



# Readiness

# Response

# Report

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Commissioner

**Operational & Support Services**  
**Office of Public Health**  
**Preparedness and Response**  
**(OPHPR)**

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## MIDDLESEX HOSPITAL EMERGENCY ROOM INCIDENT

*Kevin McGinty, Middlesex Hospital Safety and EMS Coordinator*

On Thursday, February 22, 2018 a vehicle intentionally drove into Middlesex Hospital's main Emergency Department entrance. Moments after impact, the driver ignited gasoline; engulfing the vehicle and vestibule in fire. Middlesex Hospital's response to the vehicle attack was immediate. Staff rapidly evacuated all 30 emergency department patients outside to the ambulance deck. After accounting for occupants, all were moved into Radiology and Outpatient Surgery, in the adjacent smoke compartment. As the last patient was brought in off of the ambulance deck, it became necessary to evacuate the nearby behavioral health holding area. Those eight patients were safely moved to the inpatient behavioral health unit on the seventh floor. Concurrently, smoke alarms activated two floors above the Emergency Department on the 2nd floor Critical Care unit, due to smoke infiltration through the HVAC system that was in the process of being shut down. Ten Critical Care patients were laterally evacuated to the adjacent smoke compartment. Within one hour of impact, a triage and assessment area was established in the Hospital's main lobby to address all walk-in emergency department patients.

The following day, the main lobby triage and assessment area was closed, and a temporary emergency department was established in the Outpatient Surgery area of the hospital. This allowed Middlesex to provide the same level of care and services that the community has come to expect. Over the weekend more than 100 walk-in patients were treated while the hospital remained on ambulance diversion.

Middlesex sustained significant water, smoke, and gasoline vapor damage. Recovery began on the day of the attack. Through the tireless, devoted work of our employees, regular contractors, volunteers, and outside vendors, work progressed at an extraordinary rate. By day seven, the emergency department was approved for occupancy. A challenge was encountered as the waiting room and main entrance doors were still under construction. An alternative entrance and waiting room was established, and the plan proved successful. **(Continue on page 2)**

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Day eight saw the closing of the temporary emergency department in outpatient surgery, and the reoccupation of the former ED space. Walk-in patients began to arrive, and the ambulance diversion was lifted.

By Tuesday, March 6th- (a mere 12 days after the event) the waiting room and main Emergency Department entrance were reopened. The successful response and recovery would not have been possible without the tremendous amount of support the Hospital received. The list of individuals, organizations, departments, and agencies that answered the call for help is far too long to list, but will not be forgotten.

Middlesex Hospital is moving forward.

The following articles reflect the State's collaborative response to this year's influenza season, including the implementation of a  
**STATE FLU VACCINATION DAY held on Saturday, January 27, 2018**

#### **SEASONAL INFLUENZA UPDATE**

*Alan Sinischalchi-Infectious Disease Program*

The 2017-18 influenza season will be remembered for its early onset and widespread flu activity being simultaneously observed throughout the country. In Connecticut, rapidly increasing widespread flu activity and flu-associated hospitalizations were observed starting in December. The number of flu-associated deaths was also notable, with a total of over 130 deaths (including three pediatric deaths) being reported by early April. While influenza A (H3N2) was identified as the predominate subtype for most of the season, some influenza A (H1N1)pdm09 viruses and an increasing percentage of flu B isolates have also been reported. By late-March, the percentage of flu B isolates began to equal the number of flu A isolates. For more CT Flu season data visit: [DPH's Flu statistic webpage](#)

An increase in media attention to flu vaccine effectiveness had resulted from an article published in The New England Journal of Medicine (NEJM) emphasizing the need for a universal influenza vaccine along with a discussion on the active 2017 flu season in Australia. Initial projections revealed a very poor (10%) vaccine effectiveness (VE) against influenza A (H3N2) during the Australian season. However, preliminary data provided by the CDC revealed a 25% VE with flu A (H3N2), a 67% VE against flu A (H1N1) pdm09 viruses, and a 42% VE for flu B viruses. The overall VE for all circulating flu viruses was 36% (59% in children aged 6 months to 8 years). The DPH is still promoting use of the flu vaccine, as elevated levels of flu activity are expected to persist well into May.

***(Flu articles continues on page 3)***

## **LOCAL HEALTH RESPONSE**

*Fairfield Health Department: Sands Cleary-Director of Health*

The Fairfield Health Department responded to the DPH's request for a Saturday Flu Clinic on January 27th, 2018. In anticipation of increased need for the clinic, we ordered an additional 100 doses from DPH's Connecticut Vaccine Program (CVP) in addition to what we already in stock.

Ordering vaccines through DPH's CVP was a streamlined and efficient process. DPH's CVP kept us informed as to when to expect shipment and delivery which assisted our planning. CVP vaccine was available for all children ages 6 months through 18 years, including those privately insured, for the remainder of the flu season. It was a very successful day and we vaccinated 279 clients.

During the first clinic we unfortunately turned away close to 30 clients when we ran out of vaccine but we offered them appointments during our weekday office hours. Additional vaccine, was ordered from DPH and private vendors, and we vaccinated many more that week. We offered two additional successful clinics dates on Saturday, February 3<sup>rd</sup> and 10th.

The January 27th clinic was held from 9am till 12 noon at our Public Health Nursing Office. It was open to all and no appointment was necessary. We staffed the clinic with 7 members of the Health Department, including a greeter who provided on-the-spot information, a clerk who prepared insurance and permissions forms, a facilitator who ushered clients into the vaccine room, and 3 nurses who administered vaccine, and a float nurse who covered all areas as needed.

The following week, we purchased more vaccine from a private provider and from the DPH to provide for M-F vaccine requests and for the following two Saturdays, February 3rd and 10th. Throughout the process, we had no difficulty obtaining vaccine. The private provider has promised a 100% refund on unused vaccine.

To promote our clinics, a press release was sent to local media partners. In addition to including dates and details of the clinic our public communication emphasized that, with accepted health insurance plans, no copay was required and that there would be no charge for individuals without health insurance or for those whose insurance was not one we accept. News outlets, such as News 12, the Patch and other local platforms advertised clinic information. Social media was utilized including a paid advertisement that was placed on Facebook. Through social media, the ad was shared by individuals, but especially elected officials who helped spread the word. The department's webpage was also updated with clinic information.

***(Flu articles continues on page 4)***

## CONNECTICUT VACCINE PROGRAM

*Mick Bolduc-Epidemiologist/Vaccine Coordinator*

The Connecticut Vaccine Program (CVP) provides vaccine free of charge to any healthcare provider in the state who has enrolled with the program. Enrolling consists of completing a yearly provider profile and provider agreement form. The CVP provides the majority of all recommended childhood vaccine for all individuals up through 18 years of age using a combination of federal and state funds. Federal funding supplies all recommended vaccines for those children on Medicaid, uninsured, American Indian/Alaskan Native or under-insured (have insurance but it does not fully cover all vaccines). CHIP (HUSKY B) children are covered through a Memorandum of Agreement with the Department of Social Services (DSS). State funding through an insurance assessment covers all other children for all recommended vaccines except Hepatitis A for 2-18 year olds, influenza for 5-18 year olds, Group B Meningococcal vaccine, Rotavirus, and HPV for 9-10 year olds and 13-18 year olds. For those vaccines providers can privately purchase the vaccines and bill the appropriate insurance carrier for reimbursement. Providers receiving vaccine through the CVP cannot bill for the vaccine since they are receiving those doses free of charge, but can bill an administration fee. Providers can place orders through the CVP as often as they need via e-mail, fax or electronically. Local Health Departments ordered all their flu vaccine for their January & February clinics using the system described above.

## COMMUNICATIONS

*Elizabeth Conklin-Office of Communications*

DPH promoted the Flu Vaccination Day by sending out a press release to all our media partners, town officials, and local health departments, using Everbridge. The press release included a webpage link to the statewide locations and schedule of clinics offered by Local Health Departments (LHD). The webpage promoted accessibility of the clinics including language that said "You may attended ANY clinic listed regardless of the town you live in" along with simple instructions. As protocol, the press release was also posted on DPH's social media. The clinic schedule was posted multiple times after that allowing LHDs to share the post with their own social media "followers" thus maximizing the reach of the announcement. The Governor supported the effort by sharing the announcement on his social media.

Several media outlets picked up the press release resulting in newspaper articles, radio interviews and television coverage at the state and local level both leading up to the event and day-of. There were several LHDs who offered clinics following the initial January 27<sup>th</sup> day, and DPH continued to support their efforts by updating the web page schedule and posting on social media.

The amount of publicity the events received and the partnership shown between DPH, LHDs and media partners to spread the word quickly was greatly appreciated. It helped maximize attendance at the clinics thus protecting the health of the public.

OFFICE OF INJURY PREVENTION  
OPIOIDS AND PRESCRIPTION DRUG OVERDOSE PREVENTION PROGRAM  
*Ramona Anderson, Susa Logan, Amy Mirizzi, Shobha Thangada, and Robin Tousey-Ayers*



On Monday, February 26, 2018, Governor Dannel Malloy and the Commissioners of the state Departments of Public Health (DPH), Mental Health and Addiction Services (DMHAS), and Consumer Protection (DCP) officially launched a statewide public awareness campaign, called Change the Script, to help communities, health care providers, pharmacists and individuals deal with the prescription drug and opioids misuse and overdose crisis plaguing Connecticut and the nation. This multi-pronged, multi-agency marketing and education campaign grew out of the Governor's Connecticut Opioid REsponse (CORE) Initiative, a three-year strategy to prevent addiction and overdoses.

Ready-to-use Change the Script materials are being distributed by the State to local health departments, local prevention councils, health care providers, pharmacists, and other community partners and stakeholders with information on three main topics: Prevention, Treatment and Recovery. These materials are intended to raise awareness of the risks of addiction to prescription opioids; highlight the proven methods of treating prescription opioid use disorder (i.e. opioid addiction); and highlight resources in the community to help people establish and sustain lifelong recovery.

In addition to the educational materials being distributed by the State, Change the Script messages can be seen on billboards and busses throughout the state. The campaign will also feature radio, print and online ads as well as posters, brochures and other printed materials. Funding for Change the Script was provided through grants from the United States Department of Health and Human Services (HHS) that were sought collaboratively by DPH, DMHAS, and DCP. For more information about the campaign, please go to [www.drugfreetct.org](http://www.drugfreetct.org)

*Sample campaign items:*

## What to know BEFORE YOU THROW



### Here's how to dispose of prescription drugs properly.

- Don't flush medications down the toilet or sink. Water quality and wildlife are affected.
- Delete information on the container. Remove the label or use a permanent marker to cross out personal information.
- Make excess drugs less dangerous. Mix drugs (liquid or pills) with hot water to dissolve them. Then mix with salt, ashes, saw dust, used coffee grounds or kitty litter.
- Contain and seal. After mixing, place inside an opaque plastic container and tape it shut.
- Throw out the container in your trash can. Do not put the container in your recycling bin.
- Or find a prescription drug drop box at a police department and drop off excess supply.

CHANGE  
the **SCRIPT**



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For resources, go to [drugfreetct.org](http://drugfreetct.org)



## 2018 CT OPIOID & PRESCRIPTION DRUG OVERDOSE PREVENTION CONFERENCE

The 2018 CT Opioid & Prescription Drug Overdose Prevention Conference will be held on Wednesday, May 16, 2018. This will be the 4<sup>th</sup> yearly conference held by the Connecticut Department of Public Health. Presentations will focus on current data, special high risk populations, and resources in the community to further prevention, treatment, and recovery efforts.

The agenda will build on topics presented at the previous conference, which introduced the Connecticut Opioid REsponse (CORE) Initiative to key stakeholders. Current efforts in local communities funded by the Prescription Drug Overdose Prevention for States grant will be highlighted. Partners will gain perspective on successes and challenges at the community-level as well as learn about regional efforts resulting from these collaborations. Connecticut statewide opioid overdose and death data analyses will be presented as well as changes to prescribing practices in response to the epidemic.

Public health professionals, health care providers (prescribing doctors, dentists, APRNs, etc.), pharmacists, policy makers, and social services staff involved with harm reduction are all encouraged to register via the Eventbrite website. The conference will be held at the DoubleTree by Hilton Hotel, 42 Century Drive, in Bristol, CT.

<https://www.eventbrite.com/e/2018-ct-opioid-prescription-drug-overdose-prevention-conference-tickets-44126651001>



## TRAINING & EXERCISES

*Mike Mozzer*

On Friday, March 9, 2018, OPHPR conducted the 2018 Training and Exercise Planning Workshop (TEPW). Participants included representatives of all five healthcare coalitions (HCCs) in the state and included numerous disciplines such as local public health, hospitals, emergency management, community health centers, and home health agencies. Also participating were state agencies and organizations that support all regions. DPH reviewed the training and exercise requirements provided in the 2017-2022 HPP-PHEP Cooperative Agreement, reviewed the current training and exercise calendar, highlighted anticipated activities for the next budget period, and discussed long-term exercise goals. Participants shared their suggestions for possible future exercise content. Lisa Bushnell, the new SNS Coordinator in OPHPR, updated participants on grant requirements specific to medical countermeasures and points-of-dispensing (POD) exercises.

The TEPW is a grant requirement for DPH and is held annually to establish the training and exercise roadmap for public health, healthcare, and their partners. Information gathered during the TEPW will inform the development of the Multi-Year Training and Exercise Plan.

## OPHPR WELCOMES NEW STAFF

In November 2017, Lisa Bushnell joined the OPHPR staff as the Strategic National Stockpile (SNS) Coordinator. Lisa has been an employee of DPH since 2002 and has worked in the Food Protection Program and Lead, Radon, and Healthy Homes Program of the Environmental Health Section. While serving as a member of the CT National Guard, she was deployed with her unit to serve in Desert Storm as a medical supply specialist.

As the SNS Coordinator, she is responsible for planning, preparing, and responding to public health emergencies. Her primary responsibility is to train partners on the distribution and dispensing of medical countermeasures; inventory data management systems, and maintenance of a cache of training supplies that are available for use by our regional partners. She is also responsible for receiving, storing, and distributing federal medical supplies and medical countermeasures in response to a terrorist attack, natural disaster or public health emergency. In the event of an emergency, Lisa will fulfill the role of OPHPR warehouse manager and be responsible for receipt and storage of medical material, inventory control, security, communication, order fulfillment, and shipping. Lisa is also responsible for reporting on CDC grant deliverables that include warehouse site validation surveys, development of and completion of action plans, and for updating and maintaining SNS related plans, training materials, and technical guidance documents. **Please join us in welcoming Lisa to the team.**

## MEDICAL RESERVE CORPS

*Katherine McCormack*

### **CT MRC UNITS RECEIVE 2018 CHALLENGE AWARDS**

Congratulations to seven of Connecticut's MRC units that were awarded 2018 Challenge Awards from the National Association of County and City Health Officials (NACCHO). Per NACCHO, "The Challenge Awards aim to focus innovation in areas that are aligned with national health initiatives that are also significant at the local level. The challenge is for MRC units to address community needs in an innovative way and then share their results with the hope that beneficial practices and initiatives can be replicated nationwide amongst the network of MRC units."

#### **Receiving Tier 2 Funding of \$7,500:**

- Quinnipiac Valley Health District MRC for Preparedness Pals Home Health Partnership/Preparedness Outreach
- Capital Region MRC for Capitol Region Medical Reserve Corps Strike Teams/Healthcare Coalitions
- Naugatuck Valley MRC for Naugatuck Valley Overdose Prevention and Education (N.O.P.E.) Campaign (Continuing Opioid Education from 2017)
- Torrington Area Health District MRC for Project Apprise (Continuing Opioid Education from 2017)
- Ledge Light Health District MRC for Know your Numbers/Chronic Disease Prevention
- Stamford MRC for Stamford Substance Abuse and Prevention Program (SSAPP)/ Opioids

#### **Receiving Tier 3 Funding of \$12,500:**

Pomperaug Health District MRC for MRC PHACTS: Public Health Actions to Combat & Treat Substance Abuse/Opioid Education

## **CT's MRC DIRECTOR RECEIVES NATIONAL LEADERSHIP AWARD**

*Francesca Provenzano*

Katherine McCormack, Connecticut's MRC Coordinator has been selected as the 2018 recipient of the [MRC Program's Elizabeth Fitch Memorial Leadership Award](#).

Elizabeth Fitch served as an MRC unit leader, MRC Regional Coordinator, and MRC National Technical Assistance Coordinator. She had an unparalleled passion for leading and managing volunteers. This award was established in her honor. It recognizes individuals who exemplify the outstanding passion, commitment and spirit of volunteerism, partnership, and leadership that Elizabeth embodied and inspired in others.

As an exemplary leader of the MRC network, Katherine has played a significant role in helping to raise MRC awareness and foster MRC integration into the state and local public health and preparedness infrastructure, as well as strengthening relationships with other organizations, building awareness of the MRC brand, and providing constant and consistent support to the MRC network. We are grateful for your leadership with the MRC and the valuable assistance and resources you have provided to many unit leaders. **Congratulations to Katherine for being chosen for this award! We are honored to have you as an MRC leader in CT.**

## OPHPR STAFF DIRECTORY

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In April, healthcare coalitions launched the first edition of the *Connecticut Health Care Coalition Preparedness Brief*. This publication describes health care coalitions, their key activities and lessons learned over the past several months.

The preparedness brief is designed to help HCCs communicate the direct and indirect benefits of HCC membership to executive, clinician, and community leaders, and advance their engagement in preparedness and response activities.

## CONNECTICUT HEALTHCARE COALITION DIRECTORY

### Region 1

Co-Chair: John Pelazza ([john.pelazza@ynhh.org](mailto:john.pelazza@ynhh.org))  
Co-Chair: Andrea Boissevain ([ABoissevain@TownOfStratford.com](mailto:ABoissevain@TownOfStratford.com))  
Administrative Coordinator: Eileen Blake, Yale Center for Emergency Preparedness and Disaster Response (CEPDR), ([Eileen.blake@yhh.org](mailto:Eileen.blake@yhh.org))

### Region 2

Co-Chair: Jim Paturas ([james.paturas@ynhh.org](mailto:james.paturas@ynhh.org))  
Co-Chair: Deepa Joseph ([djoseph@ci.milford.ct.us](mailto:djoseph@ci.milford.ct.us))  
Administrative Coordinator: Eileen Blake, Yale Center for Emergency Preparedness and Disaster Response (CEPDR), ([Eileen.Blake@ynhh.org](mailto:Eileen.Blake@ynhh.org))

### Region 3

Co-Chair: David Koscuk ([dkoscuk@bristolhospital.org](mailto:dkoscuk@bristolhospital.org))  
Co-Chair: Stephen Huleatt, W. Hartford-Bloomfield Health District Director  
([SteveH@WestHartfordCT.gov](mailto:SteveH@WestHartfordCT.gov))  
Administrative Coordinator: Carmine Centrella, Capitol Region Council of Governments, ([ccentrella@preparednessplanners.com](mailto:ccentrella@preparednessplanners.com))

### Region 4

Co-Chair: vacant  
Co-Chair: Sue Starkey, Northeast District Department of Health Director ([SStarkey@nddh.org](mailto:SStarkey@nddh.org))  
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### Region 5

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Co-Chair: Mark Casey, St. Mary's Hospital ([MCasey@Stmh.org](mailto:MCasey@Stmh.org))  
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