

# TOWN OF WINDSOR, CONNECTICUT

## Special Meeting Notice



**AGENCY:** Health & Safety Committee  
**DATE:** January 11, 2012  
**TIME:** 5:30 PM  
**PLACE:** Town Hall – Council Chambers

### AGENDA

1. Call to Order
2. Public Comment
3. \* Review Winter Storm Alfred response and after-action debriefing recommendations
4. \* Health Department overview
5. Staff Reports
6. Approval of Minutes
  - a) \* April 12, 2011
7. Adjournment

\*Backup materials attached


Public Act 75-312 requires notice of Special Meetings to be posted in the Town Clerk's Office not less than 24 hours prior to the time of such meeting. No other business shall be considered at this meeting than that listed on this Agenda.

## Agenda Item Summary

Date: January 11, 2012

To: Health and Safety Committee Members

Prepared By: Emily Moon, Assistant town Manager

Reviewed By: Peter Souza, Town Manager 

Subject: Emergency Management Review Following Storm Alfred

### Background

Following Winter Storm Alfred (October 29-30, 2011), town staff solicited feedback from volunteers, employees and community members about the town's emergency management and response. Four primary areas were analyzed: initial emergency response, Emergency Operation Center (EOC) functions, shelter operations and debris management.

This agenda item summary reviews the most critical recommendations or most frequently made observations. Some of these follow up suggestions require Council authorization of funds and others will require significant staff time to implement.

Task teams and project managers are being assigned to carry out these recommendations.

### Discussion/Analysis

In debriefing the storm, it is helpful to review the sequence of events that made up the emergency:

- Beginning the late afternoon of Thursday, October 27, the Connecticut Department of Emergency Management and Homeland Security (DEMHS) began alerting municipalities to the possibility of heavy wet snow on Saturday.
- By mid-day Friday, October 28, DEMHS alerted towns to the possibility of significant snow accumulations and power outages. By the end of the day, snowfall predictions were 8-12 inches.
- Snow began falling (and sticking earlier than expected) mid-day on Saturday, October 29.
- On the 29th at 2:00 p.m., the State of Connecticut opened its EOC; at 5:30 p.m. that evening the governor declared a State of Emergency.
- The Police Department's dispatch and patrol staffing was augmented slightly, mid-day, and dispatch began receiving a heavy volume of calls by 3:00 p.m. when trees and power lines began to fall. At approximately 5:30 p.m. on the 29<sup>th</sup>, Captain LePore made contact with Assistant Town Manager Emily Moon, requesting that the Emergency Operations Center (EOC) be activated to provide back-up for dispatch, the Police Department and the Public Works Department, and to convey information to the public.
- At approximately 6:00 p.m. on the 29<sup>th</sup>, Ms. Moon met Emergency Management Director Dr. Charles Petrillo at town hall and activated the EOC. Town Council was alerted to the EOC's activation at 7:00 p.m. that evening. Town staff then began assessing the incoming information, preparing staffing, readying the EOC to act as the central hub for internal and external information, and strategizing about the possibility of opening a shelter.

- Beginning Saturday night, dispatch sent the EOC lists of calls it had received on 911 that were not emergency calls but that required some amount of follow-up. On Sunday, the EOC began taking calls from forwarded phone lines from town hall, DPW, the landfill and the PD's non-emergency line.
- On Sunday, October 30 at 10:00 a.m., the governor held his first of a series of daily conference calls, which continue through Monday, November 7. Town staff participates in all of these conference calls and other state agency calls.
- Dispatch took 424 calls for service between 4:00 p.m. Saturday, October 29 and Sunday 4:00 p.m. This was almost 4 times the calls received over the same time period as the previous weekend.
- Beginning the evening or late afternoon of Sunday, October 30, a Connecticut Light & Power (CL&P) liaison reported to town hall each day and assisted staff with coordinating CL&P's response in Windsor.
- By the morning of Sunday, October 30, 95% of addresses in Windsor were without power. At 7:00 a.m., over 30 streets were blocked or partially blocked by downed trees and power lines. By the end of the day, 98% of Windsor's addresses were without power.
- Mayor Trinks signed a Declaration on Emergency proclamation on Sunday, October 30.
- Town staff reported to L.P. Wilson Community Center at noon on Sunday. The shelter was opened to the public at 3:00 p.m. on Sunday. By 7:00 that evening, there were over 100 guests.
- All town center Halloween activities were canceled.
- Town staff secured more cots on Monday via CRCOG and the state. At its peak, the shelter slept 380+ (November 1), served over 850 meals in one day (November 3) and served over 400 meals in single sittings (November 2 and 3).
- All town facilities were closed Monday and Tuesday. Schools were closed all week. Town Hall re-opened on a limited service basis on Wednesday.
- Over 175 people (town and school district employees, as well as volunteers) in total staffed the EOC and the shelter 24 hours a day for nearly a full week.
- Governor Malloy (on November 1) and Congressman Larson (on November 3) were among elected officials that toured the shelter.
- The shelter's last night for sleeping was Saturday, November 5. Meals were provided through dinner on Sunday (cold, take-out only the last day).
- Emergency road clearing began Saturday evening, October 29, and continued through Monday, October 31.
- The first significant presence of Connecticut Light & Power crews or subcontracted crews (12) began arriving in town on the morning of Tuesday, November 1. Public Works crews continued to work side-by-side with the utility crews to clear roads and make public rights-of-way safe.
- By the evening of Wednesday, November 2, 10% of Windsor's power had been restored; by the evening of Friday, November 4, 55% of Windsor's power had been restored. The majority of this restoration occurred on Thursday evening and Saturday evening. By Sunday evening, over 90% of the town had been restored.
- Curbside collection of debris began Tuesday, November 8 and ran through December 16. Over 70,000 cubic yards of storm debris are estimated to have been collected. DPW staff worked with the contractor to monitor the collection process and to assist in the debris removal. Each street in Windsor was visited twice for debris collection.
- The landfill operated for extended hours and allowed commercial and residential users to bring storm debris for free disposal.

On the whole, the reaction to the town's emergency management response has been overwhelmingly positive. Community residents and businesses demonstrated patience with the

emergency response and support to the town throughout the event. Town and school district staff demonstrated commitment and effective cooperation.

While staff is pleased with every effort made, in particular, the coordination between town departments and the school district and Public Works and the debris contractor were highly successful. Many town employees performed a variety of duties they do not normally do (such as librarians and daycare staff cooking meals at the shelter) and worked very long days or odd hours. The on-site presence of the CL&P representative throughout the event was also helpful. Staff's ability to innovate and problem solve quickly was exceptional.

Nevertheless, staff has identified areas for possible improvement and, as is often the case in crises, many of these suggestions relate to improving communications.

### **Focus Areas for Possible Improvements**

Across all areas of emergency management, the following findings and recommendations were made:

- Staff will work on developing, updating and sharing contact lists more effectively. It became apparent very quickly that the information staff had easily on-hand during the first few hours of the storm was not as thorough as it could have been. For example, a printed list of employees' contact information only had primary (typically landlines) phone numbers. Staff had to look up each employee's personal information in a computer system to see if a cell phone number had also been collected by Human Resources. Many times a cell number was not present. In this power outage emergency, staff in the Emergency Operations Center (EOC) routinely had to call six to eight employees via two contact numbers before successfully reaching one employee to inquire about his/her availability. Staff will also work on establishing a better system for exchanging information with employees and handling Everbridge call-backs. Additionally, the EOC needs to have ready access to volunteer contact information such as MDA 31 and civic group leadership.
- Another suggestion that overlaps the debriefing focus areas was to use staff or volunteers to help gather field information for the EOC and Department of Public Works (DPW). This field information could be used to gather specifics that EOC or 911 callers may not have been able to provide, such as actual road impacts (e.g., which roads are partially blocked versus impassable), where power has been restored and what type of DPW or Police Department resources might be needed.
- Staff will also need to refine how it might be able to respond to a protracted emergency that demands a sizeable effort when town staff needs to return to its normal functions. In this case, it was fortunate that at the same moment town departments were able to fully re-open to the public, power to homes was restored and fewer people needed shelter and meals. A somewhat related, general area of follow-up will require staff to discuss optimal shift durations.

The following summary describes the most substantial recommendations for improvement, either because of the effort or funding required. Staff has a much more exhaustive list of lessons learned and follow-up tasks, and some additional, minor suggested purchases.

#### *Initial Emergency Response (the first 24 hours)*

1. Replace current dispatch consoles and add a third Emergency-911 Public Safety Answering Point station in the communications center – Suggestion is to have a station that could help answer a high volume of calls or to perform a dedicated aspect of dispatching, such as dispatching the fire department. A Capital Improvement Project is proposed for FY 2014 for \$263,000 to replace current consoles, but not to add a third. Cost to add a third station is estimated at \$45,000.
2. Develop procedure and have personnel present to track staffing and equipment deployments – Suggestion is to have staff at the police department (PD) who can perform clerical and runner tasks for dispatch, who can track when PD field staff need to be relieved by DPW staff or vice versa, and track where barricades and other materials have been left.
3. Policy development: Establish best practice staffing levels for dispatch (for example, for certain thresholds of calls); update contingency practices for communications equipment; strengthen policy, procedure, timing and training for staff to know when to activate the EOC.

#### Emergency Operations Center

1. Functional layout of EOC and utility of the room and its equipment – Suggestion is to examine and refine the layout of the EOC, purchase a replacement and two additional computers for the EOC (\$2,000), add two base radios (\$2,500), add a Comcast cable box or exterior antenna for the television (\$200), add a mobile phone network extender to boost Verizon signal reception in town hall (\$450), update electrical and data wiring in the EOC and data and phone lines in the Council Support Room (\$4,000). Further, it is suggested to fully energize the lower level of town hall with emergency power to enhance the utility and effectiveness of the EOC (\$21,000). The cost to energize all of town hall is estimated to be \$255,000.
2. Information handling: gathering, collating, displaying and disseminating, and Just In Time Training (JITT) and pre-event training – Suggestion is to discuss better ways of collecting meaningful information for DPW, PD, the shelter and the EOC and how to better organize and disseminate that information within and outside of the EOC. This involves computer, paper and radio/phone-based systems. Outline what EOC call takers should have for training and what information needs to be relayed consistently for new call-takers coming into the EOC and at each shift change.
3. Security and safety – Suggestion is to analyze ways to improve safety at town hall during an emergency. The parking lot was extremely dark and employees and volunteers had difficulty getting from the cars to the building or vice versa. Key fob access presented problems for employees who do not work at town hall but who were asked to report to the EOC. When the exterior doors to town hall were open, the general public had immediate access to the EOC, which disrupted operations. Determine what staffing level and complement is appropriate in the building during overnight hours.
4. Staff training on Everbridge, HVAC system and elevator override, phone system forwarding, computer systems, in-room equipment – Suggestion is to determine what additional areas of training (other than call-taking) are needed and to development and implement that training. Establish staff back-up for the Everbridge, phone and computer systems administrators. Train staff assigned to EOC on how to operate key building systems and equipment. Ensure additional training for staff to increase depth of expertise in some computer systems (i.e. Excel and GIS).

5. Remove staffing responsibilities for shelter and EOC from EOC command and EOC room – Suggestion is to delegate this function to a pair of senior staff members who will perform this role in another room and have direct reporting to the EOC. This function took a great deal of time and reduced the assistant town manager's ability to attend to other matters and the EOC's ability to function more effectively.
6. Establish more formal roles for some staff members to hold throughout the event – Suggestion is to reinforce the use of the Incident Command System structure including producing quick job descriptions that delineate responsibilities or create a list of tasks that can be delegated to individuals to take responsibility for throughout the event.

#### L.P. Wilson Shelter

1. Kitchen code compliance and functionality improvements – Suggestion is to bring the kitchen up to health, building and fire code compliance for emergency food cooking and preparation by installing a grease trap (\$3,500), installing a fire suppression hood (\$3,000), painting the walls, ceiling and floor (\$6,000), installing/replacing some kitchen equipment (preliminary estimate includes: \$2,800 for a triple compartment sink, \$6,500 for a double convection oven, \$300 for smallwares storage), installing replacement or new light fixtures (\$1,000). Total preliminary estimate = \$23,100
2. Registration procedures and equipment – Suggestion is to enhance the registration function so that it is more efficient and better organized for volunteers, staff and guests. Staff will evaluate what forms or database could be used, where to conduct each type of registration or check-out, how to keep count of who is sleeping at the shelter, how to share information with the EOC and the PD, and what computer, radio and phone capabilities need to be at the registration desks.
3. Information sharing - Suggestion is to design Just In Time Training for volunteers and staff, determine a way to verbalize information throughout the shelter's spaces, establish procedure and a portal or location for volunteers and staff to get information at shift change and throughout their shift, establish consistent practice and schedule for communicating with EOC, assign a person to monitor in-coming calls from EOC, review all shelter operations practices and ensure all are complete and easy to follow, and create information portal and scheduled briefing times for shelter guests and determine how information gets posted here.
4. Improvements to restrooms and shower facilities – Suggestion is to renovate the restrooms at the front of the building and the restrooms / locker rooms at the rear of the building to improve functionality and disability accessibility. The design phase (\$10,000) of a capital project that would study and design possible improvements to the front restrooms is in the draft FY 13 plan; the construction phase is tentatively listed in FY 14 (\$170,000). Staff has not estimated the cost of the design or construction of improvements to the locker rooms or rear restrooms.
5. Managing children and recreation – Suggestion is to discuss how to better track children in the facility and their responsible parties, assign a staff member on each shift to handle youth-related issues, develop policies concerning children, and create plan for recreational and emotional enhancement opportunities.

6. Identification of volunteers and staff – Suggestion is to ensure that staff and volunteers are easily recognizable (visually) and to post a list of each shift's staffing at the staff check-in and break areas. Possibly issue t-shirts, vests or wristbands.
7. Managing medical needs and guests with special needs - Suggestion is to discuss policies and practices relating to the care of guests with medical needs, including transportation, aides, sleeping arrangements, power and oxygen accessibility, nurse availability, EMS presence, and recording and communicating special needs (such as disabilities, restraining orders, etc.) to shelter staff and the PD.
8. Cot management - Suggestion is to perform a regular inventory, ensure the proper people have access to storage areas, attempt to assemble cots and place in rooms before shelter opens, write out cleaning and storage procedures, assign guests to specific rooms according to staffing present and each guest's needs, and better keep track of used versus available.

### **Shelter Options**

Some council members and residents have asked about the possibility of opening additional shelters or, specifically, about using Windsor High School or the Community Center at 330 Windsor Avenue as shelters. Staff found that L.P. Wilson functioned remarkably well as a shelter and has advantages over other locations. For example, operation of the shelter at L.P.W. does not preclude schools from re-opening. Social Services assistance, recreational opportunities, Senior Services care and pet sheltering are all easily accessible at L.P.W. The town's population, particularly seniors, is accustomed to using and are comfortable with the L.P.W. space. The building has a generator that supports the full building and ample space to accommodate multiple sleeping and daytime areas. Should another emergency occur, the community is now better aware that L.P. Wilson is the town's designated shelter.

It is highly likely that additional community volunteers would be needed if the town were to operate more than one shelter at a time for a multiple day emergency. In addition, the logistics of providing meals, social services, mental and physical health services, recreational activities and security services would become far more complicated.

While the community center at 330 Windsor Avenue is a multi-dimensional and highly functional space for daytime activities and could accommodate sleeping, apart from the Caring Connection's small kitchen, it does not have adequate capacity for in-house meal preparation. The generator would need to be upgraded, beyond the planned upgrade in the FY 2012 Capital Improvement Plan, to ensure power to the entire facility. This upgrade would cost at least an additional \$75,000.

The high school has large usable space, ample parking and kitchen facilities; however, the building's generator essentially only provides back-up emergency power to meet basic life safety needs. The existing generator currently provides emergency power for one walk-in freezer in kitchen, emergency lighting in the building, boiler room, boilers, heating hot water pumps, and domestic hot water. The existing generator does not have enough capacity to generate power for the areas that would be used for a shelter (e.g., the gymnasiums, the auditorium, the locker rooms, restrooms, kitchen, cafeteria and nurse's area. Due to the way the building is wired, if a new generator was installed to simply serve the areas that would be used for a shelter, new wiring throughout the whole facility would be needed. If a new generator were installed to serve the entire school, no new wiring would be needed. Either option is likely to cost over a million dollars. Staff is also exploring the possibility and cost of securing a transportable, temporary generator that could be leased during emergencies. However, effectively transporting this piece of equipment and the actual delivery time of the generator would be likely be less certain than

having a permanent generator on-site. In addition to the power generation concerns, the high school is less suitable as a shelter than L.P. Wilson due to the fact that it would be highly problematic to operate a shelter at the high school when school could be in session.

#### Financial Impact

The estimated cost for recommended improvements are outlined below. One line item, "Shelter go kit and shelter/EOC management supplies" is intended to be used to purchase items such as identification wrist bands, meal ticket rolls, pre-made signage, portable easels and dry erase boards, and a few other minor supplies that will help staff organize and run both the shelter and the EOC more easily in the future.

#### *Recommendations:*

Emergency Operations Center improvements	\$	9,150
Emergency Power Lower Level Town Hall		21,000
LPW kitchen improvements		23,100
LPW front restroom rehab design		10,000
Dispatch Console (add 3 <sup>rd</sup> station)		45,000
Shelter go kit and shelter/EOC management supplies		<u>2,000</u>
	<i>Sub-total</i>	<i>\$ 110,250</i>
Contingency 15%		<u>16,550</u>
	<b>TOTAL</b>	<b>\$ 126,800</b>

#### Other Board Action

None

#### Recommendations

Staff will provide an overview of storm response and highlight the key findings and suggestions from the after-action debriefings. It is recommended that the committee provide guidance regarding potential funding of recommended facility and equipment improvements related to emergency management operations.

#### Attachments


None

## Agenda Item Summary

Date: January 11, 2012

To: Health and Safety Committee Members

Prepared By: Charles J. Petrillo, Jr., Director of Health

Reviewed By: Peter Souza, Town Manager 

Subject: Overview of Health Department Operations

### Background

The Windsor Health Department is and has been a full-time municipal health department as defined by the State Department of Public Health (DPH) since 1983. This memo gives a general overview of the health department's mission, programs and operations, and highlights key issues and trends that the department anticipates will be impacting Windsor's health and the provision of services over the next three years.

### Discussion and Analysis

Currently, Connecticut has 75 health departments, 50 of which are full-time departments and 25 that are classified as part-time departments. Of the full-time departments, 29 are municipal departments serving one municipality and 21 are classified as district departments serving 2 to 18 municipalities. While local health departments are entities separate from the Department of Public Health (DPH), they are linked to DPH in several important ways: approval of appointments of directors of health by the Commissioner of Public Health; mandates to carry out critical public health functions in areas of environmental health, infectious disease control, etc.; the requirement that they enforce the state's Public Health Code; authority to levy fines and penalties for violations of that code; and receipt of funding to carry out various programs designed to improve the health of the population. DPH requires that local health departments provide or ensure the provision of services in eight general program areas: health statistics; maternal & child health; community nursing; health education; nutrition services; environmental health; communicable & chronic disease control; and emergency medical services/emergency preparedness.

The Windsor Health Department has as its mission "protecting and promoting the health of the people, protecting and improving the environment, providing support during natural and man-made emergencies and leading town efforts in emergency planning." The department is staffed by four full-time staff: a director of health, two registered sanitarians (one position is presently vacant), a public health nurse/health educator, and two part-time 20 hour per week staff members – a code enforcement inspector and a clerk. The department has organized its services into four major program areas: inspection and regulation, disease control and prevention, clinic services, and emergency management. These four programs address the eight general program areas required to be provided as specified by the DPH. The health department overview that is attached gives a more detailed outline of the specific services that we provide within each program area.

Based on national, state, and local information, department staff has identified four key trends and issues that we feel our community and department are or will be facing over the next three years. These are significant in that they will become the focus of the department's goals and programs and may become the focus of other town departments. These four areas are disease prevention (e.g. obesity, asthma, health care access, and emerging infections, to name a few); emergency response planning (e.g. Emergency Operations Plan; sheltering; staff training; decrease in federal funding, etc.); environmental health (e.g. housing code, absentee landlord, vacant dwellings; food service inspections; property maintenance; etc.) and Health Department organization and staffing (e.g. staffing, certifications, qualifications, training, institutional knowledge, retirements; national standards; etc.).

#### Financial Impact

The total FY 12 budget is \$578,590. Of this amount, \$489,700 or 84.6% is funded by the General Fund; \$63,490 (11.0%) is funded by grants such as the BT and Preventive Health Block Grants; \$25,200 (4.4%) is funded through user fees such as the flu clinic, sale of bike helmets, the conduct of CPR classes, and funds for lead paint investigation; and finally \$200 or 0.003% from contributions for the toy drive.

The department no longer receives any per capita grant monies from the State Department of Public Health for having a full-time health department. This funding, which we had been receiving since 1983, ended in FY 2010 as the state changed the criteria by which full-time health departments could receive this money. As a result, we lost approximately \$34,000. We have also been receiving Bioterrorism Grant monies (now referred to as Public Health Preparedness funding) since 2003. This money is used for emergency planning efforts on the Mass Dispensing level to develop and test local and regional plans, recruit and train staff and volunteers, conduct drills and exercises, prepare points of dispensing for the distribution of vaccines and medications, and develop and test communication systems for staff and volunteers. Over the past two years, this grant funding has been decreasing and it is anticipated that decreases in funding will continue over the next three year period. Finally, the department takes in a small amount of money (\$31,600) for food inspection, septic, and well permits, which goes directly into the General Fund.

#### Recommendations

None

#### Attachments

Health Department Overview

Health -- Major Issues 2012-2014

## HEALTH DEPARTMENT

### Mission

Protect and Promote the health of the People; protect and improve the environment; provide support during natural and man-made emergencies; and lead Town efforts in emergency planning.

### Budget

General Fund --	\$489,700
Grants --	\$ 63,490
Contributions --	\$ 200
User Fees --	\$ 25,200
<b>TOTAL --</b>	<b>\$578,590</b>

### Staffing – 5.0 FTE

Charles J. Petrillo, Jr., Dr.PH, Director of Health  
Sharon Enot, R.N., Public Health Nurse  
Michael Pepe, R.S., Sanitarian  
*Vacant Position*, Sanitarian  
Raymond Schubert, Inspector (part-time)  
Ellen Hansen, Clerk (part-time)

### What We Do

#### Inspection & Regulation Programs

##### Food Safety

- Issue permits to all full & temporary food operations
- Inspect all food operations on regular basis
- Investigate all suspected food outbreaks
- Coordinate Epidemiological investigations
- Conduct classes on food related issues

##### Drinking Water Protection

- Perform sanitary surveys & review well water analyses
- Issue permits for all well construction/repairs
- Respond to all drinking water questions/complaints
- Coordinate extension of public water mains with MDC

##### Waste Water Disposal

- Review/approve new/repared septic systems
- Investigate complaints on sewage disposal
- Monitor pollution cleanup at BDL

##### Public Health Nuisances

- Property Maintenance
- Refuse & Litter
- Vermin
- Air pollution
- Odors
- Noise

##### Emergency & Hazardous Situations

- Respond to Hazardous Material spills
- Respond to bio-terror incidents
- Oversee Cleanup of  
ABB, Hamilton Sundstrand, BDL
- Assist at fire scenes
- Support EOC, Sheltering Operations

##### Mosquito Control

- Direct Mosquito Control operations
- Treat 4,600 town catch basins
- Distribute mosquito dunks to residents
- Advise residents on tick identification

##### Environmental Assessment

- Participate on Site Development Team
- Provide environmental & health info.
- Assess property for development

##### Landfill Support

- Member of Landfill Team
- Long-term planning for  
solid waste collection  
disposal after landfill closes
- recycling
- gas collection

### Institutional Health & Safety

- Public & private schools
- Day Care Centers
- Migrant labor camps
- Public/semi-public swimming pools/spas
- Youth resident day camps
- Group homes
- Parks & public play grounds
- School infirmaries
- Hotels/motels

### Community Programs

- Conduct CPR, First Aid, AED programs
- Provide information related to bioterrorism
  - Pandemic Flu
  - Smallpox
  - Anthrax
  - SARs
- Train medical & non-medical volunteers
- Public Access AEDs
- Promote cardiovascular health through education
- Provide stroke & cholesterol screening
- Provide public health education programs
- Sell bike and multi-sport helmets
- Maintain Website with links to health & safety
- Provide OSHA bloodborne pathogen training
- Partner with departments on Holiday Toy Drive

### Clinic Services

- Health Screenings
- Conduct Senior Health Fair
- Conduct Annual Flu Clinic

### Disease Prevention & Control

#### Community Assessment

- Monitor local health status & data
- Study impact of health disparities/health
- Address child health & wellness issues

#### Epidemiological Investigations

- Review Reportable Disease Reports
- Monitor & investigate disease outbreaks
- Review all laboratory reports received

### Emergency Management

- Maintain Emergency Operations Plan
- Operate the Emergency Operation Cntr
- Contact Point with DEMHS
- Recruit and Train Staff and Volunteers in
  - EOC Operation
  - Shelter Operations
  - Other Emergency Response Activities
- Administer Bioterrorism Grant
- Lead Health Department for MDA#31

## **MAJOR ISSUES 2012-2014**

The following are the major issues identified by the staff of the Windsor Health Department as facing the community and the Department over the next three years.

### **OUTLINE**

#### **I. Disease Prevention**

- Emerging Infections
- STDs
- Obesity
- Asthma
- Conditions related to an aging population
- Community Health Education
- Flu Clinic Administration
- Health Care Access
- School Based Health Clinic

#### **II. Emergency Response Planning**

- Emergency Operations Plan (Revisions & Updates)
- Mass Dispensing Area (MDA #31) Deliverables
- Decrease in Federal Funding
- Civil Preparedness Volunteer (Roles)

#### **III. Environmental Health**

- Food Service
  - Inspections & Re-inspections (Meet mandated inspection requirements)
  - Education for permanent and temporary
- Property Maintenance
  - Ordinance Revisions
  - Tracking and Monitoring vacant & foreclosed properties
  - Time required to enforce
- Housing Code – absentee landlords

#### **IV. Health Department Organization and Staffing**

- Staffing
  - Retirements
  - Institutional Knowledge
  - Recruitments (Certifications/qualifications/experience)
  - Training
- Standards & Accreditation

**TOWN OF WINDSOR  
HEALTH & SAFETY COMMITTEE  
TOWN COUNCIL CHAMBERS  
APRIL12, 2011**

**UNAPPROVED MINUTES**

**PRESENT:** Councilor Matthew Marci, Chair; Councilors Ronald Eleveld and William Herzfeld

**STAFF:** Town Manager, Peter Souza; Assistant Town Manager, Emily Moon; Health Sanitarian, Mike Pepe; Director of Health Services, Dr. Charles Petrillo; Public Health Nurse, Sharon Enot (arrived at 7:22 p.m.)

**GUESTS:** Steven Huleatt, West Hartford-Bloomfield Health District (WHBHD) Director of Health

**1. CALL TO ORDER**

The meeting was called to order at 7:00 p.m.

**2. PUBLIC COMMENT**

None

**3. DISCUSSION OF JOINING WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT**

Town Manager Souza explained that town staff had met with Director Steve Huleatt to discuss their questions and concerns, which primarily centered around:

1. Seniority
2. Salaries
3. Assignment of work

Mr. Huleatt reported Windsor's employees' tenures with the town would be included in their years of service credit. For example, an employee with 16 years of service with the town would move to the district as a 16-year employee of the district. This would allow the employee to gain benefits, such as leave time, as if they were with the district for 16 years.

Mr. Huleatt stated the district works a 35-hour work week. He intends to ask his board to maintain Windsor's employees' current salaries and to not reduce them by 12.5% to the 35-hour work week.

Councilor Marci asked if there were many times that staff would work more than 35 or 40 hours, when overtime would result. Mr. Huleatt said they would normally flex the work week to adjust to those unusual hours whenever possible. This scheduling option is somewhat less possible for weekend assignments and the hourly pay is greater.

Town Manager Souza explained that another area of questioning was how work is assigned. Director Huleatt stated he would attempt to take advantage of each person's skills and assign, to some degree, based on those preferences. However, staff will need to be interchangeable and cross-trained so that they can support each other and keep the programs going.

Town Manager Souza also stated that another question was how supervision and direction would be given when Director Huleatt is not in the office. Director Huleatt said he would hold open the soon to be vacated Assistant Director position and would evaluate how to best fill this position's

duties. The district has a 4-person deep chain of command for continuing of operations purposes.

Staff provided a comparison of permit fees for eating establishments. While overall fees are similar between the district and the town, there are some establishments that would experience more than a nominal increase. Councilor Eleveld asked about the timeline for permit renewals. Director Huleatt stated that he would look at charging businesses at a pro-rated amount to get them on the district's schedule.

The committee discussed the timeline for making the transition, should the town choose to join. The Town Manager expressed that there are no budgetary reasons to make the transition by July 1<sup>st</sup>.

Moved by Councilor Herzfeld, seconded by Councilor Eleveld, that the Committee recommend forwarding the option of joining the West Hartford-Bloomfield Health District to the Town Council for their consideration.

Motion Passed 3-0-0

**4. STAFF REPORTS**  
None

**5. APPROVAL OF MINUTES**

Moved by Councilor Herzfeld, seconded by Councilor Eleveld, to approve the minutes of the March 14, 2011 meeting as amended – change Dr. Huleatt to read as Mr. Huleatt.

Motion Passed 3-0-0

**6. ADJOURNMENT**

Moved by Councilor Eleveld, seconded by Councilor Herzfeld, to adjourn the meeting at 8:27 p.m.

Motion Passed 3-0-0

Respectfully Submitted,

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Emily Moon  
Assistant Town Manager  
Recording Secretary