



# REGIONAL PLANNING BULLETIN

HOUSATONIC VALLEY COUNCIL OF ELECTED OFFICIALS (<http://hvceo.org>)  
Old Town Hall, 162 Whisconier Road, Brookfield, CT 06804 (203) 775-6256

Bulletin 122

October 2006

## ENHANCING PUBLIC HEALTH EMERGENCY *MUTUAL AID* IN THE HOUSATONIC VALLEY REGION



Prepared by:  
Mary Bevan, MPH  
Project Consultant

## **PROJECT BACKGROUND**

### **HVCEO- Emergency Management Activities**

In 2003, HVCEO received a grant from the Federal Emergency Management Agency (FEMA), administered through the CT Office of Emergency Management, for regional coordination of local emergency management planning activities. As part of this grant, a needs assessment was conducted which identified the updating and formalizing of Mutual Aid Agreements among the jurisdictions in the Housatonic Valley Region (HVR) as a priority.

Other planning products produced during this phase of the project included technical review of the Emergency Operations Plans (EOPs) in each HVCEO municipality, creation of a terrorism annex template for the local EOPs, assessment of existing alerting and notification procedures, creation of an emergency response resource inventory (non-public health), review of Citizen Corps and Community Emergency Response Teams (CERT) potential in the HVR, and a threat and terrorism assessment.

### **Local Health Departments and Districts- Emergency Management Activities**

Concurrent to the federal and state emergency management grant initiatives, the CT Department of Public Health (CT DPH) established grants to each local health department and district (LHD) in CT to support Bioterrorism and Public Health Emergency Planning (BT/PHEP), funded through the state's Cooperative Agreement with the U.S. Centers for Disease Control and Prevention (CDC).

In the HVR, these CT DPH grant funds were pooled to engage a public health consultant to prepare "Local Health Department Bioterrorism Emergency Response Plans" in accordance with CT DPH requirements for jurisdictions in need of these services. In subsequent years and currently, the focus of planning has evolved to encompass all types of public health emergencies, with a joint emphasis on coordinated regional and local planning.

### **State Public Health Emergency Management Activities**

The Public Health Emergency Response Act (PHERA), PA 03-236 of the Connecticut General Statutes, was enacted in 2003 and defines the authorities and powers of the Governor, Commissioner of Health, and local Directors of Health in a public health emergency. The PHERA further defines a public health emergency as:

*"An occurrence or imminent threat of a communicable disease, except sexually transmitted diseases, or contamination caused or believed to be caused by bioterrorism, an epidemic or pandemic disease, a natural disaster, a chemical attack or accidental release or a nuclear attack or accident that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability."*

To support regional planning efforts, CT DPH established 10 BT/PHEP planning regions in CT; the ten HVCEO municipalities - Bethel, Bridgewater, Brookfield, Danbury, New Fairfield, New Milford, Newtown, Redding, Ridgefield, and Sherman - comprise CT DPH Planning Region 4. HVCEO assisted in the organization and provided administrative support to the establishment of the Housatonic Valley Region Public Health Emergency

Planning Committee (HVR PHEP) in October of 2004. HVCEO serves as the fiduciary agent in administering pooled funds for consultant services to assist the Committee in plan development and needs assessments.

The HVR PHEP Committee has established itself as a leader in plan development statewide, with the protocols and plan sections produced serving as models for replication in other planning regions. Representatives to the Committee include Directors of Health or their designees from all ten jurisdictions, regional epidemiologists, BT/Emergency Response Coordinators, hospital emergency and EMS directors, medical consultants, and the American Red Cross Western CT Chapter Emergency Services Director.

The Committee's current Chairperson is Donna Culbert, Director of Health for the Newtown Health District; the Committee's Vice Chairperson is Ed Briggs, Director of Health in Ridgefield.

### **Emergence of CT DEMHS Support for Regional Public Health Emergency Response Planning**

In 2005, the CT DPH and the Connecticut Department of Emergency Management and Homeland Security (CT DEMHS) jointly embarked on the formation of regional emergency planning committees which are geographically consistent with the five CT DEMHS Regions covering Connecticut.

PHEP Committee members of the Housatonic Valley Region serve on the CT DEMHS Region 5 Planning Committee, and lead several of the work groups established for development of Regional Emergency Support Function (ESF) #8 (Health and Medical Services) of the CT DEMHS Regional Emergency Response Plan.

### **Need for Public Health Regional Mutual Aid Agreement**

For the past two years, the Public Health Directors in the HVR have been working with the CT DPH, CT DEMHS, the Danbury and New Milford Hospitals, and the Western CT Chapter of the American Red Cross to develop the *Public Health and Medical Services Regional Emergency Response Plan for the Housatonic Valley Region* to effectively address the needs of all who reside and work in the region in the event of a major public health emergency.

During the course of this work, the HVR PHEP Committee concluded that local health departments in the HVR lack the resources to effectively respond, in isolation, to a large scale public health emergency. Incidents such as outbreaks of dangerous communicable diseases, releases of chemical or radiological agents, a bioterrorism event, natural or man-made disasters, and other forms of public health emergencies will likely exceed the response and recovery capabilities of any single municipality to preserve and protect the health, safety, and welfare of its residents.

To address this condition, the implementation of the *Regional Emergency Response Plan* relies on the use of mutual aid and assistance to facilitate the sharing of available municipal public health response and recovery resources. The Public Health Director's in the Housatonic Valley Region expressed the belief that a regional approach to public health mutual aid could provide for enhanced coordination and effectiveness of regional

public health planning, response, mitigation, and recovery activities related to emergencies affecting one or more jurisdictions in the Region.

HVCEO responded to this need for regional cooperation by collaborating with the Region's PHEP Committee to prepare a proposal for assistance to research, develop and implement a Regional Public Health Mutual Aid Agreement for the Housatonic Valley Region. HVCEO proposed the utilization of available Homeland Security Grant Program funding to achieve this task.

## **THE PROJECT**

The goal of the project was to facilitate the development and implementation of a written Public Health Mutual Aid Agreement (MAA) that could be formally adopted by all HVCEO member jurisdictions. A secondary goal of this Project was to make the materials from this effort available for use on a regional basis by other municipal emergency response entities (fire, police, EMS), as well as other regional public health emergency planning groups statewide.

### **The project focused on the following tasks:**

- |                                    |   |
|------------------------------------|---|
| <b>Task 1- Research:</b>           | <i>Investigate the statewide and local status of the use of Mutual Aid Agreements. Identify associated municipal concerns for their use.</i>  |
| <b>Task 2- Development:</b>        | <i>Identify needed contents of Mutual Aid Agreements for an effective regional response to Public Health Emergencies.</i>   |
| <b>Task 3- MAA Preparation:</b>    | <i>Prepare draft Mutual Aid Agreement and supporting materials for an effective regional response to Public Health Emergencies in the Housatonic Valley Region.</i>   |
| <b>Task 4- MAA Adoption:</b>       | <i>Assist with the implementation of Mutual Aid Agreements among Municipal Health Departments.</i>  |
| <b>Task 5- MAA Implementation:</b> | <i>Prepare inventories of available supporting, shareable resources, and prepare mutual aid assistance request and response forms for use in activating the Regional Public Health Mutual Aid Agreement for the Housatonic Valley Region.</i> |

### **Task 1- Research**

#### **Methodology**

This project phase involved comprehensive research, review, and evaluation of existing interstate, intrastate, and inter-jurisdictional Mutual Aid Agreements to inform and guide the development of the *Public Health Mutual Aid Agreement for the Housatonic Valley*

*Region.* This task included identifying a model format and the specific provisions to be incorporated into the Agreement. This research was conducted in the following ways:

- Initial and follow-up discussions were held with the CT Association of Directors of Health (CADH), the CT Department of Public Health, and the CT Department of Emergency Management and Homeland Security, regarding model plans, impact of the DEMHS regionalization process on Mutual Aid development, and coordination of emergency response planning efforts within CT DEMHS Area 5 and statewide.
- Phone and e-mail communication were conducted to request and discuss model Memoranda of Agreement (MOA), Memoranda of Understanding (MOU), Mutual Aid Agreements (MAA), and Resolutions with Directors of Health in other planning regions in CT and with the Connecticut Council of Municipalities (CCM).
- Internet research was conducted to obtain: 1) the recommended components and provisions to be incorporated into Mutual Aid Agreements, and 2) samples of existing Mutual Aid Agreements for review and identification of best practices.

### **Key Findings and Recommendations**

- The Project Consultant served on the CT DEMHS Area 5 Resource Inventory Subcommittee to coordinate efforts in Mutual Aid Agreement and Resource Inventory development and to avoid duplication of efforts. This maximized the development of the implementing Inventory Database in a time and cost-effective manner.
- As the CADH was inventorying all MOUs, MOAs, and MAAs in existence in DEMHS Area 5 among LHDs and emergency response partners, this database was queried to incorporate the findings into this report.
- Per communication with CT DPH and CT DEMHS planners, Connecticut intrastate legislation concerning mutual aid has been drafted and is presently under review by a statewide work group. A key resource used in preparing draft intrastate mutual aid legislation was the *Model Intrastate Mutual Aid Legislation* developed by the National Emergency Management Association (NEMA). This document was reviewed as part of this project for conceptual alignment with the Public Health Mutual Aid Agreement being developed for the Housatonic Valley Region.
- Phone and email inquiries to local and district Directors of Health were effective in acquiring copies of existing MOUs, MOAs, MAAs and Resolutions. Documents were received from the following local health departments/health districts/emergency planning regions: Capitol Region Emergency Planning Committee (C-REPC), Bridgeport Area Emergency Planning Region, New Haven Urban Area (Urban Area Security Initiative), Bristol-Burlington Health District, Farmington Valley Health District, North Central Health District and Torrington Area Health District. The Research Department at CCM provided multiple inter-jurisdictional agreements from outside of CT for review.
- Internet sources of Mutual Aid Agreements, e.g., [www.fema.gov/nims/mutual\\_aid.shtm](http://www.fema.gov/nims/mutual_aid.shtm), [www.nimsonline.com](http://www.nimsonline.com), and [www.emacweb.org](http://www.emacweb.org) yielded valuable guidance as to the format, content, and provisions to be included in the Agreement and Regional

Plan Section. Minimum provisions as outlined in FEMA's NIMS Capability Assessment Support Tool (NIMSCAST) guided development of these documents.

- The *“Agreement for New Haven Urban Area Weapons of Mass Destruction Response and Recovery Mutual Aid”* was selected as the framework for the MAA as this integrates police, fire and public health emergency response, and was successfully executed by seven chief elected officials in the greater New Haven area.
- As a legal document, the draft MAA was created to be as succinct as possible, containing only the critical provisions to facilitate its universal adoption. The standard operating procedures (SOPs) for implementation of the MAA were outlined in a new ESF 8 regional plan section on “Public Health Mutual Aid and Assistance” and were referenced in the draft MAA.
- Preliminary research of legal issues related to Mutual Aid development (e.g., Health Resources and Services Administration and International Municipal Lawyer’s Association documents) was conducted. Per this research and discussions with DPH, CADH, and LHD representatives, the primary barriers to universal adoption of formal Mutual Aid Agreements were identified as; the treatment of liability and immunity, worker’s compensation, and systems for identification and reimbursement of costs incurred by responding agencies. The Intrastate Mutual Aid Legislation currently being drafted in Connecticut address these issues statewide.
- There is a wide variance in the treatment of liability, immunity, and reimbursement in existing MOUs and MAA’s. The majority of documents reviewed did not meet the standards for minimum provisions for Mutual Aid Agreements as outlined in NIMSCAST.
- At present, it was reported that universal agreement does not exist among all jurisdictions outside of the HVR as to feasibility of securing MAA’s, some jurisdictions are awaiting statewide legislation and others prefer a mutual aid provision within the Regional Plan, similar to that contained in the C-REPC’s Regional Emergency Disaster (RED) Plan.
- A municipal legal review (and subsequent revision) of the draft MAA was conducted prior to dissemination of the draft MAA to the HVR PHEP Committee and HVCEO’s Chief Elected Officials.

### **Existing Mutual Aid Agreements in Housatonic Valley Region**

- ***Local Health Departments and Districts*** – The Danbury and Bethel Health Departments had a formal written Mutual Aid Agreement, this was a unilateral Agreement. The Pomperaug Health Department and Newtown Health District have an MOU for the sharing of LHD resources, which may include personnel, vehicles, general supplies, technical/medical equipment, or related items/services as available. An MOU between the Danbury Health Department and Western CT Chapter of the ARC is pending. All other Agreements among LHDs within the HVR previously were verbal in nature.

- ***Other Emergency Response Entities in the HVR*** - Within Fairfield County, there is a Mutual Police Assistance Compact, which includes aid and assistance in the form of personnel, equipment, and supplies. Northern Fairfield County Municipal Police Departments (Bethel, Brookfield, Danbury, New Milford, Newtown, Ridgefield, and Redding) also have a separate inter-jurisdictional compact.

The provisions of these agreements are in accordance with CGS Chapter 104 §7-277a, Police Assistance Agreements. In addition, the Redding Police Department was reported to have a compact with all nearby Police Departments; the Redding Fire Department was reported to have Mutual Aid Agreements in place with Easton, Newtown, and Bethel.

## **Task 2- Development**

**In development of the Mutual Aid Agreement, the following Guiding Principles and Major Provisions were agreed upon for inclusion in the Agreement by the HVR PHEP Committee.**

### **Guiding Principles of Mutual Aid Agreements**

- *The Public Health and Medical Services Regional Emergency Response Plan* for the Housatonic Valley Region relies on mutual aid and assistance to facilitate the sharing of available municipal public health resources.
- *The Agreement and Regional Plan Section* should be **NIMS Compliant**: According to NIMSCAST “Mutual-aid agreements are the means for one jurisdiction to provide resources, facilities, services, and other required support to another jurisdiction during an incident. Each jurisdiction should be party to a mutual-aid agreement (such as the Emergency Management Assistance Compact) with appropriate jurisdictions from which they expect to receive or to which they expect to provide assistance during an incident. This would normally include all neighboring or nearby jurisdictions, as well as relevant private-sector and nongovernmental organizations.

States should participate in interstate compacts and look to establish intrastate agreements that encompass all local jurisdictions. Mutual-aid agreements are also needed with private organizations, such as the American Red Cross, to facilitate the timely delivery of private assistance at the appropriate jurisdictional level during incidents.” NIMS compliant mutual aid agreements will facilitate the expedited utilization of available, sharable resources.

- At a minimum, mutual-aid agreements should include the following elements:
  - *definitions of key terms used in the agreement;*
  - *roles and responsibilities of individual parties;*
  - *procedures for requesting and providing assistance;*

- *procedures, authorities, and rules for payment, reimbursement, and allocation of costs;*
  - *notification procedures;*
  - *protocols for interoperable communications;*
  - *relationships with other agreements among jurisdictions;*
  - *workers compensation;*
  - *treatment of liability and immunity;*
  - *recognition of qualifications and certifications; and*
  - *sharing agreements, as required.”*
- Public Health Mutual Aid Agreements should be structured to facilitate coordinated and timely aid in an emergency and increase access to public health resources, including specialized human, equipment and material resources.
  - As a “Pre-Incident Agreement”, a mutual aid agreement should define the authority and administrative procedures to secure or request aid.
  - Mutual Aid Agreements provide a means to formalize verbal agreements and minimize the risk of delay in public health emergency response due to lack of written procedures or changes in personnel.
  - A Regional Public Health Mutual Aid Agreement should align with guidance in Regional and State Public Health and Medical Services Emergency Response Plans (ESF 8).

### **Major Provisions and Conditions of Mutual Aid Agreements**

- In a declared municipal state of emergency, requests for and responses to requests for public health mutual aid and assistance must be approved by the *Chief Elected Official (CEO), or his/her designee, in consultation with the Director of Health* in that jurisdiction.
- In Health Districts, the decision to request/provide Public Health Mutual Aid is contingent upon approval by the Chief Executive of the District’s Governing Board.
- In non-emergent situations (locally contained incident, authorized drill or exercise), Directors of Health, as the CEO’s authorized designee, may directly request or respond to a request for mutual aid.
- Each jurisdiction’s foremost responsibility is to its own citizens, and the rendering of aid and assistance is voluntary.
- Each jurisdiction determines what if any resources are available to be provided and for what duration.



- ❑ There is no liability for a decision to not respond to a request or to withdraw aid once provided.
- ❑ The emergency response will be managed using the National Incident Management System (NIMS), and employ the Incident Command System/Unified Command System (ICS/UCS).
- ❑ There is no obligation for reimbursement with the exception of consumable supplies. (FEMA reimbursement may apply, depending upon the nature of the emergency.)
- ❑ All functions and activities are governmental functions, and immunity is retained.
- ❑ There is a waiver of claims against other parties *with the exception of willful and wanton misconduct, gross negligence, or bad faith.*
- ❑ The MAA is to be implemented in accordance with procedures outlined in mutual aid section of the *Public Health and Medical Services Regional Emergency Response Plan for the Housatonic Valley Region.*
- ❑ Resource Inventories: Cataloguing human and material public health resources is an integral component of jurisdictional and regional emergency response plans. These inventories should be used for strategic planning within the HVR and DEMHS Area 5 to identify and reduce resource gaps and guide funding requests.

### **Task 3- Mutual Aid Agreement Preparation**

#### **Timeline**

The project was conducted over a 9 month period, from January – September 2006. Project research and development occurred in January – April; Project implementation occurred in May – September, with adoption of the Regional Public Health Mutual Aid Agreement by HVCEO’s ten Chief Elected Officials completed in October of 2006.

#### **Legal Review**

The initial draft Mutual Aid Agreement underwent legal review prior to dissemination to the HVR PHEP Committee. Review was provided by the Deputy Corporation Counsel for the City of Danbury, Eric Gottschalk. The recommended revisions from this review were all incorporated into the document and resulted in no major changes in its intent or provisions.

#### **Review by HVR PHEP Committee**

The draft Mutual Aid Agreement and mutual aid section of the *Public Health and Medical Services Regional Emergency Response Plan for the Housatonic Valley Region* were reviewed and approved for transmittal to the HVCEO by the HVR PHEP Committee at the April 2006 meeting.

The project consultant developed a PowerPoint presentation to overview the Agreement, which was made available for use by Committee members in jurisdictional

presentations. The HVCEO staff requested that all local and district Directors of Health meet with their respective CEOs to brief them on this project prior to its presentation at a meeting of the HVCEO.

### **Presentation of the Draft MAA to the HVR's Chief Elected Officials**

The draft *Regional Public Health Mutual Aid Agreement for the Housatonic Valley Region* and Public Health Mutual Aid and Assistance Section of the *Public Health and Medical Services Regional Emergency Response Plan for the Housatonic Valley Region* were overviewed at the June 2006 HVCEO meeting by Jack Kozuchowski, HVR PHEP Committee Chair (since retired).

Prior to the meeting, the draft documents were distributed to all HVR CEOs for review. There was universal support expressed by the CEOs or their delegates present at the meeting, as well as the intent to sign the MAA pending municipal board and/or corporation counsel review.

### **Presentation to CT DEMHS Area 5 Committee**

As a result of the ongoing involvement with the DEMHS Area 5 Planning Committee, the Consultant and HVCEO staff were invited to present an overview of the process and documents produced as a result of the HVR Mutual Aid Project. The documents were determined to be of great benefit both within DEMHS Area 5 and statewide, for use as models for replication. CADH requested that the documents be posted in electronic form on their website for continuing dissemination ([www.cadh.org](http://www.cadh.org)).

## **Task 4 – Mutual Aid Agreement Adoption**

### **Formal Adoption**

The *Regional Public Health Mutual Aid Agreement for the Housatonic Valley Region* was endorsed by HVCEO at its meeting of July 21, 2006, pending local approvals. Following that meeting, each of HVCEO's ten Chief Elected Officials signed the MAA, with the final signature in October of 2006.

In addition to the signatures of HVCEO's Chief Elected Officials, the MAA also includes the signature of the Chief Executive Officer of the Newtown Health District. The Newtown Health District is the only health district in the Housatonic Valley Region and supports the Towns of Bridgewater and Newtown. For this reason the Newtown Health District is a party to the MAA.

### **Report Dissemination**

This Summary Report will be disseminated at a meeting of the HVCEO and will be posted on the HVCEO and CADH websites for ongoing open access to all interested parties. The report will also be disseminated to all members of the Housatonic Emergency Planning Committee (HEPC), to the Chairs of all Local Emergency Planning Committees (LEPC), and all local Emergency Management Directors, Fire Chiefs, and Police Chiefs as a model template for consideration.

## **Task 5- Implementation**

### **Compilation and Analysis of Resource Inventories**

As a corollary to the development of the MAA and the mutual aid section of the *Public Health and Medical Services Regional Emergency Response Plan for the Housatonic Valley Region*, a database for compilation of local health department Resource Inventories in the HVR was developed in collaboration with the DEMHS Area 5 Planning Subcommittee.

The purpose of a Resource Inventory is to provide local health departments and districts with an inventory of resources, both human and material, that currently exist within region. This inventory can be used in multiple ways to support the region in the response to a public health emergency. The availability of Resource Inventories is integral to the process of requesting and providing mutual aid in accordance with the *Regional Public Health Mutual Aid Agreement for the Housatonic Valley Region*.

The Resource Inventory provides the ability for the HVR PHEP Committee to analyze gaps in current resources, and to work together strategically to address those gaps. Additionally, the Resource Inventory serves as a starting point for discussing how to standardize certain resources to allow for a more effective response in a regional public health emergency event.

Identifying the current resources that exist in the region also facilitates resource typing or defining regional minimum standards when health departments or districts are acquiring resources, both within the HVR and CT DEMHS Area 5.

Analysis of the composite Resource Inventory for the HVR is used to determine priorities for “needed” personnel, equipment, and material resources in the region, and to work collectively to determine how to best acquire these resources.

### **Updating and Maintenance through HVR PHEP (Plan/Resource Inventories)**

In accordance with the mutual aid section of the *Public Health and Medical Services Regional Emergency Response Plan for the Housatonic Valley Region*, the Director of Health of each jurisdiction in the HVR is required to establish and maintain a listing of the type and quantity of personnel, equipment, and material resources from their local health department or district which are potentially available to respond to public health emergencies in the Region.

Public Health Resource Inventories for each jurisdiction are maintained in a standardized format established by the HVR PHEP Committee. Resource Inventories are included as an Addendum to the *Public Health and Medical Services Regional Emergency Response Plan*, and are updated at least annually, as is the Regional Emergency Response Plan for ESF 8.

## **ADDENDA INDEX**

### **Addenda #1**

***Regional Public Health Mutual Aid Agreement  
for the Housatonic Valley Region - Adopted***

### **Addenda #2**

***Public Health Mutual Aid and Assistance Section  
of the Public Health and Medical Services  
Regional Emergency Response Plan***

### **Addenda #3**

***Public Health Mutual Aid  
Resource Inventory Forms***

### **Addenda #4**

***Public Health Mutual Aid  
Public Health Agency Mutual Aid Request Form***

### **Addenda #5**

***Public Health Mutual Aid  
Public Health Agency Resource Availability Form***

**Addenda #1**

***Regional Public Health Mutual Aid Agreement  
for the Housatonic Valley Region***

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## **Regional Public Health Mutual Aid Agreement for the Housatonic Valley Region**

This Agreement, made this 21<sup>st</sup> day of July, 2006 by and among the Town of Bethel, the Town of Bridgewater, the Town of Brookfield, the City of Danbury, the Town of New Fairfield, the Town of New Milford, the Town of Newtown, the Newtown Health District, the Town of Redding, the Town of Ridgefield and the Town of Sherman.

WHEREAS, municipalities in the Housatonic Valley Region recognize that bioterrorism and other terrorism events, outbreaks of dangerous communicable diseases, releases of chemical or radiological agents, natural or man-made disasters, and other forms of public health emergencies may exceed the response and recovery capabilities of any single municipality to preserve and protect the health, safety, and welfare of its residents; and

WHEREAS, local health departments in Connecticut lack the resources to effectively respond in isolation to a large scale public health emergency; and

WHEREAS, the Connecticut Department of Public Health and the Connecticut Department of Emergency Management and Homeland Security have established mass dispensing and emergency planning areas designed to facilitate an effective regional response to a large scale public health emergency; and

WHEREAS, the health departments and districts from all municipalities in the Housatonic Valley Region have established the *Public Health and Medical Services Regional Emergency Response Plan* to effectively address the emergent needs of all who reside and work in the Region in the event of a public health emergency that is beyond the response capacity of a local health department or health district; and

WHEREAS, the implementation of the *Public Health and Medical Services Regional Emergency Response Plan* for the Housatonic Valley Region relies on the use of mutual aid and assistance to facilitate the sharing of available municipal response resources;

WHEREAS, there have historically been informal agreements between municipal departments in the Housatonic Valley Region to provide mutual aid in response to incidents that exceed the resources of any one municipal jurisdiction; and

WHEREAS, local governments may elect to enter into mutual aid agreements to prevent and combat the effects of a public health emergency as defined in Public Act 03-236 of the Connecticut General Statutes, the Public Health Emergency Response Act; and

WHEREAS, the Chief Elected Officials of the Housatonic Valley Region recognize the need for and benefit of a regional response to public health emergencies, and are committed to the implementation of this formal, written Mutual Aid Agreement that will facilitate a collaborative response to public health emergencies within the Region.

NOW THEREFORE, IN CONSIDERATION OF THE FOREGOING RECITALS, the Parties hereto agree as follows:

1. To work cooperatively with each other to furnish public health personnel, equipment, supplies and facilities and render such public health services to each other as may be necessary to prepare for, respond to, and recover from a large scale public health emergency. For the purposes of this Agreement, a large scale public health emergency is defined as the occurrence or imminent threat of a communicable disease, except sexually transmitted diseases, or contamination caused or believed to be caused by bioterrorism, an epidemic or pandemic disease, a natural disaster, a chemical attack or accidental release or a nuclear attack or accident that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability and requires a sustained level of response and recovery exceeding the capabilities of any single jurisdiction.
2. It is mutually agreed that each municipality's foremost responsibility is to its own citizens and that the rendering of aid and assistance under the terms of this Mutual Aid Agreement are voluntary.
3. No liability of any kind or nature shall be attributed to or assumed by any municipality, either expressly or by implication, as a result of its refusal to render aid and assistance in response to a request pursuant to the terms of this Agreement. Further, no such liability shall be attributed to or assumed by any municipality, as a result of its withdrawal of aid and assistance once provided pursuant to the terms of this Agreement
4. No request for mutual aid pursuant to this Agreement and no response to such a request shall be made by the Parties hereto unless such request or response is approved by the Chief Elected Officials of the requesting and assisting jurisdictions, or their designees. In Health Districts, the decision to request or provide public health mutual aid is also contingent upon approval by the Chief Executive of the District's Governing Board.
5. Any mutual aid extended under this Agreement will be extended with the express understanding that all Parties shall comply with the National Incident Management System (NIMS) and employ the Incident Command System or the Unified Command System as deemed appropriate by the Parties to direct personnel and equipment provided pursuant to this Mutual Aid Agreement.
6. The assurance of mutual aid set forth herein constitutes the sole consideration for the performance hereof and no Party is obligated to reimburse any other for any action taken or aid rendered hereunder. No Party to this Agreement is obligated to reimburse any other Party to this Agreement for any personnel, equipment, or facility resources or expenses provided; or for any damage to equipment or facilities; or for liability incurred in the course of rendering public health mutual aid and assistance herein provided for. The sole exception to the foregoing is for consumable supplies, which are subject to reimbursement by the requesting jurisdiction. The timing and method of reimbursement for consumable supply costs will be negotiated by the Parties after the incident is fully resolved.
7. All functions and activities performed under this Agreement are declared to be governmental functions. Functions and activities performed under this Agreement are carried out for the benefit of the general public and not for the benefit of any specific individual or individuals. Accordingly, this Agreement is not construed as or deemed to be an agreement for the benefit of any third parties or persons and no third parties or persons have any right of action under this Agreement for any cause whatsoever. All immunities and defenses provided by law shall be retained by the Parties hereto and none of the provisions of this Agreement shall be construed as a waiver thereof.

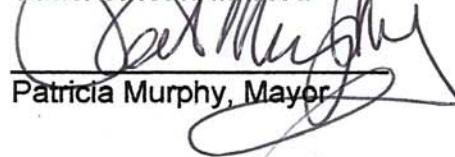
8. Each Party to the Agreement waives all claims against the other Parties for compensation for any loss, damage, personal injury, or death occurring as a consequence of the performance of this Agreement, except in cases of willful and wanton misconduct, gross negligence, or bad faith of any officer, employee, or agent of another Party to this Agreement.
9. This Agreement remains in full force and effect from the date herein above written unless sooner terminated by any of the Parties giving to the others thirty (30) days written notice of such termination. This Agreement may be amended only by the mutual written consent of the Parties.
10. Nothing herein supercedes or replaces any existing Mutual Aid Agreements for situations other than those involving a public health emergency.
11. This Agreement is to be implemented in accordance with the standard operating procedures outlined in Section III.Q, Public Health Mutual Aid and Assistance of the *Public Health and Medical Services Regional Emergency Response Plan* for the Housatonic Valley Region, including the definitions contained therein.

In witness whereof, the Parties hereof have caused this Agreement to be executed as of the day and year first, herein above written.

**Town of Bethel**

  
Robert Burke, First Selectman

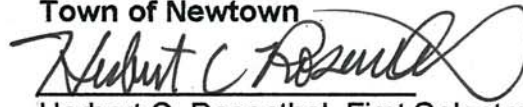
**Town of New Milford**

  
Patricia Murphy, Mayor

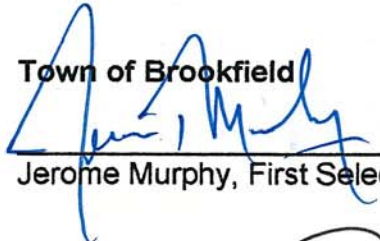
**Town of Bridgewater**

  
William T. Stuart, First Selectman

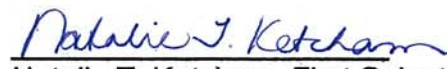
**Town of Newtown**

  
Herbert C. Rosenthal, First Selectman

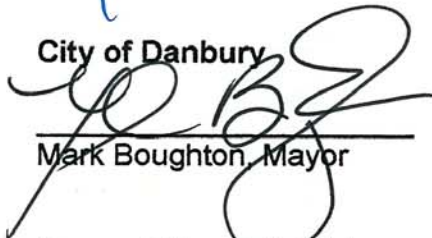
**Town of Brookfield**

  
Jerome Murphy, First Selectman


**Town of Redding**

  
Natalie T. Ketcham, First Selectman


**City of Danbury**

  
Mark Boughton, Mayor

**Town of Ridgefield**

  
Rudolph P. Marconi, First Selectman

**Town of New Fairfield**

  
John Hodge, First Selectman

**Town of Sherman**

  
Andrea O'Connor, First Selectman

**Newtown Health District**

  
Robert Grossman, M.D., Chairperson, Board of Directors



## **Addenda #2**

### ***Public Health Mutual Aid and Assistance Section of the Public Health and Medical Services Regional Emergency Response Plan***

## Overview

In certain situations, the provision of mutual aid and assistance consisting of personnel, equipment, supplies, facilities and/or services by a local health department or health district outside of its jurisdictional limits to assist another local health department or health district in the Housatonic Valley Region is desirable and necessary to preserve and protect the health, safety, and welfare of the residents of the Region and the State of Connecticut.

These potential situations include, but are not limited to, bioterrorism and other terrorism events, outbreaks of dangerous communicable diseases, releases of chemical or radiological agents, natural or man-made disasters, or any public health emergency as defined in Public Act 03-236 of the Connecticut General Statutes, the Public Health Emergency Response Act.

The purpose of this Section is to provide guidance for requesting and providing mutual aid among the health departments and districts in the Housatonic Valley Region in accordance with activation of the *Regional Public Health Mutual Aid Agreement for the Housatonic Valley Region*, adopted by the Chief Elected Officials in the Region.

## Objectives

- Establish standard operating procedures to be used by local health authorities in the Housatonic Valley Region in requesting and responding to requests for Regional Public Health Mutual Aid and Assistance.
- Enhance the coordination and effectiveness of regional public health planning, response, mitigation, and recovery activities related to emergencies affecting one or more jurisdictions in the Housatonic Valley Region.
- Promote and support regional communication among public health departments and districts in the Housatonic Valley Region in emergency situations.

## Public Health Mutual Aid and Assistance

Section  
III. Q

## For More Information

### References

Public Act 03-236 of the Connecticut General Statutes, the *Public Health Emergency Response Act* (PHERA)

*Regional Public Health Mutual Aid Agreement for the Housatonic Valley Region*, Addendum X

*Public Health Emergency Response Plan*, Connecticut Department of Public Health (Final Draft, September 2005)

*Model Intrastate Mutual Aid Legislation*, National Emergency Management Association, March 2004

*State Evacuation and Sheltering Plan*, Connecticut Department of Emergency Management and Homeland Security (Draft), January 2006.

### Internet

Mutual Aid Guidelines:

<http://www.fema.gov/nims/mutualaid.shtm>

<http://www.emacweb.org>

<http://www.nimsonline.com>

## I. DEFINITIONS

For the purpose of this Section, the following definitions apply:

- A. **Agreement:** This refers to Addendum X, the *Regional Public Health Mutual Aid Agreement for the Housatonic Valley Region*, (“*Regional Public Health Mutual Aid Agreement*”).
- B. **Aid and Assistance:** This includes personnel, equipment, facilities, services and supplies.
- C. **Assisting Party:** A jurisdiction that receives a request for assistance under the provisions of the *Regional Public Health Mutual Aid Agreement*.
- D. **Authorized Representative:** A Participating Party’s employee or his/her authorized designee who has been authorized in writing by that Party, to request, to offer, or otherwise provide assistance under the terms of the *Regional Public Health Mutual Aid Agreement*.
- E. **DEMHS:** The Connecticut Department of Emergency Management and Homeland Security.
- F. **Housatonic Valley Region:** The geopolitical region in Connecticut which includes the following ten jurisdictions: Bethel, Bridgewater, Brookfield, Danbury, New Fairfield, New Milford, Newtown, Redding, Ridgefield and Sherman.
- G. **Local State of Emergency:** An emergency declared by the Chief Executive Officer of any Connecticut jurisdiction, in the event of a civil emergency, natural or man-made disaster, public health emergency, or other major event.
- H. **Non-Emergent Situation:** A public health-related incident, drill, or exercise, occurring in a jurisdiction within the Housatonic Valley Region, that does not, and is not projected to, require the declaration of a local state of emergency.
- I. **Participating Party:** A governmental entity which has adopted and executed the *Regional Public Health Mutual Aid Agreement*.
- J. **Public Health Emergency:** As defined in PHERA, “an occurrence or imminent threat of a communicable disease, except sexually transmitted diseases, or contamination caused or believed to be caused by bioterrorism, an epidemic or pandemic disease, a natural disaster, a chemical attack or accidental release or a nuclear attack or accident that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability”. Public Health Emergencies are declared by the Governor of Connecticut.
- K. **Requesting Party:** A jurisdiction that requests assistance under the provisions of the *Regional Public Health Mutual Aid Agreement*.

## II. REGIONAL AND JURISDICTIONAL PUBLIC HEALTH EMERGENCY PLANS

The Director of Health of each jurisdiction in the Housatonic Valley Region assists in the preparation and maintenance of both jurisdictional and regional Public Health Emergency Preparedness and Response Plans to provide for public health emergency prevention, mitigation, preparedness, response, and recovery, in accordance with local, state, and federal guidelines. Local and regional public health emergency response plans will include inventories of available resources, including personnel, equipment, and supplies, available to provide mutual aid and assistance. This Regional Public Health Mutual Aid Section is not intended to replace or supplant any provisions in existing jurisdictional Public Health Emergency Preparedness and Response Plans, but rather is intended to enhance the effectiveness of these plans.

### **III. NON-LIABILITY FOR FAILURE TO RENDER AID**

It is mutually agreed that each Participating Party's primary responsibility is to its own citizens and that the rendering of aid and assistance under the terms of the *Regional Public Health Mutual Aid Agreement* are voluntary. As this is a reciprocal agreement, it is recognized that any Participating Party may be requested by another Participating Party to provide mutual aid. When aid and assistance have been requested, an Assisting Party may in good faith inform the Requesting Party that it is unavailable to respond if it determines such response would result in inadequate protection for its own community. In addition, any Assisting Party may determine that they are unable to respond when, at the determination of the Assisting Party, the response would create an unacceptable risk of danger to their employees and/or equipment. While each Assisting Party agrees to use its best efforts to immediately notify the Requesting Party of their inability to render aid and assistance, no Assisting Party is liable for failure to immediately notify the Requesting Party of their inability to respond.

No liability of any kind or nature is attributed to or assumed by any municipality, either expressly or by implication, as a result of its refusal to render aid and assistance in response to a request. In addition, no such liability is attributed to or assumed by any municipality, as a result of its withdrawal of aid and assistance once provided pursuant to the terms of the *Regional Public Health Mutual Aid Agreement*. Concomitantly, the Participating Parties fully recognize the highly meritorious reasons for entering into a *Regional Public Health Mutual Aid Agreement*, and will attempt to render assistance in accordance with the terms of the Agreement to the fullest extent possible.

### **IV. AUTHORITY AND CONDITIONS FOR ACTIVATION OF THE REGIONAL PUBLIC HEALTH MUTUAL AID AGREEMENT**

Requests for mutual aid and assistance are made by and to authorized representatives of each Participating Party. In a declared state of emergency at the municipal level, the decision to request or provide public health mutual aid and assistance is made by the jurisdiction's Chief Elected Official, or his/her authorized designee in consultation with the local or district Director of Health. In Health Districts, the decision to request or provide public health mutual aid and assistance is also contingent upon approval by the Chief Executive of the District's governing board. In a non-emergent situation as specified in item (3) below, the decision to request or render public health aid and assistance may be made at the discretion of the local or district Director of Health.

The aid and assistance rendered may consist of available public health personnel, equipment, supplies, facilities and/or services, to the extent such aid is not required for adequate protection of the Assisting Party's jurisdiction. The decision of the Assisting Party is final as to the personnel, equipment, supplies, facilities, and/or services to be provided.

#### ***Public Health Mutual Aid may be requested under any of the following conditions:***

1. A declaration of a local state of emergency by the jurisdiction's Chief Elected Official (CEO).
2. The imminent threat of a public health emergency such that local capabilities are, or are predicted to be, exceeded.
3. A non-emergent situation where a specific type of public health personnel, equipment and/or material resources are deemed necessary by the Requesting Party to effectively respond to, mitigate, contain, or recover from a public health incident occurring in Requesting Party's jurisdiction. This includes both actual events and authorized regional drills or exercises. Under this condition, the Directors of Health of the Assisting and

Requesting Parties act as the CEO's designee and, as such, are authorized to directly request or respond to requests for public health mutual aid and assistance.

The activation of the *Regional Public Health Mutual Aid Agreement* will continue, whether or not the situation, emergency, or disaster is still active, until the services of the Assisting Party are no longer required, or when the Assisting Party determines that further assistance cannot be provided.

## **V. PROCEDURES FOR REQUESTING AND PROVIDING AID**

### **A. Regional Coordination of Public Health Mutual Aid and Assistance in a Declared or Imminent Public Health, Civil, or Disaster Emergency**

- A1. During a public health emergency that affects one or more municipalities in the Housatonic Valley Region, as authorized by their CEO and, for Health Districts, the Chief Executive of their governing board, the Director of Health or designee of the affected jurisdiction(s) will promptly notify the designated contacts in other Health Departments and Districts of the Region to keep them on alert and to request mutual aid if it is needed, using the *Regional Public Health Emergency Notification Procedure, (Addendum A of the Public Health and Medical Services Regional Emergency Response Plan)*. The local health alert network (HAN) of the affected health department(s) can be activated to provide this notification.
- A2. Concurrently, the authorized representative of each Requesting Party will assure that the local Emergency Management Director, the DEMHS Area 5 Coordinator and the designated point of contact within the Area 5 Regional Response Coordination Center (RRCC), if so established, and the CT Department of Public Health have been notified and made aware of the situation and any requests for mutual aid. In addition, designated contacts at the (2) acute care hospitals in the Region (Danbury Hospital and New Milford Hospital) will be rapidly notified of the situation and public health mutual aid requests.
- A3. As described previously in Section IIIB of this Plan, *Unified and Incident Command Systems*, a Regional Public Health Multi-Agency Coordinating Center (PHMACC) will be established if it is determined that a public health event threatens to overwhelm the capacity of local resources, expands beyond finite jurisdictional boundaries, and involves (or has the potential to involve), state or federal resources. Based on the nature of the event, the decision to activate the Regional Public Health Multi-Agency Coordinating Center will be jointly made by two or more Directors of Health in the Region with the approval of the Chief Elected Officials in their jurisdictions. The PHMACC can be operated through a videoconferencing, telecommunications, or secure Internet site, or at a fixed location established within one of the jurisdiction's Emergency Operations Centers (EOC) by mutual consent of the Chief Elected Officials in the involved jurisdictions.

### **B. Method of Request for Public Health Mutual Aid and Assistance Among Local Health Departments and Districts in the Housatonic Valley Region**

- B1. *Declared or imminent state of emergency affecting one or more jurisdictions*  
As specified in subsection (V), subdivision (A) above, once authorized by the CEOs and, for Health Districts, the Chief Executive of the governing board in the affected jurisdictions, a PHMACC will be established within the Region for ongoing collaboration and communication among the local and district Directors of Health to

determine how to best allocate available public health resources. All Requesting Party's Directors of Health or their authorized designees will provide the information in subsection (V) subdivision (C) by email AND facsimile (fax), to the designated contact within the PHMACC using the Housatonic Valley Region's "*Public Health Agency Mutual Aid Request Form*", provided as Addendum X to the Plan.

**B2. *Non-emergent situations***

In non-emergent situations, the PHMACC will not be activated. Requests for mutual aid and assistance are to be made initially by direct phone contact from the Requesting Party's Director of Health to the Assisting Party's Director of Health. Such requests are to be promptly confirmed in writing, by fax AND email.

**C. Required Information for Public Health Mutual Aid Requests in a Declared or Imminent State of Emergency**

- (1) *Situation and Status*: A general description summarizing the nature of the event and the current impact on public health and safety, morbidity, and mortality.
- (2) *Hazard Analysis*: Specifications as to the type of Personal Protective Equipment (PPE) required by public health responders as determined by the Incident Command System's (ICS) Safety Officer, and if this will be supplied by the Requesting Party.
- (3) *Requested Resources and Duration of Request*: Identification of the type and quantity of public health resources (personnel, equipment, supplies, and/or facilities) needed, a reasonable estimate of the length of time they will be needed, and for all requested personnel, the hours of their shift assignments.
- (4) *Incident Commander and Point of Contact*: The name of the Incident Commander, and name and contact information of the Section Chief/Supervisor/Task Force or Unit Leader to whom the public health resources are requested to be deployed.
- (5) *Deployment Time and Location*: The date, time, and specific location where the public health resources are requested to be deployed.

**D. Maintenance of Public Health Resource Inventories**

The Director of Health of each jurisdiction in the Housatonic Valley Region is required to establish and maintain a listing of the type and quantity of personnel, equipment, and material resources from their local health department or district which are potentially available to respond to public health emergencies in the Region. Public Health Resource Inventories for each jurisdiction are maintained in a standardized format established by the Region's Public Health Emergency Planning Committee. Jurisdictional Resource Inventories are included as Addendum X to the *Public Health and Medical Services Regional Emergency Response Plan*, and are to be updated at least annually, by January 1<sup>st</sup> of each year.

**E. Assisting Agency Assessment and Notification of Ability to Respond**

Upon notification through the PHMACC of a request for mutual aid and assistance, each Assisting Party's Director of Health will jointly assess the local situation with their CEO and, for Health Districts, the Chief Executive of their governing board, in order to determine the type and amount of public health personnel, equipment, and other resources available to respond. As authorized by their CEO and governing board, each Assisting Party's Director of Health will notify the designated contact in the PHMACC by the most immediate and available means (e.g., phone, fax, email, two-way radio) as to whether resources are available, and if so, the type and quantity of resources that are available. In all instances, each Assisting Party's Director of Health will provide written documentation to the PHMACC designated contact of the type of assistance that is available OR of the inability to respond to the request, by completing and transmitting the "*Public Health Agency Resources Availability Status Report*" via fax AND email. The

“*Public Health Agency Resources Availability Status Report*” contains the following information:

- (1) *Resources and Duration of Response*: Identification of the type and quantity of public health resources (personnel, equipment, supplies, and/or facilities) that are available and a reasonable estimate of the length of time they will be available for the shift assignment specified on the *Public Health Agency Mutual Aid Request Form*.
- (2) *Deployment Time and Location*: The estimated time when the public health resources are available to be deployed or to be delivered to the staging or incident area.

**F. Reimbursement**

No Participating Party is obligated to reimburse any other Participating Party for any personnel, equipment, or facility resources or expenses provided, or for any damage to equipment or facilities which may occur in the course of rendering mutual aid and assistance. Material resources, in the form of consumable supplies, are subject to reimbursement by the Requesting Party, by direct payment of invoices for documented expenses submitted by the Assisting Party to the authorized fiscal officer of the Requesting Party. In lieu of direct payment, the Participating Parties may agree that the Requesting Party will replace, with like kind and quality as determined by the Assisting Party, the consumable supplies used or damaged. The timing and method of reimbursement for consumable supply costs will be negotiated by the Participating Parties after the incident is fully resolved.

**G. Requests for Additional Regional and State Public Health Aid and Assistance**

If the severity of the emergency is projected to exceed or exhaust the available public health personnel, equipment, and material resources in the Housatonic Valley Region, authorized representatives of each Requesting Party are responsible for assuring immediate notification to the DEMHS Area 5 Coordinator, and to the designated point of contact within the Area 5 Regional Response Coordination Center (RRCC), if so established, and to appropriate health officials at the Connecticut Department of Public Health (CT DPH) to request additional public health aid and assistance. Initial notification is to be made by phone with a concurrent written request from the Requesting Party in a manner specified by the DEMHS Area 5 RRCC and by the CT DPH. *In instances where the local jurisdiction’s Emergency Operations Center (EOC) has been activated, any and all such mutual aid requests will be authorized by and transmitted and received in a manner consistent with the communication protocols established by the Chief Elected Official within the EOC.*

**VI. SUPERVISION AND CONTROL**

**A. Incident Management Structure**

When providing assistance under the terms of the *Regional Public Health Mutual Aid Agreement*, the public health emergency response personnel, equipment, and resources of the Assisting Party will be under the operational control of the incident management system of the Requesting Party. In all instances, the incident management system established by the Requesting Party will comply with National Incident Management System and employ the Incident Command System (ICS) or the Unified Command System (UCS). All personnel responding to a request for mutual aid and assistance will be trained in NIMS principles and procedures, including ICS/UCS.

Assisting Party personnel deployed to aid and assist a Requesting Party pursuant to the *Regional Public Health Mutual Aid Agreement* remain employees of the Assisting Party.

As such, administrative direction of personnel, equipment, and resources remains with the Assisting Party's Director of Health or his/her designee, including determination of the need to withdraw any and all resources provided. In the event that resources will be withdrawn, the Requesting Party's Incident Commander or designated contact will be duly notified for continuity in operations. Every effort will be made to provide twenty-four hour advance notice of the need to withdraw resources; at a minimum, personnel will be permitted to complete their current shift prior to recall from their emergency duty assignment.

**B. Food, Respite, Equipment, and Supplies**

Unless specifically instructed otherwise, the Requesting Party will provide food and respite for the personnel of the Assisting Party at appropriate intervals, from the time of their arrival at the designated staging or duty location to the time of their departure. However, Assisting Party personnel will be, to the greatest extent possible, provided with the equipment, materials, supplies, and PPE required to perform their duty assignment prior to deployment.

**C. Communications**

Unless specifically instructed otherwise by the Assisting Party, the Requesting Party will have the responsibility for coordinating communications between the authorized representatives of the Assisting Party and the Requesting Party. A means and mechanism for ongoing communication by the Assisting Party with their employees and with the designated liaison in the Requesting Party's incident command system is to be established prior to deployment of any personnel.

**D. Rights and Privileges**

Whenever employees of the Assisting Party are rendering aid and assistance pursuant to this Agreement, such persons have the powers, duties, rights, privileges, and immunities and receive the compensation incidental to their employment with the Assisting Party. During the time mutual aid is being furnished, all equipment used by the Assisting Party will continue to be owned, leased, or rented by the Assisting Party. At all times while equipment and personnel of an Assisting Party are traveling to, from, or within the geographical limits of the Requesting Party while providing mutual aid, such personnel and equipment are deemed to be employed or used in the full line and cause of duty of the Assisting Party. In addition, such personnel are deemed to be engaged in a governmental function of their entity.

**E. Term of Deployment**

The initial duration of a request for mutual aid will be specified by the Requesting Party, to the extent possible by the emergency. As noted in subsection III, the Assisting Party's personnel, equipment, and other resources are subject to recall by the Director of Health or his/her designee. A good faith effort will be made by the Assisting Party to provide at least twenty-four hour advance notification to the Requesting Party of the intent to withdraw portions of or all assistance.

**F. Reporting Requirements**

Assisting Party personnel rendering aid and assistance are to report for briefing and assignment to the designated personnel at the staging or duty location specified on the *Public Health Agency Mutual Aid Request Form*. Accurate directions and contact names, titles, and phone numbers are to be provided by the Requesting Party. Assisting Party personnel are required to present their health department or district identification badge for verification at the time of arrival. The Requesting Party will accept the professional credentialing determination of the Assisting Party, but only for those services personnel are credentialed to perform at the Assisting Party's place of employment.



The Assisting Party's Director of Health or authorized designee will communicate with the Director of Health or authorized representative of the Requesting Party to establish and maintain daily personnel time, equipment, and material records for accurate and timely cost documentation for state and/or federal reimbursement.

## **VII. ROLE OF THE HOUSATONIC VALLEY REGIONAL PUBLIC HEALTH EMERGENCY PLANNING COMMITTEE**

For public health emergencies affecting one or more jurisdictions within the Housatonic Valley Region, the Directors of Health and their designated representatives serving on HOUSATONIC VALLEY REGIONAL PUBLIC HEALTH EMERGENCY PLANNING COMMITTEE will collaborate to: (1) establish a PHMACC for ongoing communication and coordination of mutual aid and assistance, (2) provide ongoing incident tracking and status reports and briefings, (3) plan strategically as a region, in close collaboration with state and regional public health and emergency management officials, to deliver the most equitable and efficacious public health emergency response, and (4) assist the Directors of Health of all Participating Parties in meeting all procedural and other requirements, including those pertaining to federal and state cost reimbursement.

## **Addenda #3**

### ***Public Health Mutual Aid Resource Inventory Forms***

**Strategic Planning Inventory Form**

**DEMHS Area 5 - ESF 8**

**LHD Staff & Titles**

Please check the ONE primary title that applies to each LHD staff member listed. Indicate any additional titles that apply under Comments.

	Health Director	Asst./Deputy DOH	Emer. Response Coordinator	Medical Advisor/Consultant	Physician	Communications Director	Chief Sanitarian	Registered Sanitarian	Sanitary Sanitarian	Housing Inspector	Environmental Inspector	Environ. Compliance Officer	Nurse Supervisor	Nurse Practitioner	School Health Nurse	Other RN	Dentist	Dental Hygienist	Epidemiologist	Health Educator	WIC Coordinator	Registered Dietitian/Nutritionist	Lab Technician	Office Assistant	Secretary/Adm. Assistant	Bookkeeper	Social Worker	Case Worker	Other (Specify)	COMMENTS
<b>LHD Staff</b>	*						*	*																						
Bethel																														
Bridgewater/Newtown																														
Brookfield																														
Danbury																														
New Fairfield																														
New Milford																														
Redding																														
Ridgefield																														
Sherman																														
LHD Staff Total																														
<b>LHD Contractors</b>			*									*																	*	
Bethel																														
Bridgewater/Newtown																														
Brookfield																														
Danbury																														
New Fairfield																														
New Milford																														
Redding																														
Ridgefield																														
Sherman																														
LHD Consultant Total																														

\* Columns with astericks do not represent an unduplicated count as they include staff or consultants providing services to more than one municipality in the HVR.

**Strategic Planning Inventory Form**

**DEMHS Area 5 - ESF 8**

**LHD Staff Skills Set/Training**

Please check **ALL** skills and training that apply to **each** LHD staff member listed.

	Outbreak/Epidemiologic Investigation	PIO/CERC	Hot Line/Phone Bank Management	NIMS/ICS Training (S-100,200,700)	NIMS/ICS Training (S-300,400)	Respirator Fit Tester (Specify Type/Manufacturer/Model)	Respirator Fit Tested (Specify Type/Manufacturer/Model)	Smallpox Vax Trainer	Biological Response	Chemical Response Training (Specify Type)	HazMat Training (Specify Type)	Radiological Response Training (Specify Type)	Environmental Response Training (Specify Type)	Asbestos Investigation/Assessment/Mitigation	Food Inspector	Lead Inspector	Lab Technician (Specify Type)	Interpreter - Spanish	Interpreter - Other (Specify Language)	Database Development	Web Technician	Data Entry	First Aid	CPR	Ham Radio Operator	Other (Specify)	COMMENTS
<b>LHD Staff (#)</b>	*	*								*	*																
Bethel																											
Bridgewater/Newtown																											
Brookfield																											
Danbury																											
New Fairfield																											
New Milford																											
Redding																											
Ridgefield																											
Sherman																											
<i>Staff Total</i>																											
<b>LHD Contractors (#)</b>	*	*	*	*	*	*	*	*																	*		
Bethel																											
Bridgewater/Newtown																											
Brookfield																											
Danbury																											
New Fairfield																											
New Milford																											
Redding																											
Ridgefield																											
Sherman																											
<i>Consultant Total</i>																											

\* With the exception of astericked columns, the totals for each column are an unduplicated count; however across columns they are duplicated, as more than one skill/training applies in most cases.

**Strategic Planning Inventory Form**

**DEMHS Area 5 - ESF 8**

**LHD ICS/PHE/MDC Response Roles (within designated MDA)**

Please check ALL possible roles that apply to each LHD staff member listed.

	COMMAND STAFF	Incident Commander	PIO/Information Officer	Safety Officer	Liaison Officer	Deputy Officer	GENERAL STAFF	Operations (Specify Position)	Logistics Section Chief	Planning Section Chief	Finance/Adm. Section Chief	OPS Supervisor - Section Chief	OPS Supervisor - Medical	OPS Supervisor - Non-Med	OPS Staff - Medical	OPS Staff - Non-Med	Logistics Supervisor	Planning Supervisor	Finance Supervisor	Finance & Adm. Supervisor	Deputy (Specify Position)	MEDICAL ROLES	Vaccinator	Rx Dispensing	Triage	Medical Evaluation/Rx Triage	Onsite EMS & Transport	LICENSURE	MP/DO	PA/NP/APRN	RN	LPN	Pharmacist	EMT/Paramedic	DDS/DMD	Social Worker	Veterinarian	Lab Technician	Other (Specify)	COMMENTS													
<b>LHD Staff (#)</b>	*						*																																														
Bethel																																																					
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<b>Cons. Total (21;18 undup.)</b>																																																					

\* With the exception of astericked columns (LHD Contractors), the totals for each column are an unduplicated count; however across columns they are duplicated, as more than one response role may apply.





**Addenda #4**

***Public Health Mutual Aid  
Public Health Agency Mutual Aid Request Form***





**Addenda #5**

***Public Health Mutual Aid  
Public Health Agency Resource Availability Form***

