

**EMS Emergency Management Committee Meeting**  
**Virginia Office of EMS**  
**Richmond Marriott Short Pump**  
**4240 Dominion Boulevard, Glen Allen, VA 23060**  
**August 2, 2018**  
**9:30 a.m.**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>OEMS Staff:</b>	<b>Guests:</b>
<b>Byron Andrews</b> , Chair	<b>Damien Coy</b> , ODEMSA (Excused)	Karen Owens	Dreama Chandler, Advisory Board
<b>Patrick Ashley</b> , VDH, OEP HPP	<b>Adam Galton</b> , VSP (Excused)	Sam Burnette	David C. Long, TEMS, HRMMRS
<b>Easton Peterson</b> , Health & Medical Emergency Response Teams (HMERT)	<b>Kelly Parker</b> , VHHA		
<b>Judy Shuck</b> , HRMMRS/TEMS	<b>Daniel Brewer</b> , VDEM		
<b>Mike Player</b> , Regional Council, VA-1 DMAT	<b>Bubby Bish</b> , VAVRS		
<b>Bryan McRay</b> , VAGEMSA			
<b>David Hoback</b> , VFCA			
<b>Walter English</b> , VEMA			
<b>John H. Craig, III</b> , VAVRS			

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Call to order:</b>	The chair, Byron Andrews, called the meeting to order at 9:35 a.m.	
<b>Review &amp; Approval of the May 3, 2018 minutes:</b>	A motion was made by Michael Player to approve the May 3, 2018 meeting minutes. Easton Peterson seconded the motion. 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.	
<b>Committee Chair Report – Byron Andrews:</b>	Mr. Andrews stated that a lot of work has been completed since the last meeting between the survey and the updates to the MCI training that will be presented today. He thanked the committee members and the OEMS staff for all their efforts in making this possible.	
<b>Committee Member Reports:</b>	<b>OEMS Report – Karen Owens</b> The Office of EMS is still actively interviewing candidates for Winnie’s replacement. They have had the first round on interviews and she thanked Patrick Ashley for sitting on the panel. We had a good problem that consisted of a high number of very quality candidates. The candidates were narrowed down to two and the Office has invited back for a second interview. They hope to have the position filled soon.	
<b>Unfinished Business:</b>	<ul style="list-style-type: none"> <li><b>Survey Results – Review and Next Steps – Karen Owens</b> After the survey went out, three reminder emails were sent out to get participation in the survey. Two-hundred and six (206) agencies replied out of 501, which is a 45% completion rate. Sam and Karen decided that they would pick a pillar that had the biggest discrepancy and MCI may be the best pillar to start with. Karen discussed her concerns about the MCI questions on pages 9 – 11. Sam would like to</li> </ul>	

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	<p>look further into this and extrapolate the data. Once a pillar is chosen, we need to ensure that there is an education process about what is out there, develop templates, make sure our website directs people to the right resources or information, make sure that they are aware that there is a regional plan, etc. Karen stated that the next opportunity is to build a program that would make things better so that improvements will be seen on the next survey.</p> <p>Easton Peterson asked if we should push this to the Regional Councils so they can poll their agencies and their plans. Mike Player stated that we need to know more about the responses. He stated that regionally, they cannot enforce policies stating that agencies should have a plan. The State would be in a better position to do that. David Hoback stated that in their region, the Council owns the Mass Casualty plan.</p> <p><b>Michael Player made a motion that Mass Casualty is chosen as the pillar to work on from the survey and to drill down the data and see if there are specific gaps that need to be addressed. The motion was seconded by Patrick Ashley. The motion was passed by the committee.</b></p> <p>Committee members would like to see the data compared by region.</p> <p>Karen stated that the last three pages of the survey are what Patrick and Kelly can disseminate and address. In planning for the future, the most logical movement would be the active shooter/hostile environment pillar. The committee will prioritize the remaining pillars and mass gatherings would be the next on the list.</p> <ul style="list-style-type: none"> <li> <p><b>MCI Module I - Approval of Edits</b> The committee discussed the edits page by page. It was suggested to explain the differences/similarities of SALT and START with the colors explaining each after page 5. The committee also discussed adding early notification to the hospital to give hospitals a heads up. (S-3) Karen will amend the document accordingly.</p> <p><b>A motion was made to accept Module I as per today's discussion. The motion was seconded and was passed by the committee.</b></p> </li> <li> <p><b>MCIM Module II – Discussion of Updates</b> Karen did not make copies of Module II due to the large number of pages, but she will drop box it to the committee. Karen stated that she does not see much change in the operational aspect of Module II. It is intended to focus on IC - movement of the patient from the incident to the hospital. It was recommended to increase the RHCC. Karen will collaborate with Patrick on this.</p> </li> </ul> <p>Easton asked if there is any way to put Module I into Firefighter I. David Hoback said that it probably should be incorporated, but in the first aid/medical area. Why isn't MCI I available as an online offering? It is more of a tactical awareness type of course that can be taken online. Module 1 could be, but Module II should be more a "butts in the seat" course. Karen stated that we currently don't have an online learning management system that is reliable. Karen's biggest concern with online, is that it has to be generic so we</p>	<p><b>A motion was made to choose the MCI as the first pillar to address.</b></p>

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	lose the ability to have a regional or agency specific based program. It is a challenge of being relevant to everyone, when not everyone's regional or agency needs are the same. Judy suggested using common components. Karen stated that we will explore the online options. David Hoback is concerned because Virginia EMS needs a robust learning system to support the 35,000 EMS providers. The committee discussed Target Solutions, funding and other issues with online courses.	
<b>New Business:</b>	<p><b>Symposium</b> Karen stated that registration is open for symposium. She also mentioned that the Office is actively pursuing sponsorship for symposium, so if anyone knows any businesses who may want to have their logo attached to symposium, please let her know.</p> <p><b>Asset Integration</b> David Hoback stated that looking at the survey, one of the key components is integration of assets in the State. People do not have knowledge of where assets are. We need to have a system in place where all of the assets are easily accessible, where the MOU already exists and is easily deployable. It was suggested to have a CAD system that is GEO based. We looked at FirstNet, but that did not work out. They also looked at Mutual Aid Net, but VDEM decided they did not want to use that. Easton stated that they use a GIS/CAD data system in the Fairfax area which is kind of on the back burner, but could be used on a larger scale.</p>	
<b>Other Comments/Questions:</b>	<ul style="list-style-type: none"> <li>• <b>From the Floor</b> - None.</li> </ul>	
<b>Next Scheduled Meeting:</b>	The next meeting is November 7 at the 39 <sup>th</sup> Annual VA EMS Symposium in Norfolk.	
<b>Adjournment:</b>	The meeting adjourned at approximately 10:55 a.m.	