

CT REGION 3 CONCEPT OF OPERATIONS DURING A PANDEMIC EVENT

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Introduction and Background

The Capitol Region Emergency Planning Committee (CREPC), working closely with the Region 3 Emergency Support Function 8 (RESF 8 Public Health and Medical Services), will serve as the lead advisory in any regional response to a pandemic event impacting CT Region 3. An event can be considered regional when it involves multiple agencies from more than one municipality or jurisdiction, or there are implications from the event for the region as a whole.

1. CREPC and RESF 8 will share the duties of collaboration and coordination of the region's resources with local health departments and districts, with the 11 local hospitals, and with other local and state agencies and institutions, including the CT Department of Emergency Management and Homeland Security (DEMHS) and the CT Department of Public Health (CTDPH).
2. The CREPC is responsible for the staffing and operation of the Region 3 Regional Coordination Center (RCC). The RCC will be staffed with the necessary Regional Emergency Support Functions (RESF) to support local and regional operations during a pandemic event. Actions taking place at the RCC are closely coordinated with the actions at the State Emergency Operations Center (SEOC) on those occasions when the SEOC has been activated.
3. The purpose of RESF 8 Public Health and Medical Services is to facilitate communication, cooperation, and coordination among local municipalities and supporting agencies concerning regional health and medical services issues and activities in relation to a regional emergency.
4. CREPC and other stakeholders will use the CT Region 3 Regional Emergency Support Plan (RESP) as the framework for the 42 Region 3 communities to collaborate in planning, communication, and information sharing before, during and after a pandemic event. Region 3 communities include:
 - a. Andover, Avon, Berlin, Bolton, Bloomfield, Bristol, Burlington, Canton, Colchester, Cromwell, East Granby, East Haddam, East Hampton, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hartford, Hebron, Manchester, Marlborough, Middletown, New Britain, Newington, Plainville, Portland, Rocky Hill, Simsbury, Somers, South Windsor, Southington, Stafford, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Windsor, and Windsor Locks (all towns listed above except for Colchester lie within DEMHS Region 3)
5. The scope of this plan is deliberately broad, intended to include the activities and capabilities of all organizations that play a role in emergency response.

6. CREPC and RESF 8 will assist in coordinating a variety of public health and medical response activities including: disease surveillance and investigation, social distancing measures, accurate and timely communication with the public, public education on preventive measures, and provision of public health services to our communities including distribution of medications and vaccines.
7. Throughout a pandemic event, the RESF 8 Local Health Section Leader, or a designee, shall advise RESF 8 on matters of the public health response to the event and on coordination of regional public health resources.
8. During a pandemic event, the RESF 8 may assemble a Medical Advisory Team (MAT) with representation from local hospitals and healthcare institutions, from local and state departments of public health, and from other healthcare stakeholders as appropriate. The MAT will advise and assist RESF 8 in developing strategies for:
 - Coordinating the regional public health and medical response, including the development of strategies to modify the regional healthcare system when faced with shortages in critical resources
 - Assuring the most effective use of regional public health and medical resources
 - Advising RESF 5 (Emergency Management) regarding the impact of the pandemic event on the healthcare system

Authorities

1. CGS Chapter 368d, Sec. 19a-196b: Response to calls from other municipalities
2. CGS Chapter 517, Sec. 28-1
3. CGS Sec. 28-6: Mutual aid or mobile support units
4. CGS Sec. 28-9: Civil preparedness emergency: Governor's powers
5. CGS Sec. 28-9a: Governor's further powers
6. CGS Chapter 517a, sec 28-22a: Intrastate Mutual Aid Compact

Direction and Control

1. **Local Governments:**
 - a. At all times, local governments shall retain operational control and direction of their resources (personnel and equipment), and shall determine their capability to offer resources to assist in the regional operational mission
 - b. Local governments are responsible for:
 - i. Declaring a local emergency and invoking appropriate local emergency powers
 - ii. Establishing local policies to assist in the pandemic response
 - iii. Enacting local emergency ordinances

- iv. Requesting state assistance when responding to the pandemic event
- c. Operational control and direction during a pandemic event is a function of the local public health official

2. The Capitol Region Emergency Planning Committee (CREPC):

- a. Upon the occurrence of a pandemic event in Region 3, CREPC shall implement the emergency management system described in the Region 3 Regional Emergency Support Plan (RESP) to support local operations
- b. The nature and magnitude of the pandemic event will determine the degree of local and regional response, as well as the need to request assistance and resources from state and federal agencies
- c. Initially, the scope of the event may not be known or understood

3. Regional Emergency Support Function 5 (Emergency Management):

- a. If deemed appropriate, RESF 5 (Emergency Management) may activate a Regional Coordination Center (RCC) to facilitate the collection, analysis and dissemination of event-related information in order to identify the impact of the event, and to choose the most appropriate methods for regional response. The RCC is the heart of the regional response coordination
- b. Representatives from volunteer, state and federal agencies may be requested to assist the Region in its response and to report to the RCC
- c. RESF 5 may provide additional services to the region including but not limited to:
 - i. Notification to our communities, institutions and agencies
 - ii. Liaison with local, state and federal entities involved in the regional response
 - iii. Assistance in coordinating the mobilization of regional resources (personnel and equipment)
- d. RESF 5 may assist in the development of regional policy, including but not limited to:
 - i. Types and methods of public protection (social distancing)
 - ii. Types and methods of region-wide controls (road blocks, perimeter security)
 - iii. Instructions and information to the public
 - iv. Patient tracking and record keeping methods
 - v. Locations and establishment of mass prophylaxis/immunization sites
 - vi. Locations and establishment of mass patient care facilities
 - vii. Need to increase public health surveillance: food, water, general hygiene, vector control
 - viii. Establishment of mobilization centers and distribution points for incoming supplies
 - ix. Establishment of reception centers to receive incoming state and federal support personnel and to provide instructions, accreditation and assignments

4. RESF 8 (Public Health and Medical Services):

- a. RESF 8 and its response partners, including the Medical Advisory Team, shall operate at all times under the Incident Command System
- b. RESF 8 and its various component sections shall be activated in response to a pandemic event
- c. RESF 8 representatives shall report to the Regional Coordination Center (RCC) as requested by RESF 5 (Emergency Management)
- d. At the RCC, RESF 8 shall coordinate the regional public health and medical response to the pandemic event in collaboration and cooperation with local and state agencies, using the guidance and protocols provided by the CT Department of Health (CTDPH) and the CT Department of Emergency Management and Homeland Security (DEMHS)
- e. RESF 8 shall provide regular briefings to the CREPC and to other regional response partners, including local elected officials. Briefings will address the nature of the disease, its communicability and virulence, availability of vaccines and antivirals, actions that are being taken to minimize the impact, actions that response partners should implement to protect critical functions, and health information being shared with the public and health care providers

5. Incident Management and Unified Command:

- a. The CREPC shall use the National Incident Management System (NIMS) and its associated Incident Command System (ICS) to manage the response to regional emergency events including a pandemic.

6. Notification Procedures:

- a. Notifications shall be accomplished in accordance with existing RESP and RCC policies.

7. Logistics:

- a. The RCC shall assist local and state agencies in coordinating the acquisition and deployment of personnel, equipment, supplies and facilities using existing RCC policies.
- b. Major logistical tasks in responding to a pandemic event include but are not limited to:
 - i. Coordinate with local and state entities to establish mobilization and staging areas for the distribution and deployment of personnel and resources
 - ii. Assist in the establishment and implementation of mass immunization and prophylaxis sites, mass care facilities and mass fatality collection points, including assisting in the provision of adequate staffing for these facilities
 - iii. Assist in coordinating the movement of supplies and equipment from staging areas to operational sites

Communication

1. CREPC, in coordination with local governments and institutions and with state and federal authorities, shall provide guidance and assistance in coordinating the development of consistent, accurate and timely public messages regarding the pandemic event to appropriate Region 3 entities, including the media
2. If appropriate, CREPC will establish a Joint Information Center (JIC) to facilitate the public communication process
3. CREPC will assist in assuring that public messages are delivered in a timely manner to our most vulnerable populations

Social Distancing Strategies

CREPC endorses local social distancing strategies and non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. These strategies could include closing public and private schools; minimizing social interactions at colleges, universities and libraries; closing non-essential government functions; implementing emergency staffing plans for the public and private sector including increasing telecommuting, flex scheduling and other options; and closing public gathering places including stadiums, theaters, churches, community centers and other facilities.

Vaccines and Antiviral Medications

1. CREPC maintains no regional distribution plan for vaccines and antiviral medications. Current plans for the distribution of pandemic-related medications in Region 3 rely on the development and support of public-private partnerships for effective distribution of medications within our 42 communities
2. RESF 8 shall provide advisory services to CREPC on matters relating to policies and protocols for vaccine and medicine distribution as promulgated by the CT Department of Public Health (CTDPH)

Isolation and Quarantine

1. CREPC maintains no regional plan for the implementation of isolation and quarantine procedures. Isolation and quarantine protocols are the responsibility of the local health officials acting in conjunction with the Commissioner of Public Health for the State of Connecticut

2. RESF 8 shall provide advisory services to CREPC on matters relating to policies and protocols for isolation and quarantine as promulgated by the CT Department of Public Health (CTDPH), and as implemented by local health officials

Health and Medical Response

CREPC, in close coordination and collaboration with its healthcare partners, will assist in supporting and enhancing the sustainability of the regional healthcare system during a pandemic event. To accomplish this task, CREPC, its healthcare partners, and its regional partner institutions may need to implement at least some of the following measures:

1. Increase hospital bed capacity
2. Reassign and redeploy staff within and between healthcare facilities
3. Implement pandemic-specific triage and patient management procedures
4. Create alternative methods for management of non-urgent clinical situations, including systems for telephone and internet-based consultations
5. Identify and activate community-based alternate care sites, as well as hospital-based alternate care facilities
6. Coordinate the deployment of staffing and supplies in support of alternate care locations
7. Institute systems for tracking of patients, personnel and supplies

GLOSSARY OF TERMS

CREPC	The Capitol Region Emergency Planning Committee
CRCOG	The Capitol Region Council of Governments
CTDPH	The CT Department of Public Health
DEMHS	The CT Department of Emergency Management and Homeland Security
ICS	Incident Command System
MAT	Medical Advisory Team
NIMS	National Incident Management System
RCC	Regional Coordination Center
REGION 3	CT DEMHS Region 3, comprised of 41 communities in north central CT
RESF 5	Regional Emergency Support Function 5 (Emergency Management)
RESF 8	Regional Emergency Support Function 8 (Public Health and Medical Services)
RESP	Regional Emergency Support Plan
SEOC	State Emergency Operations Center