The Capitol Region
Metropolitan Medical Response System
Hartford, Connecticut

FINAL DRAFT
AUGUST 10, 2004

DELIVERABLE # 9

The Capitol Region MMRS Training Plan

Contract No. 233-02-0020
May 24, 2002

Submitted for the City of Hartford, Connecticut

John J. Shaw, DMD, Senior Project Manager

August 20, 2004
Deliverable 9 Evaluation Tool

09 Deliverable #9: MMRS Training Plan For MMRS Personnel:


Develop a Training Plan for the MMRS that identifies training requirements for the following MMRS personnel: first responders, EMTs, paramedics, vehicle drivers, emergency room personnel, and other hospital personnel who will be providing care to victims of a WMD event. This training shall include initial and refresher training requirements. If federal, state, or regional [e.g., FEMA, DoD or DoJ] WMD training has been provided to the jurisdiction, this Plan shall indicate how that training is integrated into meeting initial training requirements, continuing education, and other refresher training needs. In the event that the DOD Domestic Preparedness training has been provided to the jurisdiction, the contractor shall indicate how the training received, including FEMA/DOJ training, will be integrated into meeting the initial training requirements as well as continuing education and other refresher training needs. This Plan shall be presented to the Project Officer.

For the training of hospital personnel, Presidential Decision Directive 62 (PDD 62) highlights the VA’s role in the training of medical personnel in NDMS hospitals.

Indicators of Fulfillment:

09.01 □ Does the plan identify training requirements for MMRS personnel, including all first responders EMTs, paramedics, vehicle drivers, emergency room and other hospital personnel who will be providing care to victims of a WMD incident?

09.02 □ Does the plan indicate how previously received training will be integrated into meeting initial training requirements as well as continuing education and other refresher training needs?

09.03 □ Does the plan highlight the VA’s role in the training of medical personnel in NDMS hospitals?

09.04 □ Has the plan for identifying training requirements along with training plan been submitted to the Project Officer no later than 18 months of contract award?
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A. Introduction

The Capitol Region Metropolitan Medical Response System [CR-MMRS] has as its primary training objective to ensure that training and educational opportunities available to Capitol Region first responders and healthcare personnel provide the training necessary for each emergency response or receiving organization to operate proficiently and safely when responding to or receiving victims from incidents involving weapons of mass destruction (WMD). Training for WMD events shall be focused on the development of response systems for managing chemical, biological, radiation, nuclear and explosive [CBRNE] agents and devices.

Training for Capitol Region responders shall be commensurate with each emergency response or receiving agency’s role during an incident involving weapons of mass destruction. Technical CBRNE training may be obtained from any available existing resources. Response-specific training programs and training aids provided by the Department of Justice (DOJ), Federal Emergency Management Agency (FEMA), and the Department of Defense (DOD) Domestic Preparedness Program can be made available to any responder agency by contacting the CT Department of Homeland Security [CTDHS], the CT Office of Emergency Management [CTOEM], or the Capitol Region Emergency Planning Committee [CREPC]. Additional training opportunities exist through TRAIN CT, a web-based training resource operated by the CT Department of Public Health [CTDPH].

B. Training Principles For Capitol Region Responders

1. It is the responsibility of each of the Capitol Region emergency response agencies to provide the training necessary to each of their members to ensure that each member is sufficiently capable of safely and effectively dealing with the consequences of a CBRNE incident.

2. Members shall be trained to the appropriate level of competency required to meet the prerequisites mandated by their controlling agencies or municipalities, or as specified for their professions by the Occupational Safety and Health Administration (OSHA), National Fire Protection Association (NFPA), FEMA, or the Department of Transportation (DOT) Curriculum for First Responders, Emergency Medical Technicians – Basic, and Emergency Medical Technician – Paramedics, or as mandated by other governing bodies.
C. Training Requirements For MMRS Personnel

1. Training Considerations

Each Capitol Region responder agency shall consider the following when developing a training plan for their members:

- Extent of the anticipated response action of the agency or facility
- Number of personnel employed by the agency or facility
- Differing job classifications within the agency or facility
- WMD training completed or in progress
- Current training programs already in place at the agency or facility
- Availability and time limitations for training of personnel
- Accessibility to and funding limitations for training of personnel
- Cultural, educational and language barriers
- Standardization and certification processes
- Management of training and certification data

2. Training Requirements

Paramedics

New paramedics coming into the system have been trained to the Hazmat operations level as part of the National Standard Curriculum for Paramedics under the United States Department of Transportation National Highway Traffic Safety Administration. WMD is included in this curriculum.

Paramedics trained under older standards shall receive additional training to bring those medics to the Hazmat/WMD operations level as part of their annually required 24 hours of continuing education. The training may be phased into the continuing education curriculum during the next few years.

Training for Capitol Region paramedics shall include:

- Eight hours OSHA or equivalent Hazmat Operations level training
- Annual training and fit-testing with PPE
- Training on the basics of biological and chemical agent response
- CR-MMRS MARK 1 kit training and protocol review
- Training on the basics of infection control

Hospital-Based and Fire Service Decontamination Teams

- Eight hours or equivalent Hazmat operations-level training
- Annual training and fit-testing with PPE
- Depending on team composition, consider additional training on specific topics
Hospital-Based Security Forces

At least some of the security personnel at the Capitol region’s hospitals are expected to wear PPE in the course of performing their duties at a WMD event. These employees shall be required to complete the following training:

- Eight hours or equivalent Hazmat operations-level training
- Annual training and fit-testing with PPE
- Additional training is recommended for management of suspicious substances, for methods of crowd control, etc.

Physicians, Nurses and Other Hospital-Based Healthcare Professionals

Continuing education programs for health professionals typically have not included terrorism-related training. Threat awareness, personal protection, hazardous materials, security and decontamination are seldom covered in medical educational opportunities at the hospital level. Today there exist numerous website opportunities to learn of terrorism response systems, to access detailed clinical information, and to acquire infection control information.

Physicians, nurses and other hospital staff typically receive limited or no training on hazardous materials beyond what is required under Right to Know regulations. The initial thrust of training for healthcare professionals shall be directed toward achieving the Hazmat/WMD awareness level. However, emergency room staff and hospital security forces need to be trained to a higher level if they are assisting in the decontamination of victims, are treating contaminated patients, or are handling the additional security risks during a Hazmat/WMD event.

Hospitals participating in CREPC shall make available updated listings of pertinent websites and other training opportunities to their professional staffs. Hospital planners shall consider providing continuing education credits for medical staff members who complete approved training courses.

Note: If hospital-based medical personnel are required to wear personal protective equipment [PPE] in the course of their duties, then the following training shall be required to ensure competency:

- Eight hours or equivalent Hazmat operations-level training
- Annual training and fit-testing with PPE
- Training on the basics of emergency response to CBRNE incidents
D. Integration Of MMRS Training With Other Training Opportunities

1] Intent of Integration

Emergency first responders, including police, fire and EMS, are required by OSHA to be trained to a minimum competency level of Hazmat awareness. Additionally, refresher training requirements are an integral part of the re-certification process for employees to ensure that Hazmat competency is maintained.

Specific departments may require some or all of their staff to maintain a higher level of competency as required by their job responsibilities. Law enforcement officials, EMT’s and paramedics are required to re-certify on a strict schedule. Firefighters participate in Hazmat training and drills on an annual basis. Those firefighters and law enforcement officers who are EMT’s re-certify as EMT’s as required by Connecticut law. Responder agencies are required to keep records of member training and to attest that their members have met the original training standards as well as any annual refresher requirements.

It is the intent of the Capitol Region MMRS to advocate for the development of similar competency standards for healthcare personnel, beginning with those healthcare professionals who are expected to participate in responses to CBRNE events. Initial WMD training would build on the basic Hazmat competency level required of the pre-hospital emergency responders.

2. The CT Statewide Emergency Response Training Plan

The Capitol Region MMRS Training Plan is integrated into and complies with the training standards established in the following document that describes a CT statewide plan for emergency response training by healthcare workers:

Statewide Health Sector Training Plan for Bioterrorism and Public Health Emergency Response: Summary of Strategies

Connecticut Partnership for Public Health Workforce Development

September 30, 2003

Purpose
The Statewide Training Plan synthesizes the training plans for the health care (TG1) and public health (TG2) workforces into an overall training plan; identifies potential training gaps and issues; and suggests strategies for coordination of key training system elements. A summary of key elements from the plan follows below.
Training Plan Vision, Goals and Objectives

Vision
The Connecticut clinical and public health workforces are prepared to respond to bioterrorism and other public health emergencies in a coordinated, multi-disciplinary, multi-agency response

Goal
A statewide continuing education and training system in public health emergency preparedness and response for the public health and clinical workforces in Connecticut, that is:

- Appropriately linked to training of other emergency response partners
- Able to flexibly respond to changing needs
- Built on standards to assure uniformity
- Continuously evaluated and updated
- Sustainable

Objective 1
All members of the Connecticut clinical and public health workforces receive appropriate training

<table>
<thead>
<tr>
<th>Gaps/Issues</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential target audience gaps</td>
<td>Assign additional target audience groups to TG1 or TG2, based on their likely response role in an emergency (i.e., TG1 = direct patient care; TG2 = community or population-based response)</td>
</tr>
<tr>
<td>A. Health care professionals employed outside health care agencies, such as school nurses and occupational health nurses employed in industry</td>
<td>Assign additional target audience groups to TG1 or TG2, based on their likely response role in an emergency (i.e., TG1 = direct patient care; TG2 = community or population-based response)</td>
</tr>
<tr>
<td>Surge (volunteer) workforces for both public health and health care</td>
<td>Assign additional target audience groups to TG1 or TG2, based on their likely response role in an emergency (i.e., TG1 = direct patient care; TG2 = community or population-based response)</td>
</tr>
<tr>
<td>Disciplines that cross both public health and health care categories, such as registered nurses and laboratorians. Training they receive should be “portable.”</td>
<td>Create formal linkages between the Partnership and the TG1 Education and Training Council on curricula development, credentialing and course delivery for cross cutting disciplines</td>
</tr>
<tr>
<td>Multi-disciplinary and joint training are needed to assure that TG1 and TG2 can respond to an event in a coordinated manner</td>
<td>Analyze commonalities between competencies for TG1 and TG2 and use as a foundation for decisions on how training programs can be integrated or coordinated between health care and public health.</td>
</tr>
<tr>
<td>The assessment tools and indicators used in training needs assessments for TG1 and TG2 are different</td>
<td>Use of common indicators, when possible, to assess training needs of TG1 and TG2 may facilitate coordination of planning for future training needs</td>
</tr>
<tr>
<td>There is no established process for sharing lessons learned from drills and exercises with coordinating entities for education and training</td>
<td>Development of a reporting process and/or a reporting form template to be shared with other focus areas and TG1 and TG2 agencies conducting drills</td>
</tr>
<tr>
<td>Priorities for training within or between focus areas may overlap</td>
<td>Identification of synergies between training in focus areas A-H (see section 3 C)</td>
</tr>
</tbody>
</table>
### Objective 2

Develop competency-based curricula/courses/programs

- Standardized by discipline/response role
- Sequential, from core to specific
- Using existing curriculum from national resources
- Coordinated across focus areas and grant programs

<table>
<thead>
<tr>
<th>Gaps/Issues</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Multiple courses from different sources may be available to course developers and also directly to learners through TRAIN. This may result in a lack of consistency in training.</td>
<td>Review curricula/courses, particularly those available directly to learners through TRAIN, and develop a set of recommended courses specifically for the Connecticut public health and health care workforces.</td>
</tr>
<tr>
<td>Development of multi-disciplinary and joint training programs</td>
<td>• Share curriculum development experts and SMEs • Modular course development</td>
</tr>
<tr>
<td>To meet Critical Benchmark #25, develop a “cross cutting” training plan that encompasses all training programs in Focus Areas A, B, C, D, E, F and H to be provided in 2003-04 and assures effective delivery and minimizes duplication.</td>
<td>Focus Area G leaders consult directly with other Focus Areas leaders on the development of a training plan, using the matrix template found in the Appendix A as a foundation for planning.</td>
</tr>
<tr>
<td>Use of Focus Area G education infrastructure support services by other Focus Areas</td>
<td>As a function of meeting critical Benchmark # 25, Focus Area G education infrastructure support services should be used by other Focus Areas as appropriate.</td>
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</tbody>
</table>

### Objective 3

Use of incentives to assure both participation and quality

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<thead>
<tr>
<th>Gaps/Issues</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process for coordination around credentialing for disciplines that cross TG1 and TG2 categories, such as nurses</td>
<td>Create formal linkages between the Partnership and the TG1 Education and Training Council on curricula development, credentialing and course delivery for cross cutting disciplines</td>
</tr>
<tr>
<td>Development of meaningful incentives for public health agencies and TG2 workforce</td>
<td>The Partnership develops recommendations for an incentives program for the public health workforce</td>
</tr>
</tbody>
</table>
### Objective 4
Course delivery that is effective and efficient

<table>
<thead>
<tr>
<th>Gaps/Issues</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing of resources for course/program delivery</td>
<td>TG1 and TG2 coordinating entities explore sharing resources, such as</td>
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<tr>
<td></td>
<td>• Methodology training for trainers</td>
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<td></td>
<td>• Trainers or instructors</td>
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<td></td>
<td>• Facilities</td>
</tr>
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<td></td>
<td>• Distance learning experts/media specialists</td>
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<td></td>
<td>Distance learning platforms</td>
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</tbody>
</table>

### Objective 5
Tracking of individuals trained by geographic region, sector, organization, discipline/response role and other relevant indicators through learning management systems

<table>
<thead>
<tr>
<th>Gaps/Issues</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration of data from two learning management systems</td>
<td>Technical experts representing TG1 and TG2 provide consultation on establishing common data elements and potential data exchange</td>
</tr>
</tbody>
</table>

### Objective 6
Ongoing evaluation on the learner, course, and systems level

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<thead>
<tr>
<th>Gaps/Issues</th>
<th>Strategies</th>
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</thead>
<tbody>
<tr>
<td>Integration of evaluation results from TG1 and TG2 systems</td>
<td>Establish a standard set of evaluation questions for TG1 and TG2</td>
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### Objective 7
Formal links between training of public health/healthcare and other emergency response partners on the local, state and regional level that is evidenced in multi-agency drills, tabletops and exercises

<table>
<thead>
<tr>
<th>Gaps/Issues</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination of drills and exercises between WMD grant programs</td>
<td>OPHP Drills and Exercise Coordinator works with other state agencies to coordinate and leverage resources for drills and exercises</td>
</tr>
</tbody>
</table>
Objective 8
Maintenance and continued development of distinct, but interdependent, public health emergency response training infrastructures for public health and health care.

<table>
<thead>
<tr>
<th>Gaps/Issues</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable funding</td>
<td>▪ CoEs and Partnership members continue to seek out other sources of funding to support training initiatives</td>
</tr>
<tr>
<td></td>
<td>▪ Increase visibility of training efforts</td>
</tr>
<tr>
<td></td>
<td>▪ Explore charging fees to support courses</td>
</tr>
<tr>
<td>Reducing costs and building efficiencies</td>
<td>Continue to explore ways to collaborate with other emergency response partners on training</td>
</tr>
</tbody>
</table>

It is the intent of all emergency first responder agencies in the Capitol Region MMRS jurisdictional area to comply with and support the vision, goals and objectives of the CT statewide plan.
E. The Role of the VA in Medical Training at NDMS Hospitals [09.03]

In Connecticut, the Veterans Administration plays no role in the training of medical personnel at NDMS-affiliated hospitals. Currently, the training is a function of the U.S. Navy.
F. IEMC Training As an Indicator of Fulfillment

The Capitol Region Metropolitan Medical Response System [CR-MMRS] has received an award for training and exercising of the CR-MMRS Plan for responding to mass casualty incidents. The award was granted by the Federal Emergency Management Agency [FEMA] to the City of Hartford acting as fiduciary for CR-MMRS. The exercise consists of a 5-day, scenario-based tabletop event that involves regional leadership across the spectrum of responding agencies. This training event will be conducted during the week of 20-24 September 2004 for approximately 100 leaders who participate in the Capitol Region Emergency Planning Committee [CREPC], as well as representatives from the New England MMRS jurisdictions. The exercise will be conducted by a team selected by FEMA from the staff at the Emergency Management Institute [EMI] in Emmitsburg, MD.

The Capitol Region MMRS has established several objectives for the IEMC participants including:
- Improved understanding of the mechanisms for command, control and communication that have been established through the CREPC/CR-MMRS model
- Increased “buy-in” to the CREPC RED Plan by invited elected officials and department heads from the 41 participating CREPC communities
- Assured integration of the public health and hospital components of emergency planning into local and regional all-hazards plans, and assured compliance with the National Incident Management System [NIMS]
- Expanding and cementing the response relationships with state and federal agencies
- Assuring that all players in the CR-MMRS jurisdiction understand their roles and responsibilities in a regional, shared-resource model of cooperation

Representatives from CREPC and CR-MMRS have been working with the EMI exercise design team to assure that the scenario chosen for this tabletop exercise accomplishes these objectives.

The Capitol Region MMRS, by providing this comprehensive training opportunity to the responder agencies in the Capitol Region of Connecticut, fulfills the requirements of the MMRS Deliverable # 9 Training Plan. This conclusion is based on the following:

- Recent drills and exercises conducted within the Capitol Region have been limited by a marked difference in the level of play by various agencies, especially those agencies at the state level and by the region’s hospitals. The inconsistencies have resulted in a sense that the region’s response capacities are more advanced in some agencies than others, while the intent of the MMRS planning process has been to ensure a uniformity of preparedness across a broad spectrum of responder agencies.

- This training provides a unique opportunity for responders and other officials of the Capitol Region to join together to increase their awareness of the region’s response mechanisms and to test their skills and planning abilities relative to
public health-related issues, the solutions to which form the reason for the existence of the MMRS program

- The IEMC training is based on a test of the content of the deliverables of the Capitol Region MMRS Response Plan. Participants in the IEMC exercise will come away with a much greater understanding of the MMRS program and its impact on the Capitol Region

- Responders from participating agencies and municipalities will be exposed to a uniformity of experience that can lead to improved cooperation in the event of a real mass casualty incident in this region

- Finally, the IEMC training will provide a comprehensive test of the effectiveness of prior bioterrorism preparation and training among the region’s responding agencies. As drills and exercises are the ultimate training experience, the IEMC project can serve as an evaluation tool for the entire region’s readiness level.
Attachment A: The IEMC Application Letter

October 30, 2003

Mr. Steven Sharro, Director of Training
Federal Emergency Management Agency
16825 South Seton Avenue
Emmitsburg, MD 21727

RE: Capitol Region Metropolitan Medical Response System
[Contract Number 233-02-0020]

The City of Hartford’s Capitol Region Metropolitan Medical Response System (CR-MMRS), [contract Number 233-02-0020], is applying for one of the eight field offerings being conducted as part of the 2004 Integrated Emergency Management Course [IEMC] training program.

Recognizing the intrinsic value of sharing emergency response equipment and personnel among adjacent communities, the City of Hartford, in May 2002, contracted with the U.S. Department of Health and Human Services to plan and develop the CR-MMRS. Additionally, the City of Hartford has contracted with the Capitol Region Council of Governments [CRCOG] to collaborate on the development of the CR-MMRS project.

CRCOG is a Connecticut-chartered not-for-profit corporation and serves as the largest of the state’s fifteen regional planning organizations. Established under Connecticut General Statutes as a voluntary association of municipal governments, CRCOG serves the City of Hartford and its surrounding suburban and rural communities. Its operational area is 760 square miles in size and includes approximately 950,000 people, or nearly one-third of Connecticut’s population, residing in the following 37 participating communities:


CRCOG has established a permanent committee entitled the Capitol Region Emergency Planning Committee [CREPC], whose mission is to enhance the operational readiness of member governments in handling all types of emergencies and hazardous materials incidents. Additionally, CREPC is responsible for developing hazardous materials emergency and response plans for the Capitol Region.

The Capitol Region MMRS functions as an intrinsic component of both ESF 2 [Communications] and ESF 8 [Health and Medical] in the CREPC Regional Emergency Disaster [RED] Plan, released in 2002 and revised in September 2003. A copy of the CREPC RED Plan accompanies this letter. Additionally, a copy of the CREPC Strategic Planning Report dated May 22, 2003 is included in this submission to validate CRCOG’s commitment to CR-MMRS and to its integration into the regional initiative.
The establishment of CR-MMRS in the Capitol Region has been a significant force in building effective communication and working relationships among first responders, hospitals and public health agencies in 37 communities of North Central Connecticut. This is an especially impressive accomplishment in a state where regionalism has historically been a difficult concept to implement. Connecticut lacks a county government structure, and is instead composed of 169 individual communities.

CT State agencies serving as participating members of CREPC/CR-MMRS include the following:

CT Department of the Military
CT Office of Emergency Management
CT Department of Transportation CT Department of Public Safety – OSET
Department of Public Health Office of Emergency Medical Services
CT State Police Message Center
CT Fire Marshal’s Office
CT Fire Academy University of Connecticut Health Center
CT State Emergency Response Commission for Hazardous Materials
CT Medical Examiners Office
CT Division of Homeland Security
CT State Capitol Police Force
CT Department of Environmental Protection
Central Connecticut State University Police Department

Other federal, volunteer and commercial entities that participate in CREPC/CR-MMRS include:

Metropolitan District Commission
Northeast Utilities
Central Connecticut Regional Planning Agency (CCRPA)
Office of Congressman John Larson
United Technologies Inc. [Pratt & Whitney and Hamilton Sundstrand Divisions]
Nineteen local and regional health districts
Ten acute care hospitals
Area EMS private contract providers
North Central Connecticut EMS Council, Inc. [CMED]
Capitol Region Fire Chiefs Association
United Way of the Capitol Area
American Red Cross [Charter Oak of CT and the Central CT Chapter]
Salvation Army
Eighth Utilities District of Manchester, CT.
Connecticut Hospital Association
Newington Amateur Radio League [NARL]
Tolland County Emergency Communication
Connecticut State Dental Association
Connecticut Association of Directors of Health
The Freedom Corps [Volunteers in Service to America – VISTA]
Citizens Corps Council

Major acute care hospital facilities in the Capitol Region include the following institutions:

Bristol Hospital Johnson Memorial Hospital
Connecticut Children’s Medical Center Manchester Hospital
Day Kimball Hospital New Britain General Hospital
Hartford Hospital Rockville General Hospital
John Dempsey Hospital St. Francis Hospital & Medical Center
The Capitol Region MMRS also includes a large number of alternative healthcare facilities including nursing homes, well-care centers, and other specialized care-giving entities.

Under the CR-MMRS system, the Capitol Region’s ten hospitals and nineteen public health districts have been systematically integrated into the local and regional emergency planning process to respond to mass casualty incidents. CR-MMRS is committed to the primary mission of an MMRS program that develops or enhances existing emergency preparedness systems to effectively respond to a public health crisis, especially a weapons of mass destruction event.

Noted accomplishments of the Capitol Region Metropolitan Medical Response System to date include:

- CR-MMRS has purchased a pharmaceutical stockpile for the protection of the CREPC region’s first responders in the event of exposure to chemical or biological toxic agents.

- CR-MMRS has developed and implemented standards for the safe storage, security and use of Nerve Agent Antidote [Mark 1] kits that have received approval from the state’s Department of Consumer Protection.

- Since January 2003, almost 200 CREPC-area training officers have participated in an MMRS-developed train-the-trainer program [8 hours], designed to ensure that all CREPC-area first responder agencies have adequate staff able to train all their first responders in the safe and responsible use of these chemical antidote kits. The train-the-trainer program is a creation of CR-MMRS through a contract with Hartford Hospital's Department of EMS Education.

- CR-MMRS has developed a Rapid Action Mass Decontamination Protocol that sets the standard for regional mass decontamination procedures centering on the region's ten hospitals. This protocol has been implemented by fire services within the CREPC region.

- CR-MMRS provided technical assistance and project leadership to the City of Hartford in the development of a design for a mass immunization clinic [MIC] model that can effectively immunize 120,000 citizens in a ten-day period. Additionally, CR-MMRS has developed, through a contract with a private consultant, a dynamic computerized modeling project to test the Hartford MIC design.

- CR-MMRS developed a task force on quarantine legislation comprised of local, regional, state and federal representatives whose work contributed substantially to the passage of the Public Health Emergency Response Authority [CT P.A. 03-236] in July of 2003. The new law includes substantive and beneficial improvements in emergency powers granted to the governor and to local and state officials in times of declared emergencies.

- CR-MMRS has developed a strong working relationship with sister MMRS cities to develop a Southern New England Regional MMRS Council. The stated intent of this proposed council is to create memoranda of understanding (MOU) to maximize efficient sharing of MMRS emergency management resources, including pharmaceutical stockpiles.

- CR-MMRS has contracted with a private provider to develop a proposal for the credentialing of health professionals in the event of a mass casualty incident. This proposal includes recommendations for credentialing across state lines, utilizing an
electronic database shared by Connecticut, Massachusetts, New York and Rhode Island. Without cross credentialing, it is possible that ready and willing volunteers would be unable to provide emergency services outside their licensing jurisdictions. CR-MMRS is prepared to take a lead role in developing a Connecticut system for the sharing of credentials to expedite this critical component of emergency planning.

In addition to the Capitol Region Metropolitan Medical Response System project, CREPC has brought two additional programs to the Hartford area that will be used to ensure the safety of our citizens:

1. The Capitol Region Citizen Corps Council (CCC) has been established with funding from the Citizens Corps and has partnered with the federal Volunteers in Service to America (VISTA) program to hire four full-time personnel who are working directly on making the region safer.

2. Regional assets were used to establish the Capitol Region Hazardous Materials Response Team and Regional Incident Dispatch (RID) teams.

The CREPC RED Plan is tested and updated on a regular basis and a lexicon has been developed that allows all regional players to communicate with a much higher level of certainty and effectiveness. To that end, the five New England MMRS jurisdictions participated in a Capitol Region-sponsored full-scale exercise on September 13, 2003 that included the successful real-time transfer of a simulated pharmaceutical stockpile to Hartford from Boston and Worcester by air and ground transport. This component of the CREPC drill was a first for the MMRS program nationally, and represented the culmination of a wide variety of regional drills and exercises during the past two years.

Capitol Region MMRS participation in the IEMC program would accomplish several important objectives of the CREPC/CR-MMRS program. These include:

- Improving understanding of the mechanisms for command, control and communication that have been established through the CREPC/CR-MMRS model.

- Increasing “buy-in” to the RED Plan by elected officials and department heads from the 37 participating communities.

- Assuring the integration of the public health/hospital components of emergency planning into the local and regional all-hazards plan.

- Expanding and cementing the response relationships with state and federal agencies.

- Assuring that all players in the CR-MMRS jurisdiction understand their roles and responsibilities in a regional, shared-resource model of cooperation.

By applying for the IEMC field training for the Capitol Region MMRS jurisdiction, it is understood that there are costs associated with this program. Specifically, if the CR-MMRS jurisdiction is chosen to participate in one of the 8 MMRS IEMC field offerings, FEMA will be responsible for the following costs associated with the training:
• All costs associated with the actual conduct of the training to include student materials, instructors, and course support

• All costs associated with the audiovisual equipment required to conduct the classroom portion of the program

• All costs associated with the telephone communication system utilized during the course exercises

The Capitol Region MMRS will be responsible for the following costs:

• Obtaining/renting a suitable training and exercise facility for the field program

• The cost of the “lunch meal” during the last full day of the program

• Costs associated with CR-MMRS personnel being “away” from regular duties during the actual conduct of the training

A more detailed discussion of costs associated with the MMRS IEMC program will be undertaken upon selection of the Capitol Region MMRS as a participant in the IEMC project.

Please address all communications regarding this application to:

John J. Shaw, DMD
Senior Project Manager
Capitol Region MMRS
E-mail: JJSMMRS@aol.com
50 Jennings Road
Hartford, CT 06120
Phone 860-543-8787
Fax: 860-722-6719
Attachment B: HAZMAT TRAINING STANDARDS

Level 1
- OSHA – Hazmat First Responder Awareness
- NFPA 472 – Awareness
- NFPA 473 – EMS Level 1

Level 2
- OSHA – First Responder Operations
- NFPA 472- Operations
- NFPA 473 – EMS Levels I and II

Level 3
- OSHA – Hazmat Technician
- NFPA 472 – Technician

Level 4
- OSHA – Hazmat Specialist
- NFPA 472- Technician

Level 5
- OSHA – Hazmat Specialist
- NFPA 472 – Hazmat Incident Management

Level 6
- DOD/DOJ Domestic Preparedness Training
  A. Basic Awareness (30 minutes)
  B. Responder Awareness (4 hours)
  C. Responder Operations (4 hours)
  D. Technician – Hazmat (12 hours)
  E. Technician – EMS (8 hours)
  F. Technician – Hospital Provider (8 hours)
  G. Incident Command (6 hours)
  H. Senior Officials Workshop (6.5 hours)

Pre-Requisite Training For Levels 1-6

Level 7
Confined Space

Level 8
High Angle Rescue

Level 9
SCBA and/or Respirator (PAPR)

Level 10
Firefighter I and II

Level 11
First Responder

Level 12
EMT – Basic

Level 13
EMT – Paramedic

Level 14
Toxicology – Paramedic
Attachment C: Recommended Hazmat Training For Healthcare Providers

Based on the levels of Hazmat training described in Attachment B, recommendations for initial operational job-specific training for all Capitol Region MMRS participants include the following:

<table>
<thead>
<tr>
<th>Job Description</th>
<th>Training Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS Hazmat Team Members</td>
<td>1, 2, 3, 4, 5, 6A-D, 6G, 7, 8, 9, 10, 12</td>
</tr>
<tr>
<td>ALS Hazmat Team Members</td>
<td>1, 2, 3, 4, 5, 6A-E, 6G, 7, 8, 9, 10, 13, 14</td>
</tr>
<tr>
<td>BLS Fire Department Personnel</td>
<td>1, 2, 3, 4, 6A-C, 7, 8, 9, 10, 12</td>
</tr>
<tr>
<td>ALS Fire Department Personnel</td>
<td>1, 2, 3, 4, 6A-C, 6E, 7, 8, 9, 10, 13, 14</td>
</tr>
<tr>
<td>Civilian BLS Personnel (EMS)</td>
<td>1, 2, 6A-C, 9, 12</td>
</tr>
<tr>
<td>Civilian ALS Personnel (EMS)</td>
<td>1, 2, 6A-C, 6E, 6G, 9, 13, 14</td>
</tr>
<tr>
<td>Law Enforcement and Hospital Security Personnel</td>
<td>1, 2, 6A-C, 6G, 9, 11</td>
</tr>
<tr>
<td>Hospital Clinical Staff Personnel</td>
<td>1,2, 6A-C, 6F-G, 9</td>
</tr>
<tr>
<td>Communications/Dispatch Personnel</td>
<td>1, 6A-B</td>
</tr>
<tr>
<td>Morgue Technicians</td>
<td>1, 2, 6A-B, 9</td>
</tr>
<tr>
<td>Veterinary Medicine Personnel</td>
<td>1, 2, 6A-B, 9</td>
</tr>
<tr>
<td>Behavioral Health Personnel</td>
<td>1, 2, 6A-B</td>
</tr>
<tr>
<td>Local and/or State Administrative Personnel</td>
<td>1, 2, 6A-B, 6G-H</td>
</tr>
<tr>
<td>Local Media Representatives</td>
<td>1, 6A</td>
</tr>
</tbody>
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