

State agency H1N1 Call

Friday, October 16, 2009

INTRODUCTORY REMARKS: Peter Boynton Commissioner, Connecticut Department of Emergency Management And Homeland Security

1. DEMHS has 3 activation modes, and we are currently in the initial stage or "monitoring mode" for H1N1. This means we are monitoring the situation, but the State Emergency Operations Center has not yet been activated. If the situation escalates, the State EOC may be partially or fully activated if needed
2. DEMHS is taking preparatory actions for H1N1 in coordination with THE GOVERNOR'S OFFICE, DPH, DAS and other agencies, including:
 - a. Weekly H1N1 situational meetings with DPH, DAS, DOIT, SDE, and the Governor's Office to address policy issues related to H1N1.
 - b. Establishing WebEOC as a situational awareness tool for H1N1. Additional WebEOC training is scheduled over the next 2-3 weeks and state agencies have been asked to designate individuals for training in Web EOC.
3. A Public Information Team has been established to work with DPH to provide timely, accurate, and consistent information on H1N1. As an example, a weekly H1N1 Situation Report for Connecticut is being sent every Thursday to the local emergency management partners and chief executives, and state agencies through the DAS ECC system. The first weekly H1N1 situation report was sent on October 8th. MORE INFO WILL BE PROVIDED ON THIS TOPIC LATER IN THE AGENDA.
4. DEMHS has also requested agencies that staff the Emergency Operations Center to participate in an EOC review session scheduled on October 21 at the State EOC. The purpose is to review EOC procedures in the event of activation and ensure that any gaps among agency EOC reps due to retirements have been filled and trained.
5. TRAINING INFORMATION
 - a. State Agency COOP Board trainings are Monday October 19, October 22, and November 5, all classes from 9 AM to noon, held at EOC/Armory.
 - b. State agency "EOC Liaison" training is Wednesday the 21st from 12:30 to 4 PM at the EOC/Armory
6. In addition to having developed an internal COOP plan, we have also developed a plan for preparatory actions beyond those contained in the COOP plan. While the COOP plan focuses internally on sustaining agency functions, there may be preparatory actions focused on customers external to the agency that should be taken in preparing for H1N1.

**H1N1 VACCINE STATUS UPDATE: Leonard Guercia,
Operations Chief, Connecticut Department of Public Health**

1. As of this date, approximately 82,000 H1N1 vaccine doses have been received in Connecticut.
2. About half of these are the adult formulation H1N1 inactivated injection.
3. DPH is currently taking orders from registered health care providers and Mass Distribution Areas (MDAs) for next week's delivery.
- 4.
5. DPH currently has in storage 25% of our allocation of personal protective equipment (PPE) from the Strategic National Stockpile. This includes:
 - a. 152,000 surgical masks
 - b. 309,000 N-95 masks from both Kimberly Clark and 3M

**CROSS-AGENCY COOP UPDATE: Martin Anderson, PhD.,
Deputy Commissioner, Connecticut Department of Administrative Services**

- 1) With only a small number of exceptions, state agencies have accomplished 3 important milestones in the effort to maintain the services they can't stop doing during a time of extraordinary absenteeism due to employee's being ill or caring for someone who is ill:
 1. They either have an original continuity of operations plan developed during 2007 and 2008 or an updated plan for 2009 as ordered by the Governor;
 2. They have an Incident Management Team formed around Continuity of Operations with identified and updated membership for that team;
 3. They have a virtual or real emergency command center for purposes of Continuity of Operations that includes a designated telephone number, fax number and email list. We have already reopened the lines of communications with command center personnel with some initial emails about Pandemic Influenza A H1N1.

And just as an aside, I'm sure that most all agencies have already had a taste of a continuity of operations exercise following the 3,900 or so persons taking the RIP and exiting state service. To give you some perspective, we did some queries in Core-CT and found that on any given day, an average of 4.7% of our workforce is out ill, on vacation, or otherwise gone. That number is, more or less, our benchmark for small and large employee outages realizing that some agencies have appreciably more just like others have appreciably less.

- 2) We have formed a Pandemic Flu A H1N1 operations team with a handful of agencies that include Public Health, Emergency Management and Homeland Security and DAS. This team will work with the Governor's office to guide and respond to state agencies during a pandemic event and to report to the Governor, the state Emergency Operations Center, and her PIO on the standing of state agencies and services. The point of this team is that as the pandemic event proceeds and goes through its life cycle, this H1N1 Operations Team will be responsible for communicating recommendations to agencies based on the facts and circumstances that present themselves. For example, based on the science and other information at our disposal, this is the team that will issue communications and directions to the agencies such as a) when we believe it is time to stop mass meetings and gatherings of employees; b) when it is time to restrict or alter access the public has to certain spaces; c) when or if employees should wear personal protective equipment, etc., which may then prompt agencies to exercise certain portions of their COOP plans. The point of emphasis is that agencies will not have to live solely by their own devices during the event; we will have an ops structure to monitor and guide them and to unveil strategies it is believed they should implement and to communicate on strategy and direction;
- 3) We will use the emergency command center—ECC--email list tree constructed through DOIT along with agency head/executive director email lists for outbound communications (in conjunction with telephone calls) to keep agency incident management teams (IMTs) and agency leadership informed of ongoing, emerging, and emergency issues;
- 4) We are in final preparation to use WebEOC DAS COOP Board as the way for agencies to communicate their status during a pandemic event that can be summarized for DAS to brief the Governor's office and decision-makers. We have opened training exercises for agency users of the system and have already asked agencies to identify the persons who will need training and passwords/Ids to enter the system. The first of these sessions is October 19th and the second is October 22nd with a third to be scheduled as needed. As of noon today, there was still space for registrants for both sessions. Being web based software that you use with an Internet browser, agency personnel can supply information on WebEOC from anywhere that they have an Internet connection and persons needing the information being supplied can access it the same way—dependent upon the security levels and types they have been granted. We want to have backup of at least 3 deep for persons who can use WebEOC in each agency with the backups to be trained by the persons attending the October training. During the height of illness and employee outages, we will probably want status updates at least daily. We have designed the state agency WebEOC board to be simple and to include pretty basic information about the standing of the agency and key personnel.

In line with this point, we received a question on whether or not DAS is keeping a skill bank of employees to draw from during an emergency. The most straightforward answer is “no” although we can always search for persons in job classes and occupational groups statewide and identify recent retirees. Why I bring this up at this point is that one feature that DEMHS built into the WebEOC DAS COOP Board as a place where agencies may request help of different sorts which obviously could include personnel with certain knowledge and skills and we can help be a clearinghouse for such requests.

- 5) Be expecting further updates and information through the ECC email communication structure.
- 6) As a reminder for anybody playing catch up or simply wanting a review, DOIT deposited the seminal documents, forms and presentations used during the four training sessions of Continuity of Operations Planning on their website. I encourage you and your employees to review those documents, as needed; particularly staff that are newly engaged with your agency's COOP efforts.
- 7) We have received questions from a couple of agencies asking about policies on sending home people who have obvious flu-like symptoms, what to do with people who are sick with the flu but have exhausted sick leave time, and so forth. I think that the best thing to say right now is that we cannot give you definitive guidance of this kind today that will last through the duration of this event because so many things can change between now and when we are in the height of flu outages. I remember all of the panicked calls last spring regarding employees who were vacationing in Mexico and asking us what we were going to do to keep them from showing up at work when they returned. In retrospect, the only problem we had was people coming back to the workplace with better tans than we had. Anyway, my point is that based on the facts of the situation, information and recommendations will be passed along to the agencies at that time.

But let me give you the short story from the Equal Employment Opportunity Commission with respect to the Americans with Disabilities Act and Influenza A H1N1 and sending people home who have flu like symptoms. At this point in time and the fact that it appears that the virulence of H1N1 is not much worse for adults than seasonal flu and is no worse or dangerous than when it first appeared in the US last Spring, that sending someone home or treating them differently on the basis of suspecting they are infected may be sufficient grounds for them to take action against us because they will be covered by the ADA. If this virus mutates and takes a bad turn and becomes more dangerous, we have another story. If someone is so sick with anything including a hangover that they simply can't work, that also is another story and they could be sent home for incapacity. However, let's keep some perspective here: The two people I have known who have had this were plenty sick with fevers and chills and had no interest in doing anything let alone dragging themselves to work for the 8-10 days it took to become fever free.

- 8) On sick leave issues, I am aware that there is a significant percentage of employees that could not be sick 8 to 10 days without running out of sick time and I assume the same people would have no or little vacation to fall back on. For right now, I think the only things we can do is encourage employees to save sick time for when they are sick and to review bargaining unit contracts for how advance sick leave and other provisions can be applied for eligible employees if they run into those situations and don't have any other types of leave that they can use.

**H1N1 COMMUNICATION COORDINATION: Lynn Townshend,
Executive Assistant to the Commissioner/Flu Central Coordinator, Connecticut
Department of Public Health**

1. Oneness of message as a state is imperative.
2. The H1N1 situation is a fast-moving and ever changing event.
3. Messaging is moving at an equally fast pace as the event itself.
4. Many among you have wanted to communicate H1N1 messaging to your respective staffs and publics. For that, DPH & DEMHS are appreciative.
5. So that we may serve you best, the Governor's office along with senior communications staff at DPH, DAS, DEMHS have set up a special email address (teamH1N1@ct.gov) whereby we can review your H1N1 messaging for both internal and external audiences.
6. Our goal is to make certain that your H1N1 messaging is as consistent and accurate as that being put out by the Governor's office, DPH, and DEMHS at any given moment.
7. We are here to serve you and your communication needs as this event moves along.
8. We urge you to make use of the teamH1N1@ct.gov.
9. Individual communications questions or concerns may be addressed through the DPH Flu Central at lynn.townshend@ct.gov.