

**EMS Emergency Management Committee Meeting**  
**OEMS, 1041 Technology Park Drive, Glen Allen, VA**  
**April 19, 2012**  
**10:00 a.m.**

Members Present:	OEMS Staff:	Guests:
<b>Steve Ennis</b> , Chair	Winnie Pennington	
<b>Jack King</b> , Virginia Department of Emergency Management	Wanda Street	
<b>Bob Mauskapf</b> , VDH, Office of Emergency Preparedness	Jim Nogle	
<b>Judy Shuck</b> , Metropolitan Medical Response System (MMRS)		
<b>Melinda Duncan</b> , Northern VA EMS Council		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>Call to order:</b>	The meeting was called to order by Mr. Ennis at 10:04 a.m.	
<b>Review &amp; Approval of the January 26, 2012 minutes:</b>	A motion was made to review and approve the minutes. The motion was moved by Melinda and seconded by Bob. The minutes were approved as submitted.	<b>The minutes were approved as submitted.</b>
<b>Committee Chair Report – Steve Ennis:</b>	No report. Items will be discussed below.	
<b>Introductions of new Committee Members:</b>	VEMA – Ken Rudnicki VDEM – Jack King MMRS – Judy Shuck OEP – Bob Mauskapf  Everyone around the room introduced themselves to the new members. Ken Rudnicki was absent.	
<b>Committee Member Reports:</b>	<b>Melinda Duncan, Fairfax/NOVA EMS Council</b> – NOVA is finishing up the draft of the EMS Mass Casualty Incident Manual (MCIM). They are trying to move “Transport” up in the scheme of things so that they can get the Red patients off the scene faster. They also have a Quick Reference Guide that the firefighters have been using for years that shows the positions that are filled by the first arriving units on a fire ground. For example, on a high rise fire, the first-in engine would take the hose line and make the initial attack. They have added an EMS MCI Alarm to this Guide and it also designates the positions filled by the first arriving units (both fire and EMS units). For example, the first arriving suppression unit fills the Triage Unit Leader position and others on the unit begin Triage. They are also starting to roll out the scanners for the Patient Tracking System. The scanners are going on the first out ambulances. Future grant funding will purchase more equipment for supervisor vehicles and other support units. Eventually hospitals will also have them.  Bob said that there are many tracking systems being used such as fatality/remains tracking and shelter tracking and no one has oversight of them. He stated that it would be helpful if they all were interoperable.	

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	<p>Mr. Ennis also mentioned the 211 tracking system that the hospitals feed data into. Bob stated that for patient and fatality tracking, the Office of Emergency Preparedness will look at making the systems interoperable with mandates.</p> <p>Judy Shuck introduced herself and reported that they do not have a patient tracking system in the Hampton Roads area. She reported that in the Fall, they will have two exercises that use patient tracking: Outbound Patient Evacuation (in October) and Region 5 VDEM Exercise (full scale (June or July) and tabletop (tomorrow at Christopher Newport)). Melinda offered the use of their patient tracking systems for the exercises. They also are looking at family reunification. Mr. Ennis suggested making sure they are involved with 211 for the family reunification exercise.</p> <p>Bob will have an expert from Suzi Silverstein's team to come to the July 26 meeting to explain the specifics of the 211 tracking system.</p>	<p><b>Bob will have an expert come to the July 26 meeting to explain the specifics of the 211 tracking system.</b></p>
<b>Old Business:</b>	<ul style="list-style-type: none"> <li>• <b>Update on bariatric ambulance information (revisit)</b> At a previous meeting, Melinda mentioned that they had MOUs with a private ambulance company that had bariatric stretchers. The committee wants to know what other bariatric ambulances are available around the state and what are the guidelines concerning them. Winnie will contact the transportation committee via email concerning this topic.</li> <li>• <b>Follow-up on review of National Ambulance Contract</b> This item was discussed briefly at the last meeting. The total cost for the Inauguration was \$8 million. The average cost per ambulance was \$70,000 per day. The Federal Government notifies individual commercial service agencies which leaves many agencies short staffed and under equipped. Generally there are no notifications prior to activations. OEMS wants notifications either by phone or email prior to activations. This is an informational item. OEMS will keep the committee updated on this should any changes occur.</li> <li>• <b>Follow-up on Committee Membership</b> The Chair feels that VHHA should be involved with this committee. He also looked at previous lists and noticed that EMS for Children and Virginia Department of Transportation were removed and the EMS Regional Councils was decreased from two representatives to one. Other members were removed as well. This item will stay on the agenda for the next meeting. Between now and the next meeting, the two documents that were reviewed at the January meeting will be distributed to the committee members for email discussions/opinions on who should or should not be included on the committee. Mr. Ennis will talk with Gary Brown about the committee membership.</li> </ul>	<p><b>Winnie will draft an email to the Transportation Committee about availability and guidelines of bariatric ambulances across the state.</b></p> <p><b>Winnie will send out the two committee membership documents to the committee for discussion/input.</b></p> <p><b>Mr. Ennis will speak with Gary Brown about the committee membership.</b></p>
<b>New Business:</b>	<ul style="list-style-type: none"> <li>• <b>State Triage Tag Update</b> Melinda brought a copy of the Maryland triage tag. They added gray and added a bar-coded, detachable patient bracelet. The notes that Karen Owens left to share with the group states that the current cost of the triage tags are \$102 for 75 tags. New regulations state that there must be at least 25 tags on each licensed vehicle. The current inventory with the previous vendor is 115 packs of 75 tags which are</li> </ul>	

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	<p>about a year and a half worth. Karen also noted that National Standards may change the colors. The committee also discussed the type of material that should be used for the tags. No triage tag purchases will be made until further notice.</p> <p>The Chair asked Melinda and Judy to bring samples/prototypes of the triage tags and the costs.</p> <ul style="list-style-type: none"> <li> <p>• <b>MUCC Triage System</b>            The Model Uniform Core Criteria (MUCC) for Mass Casualty Incident Triage is a standardized triage system being created by the Federal Government. Virginia will continue to use the S.T.A.R.T. Triage method. Winnie proposed writing a draft position paper from the committee stating Virginia’s intent to continue with the S.T.A.R.T. Triage system. She will send the draft out to the committee at least ten days before the next Advisory Board meeting in order to receive responses (agree or disagree) from the committee members. The paper will then be presented to the Advisory Board in May as an informational item.</p> </li> <li> <p>• <b>State EMS Strategic Plan</b>            In the State EMS Strategic Plan, there are items that this committee can undertake such as:  <b>Core Strategy 1.2.2</b> Increase knowledge of Emergency Operations capabilities with Emergency Managers, leaders, and supervisors on a local, regional and state level.  <b>Action Step 1.2.2.1</b> Continue to promote Emergency Operations resources, training courses and abilities to localities across the Commonwealth.  <b>Core Strategy 1.2.3</b> Assist EMS agencies to prepare and respond to natural and man-made emergencies by incorporating strategies to develop emergency response plans (the plan) that addresses the four phases of an emergency (preparedness, mitigation, response and recovery) and to exercise the plan.  <b>Action Step 1.2.3.1</b> Create and promote planning templates aimed at EMS agencies, specifically related to COOP, Emergency Preparedness, and response concerns (MCI, Surge Planning, etc.).</p> <p>One of the things this committee can promote is to ensure that agencies develop COOP plans in the event that their building is destroyed by fire, flood, tornado, etc. What is their plan to continue operations and provide services to others? The Chair proposed that a brief survey be conducted to see if any of the agencies have a Continuity of Operations Plan. He also stated that an article can be put in the newsletter to promote awareness. Judy stated that a COOP plan should probably be mandated in regulation. It was also asked if Fire Programs have a COOP plan for the fire stations. Winnie will follow up with the Department of Fire Programs.</p> </li> <li> <p>• <b>Other</b></p> </li> </ul>	<p><b>Melinda and Judy will bring sample triage tags to the next meeting.</b></p> <p><b>Winnie will draft position paper from the committee stating Virginia’s intent to continue with the S.T.A.R.T. Triage system. The paper will be sent out at least ten days prior to the next Advisory Board meeting. The paper will then be presented to the Advisory Board in May as an informational item.</b></p> <p><b>Winnie will ask the Department of Fire Programs if they have COOP plans for the fire stations.</b></p>
<b>Other Comments/Questions:</b>	None.	
<b>Next Scheduled Meeting:</b>	<p>The next meeting will be July 26, 2012 at 10 a.m.</p> <p>The Chair would like to allot one hour to the COOP discussion, 30 minutes to the Triage Tag discussion, 15</p>	

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	minutes to the Committee Membership discussion and 15 minutes to the 211 Tracking System presentation.	
<b>Adjournment:</b>	The meeting adjourned at approximately 11:30 a.m.	