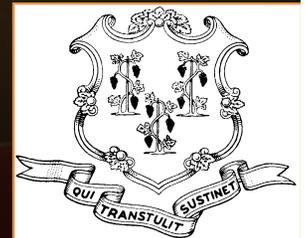
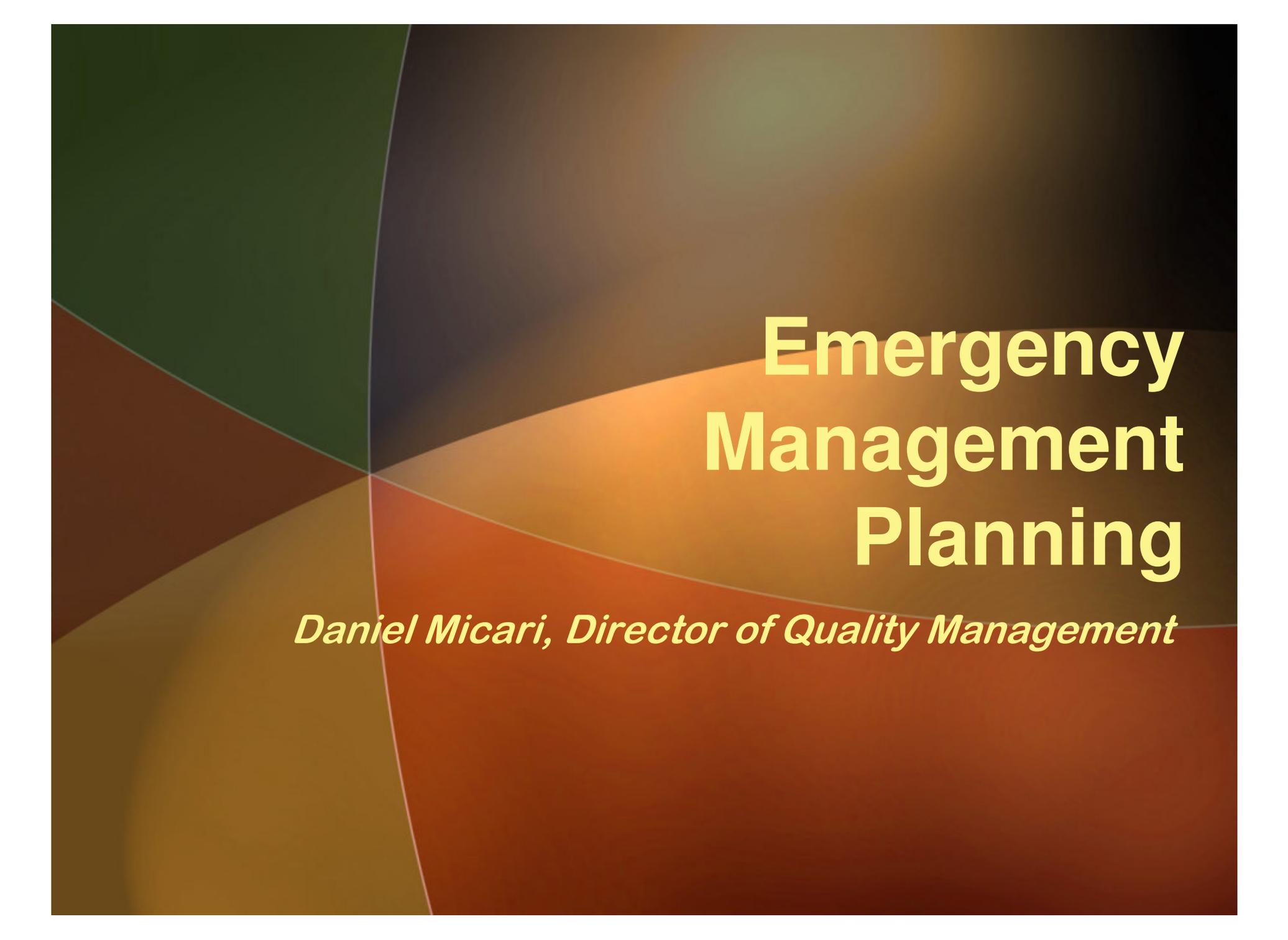


PANDEMIC PLANNING

Connecticut Department of Mental Retardation
Provider Information Session
April 12, 2007

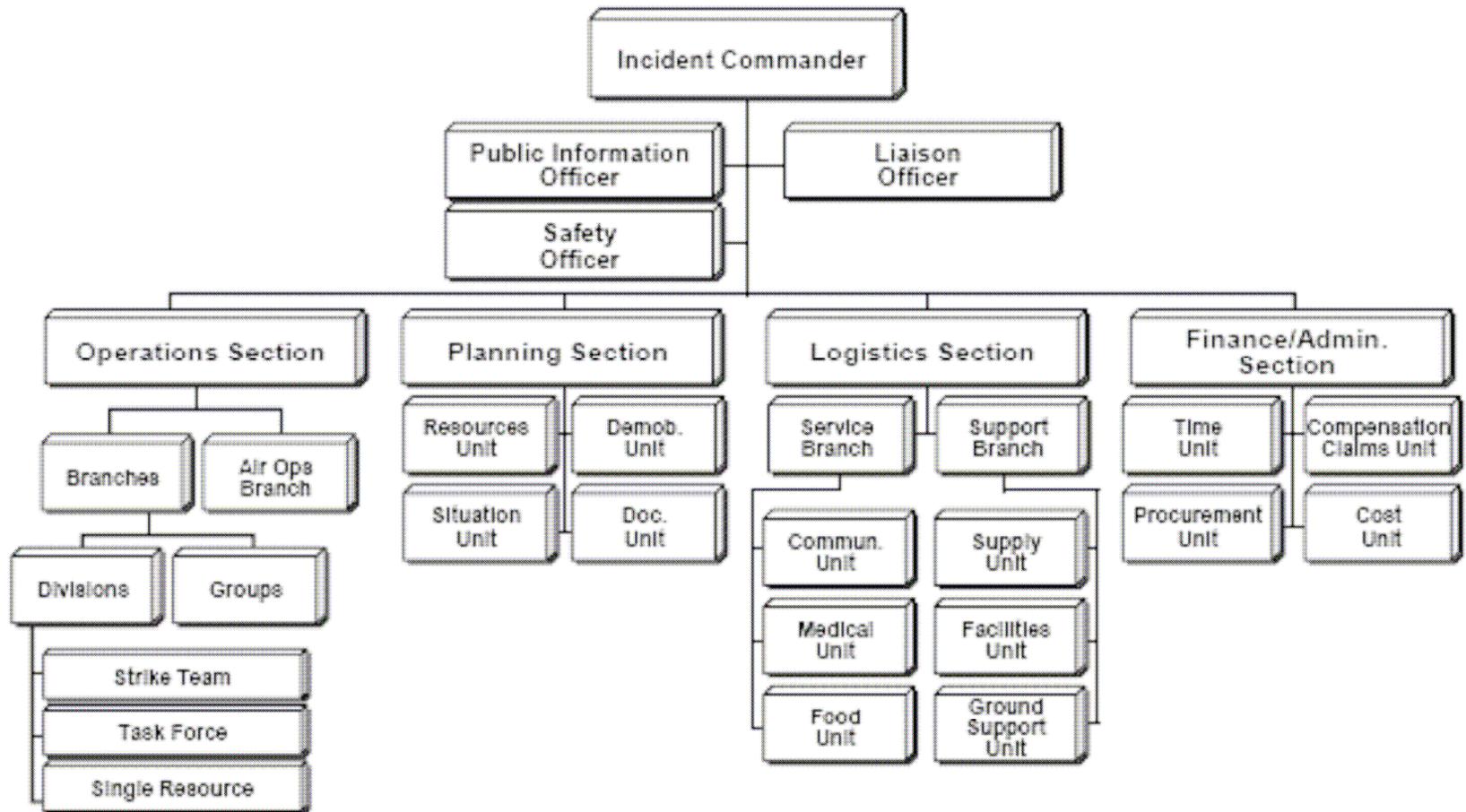




Emergency Management Planning

Daniel Micari, Director of Quality Management

Incident Command Structure



Command Structure Roles

- Incident Commander
- Operations Section Chief
- Planning Section Chief
- Logistics Section Chief
- Finance/Administration Section Chief

Incident Commander

Responsible for overall incident management, including:

- Ensuring clear authority
- Ensuring incident safety
- Establishing an Incident Command Post
- Establishing immediate priorities, objectives, and strategies
- Monitoring effectiveness
- Approving and implementing the Incident Action Plan
- Coordinating activities of Command and General Staff
- Approving resource requests
- Authorizing the release of information to news media
- Ordering demobilizations of incident when appropriate
- Ensuring incident after-action reports are complete

Operations Chief

- **Manage all tactical operations**
- **Assist in development of the operations portion of the Incident Action Plan**
- **Supervise the execution of the operations portion of the Incident Action Plan**
- **Ensure safe tactical operations**
- **Request additional resources to support tactical operations**
- **Approve release of resources from active assignments**
- **Maintain close contact with Incident Commander**

Planning Section Chief

- **Collect and analyze situation and resource status information**
- **Provide input to Incident Commander and Operations Section Chief for use in preparing Incident Action Plan**
- **Conduct and facilitate planning meetings**
- **Determine need for specialized resources to support incident**
- **Assemble information on alternative plans and contingency plans**
- **Provide periodic predictions on incident potential**
- **Compile and display incident status information**
- **Oversee preparation of the Demobilization Plan**

Logistics Section Chief

Provide all incident support needs such as:

- Facilities
- Transportation
- Communications
- Supplies
- Equipment maintenance and fueling
- Food services for responders
- Medical services for responders
- All off-incident resources

Finance/Administration Section Chief

- **Manage all financial aspects of the incident**
- **Provide financial and cost analysis information**
- **Ensure compensation and claims functions are being addressed**
- **Determine need to set up an incident commissary**
- **Ensure all personnel and equipment time records are accurate**
- **Provide financial input on demobilization planning**
- **Brief agency administrators on all incident-related financial issues needing attention or follow-up**

Area 5



Roy Piper

Area 3 Coordinator

Phone: 860-567-6850
 Fax: 860-567-6851
 E-mail: roy.piper@po.state.ct.us
 CT Office of Emergency Management
 Area 5 Office
 CSP Troop L
 452-D Bantam Road
 Litchfield, Connecticut 06759

★ Office located outside Litchfield, heading west on Route 202

Area 1



Richard Fournier

Area 1 Coordinator

Phone: 203-694-2640
 Fax: 203-334-1560
 E-mail: richard.fournier@po.state.ct.us
 CT Office of Emergency Management
 Area 1 Office
 CSP Troop G
 149 Prospect Street
 Bridgeport, Connecticut 06604

★ Office located at the junction of I-95 (Exit 27) and State Route 8 (Exit 1)

CONNECTICUT DEPARTMENT OF EMERGENCY MANAGEMENT and HOMELAND SECURITY AREA COORDINATORS

Area 3



Thomas Gavaghan
Area 3 Coordinator

Phone: 860-529-6893
 Fax: 860-257-4621
 E-mail: thomas.gavaghan@po.state.ct.us
 CT Office of Emergency Management
 Area 3 Office
 Veterans' Home & Hospital
 287 West Street
 Rocky Hill, Connecticut 06067

★ Office located off I-91, Exit 23, on West Street



DMR Regions

- West
- South
- North



MaryRose Duberek
Area 5 Coordinator

Phone: 860-685-8105
 Fax: 860-685-8366
 E-mail: maryrose.duberek@po.state.ct.us
 CT Office of Emergency Management
 Area 2 Office
 P.O. Box 2794
 1111 Country Club Road
 Middletown, Connecticut 06457

★ Office located at CT State Police Midpoint Building, off I-91, Exit 20, Middletown



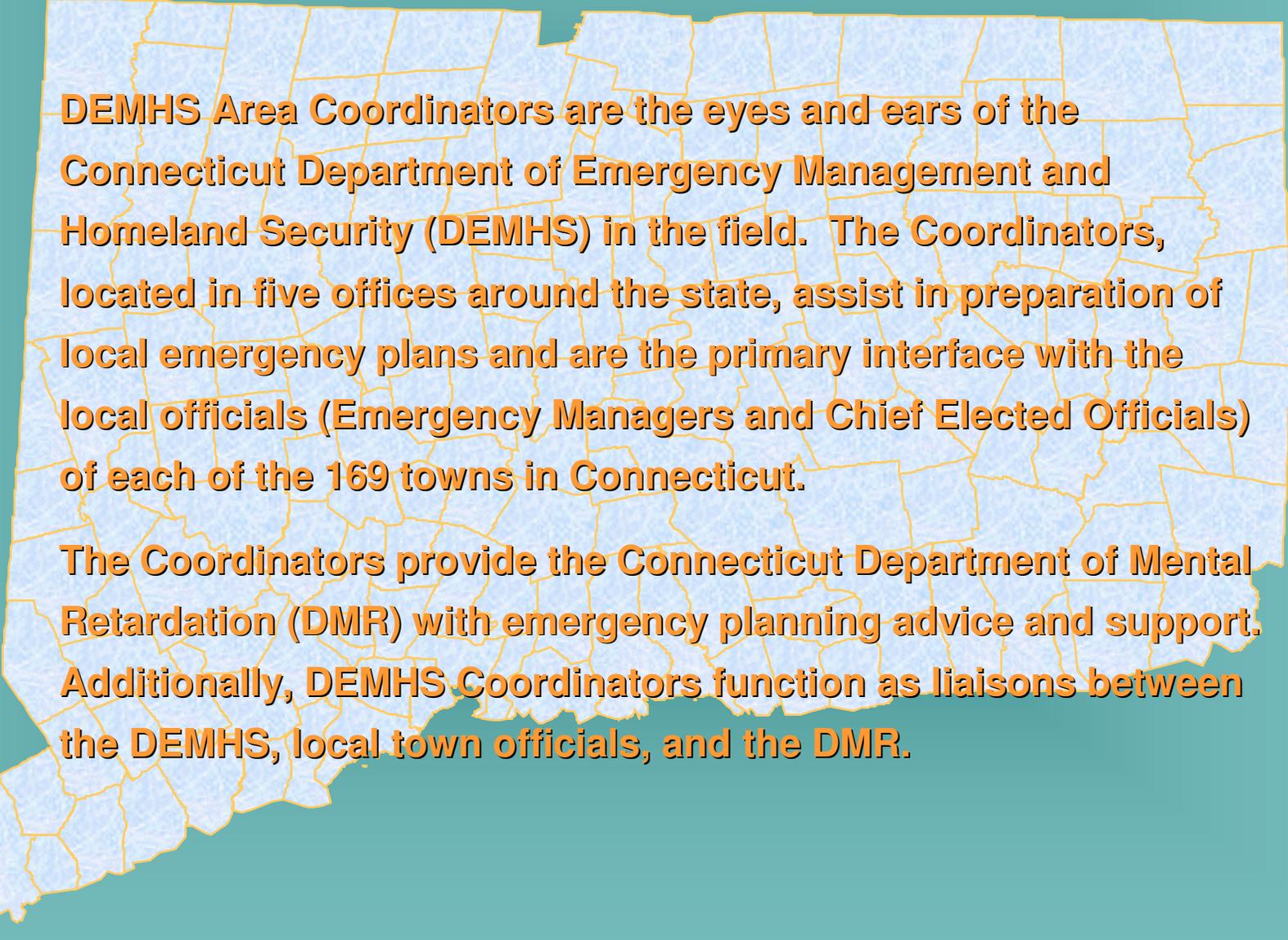
Anthony Scalora
Area 4 Coordinator

Phone: 860-537-7560
 Fax: 860-537-7564
 E-mail: anthony.scalora@po.state.ct.us
 CT Office of Emergency Management
 Area 4 Office
 CSP Troop K
 15 Old Hartford Road
 Colchester, Connecticut 06415

★ Office located at 15 Old Hartford Road

CONNECTICUT DEPARTMENT of EMERGENCY MANAGEMENT and HOMELAND SECURITY

DEMHS AREA COORDINATORS



DEMHS Area Coordinators are the eyes and ears of the Connecticut Department of Emergency Management and Homeland Security (DEMHS) in the field. The Coordinators, located in five offices around the state, assist in preparation of local emergency plans and are the primary interface with the local officials (Emergency Managers and Chief Elected Officials) of each of the 169 towns in Connecticut.

The Coordinators provide the Connecticut Department of Mental Retardation (DMR) with emergency planning advice and support. Additionally, DEMHS Coordinators function as liaisons between the DEMHS, local town officials, and the DMR.

State of Connecticut

Local Health Departments and Districts, July 2006

Health Districts^{1,2}

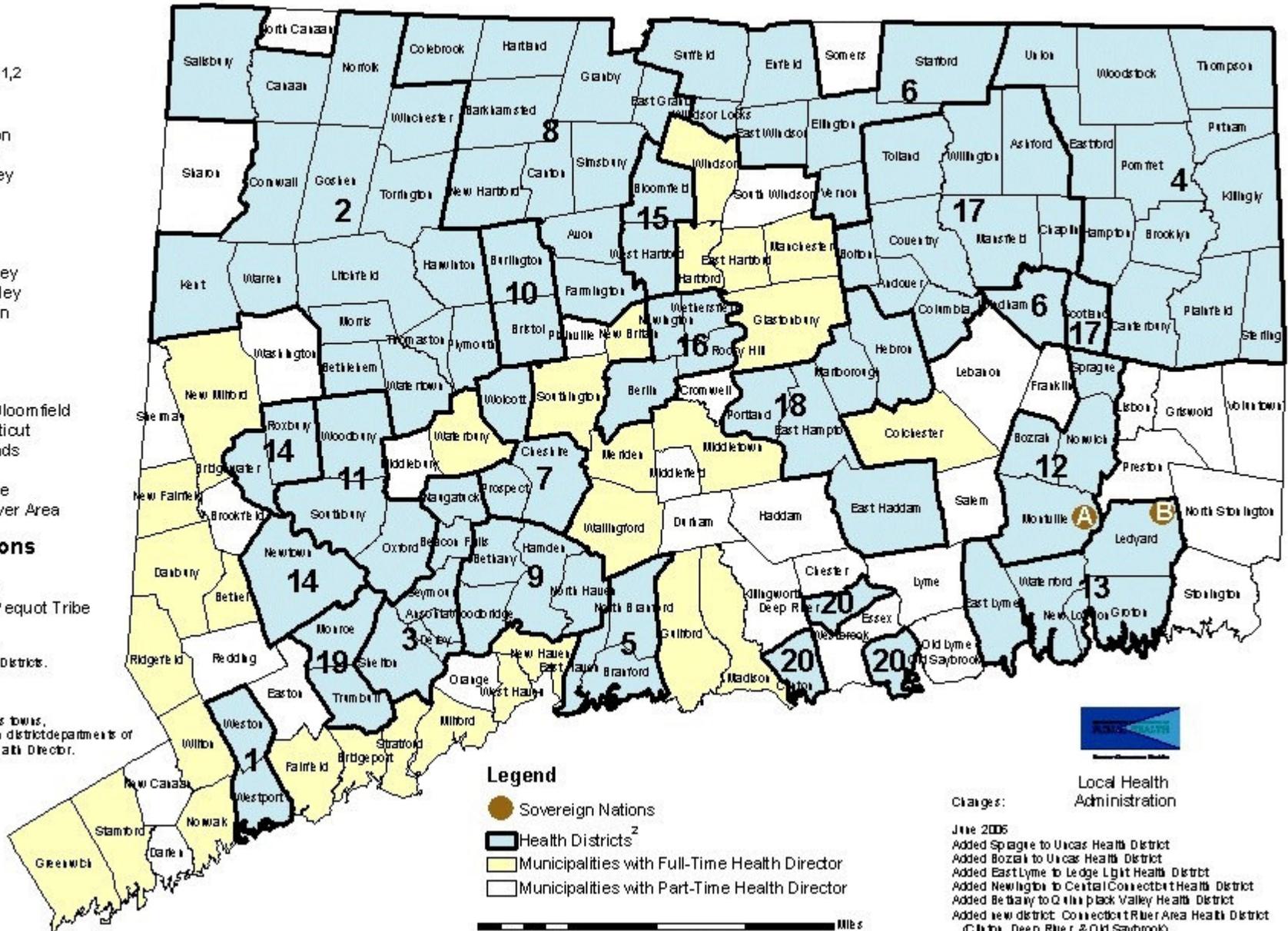
- 1 Westport Weston
- 2 Torrington Area
- 3 Naugatuck Valley
- 4 Northeast
- 5 East Shore
- 6 North Central
- 7 Cheshire
- 8 Farmington Valley
- 9 Quinnipiac Valley
- 10 Bristol-Burlington
- 11 Pomperaug
- 12 Uncas
- 13 Ledge Light
- 14 Newtown
- 15 West Hartford-Bloomfield
- 16 Central Connecticut
- 17 Eastern Highlands
- 18 Chatham
- 19 Trumbull-Monroe
- 20 Connecticut River Area

Sovereign Nations

- A Mohegan Tribe
- B Mashantucket Pequot Tribe

¹Numbers are assigned by date of formation of Health District.

²Health Districts are defined as towns, cities, boroughs united to form districts/department of health and have a full-time Health Director.



Local Health Administration

Changes:

June 2005

- Added Sprague to Uncas Health District
- Added Bozrah to Uncas Health District
- Added East Lyme to Ledge Light Health District
- Added New Britain to Central Connecticut Health District
- Added Bethany to Quinnipiac Valley Health District
- Added new district: Connecticut River Area Health District (Cheshire, Deep River, & Old Saybrook)

Continuity of Operations Plan

*Peter Mason Operation Section Chief
& Deb Duval, Deputy Operations Section Chief*

DMR's Pandemic Flu Mission

- **DMR's pandemic flu mission is to provide critical services to DMR consumers and safeguard their health and welfare. We will also provide relevant public health and emergency response information to staff of public and private sector programs, and individuals receiving services and their families.**

What is a COOP?

The Continuity of Operations Plan will help agencies:

- Identify the critical services necessary to continue direct care supports
- Identify and implement strategies to continue providing these critical services
- Identify resource requirements
- Identify succession strategies when an agency reaches its critical mass and can no longer ensure the safety of the consumers
- Maintain a line of communication between the agency and DMR.

What are the Components of a COOP?

- Identify your Emergency Team
- Identify Your Agency's Critical Functions
- Prioritize Your Agency's Critical Functions
- Develop Contingency Strategies for Critical Functions
- Develop a Succession Plan
- Develop Status Reporting and Communication Protocols

Critical Functions

Critical functions are defined as those services necessary to maintain the health and well being of DMR consumers. These would include but are not limited to housing, direct care supports, transportation, medical care and administration.

Planning Assumptions

- Staff levels may be significantly impacted due to high levels of illness – prepare for 10%, 20%, 30%, 40% or more loss of normal staff
- Remaining workers may be psychologically affected by disease, economic concerns, or fear and require employee assistance
- Staff may be reduced by the need for some workers to attend to family illness or children remaining home due to school closures
- Group homes may be quarantined to prevent the spread of the flu.

Planning Assumptions

- Human resource reductions may be temporary or may be long term depending on the severity of the influenza strain
- Staff may be lost forever due to significant mortality associated with the disease
- These staffing factors may affect suppliers, subcontractors and other business partners, rendering them unable to meet commitments
- Governor's declaration of a State-wide Health Crisis closes all public congregate type settings (schools, day programs, colleges)

Strategy to Maintain Critical Functions Worksheet

Location: XYZ Group Home	Division / Section: Residential
Assumption: 30% loss of staff	Manager in Charge:

Priority Rank	Function / Service	Strategy	Implementation Steps	Resource Requirements
1	First Shift	Backfill using staff from other Agencies	Develop agreements with other agencies	Consider pay rate of other agency, increased payroll costs, subcontracting versus hiring staff
1	Second Shift	Backfill using staff from other Agencies	Develop agreements with other agencies	Consider pay rate of other agency, increased payroll costs, subcontracting versus hiring staff
1	Third Shift	Reduce staffing to 1 sleep staff	Assess client care and independence to determine if staffing levels can be reduced	Cost of installing safety alarms or other monitoring equipment

Why Develop a Succession Plan?

- Staffing levels must be maintained to ensure the health and well being of DMR Consumers.
- Maintaining administrative staff is critical to providing leadership and guidance to an organization especially during a crisis.
- DMR will be overwhelmed by the statewide emergency situations caused by the Pandemic Flu for individuals with developmental disabilities.

Options to think about for a Succession Plan

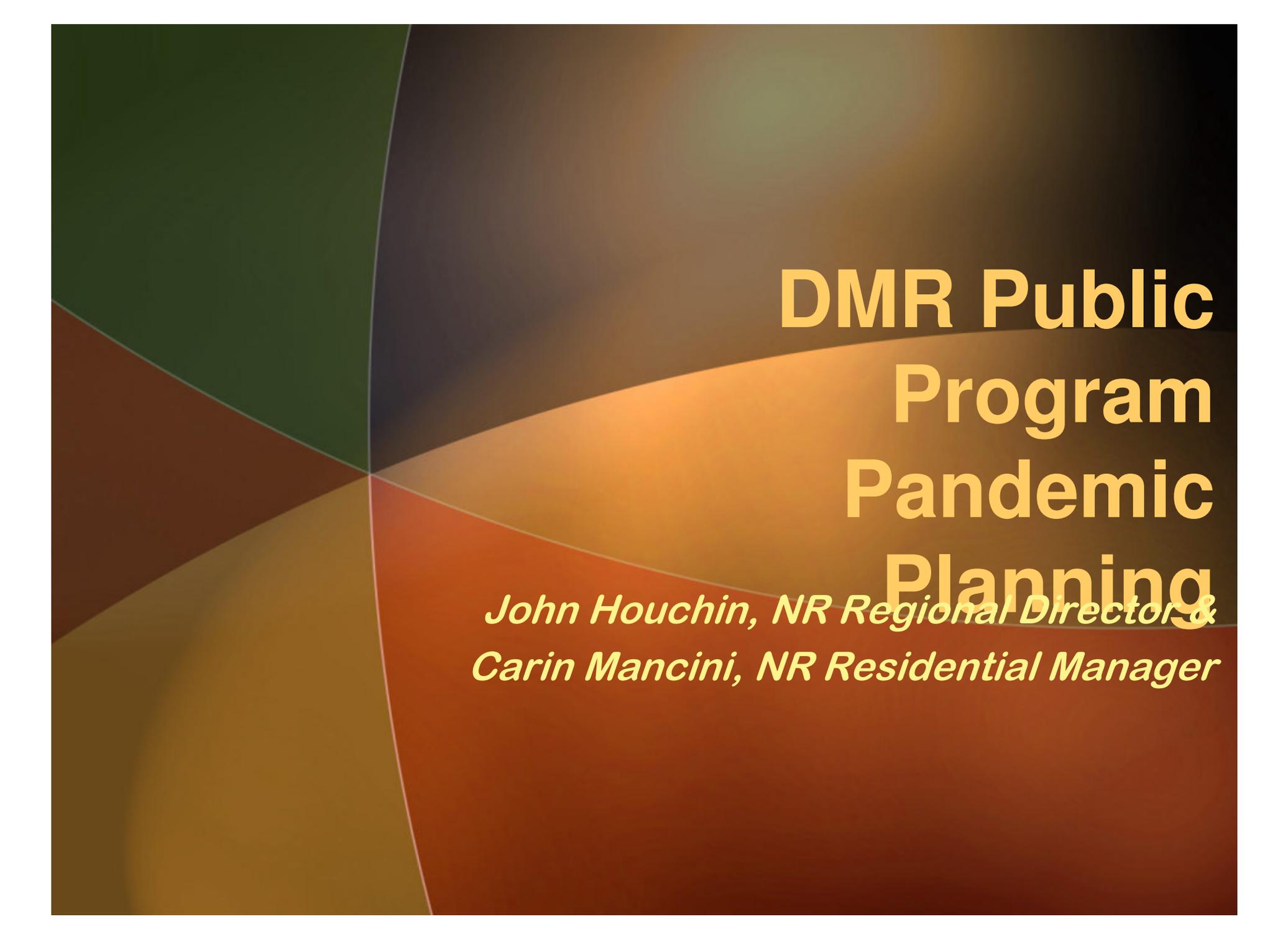
- Partnering with another agency for administrative type functions
- Develop a Staff Sharing Plan (i.e. Leasing/hiring employees of Day Programs that have been closed)
- Associating/merging with another organization that has reached its critical mass
- Identifying an organization that has agreed to take over the agency on a temporary basis in an emergency.

Reporting Information

- Update on the health status of the consumers.
- Update on the health status of the staff.
- Any DMR approved programmatic changes made over the last 24 hours.
- Any administrative changes made over the last 24 hours.
- What is the current occupancy of all the group homes and/or SLA's?

Reporting Information

- Do all the homes have sufficient food and personal care supplies?
- Are all medication orders up to date with an adequate supply on hand?
- Are there any maintenance issues in the homes that may require outside contractors?
- Are there any security issues at the home or the day program?



DMR Public Program Pandemic Planning

*John Houchin, NR Regional Director &
Carin Mancini, NR Residential Manager*

Issues and Questions

Raised at Regional Provider Forums

Doug Davies, Director Operations Center

James Welsh, Director Legal and Government Affairs

Daniel Micari, Director Quality Management

Peter Mason, Operations Chief

Deb Duval, Deputy Operations Chief

John Houchin, NR Regional Director

Carin Mancini, NR Residential Manager

Issues and Questions

Organizational Issues

- Were providers part of the planning? If not, can they be a part of the planning process in the future?
- Who is coordinating and reviewing the plans?
- Will there be a emergency drill involving private providers?
- How will new staff be trained to provide coverage in the event of an emergency?
- How will individuals and families be informed of the emergency planning efforts underway by DMR and the private providers
- How will efforts between the state and private sector be coordinated

Issues and Questions

Legal and Policy Issues

- Will licensing have guidelines to determine if providers have appropriate plans in place?
- What supplies will providers be expected to have for this type of an emergency?
- Where can providers go to restock supplies?
- How would we address consumers who only have a 30-day supply of medication on-hand?
- Will providers have the authority to go over census?
- Will staff be allowed to take consumers home? Can we make homes temporary Community Training Homes?
- Can we pay staff to operate a temporary CTH?
- Can we relocate consumers to alternate sites where resources could be pooled in order to provide more effective health and safety support?
- What is the agency's liability during a flu pandemic?

Issues and Questions

Funding Issues

- How will additional expenses associated with developing the COOP be reimbursed?
- What is reimbursable through DSS (water, masks, etc.?)
- How will additional expenses to purchase supplies needed to implement strategies be reimbursed?
- How will agencies acquire cash flow to keep operating during the pandemic?

Other Issues & Questions

