

Emergency Preparedness and Response Committee
Virginia Office of Emergency Medical Services
Embassy Suites
2925 Emerywood Parkway, Richmond Virginia, 23294
February 2, 2023
8:00am

Members Present:	Members Absent:	OEMS Staff:	Others:
Dr. Mike Feldman, Chair		Mindy Carter	Stacey White
Dr. Paula Ferrada		Ashley Camper	Sam Brown
Kelley Rumsey			Tanya Trevilian
Dan Gray			Kelsey Rideout
Ron Clinedinst			Kim Jones
James Moss			Wendy Clement
Sam Bartle			Lara Traylor
Dr. Rahil Dharia			Greg Neiman
James Giebfried			Amanda Lorette
Steve Parrott			Peppy Winchel
Carolyn Malloy			Lori Sturt
Jon Arnburg			Beth Broering
Robert Hawkin			
Craig Bryant			
Matthew Marry			
Andrew Slater			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Call to Order/ Introductions:	Chair Feldman called the meeting to order at 0800am. Introductions were made. a.) It is determined quorum is met. Chair Feldman asks committee to approve agenda and minutes. Mr. Parrot makes a motion and Mr. Hawkins seconds. Motion passes.	Kelley Rumsey is named Vice Chair of committee.
II. Vote for New Committee Members a. Agenda Approval b. Recap of Previous Meeting	Chair Feldman brings up the need to vote on a Vice Chair and nominates Kelley Rumsey. Dr. Ferrada motions for Ms. Rumsey to be Vice President and Steve Parrott and Matthew Marry second. All in favor, none oppose and motion passes. b.) Chair Feldman recaps from previous meeting the need to reconfirm attendance and briefly addressed the committee to assure pertinent members were present.	None. Informational.
III. Chair's Report	Chair Feldman informs the committee there will be a presentation today by a guest speaker about Virginia Commonwealth University's (VCU) mass causality incident, (MCI), plan.	None. Informational

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<p>IV. Review known MCI plans for the Commonwealth including State Plans.</p>	<p>Chair Feldman introduces Dr. Jen Early, the VCU Program Manager for Emergency Preparedness. She opens with her background and experience, then begins her presentation on VCU's MCI plan. She spoke to the facility capabilities and the events in years prior with the riots in Richmond and Covid, which have led to pursuing emergency planning as a top priority. Dr. Early ensures VCU leadership has vested more employees and resources to grow their Emergency Preparedness program. She talked about efforts to integrate surrounding hospitals, other trauma centers, EMS, and coalitions to establish strong communication and information sharing lines. Dr. Ferrada offers the Emergency Preparedness Committee can be an opportunity to building bridges in collaboration and Chair Feldman agrees.</p> <p>Dr. Early goes onto discuss the formation of a Command Incident Task Force, relocation of emergency equipment, and the creation of emergency action sheets. Various facilities have been identified as places to stage, triage and move patients through, as well as coordination with police and EMS to block traffic and ensure ambulance access to those buildings and lots. Dr. Early reviews the VCU designation level criteria for MCI, sorting it by number of patients expected to influx into the emergency department. When the MCI results in 10 to 50 patients coming to the ED, one hour check list promotes the use of the Staffing Command Center to provide supplemental staffing. Materials Management is notified and incorporated into their plan to ensure supply acquisition and drop off. ED managers, ED attendings, Nursing Directors, supplemental staffing and bed managers are also in the roster of persons notified to come in. With every increment of 50 patients the alert level rises until at 100 all Virginia Healthcare collations are expected to have been contacted and involved in the moving and treatment of casualties.</p> <p>Dr. Early adds that communications loss has been factored into the planning of an MCI. Cell and telephone are first line, but upon their failure, they have crisis radios outfitted in all their emergency departments as well as extras ready for dispersant to leadership staff. These radios as tested bi-monthly.</p> <p>Ms. Broering inquired about the roles of nursing homes and skilled nursing resources if the need to rapidly decompress VCU's ED occurred. Dr. Early confirmed that, while not in the first one-hour checklist, the use of case/social work and those facilities was involved in the subsequent steps.</p> <p>It was discussed how the plan would be executed if an MCI were to occur in the middle of the night or on a weekend. Dr. Early informed the committee that additional call-in lists for nurses and mid-level providers, clinic space for patient care and triage, and surge carts have already been secured and identified to negate logistical and staffing complications. Trauma teams will respond in a rotation which is already predefined.</p> <p>Dr. Early closes the presentation with conversations about intent to make the slides accessible to the committee and establishing future relationships to ensure sharing of strategies and information.</p>	<p>None. Informational</p>
<p>VIII. Public Comment Period</p>	<p>None.</p>	<p>None.</p>
<p>IX. Unfinished Business</p>	<p>None.</p>	<p>None.</p>
<p>X. New Business</p>	<p>None.</p>	<p>None. Informational</p>

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XI. Adjourn	Chair Feldman thanks Dr. Early for presenting and all for attending. He adjourns the meeting at 09:35 am	None. Informational
		Respectfully submitted by Ashley Camper and Mindy Carter.