

TSA-B Regional Preparedness Meeting Minutes

Bi-Monthly Meeting		
10.21.2016	1500-1600	SPEMS Office, 3602 Slide Road, Lubbock, TX
Meeting called by	Tim Berry	
Type of meeting	Bi-Monthly Meeting	
Facilitator	Tim Berry	
Approve Minutes	Minutes from August 18, 2016. Motion by J. Escamilla and seconded by R. Hunt. Passed	
Attendees	<p>J. Escamilla, Covenant Hospital – Plainview; S. Smith & T. Dodson, Covenant Medical Center; T. Berry, Idalou EMS; V. Velasquez, Lamb Healthcare Center; J. Waters, Ransom Canyon FD EMS; T. Murillo, South Plains Association of Governments; J. Waters, SPEMS; D. Martin, Sunrise Canyon; T. Berry, UMC; R. Dolan, Lubbock Health Department; B. Sanchez, STAR ER.</p> <p>Webinar: J. Baker, Lynn County Hospital; T. Detwiler, Paducah Ambulance Service; T. Guffey, Memorial Hospital – Seminole; S. Jacquez, South Plains Health District; D. King, Lubbock Heart and Surgical Hospital; A. Land, Covenant Hospital – Levelland; Victor Means, TTUHSC; J. Parks, Medical Arts Hospital.</p>	
Capability 1 Healthcare System Preparedness		
[Time allotted]	Planning, Organizing, Equipping, Training, Exercises, Evaluations, Corrective Actions	
Current projects	Regional exercise discussion. Future of Healthcare Coalition due to CMS rules. CONOPS update.	
	HSR HCID SOG. Review and approve updated HCC Organizational document.	
Discussion	<p>Comments in regards to the Regional Exercise included; it was helpful, learned a lot, some issues but will learn from them. WebEOC Position Log worked fine. Were issues with ETN, Tim will get list to TDEM. Tim did let everyone know that there were some issues on the controller side and some injects were missed, He apologizes for these dropped injects and any problems it may have created on the facility side. Overall it was a beneficial exercise and good lessons learned. With recent CMS rule changes, the Healthcare Coalition will see new members coming from other healthcare agencies. The HCC organizational document was updated for current organizations and approved with motion by J. Escamilla and seconded by T. Dodson. The TSA-B HCID CONOPS is currently be revised due to information coming out of the EMTF IDRU meetings and feedback from partners. One change will be that there will be links in the document pointing to the most current information on a disease, instead of printed guidance. There was also information placed in the DSHS section referring to conference calls between all parties involved as needed. DSHS HSR 1 has invited the RACs and EMTF to participate in the planning phase of their HCID CONOPS. One meeting has been held and one conference call was held Thursday. Our goal is to make sure that TSA-B handles and HCID case, regionally, that will move into a state mission seamlessly.</p>	
Action Items	Person Responsible	Deadline
Get with TDEM on ETN issues.	T. Berry	ASAP
Capability 2 Healthcare System Recovery		
[Time allotted]	Recovery Processes, Continuity of Operations	
Current Projects	Regional exercise discussion.	
Discussion	<p>Comments in regards to the Regional Exercise included; it was helpful, learned a lot, some issues but will learn from them. WebEOC Position Log worked fine. Were issues with ETN, Tim will get list to TDEM. Tim did let everyone know that there were some issues on the controller side and some injects were missed, He apologizes for these dropped injects and any problems it may have created on the facility side. Overall it was a beneficial exercise and good lessons learned.</p>	
Action Items	Person Responsible	Deadline

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Capability 3 Emergency Operations Coordination		
[Time allotted]	Multi-Agency Coordination, Status Notification, Coordination of Resources, Demobilization	
Current Projects	WebEOC, EMResource, and i-Info use during exercise (ETN).	
Discussion	WebEOC Position Log worked fine. Were issues with ETN, Tim will get list to TDEM. Tim did let everyone know that there were some issues on the controller side and some injects were missed, He apologizes for these dropped injects and any problems it may have created on the facility side. Overall it was a beneficial exercise and good lessons learned. Notifications were sent via EMResource and i-Info. Discussed putting together a phone book with all of the satellite phone numbers in it.	
Action Items	Person Responsible	Deadline
Poll region on who still has Sat phone and verify phone number	T. Berry	11/15/2016
Capability 5 Fatality Management		
[Time allotted]	Coordination Community Fatality Mgt. Operations, Family Assistance Centers, Mental-Behavioral Support	
Current projects	Report on table-top exercise.	
Discussion	A table top exercise was held in Lubbock on August 31, 2016. It was a good exercise, allowing partners to meet face to face and obtain an understanding of what each other does as well as resources available. Rachel sees that the re is still a question on the Family Assistance Center and she is working on that for Lubbock. A FAC Toolkit was sent out from Austin. Tim had forward it out so that everyone could work on a FAC in their jurisdictions with the appropriate authorities.	
Action Items	Person Responsible	Deadline
Resend email with FAC Toolkit attached.	T. Berry	10/24/2016
Capability 6 Information Sharing		
[Time allotted]	Situational Awareness, Interoperable Communications, HAVBED, HAN	
Current Projects	WebEOC, EMResource, and i-Info use during exercise (ETN).	
Discussion	WebEOC Position Log worked fine. Were issues with ETN, Tim will get list to TDEM. Tim did let everyone know that there were some issues on the controller side and some injects were missed, He apologizes for these dropped injects and any problems it may have created on the facility side. Overall it was a beneficial exercise and good lessons learned. Notifications were sent via EMResource and i-Info.	
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Capability 10 Medical Surge		
[Time allotted]	Medical Surge Operations, Pre-Hospital EMS Coordination, Surge Capacity & Capability, Crisis Standards of Care, Evacuation & Shelter-in-Place	
Current Projects	Regional exercise discussion.	
Discussion	Comments in regards to the Regional Exercise included; it was helpful, learned a lot, some issues but will learn from them. WebEOC Position Log worked fine. Were issues with ETN, Tim will get list to TDEM. Tim did let everyone know that there were some issues on the controller side and some injects were missed, He apologizes for these dropped injects and any problems it may have created on the facility side. Overall it was a beneficial exercise and good lessons learned.	
Action Items	Person Responsible	Deadline
Capability 14 Responder Safety and Health		
[Time allotted]	Pharmaceutical Protection, Personal Protective Equipment	
Current projects	IDRU has finalized PPE for EMS and hospital personnel that will be in the caches and update on October 19 th and 20 th Advisory Committee meeting.	
Discussion	The EMTF IDRU has finalized PPE for pre-hospital and hospital use. For pre-hospital, a custom made suit is being produced by Lion. The suit is ruggedized to meet pre-hospital needs. Knees are reinforced and it is a rear entry suit. It has integrated socks and gloves, but has no hood. There is a rubber collar to help keep shroud on place. Then there are rubber boots. The hospital suit is a ViroGuard coverall with integrated socks. There are no integrated gloves or hood. Crocs will be worn, and then a tall boot cover will be placed over them. Both care areas will be utilizing the MaxAir PAPR, which has no hose, but connects to a battery worn on a belt. It was decided that both will wear the belt under the suit to lessen hang up hazards. These suits were looked at, on October 20 th , by individuals from Emory, Bellevue, Grady EMS and other subject matter experts that are part of the IDRU Advisory Committee. They all felt that these were adequate and met the needs of the providers. A question was asked About why the ViroGuard PPE was being used instead of Tychem. Most regions were already using the ViroGuard suit for infectious patients. The Tychem gives more protection for chemical exposure. After the meeting, I checked our Ebola cache in the warehouse And found that our PPE kits for hospital support contain ViroGuard suits like those that will be in the IDRU cache. Also, gai ned good information on EMS operations from Grady EMS, in Atlanta. We were advised to keep it simple and use the wrapping method for ambulance protection instead of an insert. Isopods have their place, but not for all transports. Pictures follow.	
Action Items	Person Responsible	Deadline
Capability 15 Volunteer Management		
[Time allotted]	Planning, Notification, Organization and Assignment, Demobilization of Volunteers	
Current Projects		
Discussion	No Discussion	
Action Items	Person Responsible	Deadline

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Pre-Hospital



Hospital

