

**Agenda**  
**DEMHS Region 3**  
**R-ESF 8**  
**Public Health Sub-Committee Meeting**  
**Oct. 3, 2014**  
**North Central District Health Department**

Attendees: Chuck Motes, John Degnan, Charles Brown, Aimee Eberly, Steve Huleatt, Melissa Marquis, Dave Kosciuk, Francine Truglio, Mike Pirro, Marge Seiferheld, Judy Torpey, Mike Pepe, Allyson Schulz, Tung Nguyen, Tom Gavaghan, Nicole Hawley, Rob Miller, Bill Kramer

- Welcome
  - Steve welcomed everyone to NCDHD and thanked them for hosting. New CCHD Health Director Charles Brown was acknowledged and welcomed back to Region 3 ESF-8.
  
- Approval of Minutes
  - Motion to approve the minutes of September 5<sup>th</sup> made by Chuck Motes, seconded by John Degnan was passed unanimously.
  
- Regional Status Updates
  - Project Updates

No particular projects were noted.
  
  - CREPC

David Kosciuk noted following the medical countermeasure operational readiness review (MCM ORR) formative evaluation (Deep Dive) last week that he got mixed messages. Spoke to Jonathan Best regarding the \$30,000 that was supposed to go to the region. John B. will look into the whereabouts of the money. Steve Huleatt indicated “some \$100,000 went to MRC. Where it was sent is unknown at this time.”

David Kosciuk: ESF-8 Meeting last week-- Based on the ESF-8 assessment that Yale did, more work needs to be done per Jonathan Best.

Most people had not seen the assessment so were unable to discuss it. Hospitals are going to meet separately due to other issues. Steve gave kudos to Dave Kosciuk for accepting the challenge of this meeting/discussion.

Steve Huleatt noted Corrine Rueb is in a state of flux and is not a point of contact for CRI anymore. She worked hard and we wish her well. New point of contact is Anna Sigler.

- State Updates
  - DPH- no representation
  - DEMHS
    - Tom Gavaghan noted that they are going through Emergency Management Accreditation Program (EMAP) - 5 auditors. Quarterly high band radio checks. They check everything and all 64 elements passed.
    - Tom also noted there are some new EMDs—Somers, Hebron and, Middletown –George Dunn is back. There is a new Town Manager in Rocky Hill and Tom met with him.
    - Regarding the All Hazards Schools Planning, there needs to be a Director of Health sign off. Including a lot of other signatures-you need to know what you're signing and you will be responsible. The Pan flu plan, environmental surety and reporting of illnesses--this is the part of the plan the Health Department is responsible for. Tom stated that these plans are submitted to his office for review and feedback is provided to the school districts. Tom will not sign off until signatory page included in the plan.
    - Tom indicated that schools must do ICS training for staff ICS 100 but this is a budget busters because they are unionized.
    - Steve H. asked Tom if they are granting extensions for school plans. Tom said he has six who asked for extensions. Big liability if something happens if plans are incomplete.
    - Tom further noted that DEMHS has a 24/7 duty officer.
- Local Public Health Preparedness Contract
  - Steve Huleatt indicated that WHBHD just got the first PHEP payment. "Budget was chopped up into six parts. We got 2 payments. Looks like you're getting paid in advance."
  - Steve H. noted that the ESF-8 Assessment and the plan alignment that CADH did should be used. Was not due until June 30<sup>th</sup> –Gap on how the deliverables were written. Used last year's language just to get the contact out. Allyson-expressed concern that the statewide mass dispensing full scale exercise (FSE) is delayed to year '15-'16.
  - Steve H. noted access to the schools a concern, ultimately looking for 1 or 2 MDAs and one hospital needed to participate in the FSE per region.

- Allyson indicated the need to set up RDS by April. Melissa noted that Corrine mentioned Sept 3<sup>rd</sup> but that date came and went. No site activation. According to Scott Szalkewicz what you did in June satisfied the deliverable.
  
- Notes from the Field- Ebola
  - Dave.K. we got a call re patient of interest in region 5 being tested for Ebola. Meets the definition.
  - Chuck Motes--hospitals are going through the check list.
  - Tung- have we made an assessment on how to handle this?
  - Steve H.-Following your blood borne pathogens protocol is the best procedure.
  - Bill Kramer-Quarantine and Isolation should be reviewed.
  - Tom- 10 decon trailers are ready to go.
  - Are there Ebola plans to follow?- Melissa stated use your all hazards plan.
  - Allyson -Guidance Top Ten Planning Tips for local health is available from NACCHO
  - Charles Brown-DPH should have draft messages in the can that they can share.
  - Mike Pirro, FVHD and Windsor Health are working to get a second meeting with DPH regarding airport security for persons or persons for health intervention.
  - John Degnan-- we should have a plan and maybe we should do it as a region to develop one. (Ebola)
  - Steve H.-Health alerts from DPH has dropped off recently.
  - Tung Nguyen met with hospitals to ascertain what we have for recourse and what we can do to respond.
  - Dave.K. There is no true EMS advocate for them regarding their risk in the field. We share the same resources with hospitals. New Britain General has not started asking questions regarding patients being transported. Dave ESF8 chair meeting may get a better feel of what's going on next week.
  
- Other Business
  - Region 3 Operational Readiness Review presentation and next steps
    - Medical Countermeasures Operational Readiness Review Power Point presentation by Melissa (see attached)
  
- Steve H. He and four people from CDC/DPH and Melissa did this for Region 3.
- What does the ORR tool evaluate?
  - Can you operationalize your plan?
  - 8 of the 15 capabilities addressed. (1,3,4,6,8,9,14,15)

- 2014-15 no score-provisional year-no funding
- 62 awardees-34 assessed.
- 9 additional CRI jurisdictions being assessed.
- No true numerical score
- Site visit on 9/24
- Submitted on 9/27
- Limited participation by DPH
- The region reps. present.
- Will use their assessments and we will be able to provide feedback on the process and what the final report will look like.
- Was a good process--we learned something
- Combined staff hours 120 hours (free hours) with 40 separate files and documents.
- To be done: Excel document to be sent to DPH-Complete survey – Pending conference call.
- CDC has four months to redevelop this tool-due in April
- CRI metric sheets (3 separate drills) still annual deliverable

*Next meeting Nov. 7<sup>th</sup>, Location East Hartford Health Dept.*