

Region 3 ESF8 Public Health
December 5, 2008
New Britain City Hall
Minutes

Attendees: Dave Boone, Tung Nguyen, Judy Torpey, Bill Blitz, Chuck Motes, Juanita Estrada, John Degnan, Charles Petrillo, Allyson Shulz, Bruce Lockwood, Tom Gavaghan, Bill Kramer, Claudia Gugliotti, Marge Seiferheld, Mary Liauppa, Kate Novick, Eugene Ciccone MD, Steve Huleatt, Janet Leonardi, Corrine Rueb, Jeffrey Lim, Melissa Marquis, & Jennifer Kertanis.

Melissa welcomed everyone and participants introduced themselves.

Approval of Minutes—Judy motioned to approve minutes, Tom Gavaghan seconded.

Regional Planning Updates:

Education/Training/Resource Typing Update: Allyson provided an update to the group on workgroup activities. Originally there were two workgroups—resource typing and education and training. Eventually the groups merged recognizing that the information collected for resource typing would inform the education and training plan.

Goal is to better coordinate regional resources including people and supplies and the supporting training activities to support this. Group is interested in facilitating more effectively.

- ◇ Allyson reviewed the objectives
 - Get a better handle on regional resources which included:
 - Defining resources based on modified FEMA model—each department helped identify these regional resources over the summer
 - Identify training gaps based on the resource typing
 - We have been exploring the planning priorities at all levels, federal, state, local to make sure that our regional plan aligns
 - Reviewing planned activities to ensure connectivity and avoid schedule conflicts
 - Using the HSEEP template to develop a three year training plan drafted for January meeting.
- ◇ We would ultimately like to work toward development of regional strike teams.
- ◇ Allyson shared the priority areas and asked for group input indicating that they are not set in stone, but rather where current thinking is now.
 - These priority areas help drive the training and exercise plan to support those priority areas. If we lay this out well we will be better able to coordinate local needs as well.
 - Of 300 human resources- 100 fully met a typed definition. HAZMAT awareness would double our fully typed resources.
- ◇ Allyson indicated that the group is still exploring the training gaps.
- ◇ Priority area two is focused on managing resources included caches.

Feedback: Mary indicated that 300 is a duplicate number since some people were typed to more than one job description.

Bruce commented on need to clean up the CTTRAIN data base. This is a resource that will allow us to track, in one place, training activities. If we could clean up some of our data we could get a better sense of who is trained to what.

Communications Workgroup—Bill thanked those who responded to survey. Working on summary of data. Will be working with Keith Victor on radio plan for region, and to also come up with standard protocol for notification call out will be based on global connect.

DRILLS and EXCERSICE UPDATE:

Bruce provided presentation on after action/lessons learned from Bristol/Burlington “Operation Surge” exercise. BBHD was interested in testing mass dispensing. They partnered with Bristol Hospital testing an alternative care facility. Neither exercise dealt with set up. BBHD ran two sites, DRIVE THRU POD and PUSH to town employees. Bruce emphasized that everything was consistent with HSEEP. Goals included testing staff and volunteer call down, test ability to dispense meds using drive thru, test ability to dispense using PUSH model, assess PUSH model to determine how much would go to non-district residents.

Lessons Learned:

DRIVE THRU: none of volunteers participated, majority of staff were also listed on volunteer list. Processed 19 cars/27 people in three hours. The method can work with additional planning and considerations. Cell phone coverage was a problem. POD Head of Household (HOH) form needs to be modified to meet needs of the alternate methods.

PUSH: JITT will work but staff needs to be trained ahead of time. POD form needs to be modified—they added signature block, weight and age is problematic. Approx 1/3 employees do not live in District. Had not anticipated securing and moving materials. Mass dispensing kit labels need to include reference to specific label number.

Drafted recommendation for POD HOH forms. Using Premier Global for call out.

Tom asked if BBHD had considered special needs populations. Bruce indicated that they were focusing on process first.

Other drills/exercises:

WHBHD flu clinic: Mary thanked those who participated. They gave feedback to state on improving format of the questionnaire. Facility and configuration of clinic were items that were lessons learned. School age vaccination being done in two schools. Many families do not speak English. (Over age of 9) In planning phase. Designed in anticipation of having surplus flu vaccine. Board of Ed approach health department—WHBHD is looking forward to the opportunity to work with this age group and families that do not speak English. School system recognized as excellent resource for language translation. Will run at 3:15-5:00.

New Britain did flu clinic. Call down went very well. Done off hours. Worked with hospital for special care. Working on surge plan. Dr. Ciccone was incident commander. Trying to involve Central CT State University in future planning efforts.

Windsor/S. Windsor used flu clinics as exercise. Windsor focused on set up and it went very well. Everything was set up in three hours. They also focused on signage. Worked very well—hanging from ceiling is far more effective, used pictograms where appropriate. Interaction between staff and volunteers was very good. S. Windsor looked at evaluating entire new site. First time they used flu clinic as exercise and went very well.

CCHD did first flu clinic as drill. Did 1100 in 3 hours. Signage was improved on from previous. Had 20+ volunteers and 9 staff. They did in service on safety—sharps/fire safety/special needs etc. JIIT also included use of syringes and vaccine safety. Parking was problematic—Emergency Management recognized that police would need to be requested if it was an emergency. Local distribution point might serve as alternative site in a real emergency.

Local PHP Contract- One piece missing in local contract is that TARs will need to be redone this year. This is a statewide requirement. The drill and exercise requirements have been clarified and distributed. CADH will attach the DPH guidance when we distribute minutes.

CRI:

Tung reported out on Hartford CRI communication drill Dec. 9th. They will be testing their local HAN Global Premier services. They have been testing system to make sure it works. So far things are going well in preparation for this.

Steve indicated that ESF8 public health will be building off this exercise to test our three deep list. It will be a “Stand-by” and we will be testing protocols that are being used in other regions. We will be measuring the time it takes to hear back from everyone. Steve reminded group to update three deep list. ESF8 chair will go to Health Directors first but then reach into three deep list.

Tung asked about some specific glitches with Global Premier timing out after a few seconds.

Steve mentioned that we are working on workplan for CRI. It will be released to everyone soon. The 17 subcontracts are moving forward. In year 3 there will be another \$5,000 to each LHD. This will include LHD support of developing a drive thru POD plan template. Steve would like to develop a workgroup for this. We have a great foundation with the DEMHS commodities plan and with AAR from BBHD. If folks have an interest, let Steve know.

Another obligation for LHDs will be support of the Functional Drill in HARTFORD in May for CRI.

We will also be working with Staff at CRCOG policy board to communicate the regional POD concept to local elected officials. We need to get buy in from these policy makers recognizing that ESF8 public health is a subcommittee of a subcommittee of a subcommittee under larger CRCOG umbrella.

CADH is building the matrix for summary of Regional TARs. Will have done in mid January.

State Preparedness Planning:

DPH: HAN development is moving forward using Web EOC and reverse 911. DPH is piggybacking on DEMHS WebEOC and not purchasing separately. DPH established small workgroup to develop what WebEOC for public health should look like. Administrator training will take place in January. Once the system is built for public Health, all LHDs will be trained. WebEOC will be connected with reverse 911 for notification component. DPH is also building a new restricted website. Regional WebEOC training did take place for Reg. 3. WebEOC is resource management tool but if requests are time critical you go through other channels. Provides a common operating picture across the state for the first time. Charles Petrillo indicated that he sees this as a potentially powerful tool locally.

DEMHS:

Tom reported that WebEOC training is moving forward. They continue to tweak the system. March 09 is target for having system up and running.

CREPC Updates:

Carmine and John are away—Steve reported that there is new leadership in CREPC. Great opportunity for new ideas, Dan Vindgni from Enfield is new Chair. He has convened meeting with ESF 8—as it has many moving parts. Steve and John Shaw will be doing a presentation on ESF 8 activities. Please share ideas with Steve. Thursday is leadership meeting day so that new leadership can be brought up to speed. Steve asked Bruce to comment on ESF7 and resource typing. Region has contracted with Kerry Flaherty to focus on the four focused areas for the resource types. They are also exploring another partnership to further develop the resource typing component across all of CREPC.

ESF8 public health is well on its way regarding typing of human resources but we have not started with the caches yet.

Bruce emphasized the need to do this recognizing that what the region does is identify, manage and deploy resources.

ESF 8 meeting will now be done bi-monthly. Next one is February. In the off months four workgroups will be taking on some specific responsibilities—Alt Care, Drill

Exercise Planning, patient tracking, volunteer management CERT/MRC build up. Steve encouraged LHDs to participate.

MMRS:

Steve reported that First Responder data base built by Consumer Protection is almost ready for prime time. Will be statewide but it really started in Region 3. Definition of first responder is in Presidential Directive 8 as defined during early smallpox days.

Other Business:

Steve presented to third year Pharmacy students at UCONN. Very positive interaction and nice connection with program. Students and the school of pharmacy are interested in doing drills and exercises with us. They may play with us in May drill in Hartford. CREPC is currently recruiting a drill and exercise planner for a major September drill that will involve all ESFs.

Bruce reported that he sits on National Commission on Children and Disasters. There is a huge push regarding countermeasures for kids and auto injectors for things like flu shots.

Next meeting will be held on **January 9th**, from 9:30-11:30 in Bloomfield. Details to follow.