

**EMS Emergency Management Committee Meeting**  
**Virginia Office of EMS**  
**Richmond Marriott Short Pump**  
**4240 Dominion Boulevard, Glen Allen, VA 23060**  
**May 4, 2017**  
**9:30 a.m.**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>OEMS Staff:</b>	<b>Guests:</b>
<b>Michael Player</b> , Regional Council, VA-1 DMAT	<b>Michelle Oblinsky</b> , VEMA (Excused)	Karen Owens	Christina Evans
<b>Kelly Parker</b> , VHHA	<b>Damien Coy</b> , ODEMSA (Excused)	Winnie Pennington	Kenneth Smith
<b>Bubby Bish</b> , VAVRS	<b>Adam Galton</b> , VSP (Excused)	Wanda Street	
<b>Bryan McRay</b> , ODEMSA	<b>Morris Reece</b> , VHHA (Excused)	Samuel Burnette	
<b>Patrick Ashley</b> , VDH, OEPI HPP	<b>Chief David Hoback</b> , Chair (Excused)		
	<b>Judy Shuck</b> , HRMMRS/TEMS (Excused)		
	<b>Easton Peterson</b> , Health & Medical Emergency Response Teams (HMERT) (Excused)		

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Call to order:</b>	The meeting was called to order at 9:34 a.m.	
<b>Review &amp; Approval of the February 2, 2017 minutes:</b>	A motion was made to review and approve the February minutes. The motion was moved by Mike Player and seconded by Bryan McRay. The minutes were approved as submitted.	<b>The minutes were approved as submitted.</b>
<b>Introduction of Guests and New Committee Members:</b>	Everyone around the room introduced themselves.  Mike Player introduced Christina Evans, ECPI healthcare administration extern. She is shadowing Mike this month.	
<b>Committee Chair Report – Chief David Hoback:</b>	Chief Hoback was not in attendance.	
<b>Committee Member Reports:</b>	<i>(All committee member reports must be submitted to the committee in writing before or at the scheduled meeting).</i>  <b>Mike Player - VA-1DMAT report:</b> The 2017 on-call calendar has been distributed and they are on call in March, June, September and December. Six members of the team attended the National Disaster Medical Systems Fundamentals Course in Alabama from February 27 to March 3. The team leaders attended the HHS Team Leader	

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	<p>Training in Chicago, IL, March 20 – 24. The Logistics Section Chief attended HHS Logistics Training, April 3 – 7. Team training will be conducted at the Hampton Campus of Thomas Nelson Community College on May 16. We will roll out the new deployment packages which will start by the end of the summer. By the next meeting Mike will get with Winnie to deliver a presentation on new deployment packages. The Safety Officer will attend HHS Safety Officer Training July 16 – 21 in Maryland. Mike also reported that they have an after action report of the Essex tornado. There was a three-region review of that report due to conflicts between TEMS, PEMS and ODEMSA concerning mass casualty incident plans and language differences.</p> <p>Karen stated that the work that TEMS is doing could be a template for other regions. There has been a lot of discussion about a statewide Mass Casualty Plan.</p> <p><b>Karen Owens - Emergency Operations report:</b>  Karen reported that Samuel Burnette has filled the vacant position which was previously held by Connie Green. The Office of EMS has not heard anything from the Feds on Mass Casualty Incident Management on SALTT. Virginia is still using START Triage at this time. As an informational item, Karen shared that the Vicarious Trauma Toolkit has been released. This is a website where Victims, Fire, EMS and Law Enforcement can go to find needed resources. The Vicarious Trauma Toolkit website can be found here: <a href="https://vtt.ovc.ojp.gov/">https://vtt.ovc.ojp.gov/</a>.</p> <p>Winnie stated that on the OEMS website, there are MCI checklists to ensure that agencies have everything in their plans. They are under the Emergency Operations, Planning page. There is also a Surge Plan checklist. She also stated that next week is National Hurricane Preparedness Week. There are tools online to help you prepare for hurricane season which starts June 1.</p> <p>Karen asked Mike, “where is the region in response to the mental health patient”? He stated that there is a meeting next month. They are still trying to identify the groups that need to be involved. They have had three meetings and most of the meetings have been addressing the scope of what the task force needs to address and who needs to be on the task force. They are looking at a task force of about 18- 20 people. It is such a fragmented process and they recognize why nobody has done it before other than a single jurisdiction. They are hoping that they will have a great model that others can start to follow. The committee discussed many aspects of dealing with mentally ill persons.</p>	
<b>Unfinished Business:</b>	<p><b>Mobile Triage Update – Kelly Parker</b>  Kelly said that at previous meetings this committee has discussed the possibility of expanding a similar system, such as what Northern Virginia has for their EMS Patient Tracking System, to the rest of the State. They also had a presentation from the vendor and they showed us how the system works. This is a possibility for us at the HBT level to have some carry over funds for this year, going into next year that could potentially support a pilot project. Kelly and Morris spoke with Dave to see if he could get a quote from the vendor. They also spoke with Karen and Winnie about how to proceed with this. Rob at the Western Virginia EMS Regional Council said that he would be willing to pilot it in the Roanoke area. They have also had some interest from</p>	

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	<p>the central region coalition, essentially through ODEMSA and the Richmond Metro area as well. The quote that was given started with 100 licenses for the first year and they were thinking that we could do 50 in Roanoke and 50 in Richmond and piloting it at the Council level. Kelly asked the committee their thoughts on this proposal. Mike stated that Roanoke and Richmond would be a good model because they are urban and rural areas. He also stated that there are enough mass gathering events in the Central Virginia area to work out all of the logistics and really test the system. The next level would be to make it available to organizations that support large incidents such as IMTs, MMRS strike teams.</p> <p>Winnie stated that, as an EMS provider and emergency planner, she does have several concerns about the project. She does not feel it is a bad project, but her concern is that no objectives or goals have been established for us to evaluate the success or failure of this project.</p> <p>Karen also voiced her concern about when it would be used. What types of events are we looking to use it on? Who will we give them to and what about training? Will this make the processes slower or more efficient? She does not have the answers to these questions. Winnie said that we could develop a subcommittee from this committee to put together an evaluation process.</p> <p>Kelly explained the funding process and not wanting to give funds back and not wanting to spend recklessly either. Winnie agreed that it is a useful project, but needs to be better thought out.</p> <p>Karen asked Bryan what agency or department that he feels we could work with on this pilot project. She feels it needs to be narrowed down to which specific department or agency the equipment will be used. Patrick stated that he comes from the Northern Virginia area and he agrees with Karen and Winnie that proper planning is necessary. He explained that Maryland struggled with the Patient Tracking System and spent about \$4 million in equipment that they don't use. They ended up creating EDI with ImageTrend and feeding it back to patient tracking. It does require a lot of training and roll out. He feels a pilot program would great with one or two agencies. He and Kelly would support that. Kelly stated that training is included in the funding for Administrator training and Train-the-trainer for the first year. The committee discussed the pros and cons of using a Patient Tracking System, the signage of a business agreement by VHHA, licenses, etc. They also discussed getting hospital buy-in. Karen also mentioned that she would need to bring in Cam Crittenden and the VPHIB/ImageTrend trauma staff. Karen will reach out to the jurisdictions to determine which agencies are interested in this pilot project. Kelly will reach out the Northern Virginia to see what training they have already developed. She will also work with David Hoback on the proposal.</p>	
<b>New Business:</b>	None.	
<b>Other Comments/Questions:</b>	Michael Player would like to be on the next agenda to talk about the new deployment package for DMAT.	
<b>Next Scheduled Meeting:</b>	The next meeting is August 3 at Richmond Marriott Short Pump.	
<b>Adjournment:</b>	The meeting adjourned at approximately 10:38 a.m.	