Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
November 3, 2010
East Hartford Public Safety Complex
East Hartford, Connecticut

Members Present: (See attached corrected attendance list)

The meeting opened at 9:07 a.m.

DEMHS Report: Mr. Gavaghan reported:

1. The commissioner of DEMHS is scheduling meetings with local groups and officials – ten such meetings are taking place.
2. The *Save the Children* coordinator is continuing to make presentations to advance the project running through next June.
3. FEMA has been reviewing the state radiological monitoring group as part of the Connecticut plan for managing a radiological incident at Millstone. This evaluation is required every 6 years and was completed in October. The responses were deemed successful.

DPH Report: Mr. Best reported:

1. DPH is continuing to negotiate with Everbridge for a hospital based alerting and notification system contract. The original concept of unlimited access to personnel in each hospital has been identified as far too costly given current fiscal constraints. ***He asked each hospital in the region to identify and let him know as quickly as possible the number of people who would need to be notified to just activate their emergency operations.*** Only the number, not the details need to be reported to Mr. Best. It is hoped that an average of about 20 names per hospital will be offered to match budget constraints. During the discussion, one advantage of this system was identified that make it attractive for hospitals is the day-to-day application for administrative purposes. A question was asked if a hospital wanted to expand its number of participating people, could this be done under a separate contract with Everbridge. And could this be done with extra costs to the hospital at the state-discounted rates? Mr. Best stated he would find the answer to these questions and report back. Another question was asked: if a hospital has a functional alerting and notification system, could it receive grant funding to support this separate effort. Mr. Best stated this is not possible.
2. The bed reporting sheets on WebEOC are being reworked. Briefings on the hospital use of WebEOC are scheduled at CHA for December 2 and 3.
3. The state Draft Mass Fatalities Plan is being updated. A committee made up of representatives from DEMHS, DPH and the office of the state medical examiner is doing this work. This work is being coordinated with adjoining states. The plan will have a template giving guidance to family assistance centers to develop their separate plans. Mr. Best agreed to raise with Mary Duley any role of regional and local planning to support the state plan.
4. The state health department has received additional funding for training.
5. The state coordinating council has approved the Forward Movement of Patients plan. Before the plan can be implemented however, there is need for regulation/legislation changes to waive routine EMS requirements in a disaster. This issue is already being considered for priority listing on the department's legislative calendar for the 2011 legislative session.

UASI Project Report: Mr. Scace reported:

1. Proposals have been received and a contract awarded to Intermedics EM Systems for a project to develop a patient tracking system in the region. The first year cost is $52,000. Contract details are being addressed, and this project is expected to begin shortly.
2. Medical Reserve Corps drills continue as a UASI supported effort.
3. Proposals will soon be received for a vendor to periodically inspect and maintain emergency response trailers that are deployed in the region under CREPC and state sponsorship.

4. A project to purchase CMED base station units for the hospitals is nearly completed. These will provide direct ambulance to hospital communications when and if CMED is out of service. These units will be distributed later today at the meeting of the Hospital Section.
5. Funding is available to support EMS Strike Team training in the near future.
6. Funding is available for ACS training using the "megasite concept."
7. An RFP has been released and four vendors have responded to assist the development of a program in citizen preparedness. A contract will soon be awarded to start this effort.
8. A special project continues with the US Military Academy to develop a comprehensive inventory management system for the region. The goal is to develop a system that can be used locally and regionally day-to-day as well as during an emergency.
9. Funding is now supporting a comprehensive exercise, planning and training effort. The contract with Tetra Tech for last year's project has been renewed. Rather than just run a series – a training session, a table-top exercise, a functional exercise, ending with a full scale exercise, this new project will have a series of coordinated events: 6 seminars, each on a different related topic, 3 workshops on tactical issues, 4 tabletop exercises to familiarize personnel with their roles, and 3 functional exercises each for a different component of response. Starting in January 2011 the regular meeting of CREPC will be where the first seminar will be held. The CREPC meeting format will be changing to have some of the monthly meetings becoming training sessions.
10. Training on the often overlooked recovery phase of preparedness is planned
11. The Everbridge system mentioned earlier will be supported by a supplemental contract for three years ($12,000) for the 79 long term care facilities participating in the regional LTCF Mutual Aid Plan. In this system, any facility needing to send a notification message will contact CMED which will be the central communication point for this system. This plan has now become operational – Everbridge messages are being sent out to test the system.

Long Term Care Facilities Mutual Aid Planning Update: Mr. Aronson reported that a year ago, a series of meetings were held to establish the framework for a region-wide mutual aid plan for long term care facilities in the DEMHS Region 3. Last month, the final plan document was approved, and mutual aid agreements were signed making this plan operational. All 79 facilities in the region have come to the table, and all are now on board. A leadership group has been formed to serve as a steering committee to monitor and maintain the system into the future.

The plan has four elements:

- Support for evacuation of patients if this is required
- Provision of supplies and equipment to a facility to mitigate against an evacuation
- Provide staffing or equipment needed to allow patients to remain in the facility
- Share and coordinate transportation resources that already exist in the facilities

The plan is presented with algorithms that define actions to be taken on one of two paths: if the facility has been struck by a disaster or if a facility has been asked to support another facility.

For a disaster struck facility, if a decision is made to evacuate patients, a pre-designated stop over point is identified.

For other facilities that are asked to provide resources or support to mitigate against an evacuation – or to receive patients that will be evacuated - protocols and guidelines are provided. If the event affects more that one facility, a Regional Long Term Care Coordinating Center (LTCC) will be established (at Duncaster in Bloomfield) and its staffing will be mobilized. Communication check lists will be used to prepare and receive messages.

Component parts of the plan provide up to date contact information for each facility, current routine bed census by different clinical categories, types of equipment and supplies, along with staffing and transportation resources that might be shared. The plan is predicated on there being a surge capacity of 110% normal census, thus allowing anyone to look at the inventory data sheets to begin to estimate where evacuated patients might be taken. Forms and structures are defined to provide patient identification, requisite medical information and tracking of patients along with any equipment that might be sent along. DPH has agreed in advance to provide waivers for the required relocation of patients between facilities up to 3 days before formal discharges and admissions would be required. Procedures for activating these waivers are defined.

Mr. Aronson demonstrated the system by walking through the algorithms and demonstrating with theoretical examples how the data sheets can facilitate quick decisions to provide continuity of care as patients are transferred. The benefit to hospitals is that this system buffers the surge to the emergency departments by managing these patients within the regional group of facilities. It was identified that if resources beyond Region 3 were needed, two regions in Massachusetts just north of Region 3 have the same processes developed in their mutual aid plans. It is hoped that other CT regions can also develop contiguous planning to expand support to the other boundaries of Region 3

System used in King County, Washington to manage hospital patient surge: Mr. Aronson provided details of a newly developed project in a region on the West Coast for hospitals to improve the management of patient surge by a mutual aid system between hospitals. In a project similar to the one for long term care facilities in Region 3, a plan was developed that offered detailed information of each facility bed capacity. Included in this are specific displays of data showing adult and pediatric capacity for many different clinical categories, to receive patients above the average daily census, and listing supplies, equipment and staff that might be shared with other facilities hard-pressed in an emergency. The same elements of this plan can be applied to any future regional planning effort for hospitals:

- Approximately one year to develop the agreements and shared information for the plan
- Shared planning by all facilities as partners in a collaborative effort
- Participation by clinical specialists to define matching patient needs with clinical recourses
- Logistics planning by another group to address needs and methods for sharing recourses
- A consistent process for alerting, notification and communication and for decision-making
- Transportation pre-planning for moving patients if required
- Uniform development of criteria for determining surge capability among the hospitals
- Written MOUs defining participation in the regional system

The meeting adjourned at 11:10 a.m.

The next meeting is on Wednesday, December 1, 2010 at the East Hartford Public Safety Complex.

Respectfully Submitted,

Cressy Goodwin
Recorder

ATTENDANCE:

CREPC ESF-8 Meeting

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