



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

1421 Johnston-Willis Drive
 Richmond, VA 23235-4730
 804-560-3300 • FAX: 804-560-0909
 www.odemsa.vaems.org

MCI Committee

April 01, 2016, 09:00 am to 11:00am
 Chair: Robin Manke, VCU
 Vice Chair: Bubby Bish, SVEC

Members and Guests Present: Robin Manke, Jill Russell, Ken Smith, Allen Yee, Bobby Trimmer, Andrew Slater, Gray Corbett, Al Thompson, Pete Svoboda, Dennis Pagé, Maurice Reese, Bryan McRay, Tim McKay

Conference Line: Bee Betts, Roger Warden, James Moss, Corey Beasley, Don Houtsma, Lisa Baber, Tammy Gunter

ODEMSA Staff: Rachel Dillon, Heidi Hooker

Minutes Scribed by: Rachel Dillon

Materials provided: Meeting agenda, draft of regional MCI plan, draft of CHEMPACK annex

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Meeting Called to Order	<p>Robin Manke called the meeting to order at 09:00am. Introductions were made, and it was determined that we had a quorum. Robin explained that the purpose of this special call meeting was to discuss the MCI plan and the CHEMPACK annex, as there had been some concerns voiced during the voting process.</p> <p>Bryan adds that the ODEMSA Board approved last year’s plan in order to meet this quarter’s deliverables. He also notes that information on the CHEMPACK should be sent out to EMS providers along with training, probably with the help of VDH. ODEMSA can help support the training, but not the owner of the training.</p> <p>Corey suggests adding an annex with the special resources that each jurisdiction has available.</p>	
MCI Plan Discussion	<p>The group then goes page by page and suggests the following changes:</p>	



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<p>Page 1 – remove executive director from cover page</p> <p>Page 2 – update table of contents afterwards</p> <p>Page 3 – change the checkmark bullet points to 1, 2, 3. Add safety officer to list of positions in paragraph 5.</p> <p>Page 4 – remove “operations group,” and second sentence out of second paragraph. Change order of ED and EMS in paragraph 4, change “response vehicles” to “agencies,” remove last paragraph.</p> <p>Page 5 – Change “ensure” under second bullet point to “provide,” “ensure” under the third bullet point to “maximize” and remove “health care facility evacuations.” Remove second and third sentence from first paragraph. Swap hospital and out-of-hospital in second paragraph, remove reference to code language. Remove “disaster or” from first two bullet points, remove third bullet point.</p> <p>Page 6 – Second paragraph, change “within” to “by,” change “ODEMSA” to “the regional council,” remove “by law.” Include sentence removed from page 5 about what makes up ODEMSA. Remove third paragraph entirely. Fourth paragraph, change “incident or evacuation” to “MCI,” and remove everything after “(NIMS).” Fifth paragraph, change “must” to “should,” and “will need to” to “should.” Final paragraph, flip RHCC and MCI Medical Control. Change “that results” to “resulting.”</p> <p>Page 7 – Remove first paragraph (“Predetermined EMS mutual aid...”), as well as first two paragraphs under Local Assumptions. Change to “Jurisdictions with resource needs beyond their pre-established mutual aid agreements shall go through VDEM.” Sentence about MCI training to move to “Adoption and Memorandum” section. Remove “Trigger Points for Requesting Assistance,” within the ODEMSA region,” and change “that has” in second bullet point to “having.”</p> <p>Page 8 – Change “hospital” in first bullet to “healthcare facility,” add “should go through their local jurisdiction” and move to “Health Care Facility Considerations” on page 6. Remove second bullet point. Change ECC to PSAP throughout document. Remove</p>	
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“The local ECC should be...” from second paragraph, as well as all bullet points below. Remove “in accordance with predetermined guidelines” from next to last paragraph. Add hospital sector chart from Diversion plan. Change “will” to “should” in final sentence.

Ken asks if the three medical control facilities should meet on a regular basis. Robin suggests meeting offline or at CVHC before coming back to the MCI committees.

Page 9 – Remove “to the HEAR radio system” in first full paragraph. Second paragraph, remove everything after “RHCC,” remove “the scene incident commander,” change “shall/should” to “will.” Change VCU Medical Center to VCU Health System. Add Chippenham and SRMC numbers. Separate second bullet into two separate bullet points, put exact location before locality name. Remove radio channel, combine last two bullets, change assessment to casualty number. Add specialty resources as a final bullet point. Remove “declared” from last paragraph.

Page 10 – Remove “and the scene incident commander” from the 4th bullet. Clarify that the patient locator is for patients at the hospital. Move RHCC under MCI Medical Control. Change hospital heading to healthcare facility. Change “inform” to “recommend” in first paragraph and remove “from the MCI scene.” Add “or designee” to last sentence of last paragraph.

Page 11 – Remove “evacuation” and EOC in first paragraph. Add “prehospital” to third paragraph, remove “agency’s.” Remove paragraph that starts with “Prehospital EMS agencies and/or...” Remove evacuation from rest of page. “Ideally/should” for EMS identification. Remove “In absence of an agency’s online...”, move “Documentation should be done...” to sentence discussing OMD/protocols. Move “The numbers and types of patients...” to under the hospital section. Remove “Each agency will operate under...” Remove wording after Code of Virginia reference. Remove bullet points under “Local Emergency Operations Plans.”

Page 12 – Remove bullets at top of page. Remove “EMS Needs Outside of MCI,” “Regional Command Structure,” “Healthcare Facility Evacuations.”



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Page 13 – Remove “Technical Rescue” and “Hazardous Materials” sections.

Page 14 – Remove top half up to CHEMPACK Deployment. Based on the need to train EMS on CHEMPACK use before it is in the document, and the need to determine deployment methods, remove references to CHEMPACK for now. Remove HMERT and Air Medical sections.

Page 15 – Remove Code references under Fatalities, change “sudden, unexpected, and violent deaths” to “out-of-hospital deaths.” Remove ME phone number. Remove following two paragraphs. Move “Patient Relocation” section to RHCC section. For Special Considerations: “If you need resources beyond your capabilities (list out all the deleted sections), contact the Virginia Department of Emergency Management Emergency Operations Center at (804) 674-2400 or 1-800-468-8892.” Remove RHCC/MCI Medical Control-to-Hospital Communication section.

Page 16 – Remove RHCC/MCI Medical Control to Incident Command section. Move “Other Communication” section back to EMS-to-Hospital on page 15. Add “or his designee” under Demobilization section. Remove “of the incident” and “through Web EOC.”

Page 17 – Remove “career and volunteer” from first paragraph, “Other members include...” Change 45-60 days to 45-120 days, remove “through their representatives or in writing...” Combine both paragraphs that start with “Revisions and/or amendments...” Remove paragraph referencing MOUs.

Annex A – remove EOP, clarify RHCC definition. Remove code language from EMS provider and prehospital EMS agency definitions.

Annex C – update contact info, make everything uniform.

Include hospital sectors from Diversion Plan.

The group then debates whether or not to approve the document today. The decision is



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	made to let agencies view the changes over the next couple of weeks, and then plan to approve it at the regularly scheduled MCI Committee meeting on April 22.	
Next Meeting	The meeting was adjourned at 12:06pm.	
Adjourn	April 22, 2016 at 11:00am.	