

**DEMHS Region 3 ESF-8 meeting**  
**February 6, 2009**  
**Wethersfield Police Department**

**Attendees:** Bill Blitz, Gordon Harris, Rick Matheny, Steve Huleatt, Marge Seiferheld, Jon Bergeson, Judy Torpey, Paul Hutcheon, Chuck Motes, Kerry Flaherty, Bill Kramer, Tom Gavaghan, Kate Novick, Juanita Estrada, Mary Laiuppa, Carlos Rivera, Rob Miller, Charles Petrillo, Allyson Schulz, John Shaw, Janet Leonardi, Melanie Kerr, Jennifer Kertanis, & Melissa Marquis

Melissa called the meeting to order at 9:40. Participants introduced themselves. Thanked CCHD for arranging the meeting location. Chuck Motes made motion to accept the minutes. Judy seconded. All in favor.

**Regional Planning Updates:**

**Resource Typing /Training:** Melissa updated the group on the workgroup's efforts to develop the Epi Support Strike Team concept. She referenced the responses to questions that were raised at the last meeting. The group hopes to develop two to three teams and conceptually feel that the teams would be deployed the same way other regional support is deployed. Marge did compile some best practices from other States including Florida and North Carolina. We are trying to be consistent with FEMA to the extent possible.

The group has also begun to develop caches of material that would accompany these strike teams. Marge has been getting input from epidemiologist on content. John Shaw asked if we had considered making it part of the medical reserve corps, as it would open up opportunity to other resources. The group indicated that we could look into that. We still need Director input on deployment and members of the team.

**Communication System:**

Nothing to Report

**ESF 8 Workgroup Updates:**

John summarized the earlier work to complete a SWOT and develop priority planning areas. This resulted in development of four working groups:

1) Volunteer Recruitment/Retention: big issue is we do not have enough volunteers. They are working on recruitment strategy and training outline. They are looking at best practices. Judy commented that the Volunteer group needs more participation. The data bases that are kept locally may provide some regional approaches. Melissa is lead on this committee.

2) Alternative Care Site: MMRS deliverables require that we have this capability for the region. The group is looking at alternative sites and how best the region could support these types of sites. Charles Petrillo sits on Alternative Care.

3) Patient Tracking System: Meet the needs of EMS, CMED and hospitals to track patients. Currently we are using a paper method. There are some good models and systems available for improved systems. We also need a resource management system. UASI application included funding for advancing this. Information sharing platform for the region. Steve participates in the Patient Tracking and is just ensuring the local public health needs are met.

4) Exercise Group: Identify exercise priorities for ESF8. Serious effort to develop an exercise approach that meets needs of all ESF8 disciplines. The potential objectives for each were shared.

Steve shared the objectives for the large regional drill that will include extended play with hospitals. The objectives listed for public health reflect hospital and EMS perspectives and did not include local public health input. Steve suggested that we review those and define them for ourselves. Communication was key. John Bergeson suggested adding CHCs to the hospital side. He also suggested including local and CRI drill deliverables. Steve pointed out that those contracts would not be in place at that time. Jennifer suggested ensuring that we align these objectives with the ESF8 public health training plan. Joint information through JIC will be good. John Shaw asked about including LHD role in setting up shelters. Middletown will be doing a full scale shelter drill in the spring. Role of LHD will be to ensure safety of food/sanitation in shelter. Steve suggested that we consider including the vulnerable populations provider database. Feb. 25<sup>th</sup> there will be an orientation for the Vulnerable Pop project at the Pond House.

Steve reviewed the objectives that were placed on the white board. He asked the group to prioritize three. Melissa pointed out the build up from some communication drills in late summer. Communication/Strike Team/Sheltering rose to the top. Steve also suggested building in some community mitigation component prior to August to help locals meet their local contract deliverable. Allyson pointed out that a key component of the community mitigation is communications and we can incorporate that into larger drill. Steve thought that the Sheltering piece would be engage sanitarians through our regulatory functions and would also demonstrate the numerous directions that local health would be pulled in. Focus will be on sheltering but we will also test communications, JIC and strike team deployment. Steve will redraft and send to the group for final feedback.

John commented that part of the drill will be to get prophylaxis to first responders—this will also involve local health. Kerry Flaherty said this was similar to drill that they did a few years ago. He said it will get very dynamic very quickly. He highlighted the need for communications diagram to really outline how communications flow. Communication algorithm and WebEOC will be part of this. Kerry says everyone in charge of each component needs to write operational plans using the ISC Form 202. RED Plan training supports this. Steve said we have never practiced shift change.

**Drills and Exercises:**

FVHD is trying to engage private schools to discuss surveillance and reporting to LHDs. School dismissal and dealing with international students. Hartford is preparing for the functional exercise to test the EXPO Center as a mass dispensing site. It will be held in May. We will be looking at how long it takes the vendor to set up the dispensing site. Hartford is also building communication systems and those will be tested as well. The plan would be to have some type of “open house” and we are encouraging all local health department staff in the region to come. It would also include VIPs and press. Rick asked if part of this exercise was to identify regional resources that could support the POD. Carlos commented on the need to increase communication with the public and that is why they will include community VIPs and business community members. TTX will occur in April prior to the May Functional exercise.

**Local PHP Contract:**

Four LHDs do not have local contracts yet. More do not have money.

**CRI:**

Melissa shared the TAR summary with the group. Goal was to identify major gaps and look for training opportunities both local and regionally, as well as to identify model practices. The ranked summary of the different sections identified a number of opportunities for regional planning. We are considering a workshop that would provide for more exploration of the major gaps and develop an action plan and how to improve for the next TAR.

U.S. Postal Service planning will move forward in Reg 3. Region 2 is still sorting out security related issues. Kerry Flaherty asked who wrote the plan. Steve indicated that postal service has defined what would be required at the local level to support this. Steve asked for volunteers to be part of a work group with Melissa to develop a regional PHERP Plan that would outline what we do as a region. Bill suggested that Kansas might have a model we could look at. Kerry volunteered.

**DPH Updates:**

Juanita reported that WebEOC company will be coming back to CT end of the month to finish up the public health portion. Also, the State has pulled their contract with reverse 911 and they are looking to explore other notification companies.

**DEMHS:**

Tom indicated the roll out for WebEOC is on target. DEMHS has been using it regularly with storms. DEMHS will be working with DPH to get the public component up and running.

**CREPC AND MMRS UPDATE:**

John Shaw reported that on the national level there are many new protocols and directives from DHS. The new Director is looking to improve the relationship between DHS and HHS. MMRS mission is in question. Congress has continued to fund MMRS but DHS

puts the program down. At the State level, Commissioners Thomas and Galvin are pushing the Forward Movement of Patients plans and charged the regional ESF8s with providing comments and feedback to Jonathon Best (DPH). The new Charter for the Public Health Advisory Group is focused on serving in Advisory committee to ESF8. It will necessitate the expansion of the group beyond DPH employees.

UASI Grant fiscal year '08 has not been released. 2.7 to 3 million is expected.

Project Public Health Ready will be applied to all the Regions.

Tetra Tech was hired to support the regional drill in May. CREPC has also put out an RFP for the long-term care planning to put together mutual aid program to make them as self-supported as possible.

**OTHER BUSINESS:**

CADH will put together a calendar to map out all the different trainings/exercises etc.

Next meeting March 6<sup>th</sup>—Manchester to host