

EMS Emergency Management Committee Meeting
Virginia Office of EMS
Norfolk Waterside Marriott
235 East Main Street, Norfolk, VA 23510
November 8, 2017
9:30 a.m.

Members Present:	Members Absent:	OEMS Staff:	Guests:
Easton Peterson , Health & Medical Emergency Response Teams (HMERT)	Judy Shuck (excused)	Wanda Street	Byron Andrews (<i>to be appointed as next committee chair</i>)
Daniel Brewer , VDEM	Bubby Bish (excused)	Winnie Pennington	Unknown guest
Kelly Parker , VHHA	Karen Owens (excused)		Unknown guest
Patrick Ashley , VDH, OEP HPP	Sam Burnette (excused)		
Mike Player , Regional Council, VA-1 DMAT	Adam Galton (excused)		
	Mark Penn		
	Dave Hoback (excused)		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order at 9:33 a.m. by Mike Player who is sitting in for Chief Hoback.	
Review & Approval of the August 3, 2017 minutes:	A motion was made to review and approve the August minutes. The minutes were approved as submitted	The August meeting minutes were approved as submitted.
Introduction of Guests and New Committee Members:	Everyone around the room introduced themselves.	
Committee Chair Report:	No report.	
Committee Member Reports:	<p><i>(All committee member reports must be submitted to the committee in writing before or at the scheduled meeting)</i></p> <p>VA-1 DMAT Report from Mike Player –</p> <p>Members of the Virginia-1 Disaster Medical Assistance Team (DMAT) responded to Hurricanes Harvey, Irma and Maria as well as a meeting of the United Nations General Assembly during the months of August, September and October.</p> <p>In August, six members of VA-1 DMAT including three nurses, a pharmacist, and two paramedics deployed to Houston and Dickinson Texas as part of the Federal Emergency Support Function (ESF) 8 Health and Medical response to Hurricane Harvey in Texas.</p> <p>In September, Hurricane Irma struck the US Virgin Islands, Puerto Rico and Florida and VA-1 DMAT deployed a full team to Immokalee, FL where they provided primary care until the community clinic was restored. At the same time, seven</p>	

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	<p>VA-1 DMAT personnel were assigned to Pennsylvania-3 DMAT and two VA-1 DMAT personnel were assigned to Pennsylvania-1 DMAT. PA-3 DMAT deployed to Everglades City, Florida where they provided care. PA-1 DMAT deployed to Marathon in the Florida Keys where they provided care and sheltered patients with medical needs.</p> <p>At the same time VA-1 DMAT was in Florida, one of the VA-1 DMAT physicians was deployed to New York City to act as the Chief Medical Officer for the medical support of the federal law enforcement assets assigned to the week long 72nd Session of the United Nations General Assembly (UNGA).</p> <p>No sooner were the Hurricane Irma and UNGA missions winding down in late September when VA-1 DMAT's paramedics were combined with medical personnel from other DMATs and the US Public Health Service Rapid Deployment (RDF) Teams to create two Health and Medical Task Forces that deployed to provided care in Puerto Rico and St Thomas/St Croix. At the same time, VA-1 DMAT was re-configured with personnel from Ohio-1 DMAT, Maryland-1 DMAT, Michigan-1 DMAT, New York-4 DMAT, Pennsylvania-3 DMAT, US Public Health Service RDF 3, RDF2, Service Access Team-2, and other Commissioned Corps Officers and assigned the task of establishing a Federal Medical Station in Manati, Puerto Rico. This medical station provided triage, primary care, resuscitation and referral, as well as medical holding for the city of Manati and the surrounding communities of Barceloneta, Florida, Cialis, Morovis, Vega Baja and Vega Alta. Working in areas with difficult access due to debris, and without communications, power and running water, VA-1 DMAT met with the leadership of the region's Federally Qualified Health Centers, the two primary hospitals, local pharmacies and community leaders, to create a responsive and scalable disaster medical care delivery system that became a model for the response in other regions around Puerto Rico. Although VA-1 DMAT's Manati Federal Medical Station has been staffed by a succession of DMAT's since VA-1 DMAT left in early October, the station is still actively serving the citizens of the region. In fact, when seven more VA-1 DMAT personnel deployed to Puerto Rico with New York -2 DMAT in mid-October, the Manati operation was seeing approximately 200 patients a day, and was caring for 40 patients who could not be cared for at home due to medical conditions (requiring mechanical ventilators, etc.).</p> <p>Virginia's emergency medical community can be proud of the fact that they were well represented in the response to their fellow citizens during this most recent string of natural disasters. VA-1 DMAT was true to the NDMS motto of providing "the best of care during the worst of times."</p>	
Unfinished Business:	<p>Emergency Preparedness Survey – Winnie received no comments from members prior to the meeting. Mike Player stated he received some comments on the simplicity of the survey. Mike Player asked the committee to consider what they were attempting to survey. Winnie stated that the initial thought was to survey the readiness of agencies to respond to disasters. Winnie advised the survey model is from the federal government survey and she believes they surveyed both agencies and responders. Easton Peterson stated that this is where he struggles with the survey as he feel sharing personal preparedness has nothing to do with agency readiness. He also stated that he believe that too many areas have been combined in the survey to make it effective. Committee members held additional discussion on the need for such a survey and that it might be a useful tool to obtain information about regional plans and local and regional exercises and training in addition to general disaster preparedness. Patrick Ashley noted that response from EMS providers could be very different that from management. Mike Player suggested a "dialogue" that could be run on a long-term basis including questions on recertification, picking certain sections of the overall survey. Easton Peterson suggested we narrow down the scope [of the survey] to be a bit more specific using level and position. Patrick Ashley stated he thought any data collection effort would be great. A suggestion was made that the survey might be part of the EMS Portal and that some type of CE credit might be given to responders taking the survey if responders are what the</p>	<p>Winnie will get with Warren about possible CE's attached to survey</p> <p>Members look at questions for initial survey</p> <p>Create Workgroups in February</p> <p>What other information does the Committee need</p>

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	<p>committee wants to survey. Consensus was that there should be a survey but details of the survey be determined by a workgroup identified at the next meeting. Kelly Parker stated that you can structure a survey base on position. Byron Andrews stated that the ultimate goal to find gaps in many parts of preparedness. Additional discussion tabled until February meeting.</p> <p>MUCC Transition - Easton Peterson reported that he took the letter to FICEMS reference the use of MUCC and SALT triage. He reported that the Director of NHTSA felt that they had been blindsided by the letter; but was told that this was a last resort in trying to contact them about this matter and given Gary and Karen's name to research multiple times the committee has been contacted with no response. It was discussed if hospitals should get involved. Also discussed if VA Senator's Offices should get involved. The committee will have no further involvement at this time.</p>	
New Business:	None.	
Other Comments/Questions:	None.	
Next Scheduled Meeting:	February 1, 2018	
Adjournment:	The meeting was adjourned at 10:26 a.m.	

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