

EMS Emergency Management Committee Meeting
Norfolk Waterside Marriott
235 E. Main Street
Norfolk, VA 23510
November 6, 2013
10:00 a.m.

Members Present:	Members Absent:	OEMS Staff:	Guests:
David Hoback , Chair	Bob Mauskopf, Excused	Winnie Pennington	Jenny Smock, VDH
Melinda Duncan , Northern VA EMS Council	Mike Player, Excused		Gary Critzer, Advisory Board Chair
Judy Shuck , HRMMRS/TEMS	Steve Ennis, Excused		
Easton Peterson , Fairfax County	Morris Reece		
Spence Campbell , VEMA	Bryan McRay		
Adam Galton , VSP			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order at 10:08 a.m. The Chair, David Hoback, welcomed everyone to the 34 th Annual Virginia EMS Symposium. He said that he has been attending for 20 plus years and it is an outstanding conference with great educational topics.	
Review & Approval of the August 8, 2013 minutes:	A motion was made to review and approve the minutes. The motion was moved by David Hoback and seconded by Easton Peterson. The minutes were approved as submitted.	The minutes were approved as submitted.
Introduction of Guests and New Committee Members:	None.	
Committee Chair Report:	<p>David is still working with VDEM and Bob Mauskopf on situational awareness. A Crisis and Situational Awareness Workgroup (CASA WG) has been created and a telephone conference was held last week.</p> <p>There is no update on the templates that were discussed by Karen at the last meeting concerning available resources in the Commonwealth. Karen could not be here today because she had another meeting to attend.</p> <p>David has attended several meetings with VDEM and transitions will be made with the new Governor as of last night's polling results. Michael Cline may not stay beyond January and this may lead to some other changes within the Department of Emergency Management and the technology relating to emergency deployment of resources in the EOC. The biggest stumbling blocks are the issues of liability.</p> <p>Melinda asked what resource typing you are using. Do you have a defined set of resources? David explained that Karen was researching resource typing projects and thought that ImageTrend had one that could possibly be used. He said that we were looking at high level resource allocations; not ambulances, but unique items such as mass casualty trailers, mass casualty units, not every day types of resources. We</p>	

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	<p>want to get a handle on who owns the resources and where they are. David feels that the 911 centers would be a good point of contact for resources.</p> <p>Jenny said that there is a Resource Management Tool on the Virginia Healthcare Alerting and Status System (VHASS) that allows an emergency manager or hospital to go on there and see what resources are available in the database. We don't want to duplicate what they have, we just need to see what is already available and go from there.</p>	
Committee Member Reports:	<p>Mike Player's report via email: The Virginia-1 Disaster Medical Assistance Team is ten years old this February. The team is planning an event to celebrate this anniversary in February.</p> <p>An initial meeting of the workgroup identified to draft an <i>EMS Response to Schools Template</i> met at Fire Programs last week and discussed the first of several models to be considered for adoption/modification and presentation to the EMS Advisory Board. The model discussed was presented by Michael Stinson and was called "One Threat, One Team". It is built around an active shooter scenario and appears to be both practical and realistic (a critical element considering the vastly differing levels of resources available to communities across the Commonwealth). It also appears that this model can be easily translated into an all hazards response. Mr. Stinson will work on an all hazards presentation for our next meeting.</p> <p>The following criteria are those being considered for any template that will be recommended:</p> <ol style="list-style-type: none"> 1. The template should not violate any discipline's (EMS, Fire, LE, School Admin/Staff) core training such as ICS 2. The template should work with the differing levels of resources available throughout the Commonwealth. 3. The template should function for all hazards in order for it to be practiced sufficiently to be effective to responders under severe emotional stress and personal danger. 4. The template should be scalable to adapt to all levels of response including local, local mutual aid, state and federal. <p>It is still the belief within the group that it should not be necessary to reinvent the wheel. I have requested that everyone who has a model plan to be considered, send that plan to me no later than November 19, 2013. The plans received will be distributed prior to our next meeting. That meeting is being scheduled for the last week in November, on the 28th or 29th in Richmond.</p> <p>No other committee member reports were sent via email. Please send them if you would like them to be included in the minutes.</p>	
Presentation:	<p>Northern Virginia Patient Tracking System (HC Standard Patient Tracking System) – Easton Peterson HC is tied into the hospital systems. Once the patient is tagged, the tag is scanned and it goes into the</p>	

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	<p>database. When you assign a hospital to that patient, the hospital will see this as an en route patient and the tracking begins from there. Why use this system? Because three out of eight jurisdictions in Northern Virginia uses Rescue Bridge.</p> <p>The committee also discussed applying for grants to fund a tracking system.</p>	
Unfinished Business:	<p>Governor's School Safety Initiative Update – Bubby Bish/Mike Player A meeting was held last week and they are looking at different templates. Mike should have something for the committee to review for the next meeting in February. The minutes will be sent out by Winnie and any comments should be forwarded by November 19.</p>	Winnie will send out the minutes from this meeting. Comments should be received no later than November 19.
New Business:	<p>Update on VDH Patient Tracking Workgroup – Jennifer Smock Jenny stated that she started a Patient Tracking Committee for HVP and they looked at HC Standard and VHASS. HC Standard is great but it is very expensive and VHASS does not work well for pre-hospital. The workgroup is still looking at different models and will receive proposals from HC Standard and VHASS. This is great to take back to the office to examine maintenance costs. No decisions have been made yet. More research needs to be done. The next meeting is at VHHA in Glen Allen and she will send out an email to all interested parties.</p> <p>Discussion on NOVA Patient Tracking System and how EM Committee could possibly help with VDH Patient Tracking Workgroup The goal is to create a patient tracking system for pre-hospital to hospital tracking which is equivalent to the NOVA tracking system.</p> <p>MOTION: The Emergency Management Committee would like support the VDH Patient Tracking Workgroup. The premise of our participation is to ensure that the needs of the pre-hospital environment are met by any system adopted by the State. The motion was moved by Judy and seconded by Easton. All committee members are in favor of the motion.</p> <p>Other Discussion From the Floor</p>	<p>If anyone wants to join the Workgroup, please see Jennifer immediately after the meeting or email her at jennifer.smock@vdh.virginia.gov.</p>
Other Comments/Questions:	<p>The Chair asked where the committee was on the Continuity of Business Template for the agencies. Winnie stated that the proposals and templates have gone out to the Fire Chiefs Association, VEMA and VAVRS to do presentations. She has not had any replies.</p> <p>Melinda announced that she is retiring the beginning of February. She hopes to have a replacement by then.</p>	Winnie will follow up on the Continuity of Business presentation requests.
Next Scheduled Meeting:	The next meeting will be Thursday, February 6, 2014 at 10 a.m. at the Courtyard Marriott in Glen Allen.	
Adjournment:	The meeting adjourned at approximately 11:16 a.m.	