

**NW Ohio RMRS Steering Committee**  
**May 20, 2005**  
**Meeting Minutes**

Introduction/ Update of Member List

State RMRS Meeting Update

- Homeland Security money is just now being directed towards specific areas- goals by the federal government
- Homeland Security Presidential Directive (HSPD) #8
  - 15 Scenarios- include natural disasters and terrorist attacks
  - These scenarios laid out criteria for UTL- Universal Task List
  - We have over 1116 tasks that must be looked at to properly address the scenarios
  - The next question is what capabilities do we need to address these UTL's?
  - The federal government then identified 36 National Priorities from the UTL that must be addressed
    - Mass Care and Prohophaxis
    - Surge Capacity
    - Communications
  - Versions of critical tasks are changing rapidly.
  - Require threat based capability that are based on Regional approach
    - Ex. Lima won't have the same capabilities as Cleveland, Cincinnati, etc.
    - Not every Fire department needs a hazardous materials team
  - Urban Area Security Initiative (USAI)
    - Cincinnati, Columbus, Cleveland, Toledo have received these grants
    - Must re-address Urban regional areas by September 2005
  - Capability Assessment is to follow
    - Our ability to mass prophylaxis- timeline is now entire population in 48 hours
    - Same after action reports (AAR's) so that data may be collected and compared
    - Peer review of the federal Urban Search and Rescue(USAR) team will occur located in Dayton will occur this year.
    - In the future, we can expect a peer review of our capabilities and exercises
  - Good news from the FEMA Region 5 Meeting in Chicago
    - Ohio seems to be ahead- regions have been defined
    - Almost everyone agrees to the same regions
    - Addressing response capability from Regional approach

- Ohio Department of Homeland Security (DHS) has formed state Technical Advisory Committees (TACS) to examine the state/regional capabilities
    - Furthest along is Bomb TAC
  - Each TAC is divided into three subcommittees- Training, Operations, Logistics
    - The TAC's will make recommendations concerning funding to DHS/Ohio Emergency Management Agency (OEMA)
    - Last weekend there was a State of Ohio funding retreat
      - groups that will receive priority for funding: Bomb TAC, Incident Management Team TAC, Communications TAC, and Hazardous Materials TAC
  - Public Health /CDC funding will have to follow capability per the UTL
  - Kathy Collins- Dept. of Homeland Security- talked about different TACS
    - SNS still being planned solely by ODH
- NW Ohio Regional Exercise
  - We seem to be on the right track with our regional exercise- going down the same path as SE Region, using an educational component prior to the exercise. The 3 participating Local Health Departments (LHD) are setting the dates for training in each county. Training will consist of Incident Management / Area Command (Command and Control on a regional level) and answer participant's questions concerning the functional exercise.
  - This training will be offered to all LHD in the NW Ohio region eventually if interested.
  - LHD and EMA Directors not in the three participating counties will receive copies of the AAR and CAP
  - LHD and others that are not participating in the regional exercise may participate as observers. The contractor hired to assist with the exercise will provide

#### HSPD #5 NIMS Requirements

- Timelines associated with implementation- County EMA director has direction
- LHD in the 6 major cities will be required to complete the NIMCAST baseline survey that establishes a baseline capability for meeting the NIMS requirements-Local EMA directors will be the Point of Contact for the LHD
- Deadline of NIMS adaptation is September of 2006
- NIMS training
  - Requirement by September of 2006
  - Should be done by anyone who has response capability
  - State of Ohio recently released guidelines

### Surge Capacity:

- Trying to find ways to deliver high volumes of Oxygen- working with Wood County EMA to develop a method with a grant request to Ohio EMA.
- Came up with system 16L/ min for 16 patients
- Nurse tank allows transportation – approximately \$89,000
  - Alternate method used by Federal Government is about \$600,000

### Alternate Care Facility (ACF)

- Need hospital involvement
- HRSA funding (State)
  - Identified population based number of patients NW Ohio region should be planning – 691 extra beds over normal for the NW Ohio region
  - Different number than Federal government came up with but they based it on a radiation based incident equaling several thousand
  - Federal government varies it for each incident and figuring it for a metropolitan area
- We are responsible for the 690+ from State funding and 10000 from Federal funding
- For RMRS planning-we'll focus on the 691- it should be handled by the hospitals
  - We realize we will have to get staffing from other areas because we can't take hospital staff away to use in the alternate care facilities
  - It also matters what causes the surge-
  - Pam Butler, NW Ohio Hospital Coordinator, has identified isolation locations in hospitals
  - Hospitals say they can meet the isolation capacity
  - Most hospitals have chemical plans- ODH surge capacity is based on biological incidences- not on chemical or radiological ODH doesn't really have definition for surge (meaning what types of patients)
  - Ohio will have to sit down and write it's own definition

### This leads to MEDICAL TAC

- Gave up trying to leverage funding because RMRS grant won't allow us to purchase medical materials
- Evaluated ventilators but ODH won't allow us to purchase them, however, a regional cache is being purchased using HERSA funding. Caches will be deployed to the hospitals.

### Staffing issues:

- Medical TAC is developing a concept of response team based on Disaster Medical Assistance Team (DMAT) model
- Task force- made up of doctors, nurses, EMT, etc.
- Strike teams – composed of all of one medical professional, ie: strike team of respiratory therapists
- IC must recognize needs and request the needed resources
- Follows DMAT model but doesn't need the President's declaration as the activation of the DMAT teams require

- These teams would have 12 hour work period- the problem is liability
  - Credentialing is another issue
  - The response will only be for the State of Ohio because there is a federal response already in place

#### Chem Pack discussion

- Containers can be opened if the hospital decides it's necessary but they must use discretion
  - The packs are more for a secondary response
- 7 hospitals signed on within the region- there is at least one container at each hospital. There are EMS containers and Hospital containers
- 1 container = 1000 patients
- All requirements appear to be by Ohio
- Pre-deployment of containers is based on intelligence
- Locations of the containers are on a need to know basis only- County EMA directors know

#### Functional Exercise Update

- There are 3 counties participating: Allen, Fulton and Wood. The main site is in Wood County
- We have funding to conduct the exercise
- MCO Department of Public Health is the vendor conducting the exercise
- Have developed an exercise committee
  - Heavily staffed by PH, while hospitals, EMS/Fire, EMA, and Volunteers Management personnel also participate
  - August 3 is the date of the exercise
  - It will be conducted in the morning with an teleconference after action review (AAR) in the afternoon
  - The other non-participating counties can view a web-cast of the exercise
  - Each county EMA and Health Commissioner will receive an after action report and a corrective action report
  - The agent is plague- involves SNS and activation of POD's
  - Can use MARC's radios during the exercise but not everyone has been trained on how to use them.

#### Mass Prophylaxis planning:

- Expanded scope of practice for EMT's- they now can dispense medications or vaccinate
- In order to dispense or vaccinate EMT's must have:
  - Training, Medical Direction and a declared PH emergency
  - Paramedic is currently the only level allowed to administer the Mark 1 kit
    - Problem because of the need for forward deployment
    - Language in progress to change this requirement-if it progresses without a problem will be complete in fall 05

## Committee Reports:

- Communications: Chair – Mike Wurst
  - There is a meeting next week
  - The goal is to get everyone on the same page with MARC's radios
- Training and Education: Chair- Larry Vasko
  - Redefined action plan for reaching deliverables
  - Develop training plan
  - Define First Responders
    - Including maintenance operators
  - VA's role
- Resource Management: Chair- Empty
- Patient Care: Chair- Cheryl Herr
- Policy and Procedures: Chair- Dr. Paul Rega and Dr. Hans Schmalzreid
  - On Hospital Council of Northwest Ohio website- there is a policies and procedures report
- Pharmaceuticals
  - Biological
    - Antibiotics available to each of the 18 counties with MOU's
    - Intentionally shorted the total supply because of rotation problem
    - Exploring Vendor Managed Inventory
    - The doxycycline has been entered into a request for extension of shelf life
    - Want to avoid the 2 year renewal
  - Chemical
    - MARC 1 kits
    - Want to extend expiration date through the Shelf Life Extension Program
  - New ADA approved antidote for radiation
    - Must be given quickly
    - Expensive
- Mental Health: Chair- John Lewton
  - Meeting first week of June to get mental health plan reviewed
- Mass Fatality Care: Chair- Eric Larson
  - Mobile morgue probably taken to Columbus for central location
  - Tracking software for personal effects
- Technical Advisory Committee: Chair- Dr. Michael Bisesi
  - Helping with biological detection issues
- Veterinary: Chair- Dr. Jennifer Tate
  - Biological hits animals
  - Have contacts in 10 counties
  - Getting vets, etc. involved for different specialties
  - Seneca County is the only county that has an Animal Disaster Plan
  - Goal is to develop a template and provide to other counties
  - Also developing a DART- Disaster Animal Response team- a nonprofit group to respond within the region
  - The state might model state response after our region

## Command and Management under NIMS

- Presentation concerning the Incident Command System and Area Command