

**CONNECTICUT DISASTER MEDICAL ASSISTANCE TEAM**

**CT-1**

**Membership meeting**

CHA Headquarters  
Barnes Road, Wallingford, CT

12 December 2002

The meeting convened at 1915 hours. Members were asked to introduce themselves, attendance was recorded separately.

I. The minutes of the November meeting were accepted on a motion by M. Gaines and G. Havican.

II. M. Libby announced that he has left the Department of Public health to take the position as Region I EMS coordinator for the Office of Emergency Medical Response. He will report to G. Kleinman. His last day in the office was Friday, 6 December 2002. He started Sunday, 8 December 2002 with OEMR. He extended his gratitude for all the good wishes extended.

A. His departure necessitated a rapid transition in team command; therefore he has unilaterally asked Marge Letitia, R.N. to take over as Acting Unit Commander until formal by-laws are adopted and elections held.

B. Federal changes: NDMS is now part of the Office of Homeland Security. The Department of Health and Human Services will move into Homeland Security. The schedule for the move is undetermined, the target date for that is 1 March 03. Mark indicated that he will be available to help with any problems presented by the leadership committee.

C. Issues:

1. Status of DMAT: Asst. Sec. Jerome Hower reports to Secretary Thompsen. No real change in DMAT is expected at the Federal level. The full report will be posted to the list server.

a 10 requirements for readiness, including alert notification, training, transportation.

Deployability depends on who's ready, trained, staffed and equipped to take care of the assignment.

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b DMAT must be able to respond to state, regional and national needs. There is currently a moratorium on new team formation. There are 17 applications on hold while the government re-organizes.

c Other issues requiring attention:

- (1) ID tags
- (2) Develop DMAT transition teams
- (3) Work groups
- (4) Manage team finances
- (5) Manage team size and composition depending on mission
- (6) Job categories
- (7) Legal process issues
- (8) Streamline personnel process
- (9) Communications
- (10) Train as deployed
- (11) Separate supporting team membership from deployment team membership
- (12) Overhaul data systems to accommodate information sharing.
- (13) Reporting system

2. White House decision on smallpox due tomorrow (Friday, 13 December 2002). It should parallel state plan. There is a pre-event and post-event strategy; a three-phase inoculation plan. Emergency Department and First responder personnel would be vaccinated first. The second phase would be general healthcare workers and additional first responders. Starting in 2004 the new vaccine would be made available to the general public. The military will also be among the first vaccinated.

D. Marge Letitia, R.N., was introduced as Acting Unit Commander. She is the Trauma Coordinator at New Britain General Hospital, founder of the Connecticut Emergency Nurses Association and the organizer of the hospital trauma service, she is experienced in getting organizations and committees up and running.

1. Over the next six months:

- a We need to be ready to train and equip as a team
- b Position-driven organization
- c Bylaws process

- (1) Elected leadership
  - (i) Election process
  - (ii) Eligibility to run
  - (iii) Eligibility to vote
  - (iv) Appointed leaders

d Committees: Sign-up sheets circulated. Volunteers were requested for various committees. Decisions at the federal level can be impacted by our level of organization and activity.

- (a) Membership - this charge includes setting meeting attendance requirements
- (b) finance/business - must be bonded.
- (c) Training and education is already meeting.
- (d) Strategic planning

2. New organizational chart incorporates both administrative and operational components.

### III. Committee reports:

#### A. Leadership Committee meeting report / G. Havican:

1. This workgroup handles the business of the organization.
2. D. Duff offered CHA headquarters as a committee meeting location. Winter cancellation announcements can be put out over the list server.
3. Mark Libby reported on the deployment and logistics of getting California-4 and Ohio-1 teams to Guam in response to last week's typhoon. He also indicated that the Democratic National Convention will be in Boston in 2004. This would be good exposure, and a reasonable deployment target for the team.

#### B. Training and Education committee / Deb Smith:

1. Dr. M. Zanker will present the required DMAT orientation for us at the conclusion of this meeting.
2. ICS: different command levels require different levels of ICS training. Many members already have some documented training. That training will be considered in tailoring our training. There is a basic minimum that all members must have.
3. OSHA haz-mat training requirements are being investigated. The training must be specific to the organization; NDMS will be contacted to see if there is a prepared program.
4. There are sixty (60) modules separated between medical and non-medical assignments.

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C. Medical: Dr. Zanker

1. Prototype forms: these were not really intended to be submitted "as is"! Please review and indicate any changes that should be made.
2. Information on forms will be on a secure computer, accessible only to the senior medical officer.
3. There may be funding available from OEP/OER to purchase Hepa/respiratory masks.
4. Documentation of vaccinations: most of our pediatricians are long since dead, obtaining vaccination record is going to be difficult. Laboratory assessment of antibody titers is one mechanism to screen for immunity.
5. Team Identification as discussed at an earlier meeting included incorporating medical information in a secure format. There may be funding or corporate support for materials.
6. Medical clearance for deployment occurs at three levels: primary physician, a pre- deployment physical and physical exam biannually or with any change in member's health.
7. As a footnote, some teams are collecting DNA samples against the need for positive identification.

D. Len Guercia:

1. 501(c)3 application: first 48 pages have been completed. D. Duff's offered to use CHA as the mailing address. The next hurdle is the election of officers. Atty. D. Samuleson has offered his services, pro bono, to guide the application through the federal process. The by-laws/executive board requirements can be addressed simultaneously. Officers must be elected, and three to six months of meeting minutes must be on file before the 501(c)3 application can proceed. A six-month time frame for committees and election has been proposed, there is nothing to prevent the committees from accelerating the process. The Department of Public Health still has an account designated for DMAT contributions. We are told that these funds may be used to our best advantage, whether within or outside the state purchasing system.
2. Equipment: there is the expectation that equipment will be standard among the teams. With the philosophy of rotating teams into established equipment deployments, it is imperative that equipment be familiar. Problems will arise if something as simple as replacement batteries differ among teams.
3. The state has funding set aside for training and equipment purchase. One of our purchases will be a vehicle and utility trailer. Given the state budget, this is not guaranteed.

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E. M. Letitia has declared a moratorium on committee meetings until after Christmas.

F. Current composition of Executive Committee: Unit Commander, 3 Deputy Unit Commanders, Chief Medical Officer and Administrative officer. This will change as the needs of the organization change.

IV. Good of the Order:

A. The NDMS orientation will follow the meeting.

The meeting adjourned at: 2117 hours.

Respectfully Submitted:

Giovanni A. Di Paola / Beverly Dillon

GAD/bld