

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
January 9, 2013
Regional Coordination Center, Manchester, Connecticut

Members Present: **See attached attendance list (pp, 4-6, below)**

The meeting was opened at 9:08 a.m. by Steve Huleatt, vice chairman.

Those present introduced themselves.

The December meeting was cancelled. The minutes of November 7, 2012 were accepted for filing.

Mr. Falaguera gave the hospital section report: The group will meet later today to go over the status of the hospital mutual aid plan. Planning and training will occur in advance of an exercise in April. A date for this exercise will also be set. Protocols were drafted for the use of WebEOC and these need to be discussed and approved. WebEOC will be used as a monitoring tool for hospitals, not an operational tool to make requests.

Mr. Huleatt gave a report on the Medical Reserve Corps: The required orientation training is being finalized and courses will be listed on the CT TRAIN website. The group is transitioning from the CREPC trainer Dan Scace to his replacement Stephen Foley. Strategic planning continues to be updated. Standing orders are being revised for set-up and operations. Also being revised are the training manual and policies for sustainability of expanding capabilities. Refresher ICS 100 training will be held in the RCC February 7th and the 14th. Mr. Janelle will be providing updates for MRC participants especially to benefit new members

Mr. Huleatt reported on local public health: A recent request was made of the state SNS program regarding direct deliveries of SNS disbursements to individual centers when these are released. Alan Boudreau, the state SNS coordinator for Connecticut replied that due to the number of community health centers, their supplies will have to be coordinated with appropriate mass distribution centers. The region will now plan to include these added closed points of dispensing into our overall plans.

The Public Health Readiness documents have been submitted and have been under technical review. This project involving local health departments in the other 4 Connecticut regions is being repeated with draft applications being sent first to the state by the end of February before being sent forward for federal review. One outstanding difference from other states' applications is that Connecticut has no county-level authority for operations. This makes it difficult for federal reviewers who need to identify who, at the regional level, is operationally in charge during an emergency.

A brief discussion took place about the increase in flu-like symptoms presenting to hospitals. Hospitals were not able to divert patients to other facilities because all hospitals were at maximum capacity. The Region 3 LTCF MAP was activated for reporting purposes to assess the capacity for long term care facilities to receive eligible patients. The

State Health Department asked questions about activating the LTCF MAP but didn't request this. The activation was then terminated.

It was announced that the DEMHS quarterly meeting will be held January 10 at the State Attorney's Office. Also a statewide meeting of the regional chairs of RESF-8 will be held in January.

Mr. Austin reviewed several state level issues: Renewed interest has emerged in the mass fatalities program. This is stimulated by the Manchester shootings, the Middletown power plant explosion and Sandy Hook. A regional review is also being made. There are many details to be reviewed including reunification of families, pastoral services, transportation, location variables, communications, body identification, and logistics (food, shelter, etc.) to support the workers. The planning efforts is including all relevant groups, not just a single ESF focus. Related to this is the school disaster planning guidelines now will require a discussion on reunification of children and their families. Few state and regional plans are contemporary, and do not serve well to meet the needs as they are now understood. A new strategic planning process will emerge in the next few months to address these issues.

A grant of about \$140,000 has been offered from Northeast Utilities to develop citizen preparedness activities. It is also reported that attempts are being made to continue MMRS funding nationally to allow continuation of programs established over the past decade. This is part of a growing national planning effort to retain resiliency in emergency operations strategies including sustained funding through the Department of Homeland Security - but will not focus on grants such as past UASI or DHS grants.

Finally, it was reported that the Region 3 Incident Management Team was activated for two days to prepare for the presidential visit to Sandy Hook.

Information was shared from Mr. Centrella: He is attending the Federal Region I (New England, New York and New Jersey) conference. He is participating in the leadership conference discussing MMRS programs. He also reported the discussion within DPH on the Everbridge system. There is a need to unify the system for 10 local health departments to allow direct contact with food establishments and volunteers to coordinate emergency responses. CREPC is assisting in the development of a contract to resolve this.

Mr. Scace reported on equipment and training: A tent/trailer combination response unit is being procured to allow more rapid deployment and set up for local events. The existing tents in the region and state require a large footprint and take more time and complex logistics to set up. This new unit can support regional incident management (IM) team support of local operations, fire rehabilitation and provide a sheltered area for triage and initial emergency treatment. One such possible use would be for an event like Sandy Hook where the activation of an IM team was inhibited because of a lack of functional space for it to operate.

There is an ICS 300 class underway now in Simsbury. Recruitment is underway for new members of the IM Team. IM training is also being planned to enhance the development of

the Medical Reserve Corps to include this function as well. A tabletop exercise is being planned with MRC to help it develop this new role. Future plans include an expanded IM exercise jointly with Massachusetts and Rhode Island.

Mr. Aronson gave a review of several states' responses to the recent Storm Sandy wind and flooding damage. An evaluation is underway looking at hospitals and nursing homes that activated their emergency plans in response to the late October storm in New York City, New Jersey, Rhode Island and Connecticut. This included 7 hospitals and 47 nursing homes that evacuated patients. General findings indicate the value of advanced mutual aid planning for strategic distribution of ventilators between facilities, priority relocation of critical patients, use of alternative vehicles to move patients that did not need ambulances, and the outcome that all patients survived. On the "need to be resolved" side were medical records that didn't always follow transferred patients, greater confusion over priority transfers for less critical and less urgent patients, and the break down of bed and staff monitoring. All reviews are to be completed by the end of April, and an After Action Report will then be created. Blind case studies may be included, and summaries will help those planning for hospital mutual aid.

For this region's HMAP planning and training will expand later this month preparing for an exercise in April. More discussion will take place at the Hospital Section meeting later this date (January 9).

Mr. Huleatt identified a website to track the current flu epidemic. <https://flunearyou.org/> is where current information can be found. A sample page for Connecticut was distributed.

The meeting adjourned at 10:30 a.m.










The next meeting will be held on February 6, 2013

Respectfully Submitted,









Cressy Goodwin
Recorder

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