS: Dr. Shaw reported that direct future funding for this program is at some risk. The current changes working through Congress is to take these specific program funds and move them into a block grant to be given to the states. Those states that want to continue supporting MMRS related program funding may do so, but the national mandate for this program may soon disappear. On the other hand, Congressman Markey from Massachusetts has introduced a bill continuing funding as a defined national program. This bill is gathering some support. Without new funding, as of 2012, MMRS as a national program will no longer exist.

Region 3 DEMHS updates: Mr. Gavaghan reported that a recent meeting was held with the state Department of Social Services on issues in dealing with cold weather. Strategies developed include assigning ESF-20 Faith Based Organizations the responsibility for developing this program; using 211 as the telephone number to locate available shelter spaces; using WebEOC to monitor local activity; and working with community emergency management directors to facilitate coordination and communications within each community.

A briefing will be held for all community CEOs on responses to the H1N1 influenza. This will be held on February 23, 2010.

Mr. Gavaghan also announced that a Region V coordinator has been hired and this regional office will be moving from Southbury to the Roland Building in Waterbury.

Department of Public Health Report: Ms. Duley identified a 55 page document that has been prepared: *Standards of Care: Providing Health Care During a Prolonged Public Health Emergency*. A one day seminar will be held at CHA to discuss this report and its findings. Then a series of regional meetings will be held. The Region 3 meeting will be at the South Congregational Church in Hartford on Wednesday, March 3. Registration for this free session is required on ct.train.org Dr. Shaw noted this meeting will be in place of the next RESF-8 meeting, so everyone in this group should plan to attend.

Training and Exercises: Mr. Scace announced a Region 3 Training and Exercise Planning Workshop on Friday, February 26, from 9:00 to 3:00 at the South Congregational Church in Hartford. Anyone interested in attending should contact him to arrange for space and lunch. One goal of this workshop will be to complete a 3 year exercise schedule.

The remaining 2010 exercise schedule was reviewed: Midterm Planning conference for the full scale exercise will be on March 2, The final planning conference will be on April 12, and the exercise itself will be held on May 18.

A template has been developed to guide discussion reviewing actual events leading to after action reports. On January 9, 2010, a school bus crashed off Interstate 84 in Hartford and fell 20 feet down a ravine. Public Safety responders and agencies that were involved in the rescue and recovery operations met later using this template to make future operations more efficient.

Mr. Scace announced working with DEMHS as a new State Disaster Training Center has been constructed in Windsor Locks. The goal is to provide field training for responders. The site is constructed, but needs programs and courses. CREPC is exploring ways to assist in that effort.

A new Regional Coordination Center (RCC) in Manchester will soon be dedicated. This RCC and its companion in New Britain are now available for any regional emergency. The Manchester RCC will be tested during the upcoming Full Scale Exercise in May.

Role of ESF-8 at the Full Scale Exercise: Dr. Shaw asked for a discussion on the roles the different sections would like to play at the Regional Full Scale Exercise (FSE) on May 18, 2010. It was discussed that the Initial Planning Conference has already been held. It is clear that this FSE would not be centered on RESF-8, but that health and medical groups and agencies can still play supportive roles. The Goals and Objectives for the regional exercise have already been identified. The scenario will focus on the Town of Enfield. After flooding caused a shelter to be opened, a person with a weapon starts shooting people in the area. The full scale responses at the scene have already been identified. Also identified are the full scale responses to activate, open and operate the Regional Coordination Center (RCC) in Manchester to manage regional resources. Enfield and Manchester EOCs will also be participating directly. Mr. Scace encouraged groups to participate in satellite activities with the understanding that if any group activates its EOC or develop other activity, each must provide its own controllers and evaluators, and each will develop its separate After Action Report / Improvement Plan.

The group identified the following as being central to the FSE:

- Shelter operations and police responses at the scene in Enfield.
- Enfield and Manchester separate EOC operations.
- CMED communications between responders, the Enfield and Manchester EOCs, the RCC, hospitals and EMS organizations. Special emphasis will be on coordination with Tolland CMED; (Enfield is covered by Tolland CMED, which is separate from North Central as the designated regional CMED coordination center).
- The activation, staffing and operations of the RCC to test the draft regional Concept of Operations Plan and the approved Regional Emergency Services Response Plan.
- Use of WebEOC in linking state, regional, community, EMS and medical resources.

Further discussion identified the following as supportive roles, each focusing on functional activities not operationally and directly a part of the above FSE operations.

- Other local communities can activate their EOCs and participate in a communications test with each other and with different points of contact.
- Hospitals can activate their Command Centers and participate for evaluating WebEOC and other communications.
- Local health departments can test their horizontal and vertical communications capabilities in advance of preparing a separate draft communications plan. This plan would later be tested in a required CRI exercise,
- Behavioral Health can participate to test their communications and activation procedures and to identify on scene issues under the ICS during a police emergency.
- EMS might want to participate functionally by testing its role in initiating EMS task force(s) and other activity implementing the Forward Movement of Patients Plan.

All groups that expect to play a central full scale response or a supportive functional response should plan on attending the Mid-Term Planning Conference on March 2, 2010.

The next meeting scheduled for March 3, 2010 will be substituted by the *Standards of Care: Providing Health Care During a Prolonged Public Health Emergency* seminar in Hartford.

The meeting adjourned at 11:35 a.m.

Respectfully Submitted,



Cressy Goodwin
Recorder

ATTENDANCE:
CREPC ESF-8 Meeting

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