

EMS Emergency Management Committee Meeting
OEMS, 1041 Technology Park Drive, Glen Allen, VA
July 26, 2012
10:00 a.m.

Members Present:	OEMS Staff:	Guests:
Steve Ennis , Chair	Winnie Pennington	Suzi Silverstein, VDH
Bob Mauskopf , VDH, Office of Emergency Preparedness	Wanda Street	
Judy Shuck , Metropolitan Medical Response System (MMRS)	Jim Nogle	
Melinda Duncan , Northern VA EMS Council	Karen Owens	
Mark Penn , Virginia Emergency Management Association (VEMA)		
Mike Player , Virginia Fire Chiefs Association/VA -1 DMAT		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by Mr. Ennis at 10:00 a.m.	
Review & Approval of the April 19, 2012 minutes:	A motion was made to review and approve the minutes. The motion was moved by Bob and seconded by Melinda. The minutes were approved as submitted.	The minutes were approved as submitted.
Committee Chair Report – Steve Ennis:	No report. MUCC Triage will be discussed below.	
Introduction of new Committee Member:	VEMA – Mark Penn Everyone around the room introduced themselves.	
Presentation – 211 System in Virginia – Suzi Silverstein:	<p>Suzi explained the 2-1-1 Virginia phone system which is outlined in the attached brochure.</p>  <p>2-1-1 Virginia.pdf</p> <p>This service began in 2006 in several states and it became statewide in 2009 when the <i>Code of Virginia</i> required it to be. It is also available nationally. Eighty two percent of localities across the country are using 2-1-1. The 2-1-1 system is funded primarily by the Department of Social Services and they contract with six private, non-profit call centers. This service is free to the public and connects to the locality where you are located. It is a 24 hour a day service. The primary function is to connect people to community resources such as food banks, shelters, etc. There are over 8,000 agencies that they provide information for and over 21,000 programs within those agencies. In 2010, there were over 132, 000 calls. Most of the calls are about financial aid for utilities, food, housing, and shelter information.</p> <p>It is also used for patient tracking during a disaster situation or incident. Information on the patient is entered in the database. Four identifying criteria or distinguishing characteristics must be given in order to release</p>	

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	<p>information on the location of the patient. The 2-1-1 service, in this case, serves as a connector.</p> <p>A committee member recommended that an EMSAT be done for EMS providers in order to increase awareness of the 2-1-1 service.</p> <p>A motion was made to create an EMSAT for 2-1-1 Person Reunification. The motion was moved by Michael Player and seconded by Melinda Duncan. All committee members were in favor; none opposed. The EMSAT is proposed to be completed within the next 3 to 6 months. Mr. Ennis suggested contacting Mr. Morris Reece concerning this also.</p>	<p>Winnie and/or Karen will contact Terry and Suzi for availability to work on EMSAT.</p>
<p>Committee Member Reports:</p>	<p>No reports.</p>	<p>Committee members are to email their reports to Winnie Pennington prior to the meeting and she will share with all the committee members.</p>
<p>Old Business:</p>	<ul style="list-style-type: none"> • MUCC Triage System – Update from recommendation sent to Advisory Board At the May Advisory Board Meeting, Karen presented a position paper and it was tabled indefinitely for further information. The Advisory Board wants data presented concerning the use of START Triage and MUCC Triage in comparison; however, no presentation can be given since it doesn't exist. Virginia will continue to move forward supporting the START Triage and a position paragraph will be created stating why. • Update on bariatric ambulance information (revisit) Winnie had no update on this. However, she emailed someone on the Transportation Committee with no response. She stated that it is her understanding that bariatric ambulance equipment varies by region and jurisdiction. Mr. Ennis suggested that this committee find out how many bariatric ambulances are available in a mass casualty situation and what constitutes a bariatric ambulance. <p>A motion was made to start working on best practices for bariatric populations since there is no consistent system for bariatric patient equipment on ambulances when transporting bariatric patients on a daily basis. The motion was moved by Michael Player and seconded by Judy Shuck. All committee members were in favor; none opposed. A letter will be generated to the Advisory Board.</p> <ul style="list-style-type: none"> • Follow-up on Committee Membership The committee went through the most recent committee membership list dated 2011 and made the following changes: National Guard changed to Ad Hoc member Virginia State Police changed to Ad Hoc VAGEMSA added to the membership VHHA added to the membership 	<p>Karen will work with Steve Ennis on the bariatric letter.</p> <p>A letter will be created for Matt Tatum to submit to the Advisory Board to request the committee changes.</p>

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	<p>Red Cross will be an Ad Hoc member Medevac will be an Ad Hoc Member They also discussed adding one more Regional EMS Council Member. This is to have a person from a rural region and an urban region. This will bring the committee membership to 12.</p> <p>A motion was made to accept the committee list as proposed. The motion was moved by Bob Mauskopf and seconded by Melinda Duncan. All committee members were in favor; none opposed.</p> <ul style="list-style-type: none"> • Strategic Planning <ul style="list-style-type: none"> ○ Promoting COOP Planning for EMS Agencies Winnie contacted Fire Programs to see if they had a COOP plan for the firefighters and Russ Chandler said no, but they are interested in seeing what we create for the EMS providers. The committee feels that the development of a COOP plan is critical and should be done in stages. An outline/guidance tool (template) will be developed by a workgroup consisting of Winnie, Judy, Bob, Russ from Fire Programs and Jack King from VDEM. They will begin with a flyer to peak their interest and start getting the providers ready to start thinking about a COOP/Recovery Plan. VDEM has a COOP template and this may be a starting point. They want to use a multi-tiered approach. COOP is now called Continuity Planning. The goal is to keep this simple by first creating a flyer with a checklist that says “Are You Ready?” or “Is Your Agency Ready?” Per Judy, Ready.gov has lots of responder templates and customizable flyers. • State Triage Tag Update Melinda gave a brief update on the triage tag. Northern Virginia plans to use the triage tag with the perforated arm band attachment once the State gets the O.K, when the Regulations are approved. The biggest challenge is the cost associated with the new tags, being that the bracelet will be used for patient tracking. 	<p>A continuity planning workgroup is being developed to work on a checklist and a multi-tiered approach for EMS agency COOP planning.</p>
New Business:	None.	
Other Comments/Questions:	None.	
Next Scheduled Meeting:	The next meeting will be October 25, 2012 at 10 a.m.	
Adjournment:	The meeting adjourned at approximately 11:51 a.m.	