

STATE OF CONNECTICUT



DEPARTMENT OF PUBLIC HEALTH

OFFICE OF THE COMMISSIONER
410 CAPITOL AVENUE
HARTFORD, CONNECTICUT 06105

MILITARY DEPARTMENT

OFFICE OF EMERGENCY MANAGEMENT
360 BROAD STREET
HARTFORD, CONNECTICUT 06105-3780

August 14, 2003

TO: Regional Planning Organization Executive Directors
Local Emergency Planning Committee Chairs
Local Health Department Directors
Hospital Chief Executive Officers

RE: Regional Emergency Response Planning

The Connecticut Office of Emergency Management (OEM) and the Connecticut Department of Public Health (DPH) are working together with the Federal Government and the Governor's Office to assure Connecticut's preparedness for all emergencies, including terrorist threats.

DPH and OEM have partnered with the Regional Planning Organizations, representing the municipalities and tribal nations; the Connecticut Association of Directors of Health, representing local health departments; and the two Hospital Centers for Excellence in Bioterrorism Preparedness (Hartford Hospital and the Yale New Haven Health System), representing acute care hospitals and other healthcare agencies to develop the required local, regional, and statewide preparedness plans during the next 12 months. By consensus, it was agreed that the existing regional planning infrastructure will be used to develop a comprehensive, all-hazard emergency response plan that incorporates deliberate acts of terrorism and other threats to the public's health. Such an integrated process takes advantage of the emergency response system that is already in place, minimizes the proliferation of emergency protocols for different types of emergency incidents, and provides a common planning design and language that spans the type of incident and multiple layers of governmental jurisdiction.

You are asked to review the enclosed materials that identify your planning partners and describe the need for a regional emergency response planning process. In order to be inclusive, one of the first priorities should be to develop a regional planning committee or to enhance existing emergency planning committees to include health and hospital representatives, along with other traditional first responders. Over the next several months, the planning committees will be provided with emergency and bioterrorism response planning models and technical support to develop the regional response plans.

It is anticipated that Federal funds will be used to facilitate that planning process to assure consistency across the planning regions and compliance with State and Federal guidance.

We appreciate all that you have contributed to Connecticut's preparedness for bioterrorism and other emergencies, and look forward to your active participation in continuing the planning process. Only through a cooperative and collaborative effort on all of our parts will the State be able to meet the desired goals: the health and safety of the citizens of Connecticut.

Sincerely,

Norma Gyle, RN, Ph.D.
Acting Commissioner
CT Department of Public Health

Thomas P. Thomas
Deputy Director
CT Office of Emergency Management

Connecticut Department of Public Health

Regional Planning for Emergency and Public Health Preparedness

Summary

This paper presents a rationale for integrating federal, state, and local emergency planning initiatives into one process to better prepare for and respond to public health emergencies in Connecticut. It briefly describes the emergency planning process and explains how the Connecticut Department of Public Health (DPH) and its planning partners can use an existing regional planning infrastructure to develop a comprehensive public health preparedness plan that will be incorporated into an all-hazard emergency response plan.

Background

In 2002, the federal government charged all states to develop emergency response and public health preparedness plans. The plans are to identify how the traditional state, regional, and local responders, including public health and health care delivery agencies, will respond to various emergencies, including those involving mass casualties due to a terrorist incident. Due to the recent experience with anthrax in Connecticut, Washington, and Florida, and the potential threat of smallpox exposure, there is a national urgency to prepare to respond to bioterrorist threats. Three federal agencies provided funding and guidance over the last 18 months to direct the planning activities of over 500 Connecticut agencies and organizations involved in emergency and public health preparedness.

The Centers for Disease Control and Prevention (CDC) granted funds to state health departments to develop state and regional plans for responding to incidents of bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

The Health Resources and Services Administration (HRSA) provided funds to state health departments to develop bioterrorism preparedness plans and protocols for hospitals and other participating health care entities, such as emergency medical services systems, primary care associations, and VA or military hospitals. These health care service entities are expected to rely on these plans to describe their response to emergency situations arising from all sources, not just bioterrorism.

The Federal Emergency Management Administration (FEMA) recently made funds available to state emergency management agencies to review local Emergency Operations Plans (EOP) and develop regional response plans for mass casualty incidents involving chemical, biological, radiological, or conventional weapons.

As charged by its federal partners and the Connecticut legislature (P.A. 03-236), DPH has the responsibility to develop a comprehensive statewide public health response plan for biological terrorism and other public health emergencies. The Connecticut Office of Emergency Management (OEM) is mandated to develop a statewide comprehensive all-hazard emergency response plan (C.G.S., Section 28-5). Consequently, DPH and OEM are leading the state's emergency and bioterrorism response planning initiatives and working together to incorporate the separate planning efforts into newly developed or existing state emergency response plans.

Emergency Response Planning

The U.S. Department of Health and Human Services (DHHS) and FEMA recommend an integrated approach to planning for and responding to disasters, emergencies, and other hazards, like terrorist incidents. The basic rationale for this is to take advantage of assets and relationships among agencies that are already established for the purpose of addressing emergencies, relationships among police, fire, public health, and emergency medical services. Since the infrastructure for planning for and responding to other disasters and emergencies is already in place, it is considered important to organize the planning process for bioterrorism and other public health emergencies within this existing framework.

FEMA has prepared a model Emergency Operations Plan (EOP) as a guide to state and local jurisdictions in their plan development. FEMA's model EOP is designed to be an all-hazard plan that identifies functions common to all emergencies and the agencies responsible for performing those functions. In a sense, it is a comprehensive enumeration of all the

Regional Planning for Emergency and Public Health Preparedness

Page 2

components that should be addressed under a wide variety of emergency situations. The EOP describes who will do what, by what authority they will do it, with what resources, and when they will do it, before, during, and after an emergency incident. The model EOP can be applied to all levels of jurisdictional authority—municipal, regional, state, and national. For example, the EOP defines the circumstances required for a municipal public safety agency to evacuate residents in any emergency, such as a flood, hurricane, or tornado.

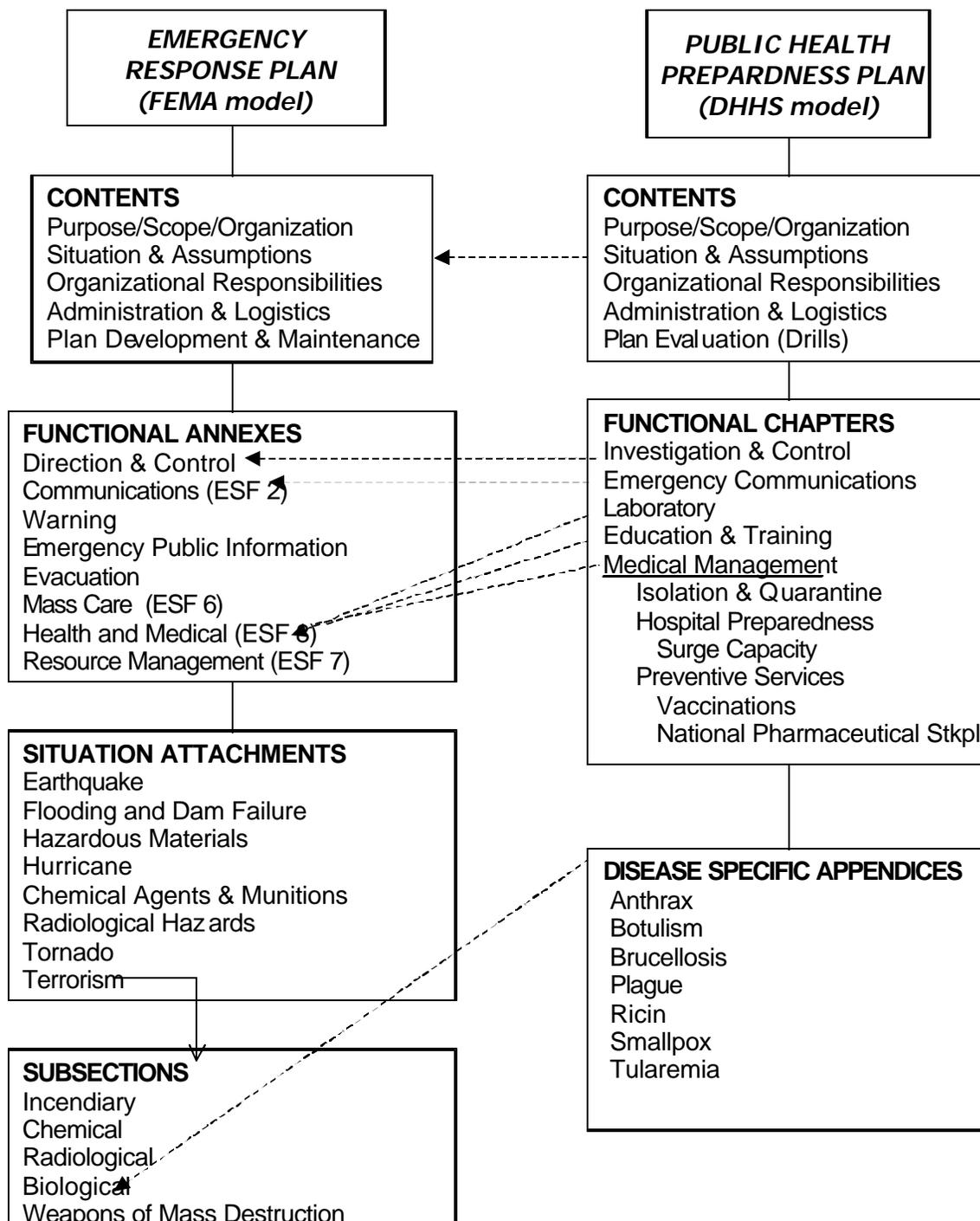
EOPs are required to have a supplement of functional annexes that identify the specific tasks necessary to address critical emergency functions. Each function is labeled as a separate annex letter or Emergency Service Function (ESF) number. For example, Annex B or ESF 2 represents the communication functions to be performed during any emergency.

An EOP should have a second supplement of hazard-specific appendices that provide additional detailed information applicable to a particular hazard, such as terrorism, tornado, or hurricane. Biological, chemical, radiological, and explosive incidents are included as subsections within the terrorism appendix. The model EOP includes a bioterrorism component that can be designed according to CDC planning models.

CDC prepared planning guidance for state public health officials regarding the public health response to biological and chemical terrorism. The guidance was designed to help state public health officials determine the roles of their departments in response to biological and chemical terrorism and to understand the emergency response roles of local health departments and the emergency management system. In addition, the CDC developed guidelines for state and local health officials to effectively respond to a smallpox emergency. These guidelines identify many of the federal, state, and local public health activities that need to be undertaken in a smallpox emergency.

Employing the structure of FEMA's model EOP and CDC guidance in the development of plans addressing bioterrorism and other public health emergencies, allows the development of public health plans that contain elements in common with all-hazard emergency response plans and that will have a structure that is familiar to all of the agencies that traditionally respond to public emergencies. This model would provide something like a common language for organizing and executing an emergency response that bridges levels of governmental jurisdiction from the local to the federal level and localities across the state, region, or country. Figure 1, on the following page, illustrates how a public health preparedness plan contributes to an emergency response plan.

FIGURE 1. INTERRELATIONSHIP OF EMERGENCY RESPONSE AND PUBLIC HEALTH PREPAREDNESS PLANS



Planning Partners and Their Responsibilities

Protection of the population in the event of a disaster or plausible threat is one of the fundamental responsibilities of government. Consequently, in the event of disaster or emergency, the public expects leadership, direction, and protection from the agencies of government, their elected officials, the police and fire services, and the public health departments. The level of government that takes precedence of responsibility and command depends on the size, scope, and severity of the emergency. Any real or suspected terrorist incident, however small in scope, would immediately involve federal- and state-level authorities.

National

Besides funding bioterrorism and emergency response planning, DHHS and FEMA provide guidance for and technical assistance to state and local health agencies to develop response plans. At the national level, the Association for State and Territorial Health Officials (ASTHO) and the National Association of City and County Health Officials (NACHO) have taken an active role in providing a national forum for state and local public health leaders to work with Federal agencies in emergency preparedness.

State

The State of Connecticut provides emergency response leadership through the Governor's Domestic Preparedness Senior Steering Council with representatives from the federal, state, and local agencies involved in preparedness activities. DPH and the Military Department's Office of Emergency Management (OEM) are leading the state's public health preparedness and emergency response planning initiatives.

DPH, as the lead administrative and planning agency for public health initiatives, established the Public Health Preparedness Advisory Committee to draw together public and private, state and local, emergency and bioterrorism response partners to begin the dialogue of how to respond to a health emergency in Connecticut. DPH contracted with their state partners, the Connecticut Association of Directors of Health (CADH) and the Hospital Centers of Excellence for Bioterrorism Preparedness (CoEs) to design and develop local and regional public health preparedness plans. DPH will assume the responsibility to develop the comprehensive, statewide plan.

OEM, as the lead administrative and planning agency for emergency management, contracted with the Regional Planning Organizations (RPOs) in Connecticut to work with their municipal representatives to develop regional response plans for mass casualty incidents involving chemical, biological, radiological, or conventional weapons.

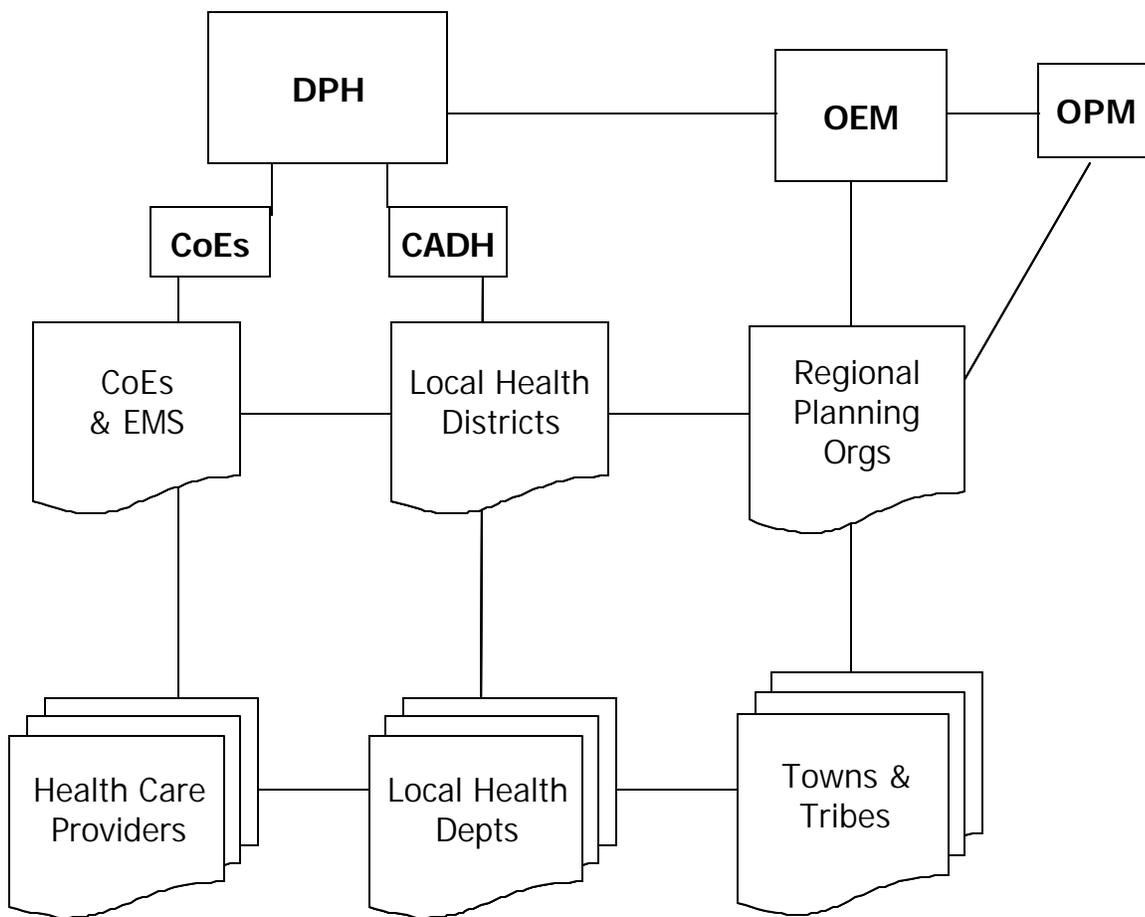
Local

In addition to state-level assets, many important resources for emergency response are organized at the local level, in municipalities (e.g., public safety, fire, public health, and emergency medical services). In almost all emergency situations, these local public assets will be deployed and utilized, and will assume key command responsibilities in organizing and coordinating a response. Even with the deployment of federal or state assets, municipal officials will be expected to be able to carry out the Governor's directives before, during, and after an emergency.

At the local level, all 169 municipalities and two federally recognized tribal nations have their own governing councils, police and fire departments, and emergency management departments. There are 89 municipalities that are served by 18 health districts, 29 municipalities that employ full-time health directors, and 52 towns rely on part-time directors. Within each community there are emergency service providers that contract with local government and hospitals to provide pre-hospital emergency treatment and, in some cases, non-emergency transportation for disabled persons. Other health services are provided at the local level by home health care agencies, skilled nursing facilities, community health centers, and urgent care centers.

As a result of the national and state initiatives, the local health directors are working with DPH and CADH to develop local and regional bioterrorism response plans, the health care providers are working with DPH and their CoE to develop regional health emergency response plans, and local emergency management directors are working with OEM and their RPO to update local emergency operations plans and develop regional all-emergency response plans. Figure 2 presents the planning partnerships at the State, regional, and local levels. A list of the regional planning partners and contact information is attached to this report.

FIGURE 2. CONNECTICUT'S EMERGENCY RESPONSE PLANNING PARTNERSHIPS



Planning Regions

A significant disaster, emergency, or incident will not affect just one community. This is one reason why federal funding focuses on municipal jurisdictions and the integration of local plans into regional plans. Each of Connecticut's 169 municipalities is autonomous in its leadership, but the majority of local officials are active participants in regional consortiums, the purpose of which is to share scarce resources and cooperate for common interest. In support of this cooperation, the Office of Policy and Management (OPM) designated 15 regional planning areas, served by regional planning organizations or RPOs, to address issues that cross municipal borders, such as economic development, transportation, water supplies, and solid waste management. Because Connecticut does not rely on a county-based structure for regional government, these regional planning areas and their RPOs provide a logical quasi-governmental structure for regional governmental organization for planning purposes.

An example of an integrated regional emergency planning process is already established in Connecticut. Specific to emergency management, the RPO for the Hartford area recently formed the Capitol Region Emergency Planning Committee to develop the Regional Emergency Disaster (RED) plan. The RED plan provides a framework for local, state, and federal governments, public agencies, the private sector and volunteer organizations, medical facilities, schools, and universities to collaborate in planning, communication, information sharing, and coordination activities before, during, or after a regional emergency.

Another regional emergency planning initiative is the Metropolitan Medical Response System (MMRS). The MMRS relies on the coordination of local law enforcement, fire, public health, hazardous material personnel, emergency medical service providers, hospital, and others responding to a public health crisis. In Connecticut, the City of Hartford received DHHS funds to establish a weapons of mass destruction (WMD) response system that will contribute to the regional plan.

Specific to bioterrorism, Connecticut has a strategy for delivering emergency mass vaccination against smallpox to all state residents. Using the principles outlined in CDC's smallpox vaccination clinic guidance, DPH determined it was necessary to divide the state into 42 mass vaccination clinic planning regions. Each region has: 50,000 to 150,000 population; a full-time director of health to oversee planning; and contains whole local health jurisdictions (in many cases, two or more).

The challenge to DPH, in partnership with CADH and the CoEs, was to identify the most appropriate regions to coordinate all public health preparedness and emergency response planning and implementation. In recognition of existing regional alliances and the developing partnerships between public and private entities, DPH divided the state into 10 preparedness planning regions. Each region includes at least 1 intact regional planning area (some have combined 2 intact regional planning areas); all or a portion of municipalities in at least 1 health district; and at least 1 acute care hospital.

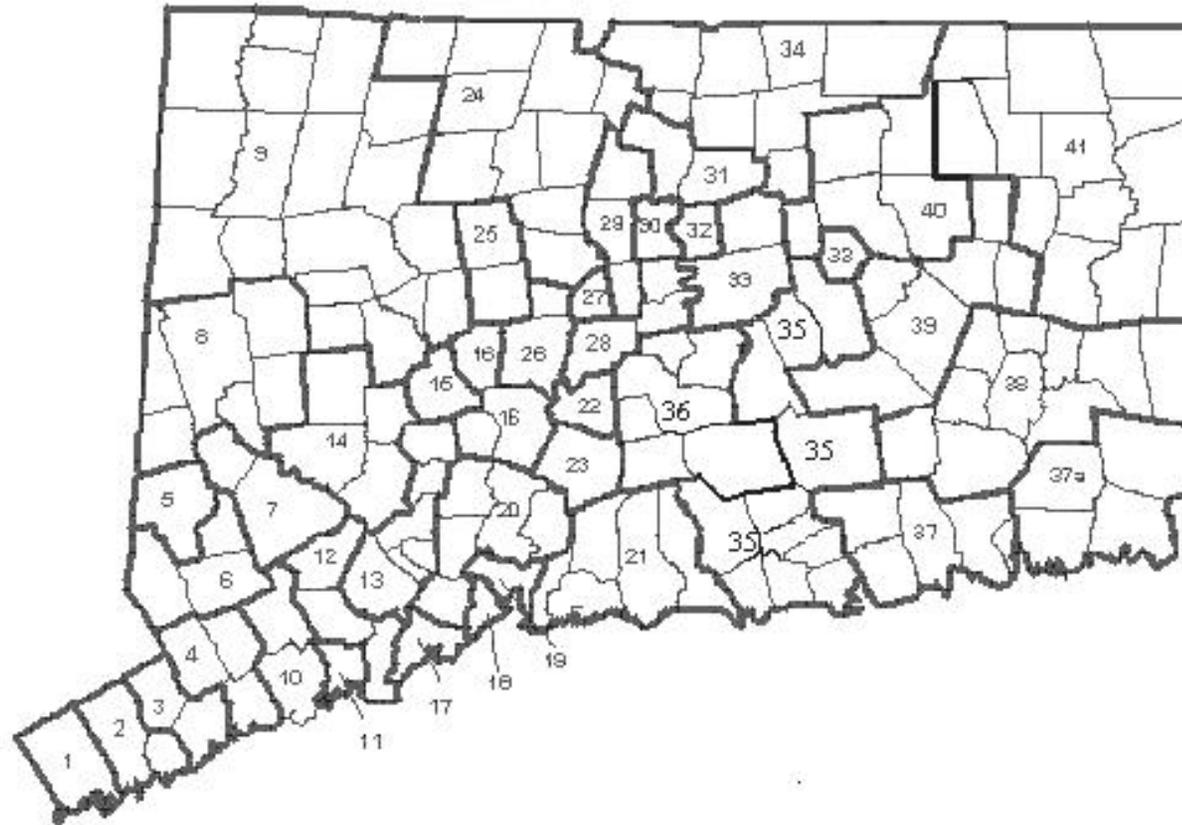
The following pages present maps of Connecticut's 42 smallpox mass vaccination regions and 10 preparedness planning regions with regional planning area boundaries, health department affiliations, and acute care hospital locations.

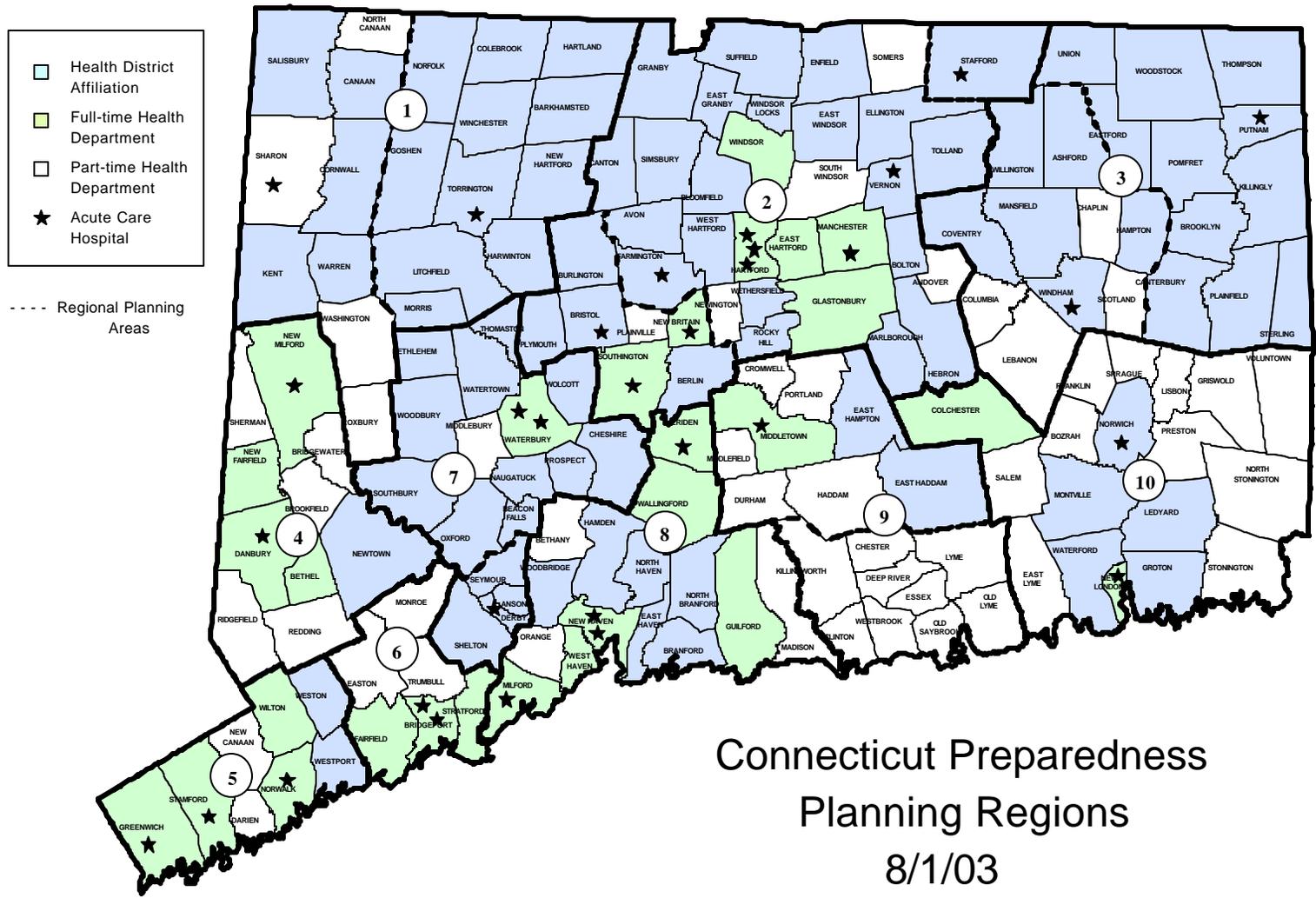
Conclusion

Municipal emergency management directors are currently working with OEM and their RPO to develop local and regional all-hazard response plans with terrorism annexes. Local public health and institutional health care providers are working with DPH to develop local and regional bioterrorism response plans. It is apparent that these presently parallel and separate planning processes can and should be integrated into a more efficient, single emergency planning process with a public health component by utilizing the existing regional planning infrastructure. Such a merger would take advantage of the emergency response system that is already in place and working for other, more familiar disasters and emergencies. It would minimize the proliferation of emergency protocols for different types of emergency incidents, and it would provide a common planning design and language which would span the type of incident, the governmental jurisdiction, and the geographical locality, promoting a more efficient, unified response to all types of emergency incidents.

Connecticut Smallpox Mass Vaccination Regions

Region Number	Lead Health Department/District
1	Greenwich
2	Stamford
3	Norwalk
4	Weston-Westport/Wilton
5	Danbury
6	Bethel
7	Newtown
8	New Milford/New Fairfield
9	Torrington Area
10	Fairfield
11	Bridgeport
12	Stratford
13	Naugatuck Valley
14	Pomperaug
15	Waterbury
16	Chesprocott
17	Milford
18	West Haven
19	New Haven
20	Quinnipiack Valley
21	East Shore/Guilford
22	Meriden
23	Wallingford
24	Farmington Valley
25	Bristol - Burlington
26	Southington
27	New Britain
28	Central Connecticut
29	West Hartford/Bloomfield
30	Hartford
31	Windsor
32	East Hartford
33	Manchester/Glastonbury
34	North Central
35	Chatham
36	Middletown
37	New London/Groton
37a	Ledge Light
38	Uncas
39	Colchester
40	Eastern Highlands
41	Northeast





Connecticut Preparedness
 Planning Regions
 8/1/03

PREPAREDNESS PLANNING REGIONS: MUNICIPAL & HOSPITAL PARTNERS

PREPAREDNESS PLANNING REGION: 1

REGIONAL PLANNING AREAS

Litchfield Hills Northwestern

CENTER OF EXCELLENCE

Hartford Hospital CoE

SMALLPOX PLANNING REGIONS

8, 9, 24

ACUTE CARE HOSPITALS

Sharon	Charlotte Hungerford
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HEALTH DISTRICTS & DEPARTMENTS

Farmington Valley
North Canaan
(PT)
Roxbury (PT)
Sharon (PT)
Torrington Area
Washington (PT)

MUNICIPALITIES

Barkhamsted	Kent	Salisbury
Canaan	Litchfield	Sharon
Colebrook	Morris	Torrington
Cornwall	New Hartford	Warren
Goshen	Norfolk	Washington
Hartland	North Canaan	Winchester
Harwinton	Roxbury	

PREPAREDNESS PLANNING REGION: 2

REGIONAL PLANNING AREAS

Capitol Region Central CT

CENTER OF EXCELLENCE

Hartford Hospital CoE

SMALLPOX PLANNING REGIONS

9, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 40

ACUTE CARE HOSPITALS

Bradley Memorial	Hartford	Manchester
Bristol	John Dempsey	New Britain Gen'l
Childrens Med Ctr	Johnson Memorial	Rockville St. Francis

HEALTH DISTRICTS & DEPARTMENTS

Andover (PT) New Britain (FT)
Bristol-Burlington Newington (PT)
Central CT North Central
Chatham Plainville (PT)
East Hartford (FT) Somers (PT)
Eastern Highlands South Windsor (PT)
Farmington Valley Southington (FT)
Glastonbury (FT) Torrington Area
Hartford (FT) W.Htfd/Bloomfield
Manchester (FT) Windsor (FT)

MUNICIPALITIES

Andover	Farmington	Somers
Avon	Glastonbury	South Windsor
Berlin	Granby	Southington
Bloomfield	Hartford	Stafford
Bolton	Hebron	Suffield
Bristol	Manchester	Tolland
Burlington	Marlborough	Vernon
Canton	New Britain	West Hartford
East Granby	Newington	Wethersfield
East Hartford	Plainville	Windsor
East Windsor	Plymouth	Windsor Locks
Ellington	Rocky Hill	
Enfield	Simsbury	

PREPAREDNESS PLANNING REGION: 3

REGIONAL PLANNING AREAS

Northeastern Windham

CENTER OF EXCELLENCE

Hartford Hospital CoE

SMALLPOX PLANNING REGIONS

39, 40, 41

ACUTE CARE HOSPITALS

Day Kimball	Windham
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PREPAREDNESS PLANNING REGIONS: MUNICIPAL & HOSPITAL PARTNERS

<i>HEALTH DISTRICTS & DEPARTMENTS</i>		<i>MUNICIPALITIES</i>		
Chaplin (PT)	Lebanon (PT)	Ashford	Hampton	Scotland
Columbia (PT)	North Central	Brooklyn	Killingly	Sterling
Eastern Highlands	Northeast	Canterbury	Lebanon	Thompson
	Scotland (PT)	Chaplin	Mansfield	Union
		Columbia	Plainfield	Willington
		Coventry	Pomfret	Windham
		Eastford	Putnam	Woodstock

PREPAREDNESS PLANNING REGION: 4

REGIONAL PLANNING AREA

Housatonic Valley

SMALLPOX PLANNING REGIONS

5,6,7,8

CENTER OF EXCELLENCE

Yale New Haven Health System CoE

ACUTE CARE HOSPITALS

Danbury New Milford

<i>HEALTH DISTRICTS & DEPARTMENTS</i>		<i>MUNICIPALITIES</i>		
Bethel (FT)	New Milford (FT)	Bethel	New Fairfield	Redding
Bridgewater (PT)	Newtown	Bridgewater	New Milford	Ridgefield
Brookfield (PT)	Redding (PT)	Brookfield	Newtown	Sherman
Danbury (FT)	Ridgefield (PT)	Danbury		
New Fairfield (FT)	Sherman (PT)			

PREPAREDNESS PLANNING REGION: 5

REGIONAL PLANNING AREA

Southwestern

SMALLPOX PLANNING REGIONS

1, 2, 3, 4

CENTER OF EXCELLENCE

Yale New Haven Health System CoE

ACUTE CARE HOSPITALS

Greenwich Norwalk Stamford

<i>HEALTH DISTRICTS & DEPARTMENTS</i>		<i>MUNICIPALITIES</i>		
Darien (PT)	Stamford (FT)	Darien	Norwalk	Westport
Greenwich (FT)	Westport/Weston	Greenwich	Stamford	Wilton
New Canaan (PT)	Wilton (FT)	New Canaan	Weston	
Norwalk (FT)				

PREPAREDNESS PLANNING REGION: 6

REGIONAL PLANNING AREA

Greater Bridgeport

SMALLPOX PLANNING REGIONS

10, 11, 12

CENTER OF EXCELLENCE

Yale New Haven Health System CoE

ACUTE CARE HOSPITALS

Bridgeport St. Vincent's

<i>HEALTH DISTRICTS & DEPARTMENTS</i>		<i>MUNICIPALITIES</i>		
Bridgeport (FT)	Monroe (PT)	Bridgeport	Fairfield	Stratford
Easton (PT)	Stratford (FT)	Easton	Monroe	Trumbull
Fairfield (FT)	Trumbull (PT)			

PREPAREDNESS PLANNING REGIONS: MUNICIPAL & HOSPITAL PARTNERS

PREPAREDNESS PLANNING REGION: 7

REGIONAL PLANNING AREAS

Central Naugatuck Valley Valley

SMALLPOX PLANNING REGIONS

9,13,14,15,16

CENTER OF EXCELLENCE

Yale New Haven Health System CoE

ACUTE CARE HOSPITALS

Griffin	St. Mary's	Waterbury
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HEALTH DISTRICTS & DEPARTMENTS

MUNICIPALITIES

Chesprocott	Pomperaug	Ansonia	Naugatuck	Thomaston
Middlebury (PT)	Torrington Area	Beacon Falls	Oxford	Waterbury
Naugatuck Valley	Waterbury (FT)	Bethlehem	Prospect	Watertown
		Cheshire	Seymour	Wolcott
		Derby	Shelton	Woodbury
		Middlebury	Southbury	

PREPAREDNESS PLANNING REGION: 8

REGIONAL PLANNING AREA

South Central

SMALLPOX PLANNING REGIONS

17,18,19,20,21,22,23

CENTER OF EXCELLENCE

Yale New Haven Health System CoE

ACUTE CARE HOSPITALS

Midstate	St. Raphael's	VA
Milford	Yale New Haven	

HEALTH DISTRICTS & DEPARTMENTS

MUNICIPALITIES

Bethany (PT)	New Haven (FT)	Bethany	Madison	North Haven
East Shore	Orange (PT)	Branford	Meriden	Orange
Guilford (FT)	Quinnipiack Valley	East Haven	Milford	Wallingford
Madison (PT)	Wallingford (FT)	Guilford	New Haven	West Haven
Meriden (FT)	West Haven (FT)	Hamden	North Branford	Woodbridge
Milford (FT)				

PREPAREDNESS PLANNING REGION: 9

REGIONAL PLANNING AREAS

CT River Estuary Midstate

SMALLPOX PLANNING REGIONS

35, 36, 37

CENTER OF EXCELLENCE

Yale New Haven Health System CoE

ACUTE CARE HOSPITAL

Lawrence & Memorial	Middlesex Memorial
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HEALTH DISTRICTS & DEPARTMENTS

MUNICIPALITIES

Chatham	Killingworth (PT)	Chester	East Hampton	Middletown
Chester (PT)	Lyme (PT)	Clinton	Essex	Old Lyme
Clinton (FT)	Middlefield (PT)	Cromwell	Haddam	Old Saybrook
Cromwell (PT)	Middletown (FT)	Deep River	Killingworth	Portland
Deep River (PT)	Old Lyme (PT)	Durham	Lyme	Westbrook
Durham (PT)	Old Saybrook (PT)	East Haddam	Middlefield	
Essex (PT)	Portland (PT)			
Haddam (PT)	Westbrook (PT)			

PREPAREDNESS PLANNING REGION: 10

PREPAREDNESS PLANNING REGIONS: MUNICIPAL & HOSPITAL PARTNERS

REGIONAL PLANNING AREA

Southeastern

SMALLPOX PLANNING REGIONS

37, 37A, 38, 39

CENTER OF EXCELLENCE

Yale New Haven Health System CoE

ACUTE CARE HOSPITALS

Lawrence & Memorial William W. Backus

<i>HEALTH DISTRICTS & DEPARTMENTS</i>		<i>MUNICIPALITIES</i>		
Bozrah (PT)	New London (FT)	Bozrah	Ledyard	Preston
Colchester (FT)	No. Stonington (PT)	Colchester	Lisbon	Salem
East Lyme (PT)	Preston (PT)	East Lyme	Montville	Sprague
Franklin (PT)	Salem (PT)	Franklin	New London	Stonington
Griswold (PT)	Sprague (PT)	Griswold	No. Stonington	Voluntown
Ledge Light	Stonington (PT)	Groton	Norwich	Waterford
Lisbon (PT)	Uncas			
	Voluntown (PT)			

REGIONAL PLANNING AREASS: MUNICIPAL & HOSPITAL PARTNERS

REGIONAL PLANNING AREA: CT RIVER ESTUARY

PREPAREDNESS PLANNING REGION **SMALLPOX PLANNING REGIONS**

9 35, 37

CENTER OF EXCELLENCE **ACUTE CARE HOSPITAL**

Yale New Haven Health System CoE Lawrence & Memorial

HEALTH DISTRICTS & DEPARTMENTS

MUNICIPALITIES

Chester (PT)	Killingworth (PT)	Chester	Killingworth
Clinton (FT)	Lyme (PT)	Clinton	Lyme
Deep River (PT)	Old Lyme (PT)	Deep River	Old Lyme
Essex (PT)	Old Saybrook (PT)	Essex	Old Saybrook
	Westbrook (PT)		Westbrook

REGIONAL PLANNING AREA: GREATER BRIDGEPORT

PREPAREDNESS PLANNING REGION **SMALLPOX PLANNING REGIONS**

6 10, 11, 12

CENTER OF EXCELLENCE **ACUTE CARE HOSPITALS**

Yale New Haven Health System CoE Bridgeport St. Vincent's

HEALTH DISTRICTS & DEPARTMENTS

MUNICIPALITIES

Bridgeport (FT)	Monroe (PT)	Bridgeport	Monroe
Easton (PT)	Stratford (FT)	Easton	Stratford
Fairfield (FT)	Trumbull (PT)	Fairfield	Trumbull

REGIONAL PLANNING AREA: HOUSATONIC VALLEY

PREPAREDNESS PLANNING REGION **SMALLPOX PLANNING REGIONS**

4 5, 6, 7, 8

CENTER OF EXCELLENCE **ACUTE CARE HOSPITALS**

Yale New Haven Health System CoE Danbury New Milford

HEALTH DISTRICTS & DEPARTMENTS

MUNICIPALITIES

Bethel (FT)	New Milford (FT)	Bethel	Danbury	Newtown
Bridgewater (PT)	Newtown	Bridgewater	New Fairfield	Redding
Brookfield (PT)	Redding (PT)	Brookfield	New Milford	Ridgefield
Danbury (FT)	Ridgefield (PT)			Sherman
New Fairfield (FT)	Sherman (PT)			

REGIONAL PLANNING AREA: LITCHFIELD HILLS

PREPAREDNESS PLANNING REGION **SMALLPOX PLANNING REGIONS**

1 9, 24

CENTER OF EXCELLENCE **ACUTE CARE HOSPITAL**

Hartford Hospital CoE Charlotte Hungerford

HEALTH DISTRICTS & DEPARTMENTS

MUNICIPALITIES

Farmington Valley	Torrington Area	Barkhamsted	Harwinton	Norfolk
Connecticut Department of Public Health Preparedness Planning Subcommittee				

REGIONAL PLANNING AREASS: MUNICIPAL & HOSPITAL PARTNERS

Colebrook Goshen Hartland	Litchfield Morris New Hartford	Torrington Winchester
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REGIONAL PLANNING AREA: MIDSTATE

PREPAREDNESS PLANNING REGION **SMALLPOX PLANNING REGIONS**
 9 35, 36

CENTER OF EXCELLENCE **ACUTE CARE HOSPITAL**
 Yale New Haven Health System CoE Middlesex Memorial

<i>HEALTH DISTRICTS & DEPARTMENTS</i>		<i>MUNICIPALITIES</i>		
Chatham	Haddam (PT)	Cromwell	East Hampton	Middletown
Cromwell (PT)	Middlefield (PT)	Durham	Haddam	Portland
Durham (PT)	Middletown (FT)	East Haddam	Middlefield	
	Portland (PT)			

REGIONAL PLANNING AREA: NORTHEASTERN

PREPAREDNESS PLANNING REGION **SMALLPOX PLANNING REGION**
 3 41

CENTER OF EXCELLENCE **ACUTE CARE HOSPITAL**
 Hartford Hospital CoE Day Kimball

<i>HEALTH DISTRICTS & DEPARTMENTS</i>		<i>MUNICIPALITIES</i>		
Northeast		Brooklyn	Killingly	Putnam
		Canterbur	Plainfield	Sterling
		y		
		Eastford	Pomfret	Thompson
				Woodstock

REGIONAL PLANNING AREA: NORTHWESTERN

PREPAREDNESS PLANNING REGION **SMALLPOX PLANNING REGIONS**
 1 8, 9

CENTER OF EXCELLENCE **ACUTE CARE HOSPITAL**
 Hartford Hospital CoE Sharon

<i>HEALTH DISTRICTS & DEPARTMENTS</i>		<i>MUNICIPALITIES</i>		
North Canaan (PT)	Sharon (PT)	Canaan	North Canaan	Sharon
Roxbury (PT)	Torrington Area	Cornwall	Roxbury	Warren
	Washington (PT)	Kent	Salisbury	Washington

REGIONAL PLANNING AREA: SOUTH CENTRAL

REGIONAL PLANNING AREASS: MUNICIPAL & HOSPITAL PARTNERS

CENTER OF EXCELLENCE

Yale New Haven Health System CoE

ACUTE CARE HOSPITAL

Griffin

<i>HEALTH DISTRICTS & DEPARTMENTS</i>	<i>MUNICIPALITIES</i>		
Naugatuck Valley	Ansonia	Derby	Seymour Shelton

REGIONAL PLANNING AREA: WINDHAM

PREPAREDNESS PLANNING REGIONS

3

SMALLPOX PLANNING REGIONS

39, 40, 41

CENTER OF EXCELLENCE

Hartford Hospital CoE

ACUTE CARE HOSPITAL

Windham

<i>HEALTH DISTRICTS & DEPARTMENTS</i>		<i>MUNICIPALITIES</i>		
Chaplin (PT)	Lebanon (PT)	Ashford	Hampton	Willington
Columbia (PT)	North Central	Chaplin	Lebanon	Windham
Eastern Highlands	Northeast	Columbia	Mansfield	
	Scotland (PT)	Coventry	Scotland	

