

TIDEWATER EMERGENCY MEDICAL SERVICES COUNCIL, INC.

Board of Directors

Minutes, December 8, 2016

Directors Present

Stewart W. Martin, MD, President, Virginia Beach
Edward M. Brazle, Virginia Beach
Christopher Jacobs, JD, Virginia Beach
Donna Marchant-Roof, LCSW, Chesapeake
Genemarie W. McGee, RN, VHHA
Janice E. McKay, RN, Tidewater ENA
John W. McNulty, Chesapeake
Jeffrey J. Meyer, Portsmouth (on-line)
Daniel A. Norville, Norfolk
Thomas E. Schwalenberg, Chesapeake
Wayne E. Shank, Virginia Beach
Lewis H. Siegel, MD, VaCEP
Brian L. Steelman, Southampton Co.
Jeffrey T. Terwilliger, Isle of Wight Co.
Jeffrey F. Wise, Norfolk

Directors Absent

Terry A. Bolton, Franklin
Hollye B. Carpenter, Northampton Co.
Richard A. Craven, MD, At-large
Paul S. Holota, MD, Norfolk
Charles R. Pruitt, Accomack Co.
James B. Spicer, Suffolk

Others Present

Wayne Berry, Office of EMS
James M. Chandler, Executive Director
Tracy Hanger, Chair, HRMMRS Strike Team
Committee
Dennis Keane, nominee, Special Operations
Travis Kirby, PA-C, nominee, EVMS
David Long, Program Manager, HRMMRS

1. The meeting of the Board of Directors was called to order by Stewart Martin, President, at the council office in Chesapeake at 6:00 pm. Those present recited the Pledge of Allegiance and then introduced themselves. A **motion** was made, seconded and passed to approve the minutes of the August 8, 2016 Board meeting as distributed.
2. Treasurer's Report – Mr. Chandler reported the financial statements ended October 31, 2016 are posted on the board agenda website. There were no questions. He provided a quick update on Mr. Weber's illness.
3. Other Committee Reports - none
4. Consent Agenda - Dr. Martin asked if anyone wished to remove any item from the consent agenda for separate discussion and vote. There were no requests. A **motion** was made, seconded and passed to approve all items on the consent agenda:
 - A. Approve the TEMS Continuity of Operations Plan rev 12-8-2016
 - B. Approve the 2016 Annual Report
 - C. Approve Revised Administrative Policies:
 - I. Office Management Policies rev 12-8-2016
 - II. Fiscal Management Policies rev 12-8-2016
 - III. Computer Usage and Network Policies rev 12-8-2016
 - IV. Staff Handbook rev 12-8-2016
 - D. Approve 2017 board meeting dates: March 9, June 8, September 14 and December 14
5. Other Unfinished and New Business
 - A. Dr. Martin reported on two board member resignations – Kent J. Weber, resignation as treasurer and from the board as representative of City of Virginia Beach due to illness and Terri Babineau, MD, resignation from the board as representative of the Eastern Virginia Medical School due to relocation to study at Oxford in the UK. With regret, Mr. Weber's resignation was accepted and the board wished Ms. Babineau well in her travels. It was the consensus of the board to award

Mr. Weber with a crystal statue recognizing his years on the board since 1995. Ms. Babineau was thanked for her partial term service.

- B. Elections – Chief Wise reported on behalf of the Governance Committee and presided over interim elections:
- I. Director representing Special Operations (seat previously vacated by T. J. McAndrews). Governance nominee: Dennis Keane, District Chief, Virginia Beach Fire Department. Additional nominations were requested from the floor and there were none. A **motion** passed to elect Chief Keane representing special operations.
 - II. Director representing the Eastern Virginia Medical School. Governance nominee: Travis Kirby, PA-C, Assistant Professor, EVMS Master of Physician Assistant Program. Additional nominations were requested from the floor and there were none. A **motion** passed to elect Mr. Kirby representing EVMS.
 - III. Director representing the City of Virginia Beach – Mr. Weber’s seat will remain open until the regular elections in March.
 - IV. Treasurer. Governance nominee: Wayne Shank. Additional nominations were requested from the floor and there were none. A **motion** passed to elect Mr. Shank as Treasurer.
 - V. Two at-large members of the Executive Committee (seats previously vacated by John Hoffler and Bruce Edwards). Governance nominees: Jeffrey Meyer (Portsmouth) and Janice McKay (Tidewater ENA). Additional nominations were requested from the floor and there were none. A **motion** passed to elect Mr. Meyer and Ms. McKay to the executive committee.
- B. Input on council communication strategy - Mr. Chandler reported the financial support from Medical Transport to publish the printed *Response* newsletter has ended and no other long term sponsors have been identified. Staff is working to update a communication strategy including electronic distribution of regional EMS news and information and is seeking input. A survey of EMS providers is in progress and he asked the board for any additional input, preferences and guidance. The following points were identified through discussion:
- I. Regarding encouraging people to sign up for an email list/improved distribution. We currently have about 1200 subscribed to our listserv (of about 3800 EMS providers in the region):
 - i. A postcard could be used to encourage signup
 - ii. If you publish a quality and interesting product that people want, they will sign up. Include signup links in all emails.
 - iii. EMS agencies could designate an individual to forward TEMS emails to the agency personnel.
 - iv. EMS agencies could provide email addresses for their personnel
 - v. List of emails maintained by OEMS are not accurate.
 - II. Content/frequency of distribution:
 - i. The local Bar Association prefers one newsletter-style email every 3-4 weeks.
 - ii. Use bullets and intro text with “read more” options; provide summaries at top
 - iii. Make it mobile friendly
 - iv. Current monthly posts are too long...use one or two pages at most
 - v. Electronic version can be even better than paper version...links to more information, links to videos, more current, less expensive, etc.
 - vi. Use a commercial emailing system so we can track open rates and other feedback data...find out what is being read
- D. Consider authorizing the President to execute VDH-TEMS contract for EMS program deliverables for January – June 2017 and the EVMS-TEMS contract for staffing of the Tidewater Center for Life Support Training for January – June 2017. It was noted the two 6-month continuation contracts have not been received for signature but are anticipated prior to the end of the month. A **motion** was made, seconded and passed to authorize the President to sign both contracts when received. Both can be ratified by the board during its next meeting.

6. Governance: Chief Wise noted this is the third board meeting with a focus committee work. He introduced David Long, program manager for the Hampton Roads Metropolitan Medical Response System (MMRS) and Tracy Hanger, chair of the MMRS Strike Team Committee.

Mr. Long reviewed the background of the MMRS program and explained how the program has an all-hazards focus on the consequences of a large mass casualty event through a combination of resources at the jurisdiction level and the regional medical strike team and its resources. The MMRS region includes nine jurisdictions in the TEMS region (all of the Southside but not the Eastern Shore), seven in the Peninsulas EMS region and one in the Old Dominion EMS region. TEMS has a contract with the Hampton Roads Planning District Commission to manage the program utilizing sustainment funds contributed by the jurisdictions totaling about \$300k annually.

MMRS resources and the costs to sustain them were reviewed in a slide presentation (attached to the minutes). There is an annual deficit of about \$125k which is currently being drawn from the council's MMRS fund balance. In several years the program will need to align expenditures with actual sustainment funding by decreasing the size of the program or increasing sustainment funding, or obtaining funding from other sources like the Commonwealth, UASI (or other state/federal preparedness funding) or a re-started federal MMRS initiative. All are being pursued along with continuing efforts to streamline the program where possible.

Chief Hanger added that the program provides valuable and tangible resources to the jurisdictions, and these assets have been utilized on several occasions and make the region well-prepared for mass casualty disasters. The MCI busses, in particular, were cited for their multi-use for evacuation, sheltering and rehab. There was discussion about the need for future replacement for the MCI busses many of which were originally donated as end-of-life school busses and then retro-fitted by the MMRS program for their new purpose. The Chesapeake bus is currently out of service due to major repair issues. Mr. Long noted that in general the sustainment budget does not include the cost of capital purchases but that the program will help where it can.

There was some discussion about an initiative to seek designation of the medical strike team as a state asset which could result in some state sustainment income for the program but, in the event of an out-of-region deployment, could also cost the jurisdictions in terms of some personnel expenses, and remove personnel and assets from the region.

7. Announcements – Dr. Martin referred to the online calendar for meetings and other events. There were no additional announcements.

8. Adjournment – With no additional business, Dr. Martin adjourned the meeting at 7:15 pm.

Minutes prepared by Jim Chandler



Overview

- Mission
- Training and Exercises
- Pharmaceutical caches
- Disaster Response Equipment
- Strike Team
- Funding



Mission

- Support the integration of emergency management, health and medical systems into a coordinated response to mass casualty incidents caused by any hazard.





Mission

- Reduce the consequences of a mass casualty incident during the initial period of response by augmenting existing local response capabilities



Mass Casualty Preparedness

- Mass Casualty Incident Response Guide



- ✓ Review and update
- ✓ Comprehensive reference & SOG for first responders





Training and Exercises

- Incident Command System
 - ✓ Offers ICS 300 & ICS 400 classes, host AHIMT
- MCI Training
 - ✓ Offers MCI I & II classes, MCI drill series, hosts ICS for EMS Functions
- Exercises
 - ✓ Conducts and supports preparedness exercises throughout the region (Active Threat, Norfolk International Airport MCI, CHEMPACK)



Pharmaceutical Caches





Pharmaceutical Caches

- Antibiotic Cache
- ✓ Cipro and Doxycycline to prophylax first responders
- Nerve Agent Antidote Cache
- ✓ Duo Dote auto injectors; in each EMS agency, specialty teams, and hospitals without CHEMPACKS
- Hazmat Drug Boxes
- ✓ Chesapeake, Norfolk, Portsmouth, & Virginia Beach, plus two in each Strike Team Cache
- HRMMRS sustainment cost **\$100,000** every three years



Disaster Response Equipment



Disaster Medical Support Units





Disaster Response Equipment

- Disaster Medical Support Units
 - ✓ Augments and enhances emergency medical response resources in region
 - ✓ 11 units. Chesapeake, Hampton, Isle of Wight, James City County, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach (2) & York County.



Disaster Response Equipment

- Disaster Medical Support Units
 - ✓ Will support up to 200 patients depending on nature of injuries
 - ✓ Jurisdictions responsible for maintaining and transporting to incident as mutual aid resource.
 - ✓ HRMMRS sustainment cost **\$16,500 to \$22,000** per year





Disaster Response Equipment



Mass Casualty Evacuation and Transport Unit



Disaster Response Equipment

- Mass Casualty Evacuation and Transport Unit (MCI Bus)
- ✓ Augments and enhances evacuation and mass casualty transport in region
- ✓ 10 units. **Chesapeake (OOS)**, Hampton, Isle of Wight, Newport News, Norfolk, Riverside, Sentara, Suffolk, Virginia Beach & York County. Recommended to co-locate with DMSU.





Mass Casualty Preparedness

- Mass Casualty Evacuation and Transport Unit
 - ✓ Can transport up to 18 litter and 10 seated patients + at least 2 attendants and 1 driver - Capacity of 11+ ambulances
 - ✓ Multifunction capability: hospital/nursing home evacuation, special needs transport, public safety personnel rehab, temporary shelter for displaced citizens



Disaster Response Equipment



Shelter Support Unit





Disaster Response Equipment

- Shelter Support Unit
 - ✓ The Shelter Support Unit (SSU) is a pre-stocked trailer with most, if not all, the resources needed to provide Functional and Access Needs in public shelters during emergencies.
 - ✓ 13 units. Chesapeake, Franklin, Gloucester, Hampton, Isle of Wight, James City County, Newport News, Norfolk, Portsmouth, Suffolk, Virginia Beach, Williamsburg & York County.



Disaster Response Equipment

- Shelter Support Unit
 - ✓ The SSU is outfitted with 50 surge beds, 75 cots, consumable medical supplies, durable medical equipment, and logistical support equipment.
 - ✓ Jurisdictions responsible for maintaining and transporting to incident as mutual aid resource.
 - ✓ HRMMRS sustainment cost **\$26,000 to \$39,000** per year





Metropolitan Medical Strike Team



Strike Team Readiness

- 44 member Hampton Roads Metropolitan Medical Strike Team (HRMMST) – 213 member call group
- Response capability maintained on both Peninsula & Southside (personnel, equipment & communications)
- Quarterly training drills to maintain readiness & learn new skills



MISSION CAPABILITIES

- Medical Casualty Management and Patient Movement Coordination
- Warm Zone Triage, Decontamination, and Monitoring & Detection
- Rehabilitation and Medical Force Protection



MISSION CAPABILITIES

- Medical Consultation and Coordination
- Chemical Weapon and Toxic Industrial Chemical Antidote Administration
- Functional/Medical Needs Sheltering Assistance
- Mass Fatality Assistance



TEAM TYPES

- Type I – 44 member team (full team)
- Type II – 26 member team (command, logistics and two EMS units)
- Type III – 14 member team (command, logistics and one EMS unit)
- Type IV - 8 member team (command component – provide medical consultation)



Strike Team Opportunities

- ✓ HRMMRS has been contacted by VDEM Sheltering Coordinator about possibly assisting in State Managed Shelters.
- ✓ VDEM Logistics recently contacted HRMMRS to inquire about capabilities and submission of Mission Ready Packages.

Developing your MRP Cost Estimates





Strike Team Opportunities

- ✓ Mission Ready Packages (MRP)
 - ✓ Clinical Care Team
 - ✓ Pre-hospital Acute Care Team
 - ✓ Medical Support Team for Shelters
 - ✓ Radiological Monitoring Team
 - ✓ Decontamination Team
 - ✓ Staging Area Support Team



Strike Team Opportunities

- ✓ OCME recently contacted HRMMRS to inquire about capabilities for a Morgue Processing Team for Mass Fatality incidents.
- ✓ HRMMRS sustainment cost **\$150,000 to \$200,000** per year





Funding

- Sustainment Budget of \$0.20 per capita per year from 17 jurisdictions (~\$300,000)
 - ✓ Training & exercises
 - ✓ Replacement of expired pharmaceuticals
 - ✓ Replacement of expired medical supplies
 - ✓ HRMMST cache maintenance
 - ✓ Administrative support
- State Homeland Security Grants (SHSP)
 - ✓ Competitive



Funding

- Approximate value of HRMMRS assets:
 - ✓ Strike Team Caches - \$3.5 M
 - ✓ DMSU - \$825,000
 - ✓ MCETU - \$750,000
 - ✓ SSU - \$1.95M
 - ✓ Pharmaceuticals - \$100,000
 - ✓ TOTAL VALUE - \$7,125,000
- Average Annual Sustainment Costs:
 - ✓ \$425,000





Funding

- Approximate annual deficit:
 - ✓ \$300,000 - \$425,000 = **-\$125,000**
- Budget cuts will be incrementally introduced beginning January 2019
 - ✓ May impact local jurisdiction budget to maintain resources
 - ✓ May result in reduction of local/regional capabilities
 - ✓ May impact standardization across the region



Summary

- Regional leadership and support have enhanced our preparedness for a mass casualty event in Hampton Roads, but...
 - ✓ continued support for training and exercises, and
 - ✓ continued federal and jurisdictional funding will be needed to sustain current HRMMRS capabilities.

