

EMS Emergency Management Committee Meeting
Virginia Office of EMS
Embassy Suites Hotel
2925 Emerywood Parkway, Richmond, VA 23294
February 7, 2019
9:30 a.m.

Members Present:	Members Absent:	OEMS Staff:	Guests:
Thomas Schwalenberg , Chair	Damien Coy , ODEMSA	Karen Owens	Dreama Chandler, Advisory Board
Patrick Ashley , VDH, OEP HPP	Walter English , VEMA	Sam Burnette	Jon Henshel, Advisory Board/LFEMS
Easton Peterson , Health & Medical Emergency Response Teams (HMERT)	Judy Shuck , HRMMRS/TEMS	Rich Troshak	
Bryan McRay , VAGEMSA	Daniel Brewer , VDEM	Wanda Street	
Mike Player , Regional Council, VA-1 DMAT	John H. Craig, III , VAVRS		
Bubby Bish , VAVRS	Adam Galton , VSP		
Matthew Marry , VHHA			
David Hoback , VFCA			
Lynette Eanes , ODEMSA			
Byron Andrews , AFD/VSFA			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The new chair, Thomas Schwalenberg, called the meeting to order at 9:30 a.m.	
Review & Approval of the November 7, 2018 minutes:	A motion was made by Mike Player to approve the November 7, 2019 meeting minutes. David Hoback seconded the motion. The minutes were approved as submitted.	The minutes were approved as submitted.
Introduction of Guests and New Committee Members:	Introductions were made before the review of the minutes. Matthew Marry of VHHA is replacing Kelly Parker.	
Presentation:	There was no presentation scheduled for today's meeting.	
Committee Chair Report – Thomas Schwalenberg:	Mr. Schwalenberg does not have a report at this time.	
Committee Member Reports:	<p>Michael Player – VA-1 DMAT – Virginia-1 DMAT will be on call in March. They are doing training.</p> <p>Judy Shuck – HRMMRS/TEMS – Judy sent an email to Karen. She reported that the two MMRS Bariatric Units are nearing completion. The purpose of the bariatric units are to support shelter support units and overall sheltering capabilities. They haven't received the bariatric cots from the manufacturer, delivery has been delayed due to the demand for cots after Hurricane Florence. When fully operational, one unit will be kept at Peninsula EMS and one at Tidewater EMS for use within each region.</p>	

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	<p>The question was asked about how the units were funded. They are funded through UASI grant funds and also through sustainment money from the 16 jurisdictions that support the Merrimac system. It was also asked how they are deployed. Mike Player stated that training will be held on the equipment first and then staff will accompany the trailer when it is requested to help them set them up. They are for sheltering, not transporting.</p> <p>Patrick Ashley, VDH, OEP, HPP – There are a few topics that are on their radar: Ebola and High Consequence Infectious Diseases. These continue to have our attention. As you may have seen, yesterday in Pennsylvania there was a suspected case of Ebola. The significant concern is the transport either by personally owned vehicles or by EMS transport without early recognition that they might have the flu, measles, etc. Infection prevention is not always at the forefront of providers when they are responding to calls. We are trying to come up with a curriculum that would have CEs attached to it. The Office of Emergency Preparedness is working with VCU on this. They want to remind providers that is not just about Ebola, MERSE and SARS, but also flu, measles and general infection prevention.</p> <p>Patrick also mentioned Community-Based Emergency Response Series (CBERS) which is an education campaign to increase awareness of the CHEMPACK Program. As discussed at the last meeting, CHEMPACK is a cache of nerve agent antidotes that are stored at hospitals throughout the Commonwealth of Virginia. There is a general lack of knowledge among both front line providers and the hospitals in which they are stored. So CBERS is designed to talk through the process of “what is a nerve agent”, “how do we administer the antidote”, “how do you get access to the CHEMPACK”. This is for first responders, PSAPs and the hospital community. It is a rare occurrence but we want to educate people on how to use it. Sam stated that 2 back to back classes will be held in April in Henrico. The first one will be at 1:30 p.m. to 4:30 p.m. and the next one will be from 8:30 p.m. to 11 p.m. The reason is to get shift workers.</p> <p>Another topic is the role that EMS plays in helping with triage. There has been some conversations post Las Vegas, about does it makes sense to have the fire department at the front doors of the ER. There has been conversations about triaging them in the front bay of the hospital and moving them to the next hospital if a hospital was getting over inundated. Virginia Hospital Center is working on something pertaining to this and probably a leader in this. It was mentioned that there are some articles on the national level about this also per Sam.</p> <p>Easton stated that there is MCI Response and Planning and then there is High Threat Response and Planning. High threat is putting on gear and run in towards the shooting and T triple C everybody and run out. This needs to be an MCI management plan, not an Active Shooter TECC Rapid Response Plan. They are taking resources from the field and storing them at the hospitals, because they feel the hospital is where it is needed. This is the challenge they are experiencing in Northern Virginia. They need to sit down with the hospitals and figure out what they want. A Level I Trauma Center’s needs will be different from what the other hospitals need. We don’t need to tell them what they are going to get. Easton feels that this is backwards. Just be aware of this when it comes to your town or city.</p> <p>The committee continued to discuss transport units, triage, mass casualty plans, pre-deployment, etc.</p>	

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	<p>Patrick stated that they are looking at the formation of a Virginia Medical Assistance Team at the state level. They are working with Hampton Roads MMRS on a pilot team. This is for long-term support such as 24 to 72 hour teams. They would like to have four teams across the Commonwealth.</p> <p>VDH and VHHA has their Preparedness Academy March 20 & 21 in Virginia Beach. Registration is free.</p> <p>Patrick also mentioned HB 1870 that allows the commissioner to temporarily allow long-term care facilities to exceed their bed capacities. This is a win-win for everyone if it passes.</p>	
Unfinished Business:	<ul style="list-style-type: none"> Survey Focus and Update – Karen Owens Karen stated that at the last two meetings, the committee discussed focusing on Mass Casualty and gathering templates and guides for creating a resource page. She has not received any from anyone. There is still time, so please send them. It was also discussed to roll out MCI I & II with SALT and MUCC. What can we do to ensure that there is education and information available for agencies to meet the gap. They all were not getting training and they don't know if they have plans or not. If they don't know whether or not they have plans, they are not necessarily knowledgeable about whether they have exercised the plans. We want to create best practices, so we want to be cautious in how we get this information out. She is still looking to gather information and taking any suggestions on what we can share with providers and agencies to help them prepare for mass casualties. Karen sat on a conference call with the National Association of State EMS Officials, which is a bi-monthly Health and Domestic Preparedness committee. There was a 25-member committee on Triage and Mass Casualty Response and how nobody uses it anyway so why do we teach it to begin with. They discussed what we do in mass casualties and whether or not it is beneficial. The same group that endorsed SALT is now saying why are we doing it. Gary will be going to the State Conference in a couple of months and Karen has made him aware of the discussions. Symposium Courses – Group Discussion The committee discussed possible symposium courses and Easton volunteered to do an MCI presentation. Mike player suggested a presentation on the survey results and then have discussion about where we go from here. Karen stated that a 4-hour course would be good, as it is broken down into pillars. Sam wonders if this is the right venue because you want leadership and agency heads to attend. He was thinking about piloting it in the VAVRS conference in August. Multiple venues would be helpful. Karen will send Bubby an email about the presentation. Karen also stated that it could be part of the Leadership and Management Track at symposium. She agrees that multiple locations would be great. Also, it could be held at next year's VEMA Conference. 	<p>Committee members please send mass casualty template to Karen.</p> <p>Karen will email the course information to Bubby for the August VAVRS Conference.</p> <p>Karen will also put in a 4-hour symposium course on the survey results.</p>
New Business:	<ul style="list-style-type: none"> Changes in Regulations – Karen Owens To make you aware, the regulations are being rewritten. One of the recommended changes that surprised Karen was the change in the number of triage tags per vehicle. They propose to have 10 triage tags per vehicle 	

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	<p>instead of 25. We do have the ability make edits before it goes to Town Hall. She believes this is a cost issue. When we print the new tags, we can and will supply every agency with enough tags to meet regulation. The other thing we can do, if we can keep it at 25, is have them packaged in 25 increments instead of 75. Is anyone aware of why it was dropped down to 10? It was mentioned that they were trying to reduce the overall number of supplies across the board, not just the triage tags. This was a suggested minimum, but they can carry more if they feel they need more.</p> <ul style="list-style-type: none"> • Triage Tag Update – Karen Owens Karen will have the design of the new tags emailed to the committee before the next meeting. • Legislature – Karen Owens Senate Bill 1220 – School Crisis Emergency Management and Medical Emergency Response Plans. It talks about the review and requirement for schools to have plans and to involve specific agencies in the development and review of those plans. The last action recorded in the LIS is on the 18th of January where it was referred to the Committee on Militia, Police and Public Safety. Karen is not sure where it is right now. It is possible that it has moved forward or tabled. There are some bills out there related to emergency management and public safety. We may want to keep an eye on this. If it does pass, public safety agencies will have another entity to assist in planning and review and development. 	<p>Karen will email the new triage tag design to the committee.</p>
<p>Other Comments/Questions:</p>	<ul style="list-style-type: none"> • From the Floor – See Patrick Ashley’s report. <p>Thomas Schwalenberg stated that recently in tidewater they did a highly infectious disease exercise where they took an unsuspecting ambulance crew and had them pick up a flu patient that actually turned out to be an Ebola patient based on their travel history and symptoms. The crew missed it. Then we watched the hospital flip out as they figured out what was going on. The patient was appropriately isolated and there was lots of lessons learned. If the committee is interested, the AAR (After Action Report) can be shared at the next meeting. Karen stated that she would like that. The committee discussed this scenario and the precautions that should be taken. They also mentioned the measles outbreaks in 10 states.</p> <p>Dave Hoback discussed new radio systems with encryption. How many agencies across the commonwealth have 700 series frequencies or channel that can do interoperability? Karen stated that this is a question for the Communications Committee. Sam stated that the Communications Committee is already discussing interoperability issues. We can get the information for you.</p>	<p>Flu/Ebola exercise AAR will be shared at the next meeting.</p>
<p>Next Scheduled Meeting:</p>	<p>The next meeting is May 2, 2019 at the Embassy Suites Hotel.</p>	
<p>Adjournment:</p>	<p>The meeting adjourned at approximately 10:35 a.m.</p>	