



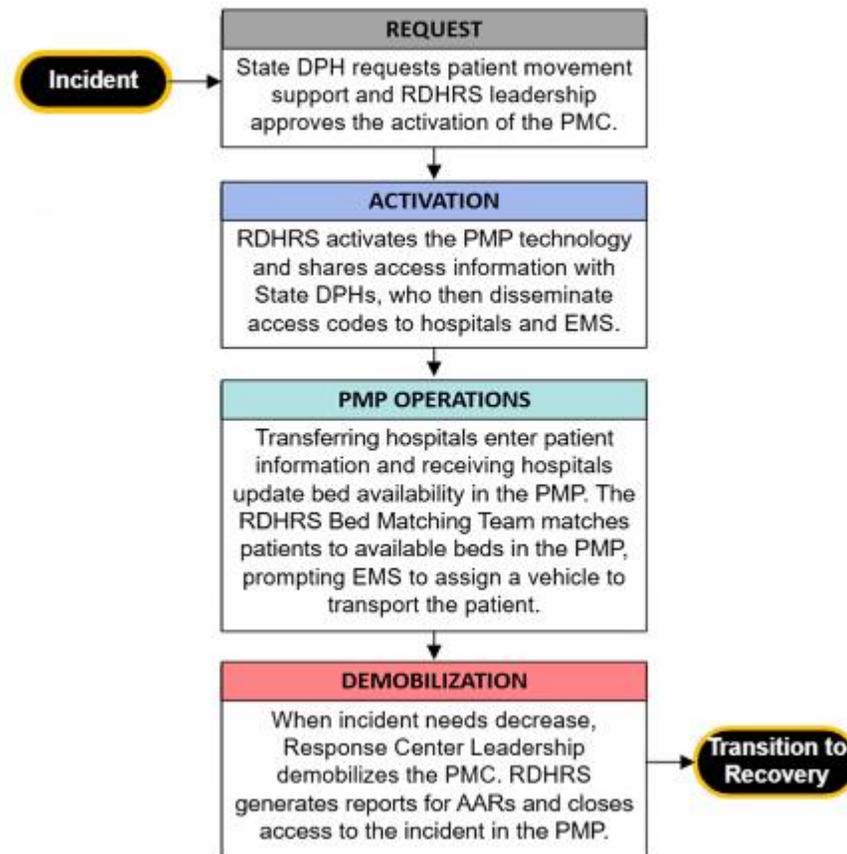
Agenda Item	Meeting Notes
Welcome and Attendance	<ul style="list-style-type: none">• Lia welcomed the group and asked attendees to put their names in the chat.• Please see the chart at the end of these minutes for full attendance.• Paul asked for a vote to approve the meeting minutes from December. Patrick Turek made a motion to approve, and John D'Orazio seconded the motion. There were no nays or abstentions.
Connecticut Office of EMS	<ul style="list-style-type: none">• Ralf Calciano presented on statutes related to patient transport, with support from Judy Reynolds. For full information, please see the slides attached to this email.• Sec 19a-179c<ul style="list-style-type: none">○ Interfacility critical care transport – any ambulance must meet the requirements for Basic Life Support (BLS) and has basic requirements regarding medical supplies and services. The transfer facility needs to come up with the medical necessary supplies and staff for transport to safely take place.• Sec 19a-179f<ul style="list-style-type: none">○ Transportation can go to an alternate destination, but it has to be in consultation with the medical director of the sponsoring hospital.• Sec 19a-181b<ul style="list-style-type: none">○ Each municipality must have a local emergency medical services plan.○ These plans are for the benefits of residents to ensure that the municipality is covered.○ This is required by the municipality, not the EMS service. This plan must be changed by the town.• Sec 19a-193b<ul style="list-style-type: none">○ A good-faith effort must be made to see if the individual has health insurance, and that there is a certain amount of time required to work out insurance before asking the patient to pursue payment for services. Ambulance services must work on this for at least 60 days to provide a service.• 19a-196b<ul style="list-style-type: none">○ Mutual Aid – this section outlines who can transport to the state Mobile Field Hospital (MFH). Any licensed or certified ambulance may transport to the MFH, assuming the hospital has been deployed.○ The group discussed MFH. Lynn added that if the Stafford Act is in effect, FEMA would pay for this 75%, and the rest would be waived. Ralf confirmed that when there is a state of emergency, most of these items are handled differently.

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	<ul style="list-style-type: none"> • Ralf also provided other Relevant OEMS resources • 19a-179-11 <ul style="list-style-type: none"> ○ Availability of response services ○ Each Ambulance in the regulation uses MIC. However, this language is old, and most hospitals use ALS/BLS. ○ Each basic ambulance service should be able to respond to calls 24 hours a day, 7 days a week. If the service cannot, it must provide information about when an ambulance service has non-operational hours, with a plan to secure coverage via mutual aid. ○ Licensed ALS services must respond at the ALS (not the BLS) level all the time. • 19a-177-5 <ul style="list-style-type: none"> ○ This outlines the Field Triage Protocols, including assessing physiologic signs, the anatomy of the injury, and the mechanism of the injury. It is also necessary to assess the age of the patient and the distance to the nearest facility. These items are used to determine the final location for the patients. ○ When in doubt, contact your medical direction. • 19a-177-8 <ul style="list-style-type: none"> ○ Prohibited acts: ○ No EMS provider (now called clinician) shall take a trauma patient to a facility other than one identified by either protocol or medical direction. • 19a-179-6 <ul style="list-style-type: none"> ○ When license and certification not required. ○ There is conversation about compacts, including nursing, physician, and EMS compact. This means that if an individual is licensed in one state, they can apply for reciprocity to practice in other states. ○ Ambulance services are not required to have a Connecticut state license or certificate when transporting a patient from outside the state into Connecticut. ○ Conversely, Ambulance services are not required to have, for example, a Massachusetts license to transport a patient from within the state to outside. ○ Ideally, there is a mutual aid agreement approved by OEMS. However, during a time of disaster, these may not be the focus of consideration. • For more information, visit the OEMS or CGA websites. <ul style="list-style-type: none"> ○ OEMS Regulation Page ○ CT General Assembly Statue Lookup

Regional Disaster Health Response System (RDHRS)

- Pat introduced Katelyn Fleming, Bijal Patel, and Stacey Kokaram from the Region 1 Disaster Health Response System to talk about patient movement. For more information, please see the slides attached to this email.
- Overview
 - The RDHRS Response Center is a resource that can help with patient redistribution to other hospitals. It can be anything from hospital evacuations, including if there's a utility failure of a hospital or multiple hospitals where a large number of patients need to be matched quickly.
- Response Center Capabilities
 - Patient Movement Coordination
 - Disaster Telehealth
 - A telehealth system that can help address gaps in healthcare
 - Deployable Medical Teams (DMTs)
 - Supports readiness for two nearby Massachusetts DMTs.
 - RDHRS also provides technical assistance to regional partners.
 - Clinical EMS Consultation
- Patient Movement in Disasters
 - RDHRS has developed a patient distribution and tracking platform to support regional patient movement during a disaster.
 - This works at the request of a state health department.
 - RDHRS mobilizes its command team and Bed Matching Team to respond.
 - The platform is not tied to a specific EHR but is rather open to all hospitals.

PHASES



- RDHRS Patient Movement Technology
 - Aggregates patient and bed data across the event to facilitate patient movement.
 - Allows rapid input and real-time management of data.
 - Patient matching is done by trained SMEs.
 - Real-time dashboards for shared situational awareness.
- Role groups within the Patient Movement Platform
 - Transferring Facilities
 - Receiving Facilities
 - Bed Matching and Transport Teams
 - Health Authorities
- Situational Awareness Dashboard
 - Allows partners to visually see high-level incident awareness and patient placement locations.

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	<ul style="list-style-type: none">• More information will be provided and shared after the Connecticut Medical Response and Surge Exercise (MRSE).• Paul Wentworth asked how the RDHRS platform works with the NDMS platform. Is it a parallel system or does it replace the existing system? – This is not a direct collaboration, but more information can be provided about collaboration that exists with NDMS.• Paul Rabeuf asked about the DMTs<ul style="list-style-type: none">○ Jackie Nally from RDHRS has been working with teams at MGB and UMass to develop these teams.○ DMTs can be used to provide resources, specialized care, or assistance during an incident.○ DMTs can deploy during an incident, or they can provide technical assistance.

Coalition Updates

- Welcome Lia! Lia is our newest Readiness and Response Coordinator.
- Budget
 - BP3 funding
 - As a new ASPR announcement, BP3 is fully funded for coalition work! We expect to continue this work fully funded through the HPP program.
 - Next, states will receive their funding allocation amounts. However, there is not an indication that the funding formula will change.
 - The new budget cycle will be started soon with the Executive Committee and DPH.
- Bylaws and Voting
 - There are a number of changes that have been made to the CT HCC bylaws. The most updated version of this document can be found at <https://cthcc.org/bylaws>.
 - A voting table has been added that updates who can vote on what coalition business. This table has also been added to the coalition website, along with an updated list of Executive Committee and Voting Members. It can be found at <https://cthcc.org/voting-members/>.
 - Coalition Chair and Co-Chair responsibilities have been expanded to allow voting on both Executive Committee and Full Coalition business.
 - ESF-8 appointees will continue to vote on Executive Committee business. However, ESF-8 representatives will no longer have a vote in full coalition business. We encourage the constituent members of ESF-8 groups to join the coalition as their own, separate voting member organizations.
 - Plans are now a type of coalition business that the Executive Committee can vote on.
 - The Executive Committee has voted on Special projects in the past, which is now officially outlined in updated voting tables.
 - System-level organizations, such as healthcare systems made up of multiple hospitals, can determine if they organize as voting members on a system or facility level. If individual facilities would like to organize separately from their health system, they can still do so.
 - If organizing at a system level, the bylaws now require you to obtain written consent from all participating facilities. CT HCC staff will be in touch with these organizations with further details.
 - If any organization information (facility name, representatives) changes in this or other processes, please submit an updated membership agreement.
 - Membership Audit
 - The bylaws now outline that a membership audit will be conducted twice a year to ensure that members have attended their six required activities to remain in good standing.
 - This audit has taken place. On 2/13, CT HCC staff contacted any coalition members who had not yet attended six or more activities with information about the number of activities that their organization needs to attend before June 30, 2026.
- Special Projects Update
 - Kim reviewed the Special Project timeline with the group. The Executive Committee will be meeting to discuss projects on February 23, after which a vote will be open for seven days.

Agenda Item	Meeting Notes
	<p>Once voting closes on March 2, CT HCC staff will begin administering projects or working with applicants on next steps. For more information, please see the timeline below:</p>  <ul style="list-style-type: none"> <p>2/4 - Bylaws Passed</p> <ul style="list-style-type: none"> • Includes a provision that the Executive Committee can vote on Special Projects <p>2/16 – Executive Committee Received Projects</p> <ul style="list-style-type: none"> • A packet was sent out to the entire committee for review <p>2/23 – Executive Committee Meeting and Voting</p> <ul style="list-style-type: none"> • For final discussion on project packet • Virtual vote will open at this time <p>3/2 – Voting Closes</p> <ul style="list-style-type: none"> • CT HCC Staff will discuss next steps with all relevant organizations who may be involved in a project • CT HCC Staff will work to ensure projects are complete by end of June <ul style="list-style-type: none"> • Annual CT HCC Conference <ul style="list-style-type: none"> ○ The CT HCC conference will take place on April 28, 2026 at the Courtyard Marriot in Cromwell Connecticut. ○ The conference will include five confirmed speakers who will include a communications theme in their emergency preparedness presentations. ○ There will also be a communications and utility failure exercise. ○ For more information, or to register, please go to https://cthcc.org/conference. Breakfast, lunch, registration, and parking are all free! • MRSE Registration <ul style="list-style-type: none"> ○ Registration for the Medical Response and Surge Exercise has closed. We look forward to seeing all partners during the exercise, which will take place on Wednesday, February 25.
Round Table Updates	<ul style="list-style-type: none"> • Paul Wentworth: <ul style="list-style-type: none"> ○ Thank you to the Department of Health Preparedness Colleagues for help during an incident at Johnson Memorial Hospital. ○ They DEMHS and the local fire department provided heat in the ED during a cold day. • Clinical Advisor Update: <ul style="list-style-type: none"> ○ Lynn has been assisting with MRSE prep. • Region 1 <ul style="list-style-type: none"> ○ BIO 100 Tabletop and BIO 200 tabletop exercises in development. ○ The first tabletop will take place on March 19th from 9-12 in Fairfield, focused on an anthrax incident ○ The second will take place on April 19th at Bedford Middle School. There will be a mock POD with pill distribution.

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	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ The region is currently working on their HVA. ○ Mike Vincelli indicated that there are a variety of classes from the region. ● Region 2 <ul style="list-style-type: none"> ○ No one present – no updates ● Region 3 <ul style="list-style-type: none"> ○ The Duty Officer Handbook has been updated and will be tested during the MRSE. ○ Bio 100 and 200 exercises are under development with East Hartford. ● Region 4 <ul style="list-style-type: none"> ○ A tabletop exercise was just held. ○ A full-scale exercise will follow in June with a scenario of anthrax. ○ Brian Pasquerell will be speaking on self-care for first responders and healthcare workers. ○ The National Guard will be speaking on their role in declared emergencies. ○ Kris Magnussen is retiring! Congrats to her. ● Region 5 <ul style="list-style-type: none"> ○ In Region 5, a long-term facility nearly had to evacuate due to lack of heat. However, ambulances on scene from multiple agencies showed up and provided support from across the region. Thank you. ○ A bill was introduced (HB 5046 – Public Safety Committee Leadership) which focuses on firefighters and law enforcement. However, since Kyle Kelly has reached out to local representatives, EMS has been added to this bill. ● EMS Updates <ul style="list-style-type: none"> ○ Ralf had no updates but a great presentation. ● CT DPH <ul style="list-style-type: none"> ○ DPH has found a cache of test pills bottles, which were provided by the Strategic National Stockpile years ago for training purposes that can be used in the BIO 200 exercises. DPH will provide the host health departments a shipment for those pills for use in the functional exercises ○ DPH launched a survey for the risk assessment for this 5-year period of performance for the PHEP and HPP grants in January. It is due February 20. Message matthew.bryan@ct.gov with questions regarding the survey. ● Local Public Health <ul style="list-style-type: none"> ○ Naugatuck Valley Health Department <ul style="list-style-type: none"> ▪ In recognition of Heart Month, Fairfield Health Department has coordinated a statewide Hands Only CPR Challenge. The participation is being logged by residence town and Local Health District (LHD). We will see at the end of the month which LHD has the highest participation rate! The challenge can be accessed here: https://docs.google.com/forms/d/e/1FAIpQLSemJ7aDEXoaOrKWOCbOT7pXRogdx8mXBdfAialeVEV3-ngJaw/viewform?fbclid=IwY2xjawPwgadleHRuA2FlbQlxMABicmlkETE5OWtkVHJkNFVJ

Agenda Item	Meeting Notes
	<p>ejZhZW1xc3J0YwZhcHBfaWQQMjlyMDM5MTc4ODlwMDg5MgABHkoEiDj_3YeLJ7KMzJkNSo3qTJPI-n6CQWzVaRVk8vt3Yk4jwcZZJwbC7RG1_aem_5KdksKxMfSJ72o4ZQHrxwA</p> <ul style="list-style-type: none"> ▪ Legislative updates are happening this session that Public Health will be advocating for. ▪ Several of local health departments have recently experienced major water main break issues with public health implications. Lessons learned will impact local plans across the state. ○ Region 2 PHEP <ul style="list-style-type: none"> ▪ Nora Hartnett provided an update. ▪ The Region 2 Bio 100 tabletop exercise is scheduled for April 1st in Wallingford. This will exercise Wallingford's POD plan. Region 2 Bio 100 TTX: https://forms.gle/FuxQDExM2kR5W3oB6 ▪ A majority of local health departments in Region 2 have completed the jurisdictional risk assessment. • DEMHS – Jon Hartenbaum provided an update <ul style="list-style-type: none"> ○ Trainings <ul style="list-style-type: none"> ▪ DEMHS is running multiple position-specific courses over the next few months, if anybody's interested in attending. <ul style="list-style-type: none"> • Next week is Logistics Section Chief • March: OP Section Chief • April: Planning Section Chief • May: Safety Officer ▪ The All-Hazards course was delayed due to a snowstorm. DEMHS is working to reschedule this. ○ CCM <ul style="list-style-type: none"> ▪ The annual CCM conference at Camp Nett is being expanded beyond a one-day course to include trainings the day before. ▪ There will be a CERT exercise, and a few 4-hour courses taught by University of Hawaii, and CDP. ▪ For more information, go to https://www.ccm-ct.org/ ○ Public Act 25-160 – DEMHS will be providing training in a newly-launched bleeding control program that is distinct from Stop The Bleed. <ul style="list-style-type: none"> ▪ Jenn Atkins asked if DEMHS-approved partners would be needed to teach Stop The Bleed. However, this process is separate. Paul Rabeuf clarified that there is a simple application process to become a teacher. ○ Threat assessment and evaluation courses are available. There is a 4-hour, 8-hour, and 3-day course available on CT Train. ○ As of last week, the MFH no longer exists. The asset has been taken out of service. Next steps will need to be taken on this.

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	<ul style="list-style-type: none"> ○ The FIFA World Cup is coming. DEMHS is collaborating with New England states and keeping tabs on the situation. ○ Mike Vincelli mentioned that there would be a strike team during the three-month World Cup period. ● LTC-MAP <ul style="list-style-type: none"> ○ ProtectAdvisr will be supporting next week's MRSE. If anyone needs support ahead of the exercise, reach out to support@protectadvisr.com with your name, title, facility, email address and phone number, we'll get that set up for you.
Wrap Up and Next Meeting	<ul style="list-style-type: none"> ● April Coalition Meeting Cancellation – in lieu of an April meeting, please register for and attend our conference. You can learn more and register for free here.

Last Name	First Name	Organization
Albert	Kevin	YNHH Bridgeport Hospital
Atkins	Jennifer	New Haven Health
Bloom	Ande	Eastern Highlands Health District
Boissevain	Andrea	Stratford Health Department, ESF-8 Region 1
Brown	James	UConn Health/John Dempsey Hospital
Calciano	Rafaella	CT OEMS
Cerullo	Kim	CT HCC/All Clear
Cousins	Samantha	Trumbull Health Department
Dahl	Jim	CT DPH
Darlagiannis	Sara	Uncas Health District
Farley	Jennifer	Hospital for Special Care
Fleming	Katelyn	Region 1 RDHRS
Gerrish	William	CT DPH
Gill	Amanda	Community Health Center, Inc.
Gonzalez	Jay	Connecticut Children's
Granoth	Michael	YNHH
Griceviciute	Emilija	Naugatuck Valley Health District
Hartenbaum	Jonathan	CT DEMHS
Hartnett	Nora	Chesprocott Health District
Hawks	Renata	Southwest Community Health Center
Hayes	Lynn	CT HCC Clinical Advisor
Iorfino	Brianna	YNHHS Greenwich Hospital
Jacozzi	Sue	Trumbull Health Department
Jossem	Nicholas	CT Region 1
Karpourkhina	Nastia	American Red Cross and Region ESF-6 Chair
Kokaram	Stacey	Region 1 RDHRS

Last Name	First Name	Organization
Kristy	Jess	CADH/NVDH/Region 5 ESF-8 and MRC
Luis	Jen	Housatonic Valley Health District
Magnussen	Kris	ESF-8 Region 4
Massey	Beth	Hospital for Special Care
McCormack	Katherine	CR-MRC
McCormack	Patrick	Uncas Health District
McGuire	Andy	Jensen Hughes
McVeigh	Shaileen	Pediatric Pandemic Network
Pappas	Maryanne	CT DPH
Patel	Bijal	Region 1 RDHRS
Pelazza	John	YBHHS Ambulatory EM
Perez	Jose	Aveanna Healthcare
Rabeuf	Paul	Harford HealthCare
Randazzo	Lia	CT HCC/All Clear
Reynolds	Judith	CT OEMS
Schwartzner	Ginny	CT HCC/All Clear
Shuck	Kevin	YNHH
Skarote	Mary Beth	CT HCC/All Clear
Srenaski	Pat	Hartford HealthCare
Threatt	Judie	Glastonbury Health Department
Turek	Patric	Hartford HealthCare
Urbansky	Ed	CT DDS
Van Aelst	Kim	CT DPH
Van Oostendorp	Corey	Norwalk Hospital (Nuvance/Northwell Health)
Vincelli	Mike	Region #1 Aspetuck Health District, Wilton health Department, Deputy EMD Town Of Weston, CT
Wentworth	Paul	Trinity Health Of New England/Johnson Memorial Hospital

NEXT ACTIVITY: CT HCC Conference

April 28, 2026, 8 AM – 5 PM

Learn more and register for free [HERE](#)

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