Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
February 6, 2013
Capitol Region Council of Government Office, Hartford, Connecticut

Members Present: ***See attached attendance list (pp, 6-7, below)***

The meeting was opened at 9:04 a.m. by David Koscuk, chairman.

Those present introduced themselves.

Mr. Centrella gave the CREPC planning report: Health care coalitions are emerging throughout the country. Each of these groups is made up of healthcare organizations, public safety and public health partners that join forces to make their communities safer, healthier and more resilient. The main function of a coalition is to support communities before, during and after disasters and other crises. It appears the future of federal support and funding for health and medical preparedness will be focusing on these coalitions on local regional and state levels. Mr. Centrella explained that Ed Kramer had attended a national meeting in Virginia on health care coalitions. On his return, he made a presentation to the statewide ESF-8 leadership group of the Public Health Preparedness Committee. In this presentation, planning roles are outlined as are operational roles in the context of the incident command system. The roles and responsibilities and specified tasks are identified for the "Health Care Coalition Response Team (HCRT)" Part of this role may require some officials from agencies and facilities in Connecticut to report to coordination centers outside of their organizations. This will create several issues needing to be addressed. Most of the regional health care coalition planning and operational functions in Connecticut fall within the jurisdiction of the 5 regional ESF-8 groups. Because of the expected focus on future funding potential, emphasis on this organizational structure will be a priority for our Region 3 and CEPC.

At this same national meeting, Mr. Centrella made a presentation on Connecticut's regional Long Term Care Facilities Mutual Aid Planning. He has been asked to assist in the planning for the next annual meeting in December 2013 in New Orleans.

During the discussion, it was noted that the federal Health and Human Services is beginning to transition in this direction. The Assistant Secretary for Preparedness and Response (ASPR) and the CDC are shifting and joining their mutual roles toward support of health care coalitions. The support of past MMRS projects, for example, is being addressed this way. In Virginia, the topic of "public health" was not specifically addressed. The focus is shifting from program support and grants for individual agency efforts toward coordination of efforts focused on the outcomes of a disaster or emergency - thus health care coalitions are the focus of combined program efforts.

Mr. Austin identified the new program effort CREPC is undertaking - "Network Resiliency." Homeland Security Grant guidance now being drafted for 2015 funding focusing on broader coordination of resources in place of grants for specific agency projects. In a way, this reflects additional thinking toward support of coalition efforts.

Mr. Falaguera gave the hospital section report: The group is continuing to coordinate planning for the April 11 exercise. Training is scheduled for February and March at Saint Francis Hospital and Medical Center. Mr. Garrow reported that he has been meeting with the hospitals which will be "patient accepting facilities" for the exercise. Included in these briefings are some of the lessons learned from Storm Sandy last October including the difficulty hospitals had in managing their logistics for creating medical records, and the value of moving surge management planning into daily operations of a facility. Suggestions were solicited for the recruitment of volunteer victims for the exercise. *It was also announced the Hospital Section meeting for later this date will not be held.*

Mr. DeSanti gave a report on the Long Term Care Mutual Aid Plan (LTCMAP): The annual meeting of the regional group will be held jointly with those of the other RESF-8 groups on May 1, 2013 at the Connecticut Convention Center. A combined regional exercise with Regions 1, 4 and 5 will be held in April. Region 3 will hold a drill in June. A statewide exercise is planned for early in 2014. Mr. Garrow reported that Rhode Island's program is starting with 90 facilities starting their planning. This will allow southern New England - Massachusetts, Connecticut (except for Region 2) and Rhode Island to have shared planning parameters, format, forms and procedures. New York state is expressing an interest in beginning their efforts in this same format.

Mr. Huleatt reported on local public health: Local public health leaders in the region are planning to attend a meeting in Atlanta in March for the announcement of our Public Health Readiness approval. The other Connecticut regions are completing their applications - which could later lead Connecticut to become the first state to be formally approved for all hazards readiness. On the downside, it looks as if all regional public health grant contracts will be expiring August 31. 2013. Some effort is needed to bridge the gap before future funding becomes available through health care coalitions. On another initiative, a workshop is being planned for a City Readiness Initiative - executing a 48 hour dispersal of antibiotics in response to an anthrax attack. Finally, Mr. Huleatt reported the shift in administration of flu vaccine from public health clinics to local pharmacies. He noted that if there needs to be mass vaccinations in a future emergency, pharmacies cannot handle a high volume of patients, and local clinic staff will have lost their organizational and clinical abilities by no longer performing these functions routinely.

Ms. McCormack reported on MMRC: There will be a meeting later on this date. A one minute nationally-produced video is now available for viewing on the website. A 16 minute training course has been made available for existing personnel for orientation. This can be accessed on the CT TRAIN website.

Ms. Morris reported on CMED: The statewide CMED communications group has been reactivated. Storm Sandy demonstrated the fragmentation and lack of communication between CMED centers in the state. As a result, coordination protocols are currently being revised.

Mr. Centrella announced progress in procuring an mobile oxygen supply trailer. A vendor has been selected and a design has been agreed upon. The unit is now being fabricated and should be available by the end of April. It will generate oxygen from ambient air and store it as a gas, not a liquid. Its primary use will be to support DMAT teams. It can also support mass care / shelter needs and other large scale events,

Ms. Keating reported on DPH Emergency Preparedness: In November 2012, the department's Office of Planning and Public Health Preparedness was created, reporting directly to the commissioner. Jonathan Best has been named the director of that office. Ms. Keating is the primary contact should responses to an emergency is needed. The federal ASPR office is making a site visit to Connecticut March 18-22 and will be going to a meeting of the Region 4 RESF-8 group. Three hospitals will also be visited (Waterbury, Milford and St. Mary's). If there is an MMRS meeting in Region 3, this will also be attended. Future planning for cooperative (coalition) planning will be shifting to development of medical surge, volunteer management and mass care/shelter management.

Mr. Stonoha reported on the DPH exercise planned for this summer - ICE^3: A productive mid-term planning conference was held. The group agreed to focus on the several issues that were identified and continue planning. DEMHS has agreed to become involved focusing on the communications between the participating state agencies. The purpose, objectives, sequence of events and evaluation measures were discussed from a handout distributed. ***(See attachment 1, pp 4-5, attached.)***

Mr. Centrella gave the MMRS report: The MMRS national leadership group is actively searching for continued funding. One focus includes the National Homeland Security Conference that is responsible for the discontinued UASI funding programs. The next MMRS meeting will be on March 18 at the CREPC offices.

CREPC By laws are being revised. Mr. Koscuk has been named chairman of a committee to head up this project. He requested volunteers willing to help in this effort.

Mr. Austin announced a $140,000 grant has been awarded with a majority to be used for statewide support of two citizen corps conferences, one each in 2013 1n2 2014. Planning is underway and Storm Sandy will be the focus of the first conference which will be held the second or third week of September. He asked for ideas from the ESF-8 group to run a demonstration on the side during this conference. The Citizen Corps website is getting ready to be launched.

The meeting adjourned at 10:53 a.m.

The next meeting will be held on March 6, 2013

Respectfully Submitted,

Cressy Goodwin
Recorder

Attachment 1

ICE^3

Connecticut SNS/Mass Dispensing Full-Scale Exercise
SEPTEMBER 2013

Purpose:

1. Test and validate medical countermeasure distribution and dispensing plans.
2. Fulfill CDC requirements and performance measurement for countermeasure distribution and dispensing.

Objectives:

1. Test process of collection and identification of a biological agent.
2. Test procedures in the state's SNS Plan for requesting, receiving, staging and storing medical countermeasures.
3. Test procedures in the state's SNS Plan for medical countermeasure distribution to mass dispensing areas and hospitals appropriate for the scenario.
4. Test local plans for requesting, receiving, staging and storing medical countermeasures.
5. Test local mass dispensing plans in one POD and one hospital in each DEMHS region to prophylax and treat selected segments of the population.

Sequence of Events:

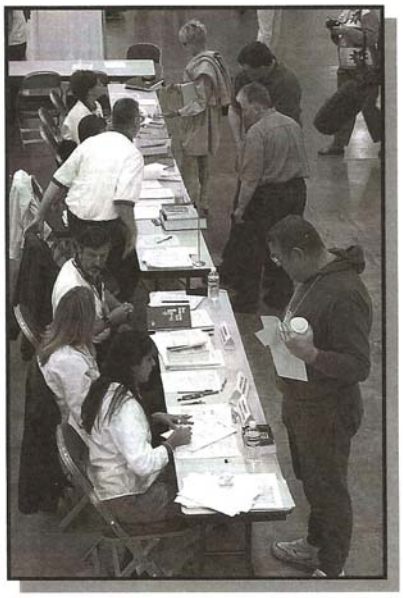
Day 1: Biological agent collected and tested.

Day 2: Biological agent identified; medical countermeasures requested from SNS; state RSS activated

Day 3: Medical countermeasures received, staged, and re-packaged for distribution

Day 4: Medical countermeasures distributed to hospitals and mass dispensing areas; medical countermeasures dispensed

Day 5: Unused medical countermeasures returned to Connecticut DPH and SNS



	Medical Countermeasure Distribution Performance Measures
1	State Public Health ECC is fully staffed within 2 hours of activation
2	Strategic National Stockpile (SNS) is/state resources are requested within 6 hours following medical surveillance indicating need for request
3	Total number of receipt, stage and store (RSS) sites, distribution and security staff activated and needed to operationalize the RSS based on scenario
4	Number of RSS sites, distribution and security staff acknowledging ability to assembly within 6 hours of approved request
5	Type and number of terminal receiving sites (RSS, PODs, hospitals) available for use within 6 hours of approved request
6	Number of RSS, RDS, POD, hospital, etc., locations activated to meet incident needs
7	Time to offload countermeasure assets at the RSS site after receipt
8	Time to enter and update inventory files to inventory management system
9	Time to generate pick lists for all identified receiving locations identified for incident
10	Number and load capacity of transportation assets mobilized to meet incident needs
11	Medical resources/SNS assets arrive at identified receiving sites within 12 hours from arrival at the RSS
	Medical Countermeasure Dispensing Performance Measures
1	Local Public Health ECC is fully staffed within 2 hours of activation
2	Percent of public health personnel who arrive safely within target timeframe to perform capability
3	Percent of volunteer staff acknowledging ability to assemble at a given response location within the target time specified in the emergency notification
4	Public is provided with accurate and consistent information messages regarding POD locations within 4 hours from POD opening
5	Percent of sufficient, competent personnel available to staff dispensing centers or vaccination clinics, as set forth in SNS plans and state/local plans
6	All first-shift staff are at the POD and ready within 3 hours from notification
7	All POD equipment and operational supplies are in place within 4 hours from notification
8	Percent of security forces designated in the POD-specific plan who report for duty
9	Time in which clinical staff and volunteers become available at triage station
10	Percent of PODs able to process patients at the rate specified in plans

ATTENDANCE:

CREPC ESF-8 Meeting

February 6, 2013

Initial if Present	Name	Affiliation	E-mail Address
WSA	William Austin	CRCOG	Whaustin.tag@gmail.com
CJC	Carmine Centrella	Capitol Region MMRS	ccentrella@preparednessplanners.com
MCL	Maryann Cherniak-Lexius	Manchester Dept of Health	mlexius@manchesterct.gov
	Vincent DeSanti	Hebrew Healthcare	vdesanti@hebrewhealthcare.org
MGK	Mary ~~Daly~~ Keating	DPH – Operations	~~mary.daly@ct.gov~~ mary.keating@ct.gov
	Bob Falaguera	Saint Francis Hospital and Medical Center	rfalague@stfranciscare.org
	Richard Leach	Hartford Hosp	RLeach@harthosp.ORG
	Cressy Goodwin	ESF 8 Recorder	cgoodwin@tiac.net
	David Koscuk	ESF 8 Chair	david.koscuk@nbems.org
	Melissa Marquis	CADH	mmarquis@cadh.org
	~~Katherine~~ McCormack	MRC	Kmccor40406@aol.com
	~~Irma~~ Moehringer	Hospital of Central Connecticut	imoehringer@thocc.org
BM	Betty Morris	North Central EMS/CMED	morrisb@northcentralctems.org

ATTENDANCE:

CREPC ESF-8 Meeting

February 6, 2013

Initial if Present	Name	Affiliation	E-mail Address
	John Stonoha	Connecticut DPH	johnstonoha@ct.gov
	Jim Garrow	Rubecc Phillips & Assoc	JGarrow@Phillipsllc.com
	Craig Rogoff	Middlesex Hospital	craig.rogoff@mdhosp.org
	Sampada Deshpande	CADH	sdeshpande@cadh.org
	Patrick Turek	NBHD /	pturek@nbems.org