

**Minutes**  
**DEMHS Region 3**  
**Public Health Preparedness Planning**  
**ESF-8 Harmonization and Standardization Meeting**  
**December 2, 2011**  
**New Britain Health Department/EMS**

- **Welcome:** Melissa Marquis opened the meeting and welcomed all to New Britain. She thanked our host Dave Kosciuk (NBHD).
  
- **Attendance:** Carmine Centrella, Sylvia Dake, John Shaw, Charles Petrillo, Allyson Schulz, Dave Kosciuk, John Degnan, Tung Nguyen, Bill Kramer, Rob Miller, Bill Turley, Judy Torpey, Juanita Estrada, Paul Hutcheon, Francine Truglio, Mary Laiuppa, David Boone, Dr. Gerald Schwartz, Kate Novick, Kerry Flaherty, Marge Seiferheld, Steve Huleatt, and Melissa Marquis.
  
- **Handouts:** Today's Agenda and 7 October 2011 Minutes
  
- **Approval of Minutes:** Corrections - add Dr. Schwartz to October attendance. The minutes were approved with this change.
  
- **Workgroup Reports**
  - **CRI** –Steve Huleatt and Melissa Marquis stated that the CRI deliverables to CDC have been pushed up, which means that they will need to be sent to DPH sooner as well. In order to get everything done, TARs should begin by the first of February and will need to be completed by the beginning of June. DPH wants everything by June 15<sup>th</sup> 2012. The actual due date for CT is July 15<sup>th</sup> 2012. CDC will review Hartford and FVHD. It has not been finalized yet, but it appears that CADH, Steve and Carmine Centrella will be conducting the remaining TARs this year forward. Corinne will continue to participate in Hartford and FVHD with CDC. A calendar will go out with available dates shortly, and everyone is asked to sign up as soon as possible. Melissa notes that the new TAR is a bit different – particularly section 8- Inventory Management. Steve described some of the discussion that took place at the last meeting of the Regional Public Health Preparedness Advisors (RPHPA). One of the items is that the Site Activation section is something that CDC's SNS folks want to focus on this year. Steve asked the MDAs to think about their site activations and begin to map it out, as this will likely be something that will need to be completed either this year or next. One of the goals is for CDC to be able to compare line items in the TAR across the board for all 14 MDAs. We are not

able to do this, yet. Standardization is underway but easy and streamlined comparison is not there. The local work plan should hold no surprises. Lastly, Melissa reminds everyone to use the TAR tool as a self-assessment and also indicate the locations in the plans next to each item. This will make the review process move along faster.

- **PPHR:** Steve noted that a number of us have done National reviews for NACCHO, and benefited from the experience. Sylvia Dake and John Degnan spoke to learning the ins and outs of the process, especially using the crosswalk. Sylvia also noted that it was an important experience to have the perspective of a reviewer who is now tasked with being an applicant. Learning what it takes to compose a clear criteria response was valuable. Juanita Estrada commented that she had to very different jurisdictions to review. Even though they were very different sized jurisdictions, both are held to the same standard. She was surprised that the state health department was not more involved with the two jurisdictions she reviewed. Steve noted that our application will be reviewed during the Spring of 2012. The reviewers will send their feedback to us, and if necessary we will need to submit additional information to further explain some items. This is usually done over a 2-week period, thus an expeditious response will be required. CADH will conduct a formal PPHR reviewer training for DPH on the 7<sup>th</sup> of December. They will offer comments and suggestions on the entire application. This internal review should be complete by the end of the month. A final rewrite and re-linking of the crosswalk will take place before submission to NACCHO - the 30<sup>th</sup> of March.
- **IPHERP:** Melissa reported that the PHERP is finally completed! She has made some minor grammatical changes to the document since sending it out electronically this week. She reported that the need now is to approve the plan. John Shaw motioned to approve and was seconded by Dr. Schwartz. All in favor. (D2) All are pleased with the results. John Shaw thanked Carmine, Melissa and Sylvia for a great job bringing this all together. He remarked that it would likely be expanded to include the Medical side of ESF-8 (to be led by Dave Kosciuk) in the coming year. Steve Huleatt noted that this plan would be shared across all regions as a skeleton/template for the other regions to use as their starting point for their PPHR applications next year. Melissa remarked that the communications plan (appendix to this plan) may need revision after our recent real world experience with the 2 storms. Epidemiology plans and a few others may also need some work. A question was raised on the authority for the PHERP. Carmine noted that this is a bit “gray” but 7-148 is the Intrastate Mutual Aid Compact that can drive this authority - even more than CGS Title 28-22a.

- **Contracts:**
  - Local contract and payments should be out (it is year 2 – or the 2011-2012 work year). Mary Pettigrew of DPH should have sent it out last week. Hartford’s CRI contract with WHBHD is drafted, and the other LHDs contracts with WHBHD should be out soon. Steve noted that the name has changed to reflect both CRI and PPHR projects. The PHP Regional Collaboration Contract is the new name. Funding remains flat.
  - Steve noted that the Regional contract is in the works. Monetary considerations and DPH interpretations are being negotiated. DPH wants to cut its workload and streamline the reporting process to CDC. This year has been so busy with TARs, storms and the PPHR application that a major restructuring of the process is difficult but it is underway.
  
- **State Reports:**
  - DPH- Juanita Estrada announced that Local Public Health is no longer a department level office within DPH, rather it is back to an Office. Steve congratulates Juanita on her appointment as Supervisor in the Office of Local Health.
  - DEMHS- Tom Gavaghan was not present. His report is provided electronically: The following is an explanation of the Applicant briefing and other Division activities:
    1. Those eligible for reimbursement from storm Alfred must indicate they plan to file within 30 days of the Declaration date which was November 17. After this date the filing period has closed. Therefore, it's critical that all who qualify file. The applicants are towns, local tax districts and non-profit entities, e.g. colleges, day care facilities, etc. After they file, a FEMA representative is assigned to work with them to process the paper associated with qualifying for the reimbursement.
    2. Our Division continues to be integrated into the DESPP Department with our fiscal group being moved to Middletown. Our training, radiological, grant and fusion groups continue to located at our Sigourney Street Headquarters.
    3. The Region 2 Coordinator, Roy Piper retired at the end of October with Bob Kenny from Region 1 covering this Region. No information yet on when a replacement will be named. The candidate list for this position has expired and a new examination for candidates would have to be issued. This hasn't been done at this time.
    4. We are still without a Deputy Commissioner with Director Bill Hackett fulfilling the role of Deputy Commissioner too and has been authorized to sign those documents requiring a Deputy Commissioner signature.

- **Training, Drills and Exercises:** No report at this time.
- **CREPC Update:** Three After Action Report (AAR) conferences have been conducted with different partner groups within the Region. Reports are pending. One report - on the Long Term Care group response - is available for review internally. Eventually it will be available on the CRCOG web site. It is being finalized by John Shaw. The Governor's 2 storm panel is conducting hearings. It is apparent that regional functions and support are not clearly understood by many CEOs, Emergency Management (EM) leaders and others. An education effort is needed. Hospitals, after 2 major storms, realize a need to have a mutual aid plan similar to the LTC plan. Russel Phillips – the contractor that worked with the region on the LTC plan, will be consulted on the development of a “Hospital” version of that plan.

The Regional review report is in progress. There is no new information on changes in funding. No UASI reinstatement is expected at this time. Carmine was recently in DC to educate legislators on the importance of funding streams for state and regional activities. There is some sense that congressional review of any beneficial funding streams will not come up in the next sessions.

- **Other Business:** Winter Storm Alfred Hotwash

There is still a need to finalize improvement plans after Irene – Storm Alfred got in the way. The impacts and problems from both storms are similar and continued analysis and discussions are underway. The surge on services was similar. The infrastructure impacts were similar. The commissioner's semi-annual meeting earlier this week reflected on the similarity of impacts. Some statistics came out of this meeting. Maryann Lexius was selected to present a summary of Region 3's impacts. Two to three of the five presentations were regional in scope – there was less on the local impact. Sheltering was a big topic. With regard to this topic, the impact on a municipal HD was different from the impact on a district HD. There could be a municipal edict for the LHD to run a shelter. All town departments must respond. With districts, this is not the case. Districts also do not have enough staff to run a shelter. Both kinds of departments will support inspections and may send or request resources for medical staff for shelters. The general flavor is that ESF-8 will not run shelters. That is ESF-6 – Mass Care's job. The American Red Cross is ESF-6 but can't do this job alone there are wide spread storm impacts. Some of the presentations from the Commissioner's conference will be available as PPTs in the near future. Steve stated, in general, Maryann spoke highly of the regional response especially with regard to meeting environmental response and food service inspection demands. She did note that State and regional links need reinforcement. Region to region support should also be smoothed. John Shaw noted that an operational checklist developed after T.S. Irene was generated to help coordination. He wondered if it was use? Dr. Schwartz commented that he felt the locals did most of the leg work. He felt that there was little help from DPH. He noted that S. Windsor was not approached to help with Manchester's shelter. He noted that LHDs were available to

help with nursing home and hospital issues. There were some issues with homeless residents who did not want to leave.

**What went well:**

We can make lemonade out of lemons with regard to our plans to use our robust storm response to fulfill some review and application criteria.

Some felt that the DEMHS and DPH Conference calls were helpful. Steve was out of state but was still plugged in. If he was in his office, he might not have been able to participate in as many calls due to communications issues. Kerry thought that they were not as helpful. Rob Miller noted that this was a unique event and both the state and the locals were trying to figure out what their roles were. Dr. Schwartz thinks that an agenda for the conference calls would be helpful. Steve agrees and suggests that a more NIMS compliant format would have been helpful to focus the information exchange.

Weeks before Storm Alfred, at a food safety conference, information was exchanged on post storm food safety issues. The information was used during the recovery process. Similarly there was DMHAS sponsored training on Disaster Behavioral Health – training done internally in Bloomfield/W. Hartford. This was helpful. Staff used the training and felt “authorized” to do so.

The RCC was up and running with John Shaw, and Maryann Lexius acting as Public Health Section Chair with Steve out of state.

There was great acceptance of “out of town” shelter residents. This was a positive.

Mary Laiuppa noted that staff was a great asset.

**What went wrong?**

There was the feeling that we are still dealing with the same old issues:

- 1 – We all got money for redundant communications systems. So why did we have so much trouble with communications?
- 2 - Mental health support not easy to find. DMHAS???
- 3 – Political correctness is a problem. Regions need more formal authority! This might be addressed during the coming legislative session.

ALSO - WebEOC still has problems. Juanita admits that it was not used as it should have been used by DPH. This is a common complaint from both storms. There are no policies or procedures in place that describe the types of information that should be posted.

Power outages were really an issue. We need to make “noise” about this and get something done. How can we advance our advocacy efforts in this regard?

Requesting resources:

Part A: The upside of resource planning - Outside resources were needed after Irene when the power came back quickly. A load of restaurant inspections overwhelmed some departments. With Storm Alfred, power came back on much slower and the demand for

inspections was not overwhelming. Requests were made in advance of Alfred for more inspectors but they were not needed. This is still a good lesson learned. Advance planning for inspections personnel is a good idea. However, there is a flip side to good advanced planning....

Part B: The resource requests that didn't go through - The requesting channels are not clear to all supporting agencies. Should the request go through a local EM office, directly to DEMHS Region 3, or to the RCC? There were some issues with request that went only to Region 3, Tom Gavagahn. Some requests were never addressed. Should the LHD have made the request through an EMD who should forward it to Tom? In the future, departments should go to the RCC for help. If it is unclear how to contact the RCC, RICS phone numbers could be used. Carmine notes that everbridge messages may be used to make request. WebEOC also has this capability. Is calling RICS the main solution?

Sheltering is a big issue. Who is in charge? Is it the Parks and Recreation departments, the municipality, etc.? Medical issues arose. Shelter nurses were needed. Can shelter nurses be requested? Is this a personnel resource type? Can this support be defined as a mission instead of resource? Is a "strike team" needed? How should they be licensed or qualified? Some volunteers had nursing qualifications and were willing to work in other jurisdictions. Where was ESAR-VHP? Will the "Get Ready Capitol Region" web site and database help with this kind of volunteer recruitment and management?

Mary Laiuppa reported that she did not get the RCC queries for sit stat reports. She said that she would have had a hard time responding with the communications issues she was dealing with.

John Shaw noted that Regional assets use was problematic, but reaching out to other regions was a potential answer to this issue. We were able to garner resource support from Regions 1 and 5, and Region 4 had Sanitarians on stand-by for deployment (never deployed). We also need to look at the status assessment process again.

We need to have pre-storm infrastructure information. GIS data sets of critical infrastructure including gas stations, grocery stores, restaurants, etc. should be printed or otherwise on hand locally - before the power goes out. There needs to be a way to update the status of that infrastructure, as well. Can social media help here? Which restaurants are open/closed? Power company smart grid information would be helpful for us to plan response operations.

Volunteers sometimes don't want to leave their communities or sometimes can't leave. Some departments had large medical staff that could work in local shelters but there were questions about the payment of nurses working in other jurisdictions. Should district reserves be used for nurse payments?

Do we need to worry about nursing license limitations? Even some well trained volunteers felt limited. They felt they did not have the experience they needed to work

with some of the shelter residents. Steve asked if job action sheets were available or used. In the end, the volunteers and staff did what needed to be done.

Kerry asked about shelter use versus Alternate Care Facility use. Dave Kosciuk noted that ACFs require heavy hospital support. The hospitals were already slammed and may not have been able to staff an ACF.

Some patients/residents refused to go to another hospital, another shelter, other town or a hotel.

A community supported regional medical shelter was suggested early. It worked in Danbury! They had no authority to support for this effort, but it worked! The hospital ran this shelter.

DPH did not feel the need to declare a PH emergency because there were still resources within the state. Note: The issue above regarding individuals who refused to go to other “in state” facilities – refusals like this complicate the sharing of resources. Region 3’s hospitals were too slammed to open and run a similar shelter. Would it have paved the way for a federal declaration to come earlier if a PH Emergency Declaration had been made? How can we better use an 1135 waiver or a state declaration? How will the hospitals decide to handle medical sheltering in the future? Danbury had 20 medical needs residents in their shelter. The Department of Justice might take the lead in pushing through a resolution to this issue. If a municipality can’t offer universal sheltering, it may be considered a violation of an individual’s civil rights. Legal cases are pending across the US and a new case was filed in W. Hartford after Storm Alfred.

**What are the items that this body can act on?**

The region must do a better job educating all participants on plans.

We need to work with state partners on info sharing and alternate communications systems.

We need to promote “Trust” in the regional response capabilities. Otherwise, they won’t be used?

Are there alternatives to “Premier Global”. This company’s fees went way up in December. Some departments will have to cancel this service. Everbridge Aware/Alert is available. CT Alert may also be used but there are limitations on message type and cost implications.

We must be at the table for shelter discussions. The Commissioner says we are a part of a multi-departmental solution to issues surrounding shelter operations, support and universal access.

Preparation and Preparedness education must increase. The coming of the regional web site for preparedness education and volunteer management will help. John Degan noted

that there's a need for an informational database in the aftermath of storms. Information like shower availability, recharging stations, potable and non potable water supplies, etc. should be available. This site might help with making this information widely available.

Bill Kramer has list of CNAs and liscenced PH professionals. He is updating the list and will share it.

Use the term "daytime warming station" instead of shelter when possible. Anything that is called a shelter must meet very strict guidelines for accessability and services.

Should generators be required for assisted living facilities? This must be discussed in the context of mutual aid agreements between healthcare facilities. Generators may be required if you want to be a part of a mutual aid plan. Dementia care units should have generators and response plans. It might be a good idea to incorporate lower level care centers into LTC plans.

Separation of caregivers was also a problem we should be able to find some solutions, here.

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Dave is accepting payment for tickets to John Shaw's retirement party.

*The meeting is closed at 11:45am.*

*Our next meeting will be hosted by the Hartford Health Department*

*January 6, 2012 – HAPPY NEW YEAR!*