

**ACS Disaster subcommittee meeting
OEMS meeting, Glen Allen, Virginia
October 18th 2016
1100-1300**

Members Present:

**Mark Day, SVBGH
Beth Broering, VCU
Mark Rath, Riverside
Morris Reece, VAEMS
Carrie Papajohn, Mary Washington
Jennifer Foster, Sentara
Patti Montes, SVBGH
Cheryl Deshaine, CHKD
Robin Mauke, VCU
Art Yow, Northwest region**

Members Absent:

Staff:

Others:

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Introductions	Introductions of the ACS Disaster subcommittee members. Discussed the makeup of the subcommittee.	
	Explained to the subcommittee members about why the subcommittee was brought together after the ACS COT visit. Discussed that this subcommittee would be meeting every other month to work through	
	the recommendations from the ACS to the TSO&MC.	
Introduced the Trauma Systems Consultation Report	Background discussion regarding the report. Discussed that other states have had this done. That this gives the TSO&MC the ability to look at ways to better the trauma system as a whole.	
Strengthen the relationship with the Office of Emergency Preparedness (OEP) to ensure the trauma program is engaged in the state disaster planning process	<p>What do we need to bring together so we are inline no just regionally, but across regions. Then how do we report this to the TSO&MC?</p> <p>Do we need legislation to force the regions to supply info up the chain?</p> <p>Strengthen reporting up; Facility info back to the Coalition, its tied to the trauma center and the coalition.</p> <p>Educate the TSO&MC on what the Coalition does for the regions</p> <p>Opportunities exist for better communications between the regional transfer centers and RHCCs</p>	<ul style="list-style-type: none"> -ASPR evaluation of regions -Collaboration -Strengthen reporting between HCEMC and TSO&MC -Better communications between the regional transfer centers
Decrease the number of regional councils, and align the new regions with the current emergency preparedness regions.	<p>ASPR funds are federal monies. If they dry up what would happen? OEP is funded by ASPR... if we re-align the EMS regions you would be taking away jobs because there are more EMS regions that OEP regions.</p> <p>Morris brought up the ASPR “dashboard” it shows current requirements/preparedness. There is an annual report to ASPR from each region.</p>	Morris will bring a ASPR new data requirement to the next meeting on Dec 1st.
Collaborate with the OEP and provide disaster preparedness education to trauma centers, regional councils, and local emergency medical services (EMS) providers	There is a state wide education committee. Each coalition is represented. There is a state disaster conference every year that rotates places. The problem is the cost of the conference and travel costs.	<ul style="list-style-type: none"> -We need to obtain a list of what is available. - We need to figure out what is the best education for each region. -Should someone from the TSO&MC be on the state wide education committee -Morris will bring the catalog to the next meeting Dec 1st
Collaborate with the OEP to develop a disaster preparedness guide for the EMS and trauma systems similar to the Hospital Emergency Operations Guide	<p>We need to gather the regional plans. How do the regions train? Are they training to their plan? Are they reporting this training? To whom are they reporting?</p> <p>What requirements does EMS have to train and who do they report this to?</p>	
Collaborate with the OEP to	ASPR funds are dictated by ASPR. Funds are not given to specific facilities. We would need to	Surge preparedness

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
assess and maximize the use of Assistant Secretary of Preparedness and Response (ASPR) funding to enhance the medical surge capabilities of the state's trauma centers.	collaborate with each Coalition to see what they paid for. Did they acquire mobile medical assets? Was there trauma training and was trauma services involved? What are their surge capabilities? In Tidewater we have a very robust mobile medical capability. We exercise it at least twice a year. Trauma services is intimately involved in the planning, deployment and training.	Review the states Trauma Emergency preparedness guide Review other states Trauma emergency preparedness guides
PUBLIC COMMENT		
Adjournment	Next meeting will be the morning of DEC 1 st 1100	