

HOMELAND SECURITY SUBCOMMITTEE

Subcommittee Meeting Date and Location: February 2, 2018,
1970 W. Broad Street, Conference Room 1106
Columbus, Ohio 43223

Subcommittee Members Present: Deanna Harris (Chair), Geoffrey Dutton (Vice Chair), Karen Beavers, David Gerstner, Jeffrey Jackson, Micah Stoll, Eric Wiedlebacher

Subcommittee Members Absent: Ray Friedmann, Robert Moore, Mark Resanovich, Barry Seth, Michael Wood, Dr. Michael Zorko

DPS and EMS Staff Members Present: Dr. Carol Cunningham, State Medical Director; Mel House, Executive Director; Rob Wagoner, Deputy Director; John Molnar, EMS Liaison; Jayn Mayton, EMS Support; John Miller, EMS Education Coordinator; Sarah Hall, EMS Support

Public Present: Sietske de Fijter, State Epidemiologist, Chief, Bureau of Infectious Diseases; Ohio Department of Health; Tamara McBride, Chief, Office of Health Preparedness, Ohio Department of Health; Dr. David Navel, Dayton MMRS

Welcome and Introduction: Ms. Harris welcomed the guests and the subcommittee members and EMS staff introduced themselves.

Approval of Minutes: The minutes of the November 3, 2017 meeting were reviewed and approved with no changes.

ACTION: *Motion to approve the Homeland Security Subcommittee meeting minutes from November 3, 2017.* Mr. Gerstner – First. Ms. Beaver – Second. None opposed. None abstained. Motion approved.

Agenda Item: CHEMPACK training update: It was reported that the CHEMPACK training module was approved by the EMFTS Board in their December meeting. The current status of the training module is that it has been determined to contain information requiring a higher level of security so it will be posted on the Public Safety Training section of the EMS website where a username and password is required. The subcommittee has been tasked with producing several more trainings which are variations on this master training module. Work on the additional training modules will begin this month.

ACTION: *Mr. Gerstner will start working on drafts of other CHEMPACK trainings.*

Agenda Item: Presentation by ODH about current work related to highly infectious diseases: Ms. Harris introduced Sietske de Fijter, State Epidemiologist, Chief, Bureau of Infectious Diseases; Ohio Department of Health, and; Tamara McBride, Chief, Office of Health Preparedness, Ohio Department of Health. Ms. de Fijter gave a presentation on the identification and handling of highly infectious disease outbreaks at the state level and handed out the document entitled “*Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio*” (see attached or <http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/bid/ORBIT/ABCs.pdf?la=en>). This guide lists diseases of major public health concern because of potential for epidemic spreading. Diseases are included on the list through a vetting process that is reviewed annually by the Center for Disease Control and Intervention (CDC) and Council for State and Territorial Epidemiologists (CSTE) to maintain currency. As soon as that goes through the rulemaking steps, the ODH gets a new *Know Your ABCs* which gets shared with local providers and public health agencies throughout the state. Ms. de Fijter described the action taken during the 2014 Ebola incident in Ohio. After a patient in the Akron area was diagnosed to the Ebola virus and exposed multiple health care workers to the virus, the case was reported to the Ohio Department of Health. The ODH rapidly implemented communication with stakeholders. First, they used the Ohio Public Health Communication System (OPHCS) for a web-based conference call to alert its public health partners. Due to the potentially large impact of the incident, they also went immediately to the Ohio Emergency Management Agency’s State Emergency Operation Center, where they used the Joint Incident Command communications network to further disseminate the alert. These procedures are provided in a manual on the ODH website: <https://www.odh.ohio.gov/healthresources/infectiousdiseasemanual.aspx>. There are also guidelines on the cdc.gov website <https://www.cdc.gov/nhsn>.

Ms. de Fijter was interested in knowing how highly infectious disease incidents are handled in the EMS realm, as EMS personnel are often the first to respond in treating and transporting those infected patients. She asked the subcommittee about what methods they have found to be effective in coordinating treatment with local partners, and what challenges exist. It was brought out in the ensuing discussion that EMS has successfully influenced the management end of hospitals resulting in safer handling of influenza patients, pregnancy cases and other high risk populations, but significant challenges remain in limiting contamination of EMS personnel and ambulance patients. Ms. McBride and Executive Director House informed the subcommittee of the seven Bioquell® decontamination units which are housed in the seven Ebola assessment hospitals. These units were purchased with funds granted during the Ebola breakout, to be used for improved infectious disease processes.

An additional challenge is the breakdown in communication from hospital to EMS once a patient who has been delivered by a local ambulance is found to have a highly infectious disease. There is no accurate communication procedure from hospital to EMS because the emergency department can easily overlook which EMS department and personnel transported the patient to the facility. Executive Director House also raised the issue of when an EMS is traveling long distances, whether the medical direction is coming from a local hospital that has no knowledge of highly infectious diseases or, preferably, from one of the assessment hospitals which may not be in the region but more knowledgeable on treatment of the disease. The DEMS and the ODH are currently working on raising the preparedness capability of all hospitals, by developing some educational content through train-the-trainer events, video products, and other training tools so that we will be better prepared for the next infectious disease outbreak.

The existence of a special pathogens subcommittee meeting in Columbus, and how they are addressing these issues, was explored. A few DEMS representatives participate on this

subcommittee, and it was agreed that getting updates on a regular basis from those representatives would be helpful to the subcommittee.

ACTION: Add to Agenda on a regular basis: Updates on special pathogens subcommittee and highly infectious diseases by Jeffrey Jackson and Dave Gerstner

Agenda Item: 2018 EMS Star of Life request for nominations: A final call is being made for submissions to the 2018 EMS Star of Life. The deadline coming up quickly. A flyer was handed out (attached). The nomination packet is available on the EMS website through February 23, 2018.

[http://ems.ohio.gov/links/EMS Star of Life Nomination Packet 2018 20171215.pdf](http://ems.ohio.gov/links/EMS%20Star%20of%20Life%20Nomination%20Packet%202018%2020171215.pdf)

Open Forum/New Business

1. **State of Ohio Adult EMS Guidelines:** Dr. Cunningham will be presenting the State of Ohio Adult EMS Guidelines at the EMFTS Board meeting in February for approval. She will bring some items to the attention of the Board: the Committee for Tactical Emergency Casualty Care (C-TECC) guidelines have added to the medications list, and noting everywhere that it states that the medical director needs to work more collaboratively with the Trauma network to determine dosing of medications when transporting a patient to a medical facility. This document incorporates elements of the NASEMSO guidelines on abuse and maltreatment, and human trafficking. A chapter was added about this because this activity is second only to drug trafficking as most frequent criminal activity.
2. **“Be The Help” Flyer:** As a follow-up to our previous meeting, the flyer issued by the Committee for Tactical Emergency Casualty Care (C-TECC) was handed out. There is a protocol for every level of provider also listed on their website. A copy of the flyer can be access at http://www.c-tecc.org/images/CTECC_FCP_Bystander_Flyer.pdf
3. **Active Shooter Ad-Hoc Committee:** The EMFTS Board approved a motion to sunset the Active Shooter Ad-Hoc Committee because its goals have been met. Mr. Stoll will be presenting safety tactics resulting from the committee to the Board at the upcoming retreat. A training regarding rescue task force material will be posted to the Public Safety Training site. Dr. Cunningham will ensure that Mr. Stoll and OPATA are able to review that training before it is posted.
4. **Possible Change of Subcommittee Name:** Executive Director House notified the subcommittee that the name of our national counterpart committee has been changed to Health and Medical Preparedness. He requested that our subcommittee consider a similar change of name, considering our emphasis on infectious diseases and medical preparedness.

Adjourn: Meeting was adjourned at 12:24 pm.

ACTION: Motion to adjourn at 12:24 p.m. Mr. Dutton – First. Ms. Beavers – Second. None opposed. None abstained. Motion approved.

Next meeting:

March 2, 2018
10:00 am – 3:00 pm
ODPS Shipley Bldg, Room 1106
1970 W. Broad St.
Columbus, OH 43223

Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio

From the Ohio Administrative Code Chapter 3701-3; Effective September 16, 2016

Class A:

Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- Anthrax
- Botulism, foodborne
- Cholera
- Diphtheria
- Influenza A – novel virus infection
- Measles
- Meningococcal disease
- Middle East Respiratory Syndrome (MERS)
- Plague
- Rabies, human
- Rubella (not congenital)
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever
- Yellow fever

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Class B:

Disease of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- Amebiasis
- Arboviral neuroinvasive and non-neuroinvasive disease:
 - Chikungunya virus infection
 - Eastern equine encephalitis virus disease
 - LaCrosse virus disease (other California serogroup virus disease)
 - Powassan virus disease
 - St. Louis encephalitis virus disease
 - West Nile virus infection
 - Western equine encephalitis virus disease
 - Zika virus infection
 - Other arthropod-borne diseases
- Babesiosis
- Botulism
 - infant
 - wound
- Brucellosis
- Campylobacteriosis
- Chancroid
- *Chlamydia trachomatis* infections
- Coccidioidomycosis
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC)
- Ehrlichiosis/anaplasmosis
- Giardiasis
- Gonorrhea (*Neisseria gonorrhoeae*)
- *Haemophilus influenzae* (invasive disease)
- Hantavirus
- Hemolytic uremic syndrome (HUS)
- Hepatitis A
- Hepatitis B (non-perinatal)
- Hepatitis B (perinatal)
- Hepatitis C
- Hepatitis D (delta hepatitis)
- Hepatitis E
- Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- Legionnaires' disease
- Leprosy (Hansen disease)
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Meningitis:
 - Aseptic (viral)
 - Bacterial
- Mumps
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- Salmonellosis
- Shigellosis
- Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)
- *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VRSA, VISA)
- Streptococcal disease, group A, invasive (IGAS)
- Streptococcal disease, group B, in newborn
- Streptococcal toxic shock syndrome (STSS)
- *Streptococcus pneumoniae*, invasive disease (ISP)
- Syphilis
- Tetanus
- Toxic shock syndrome (TSS)
- Trichinellosis
- Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)
- Typhoid fever
- Varicella
- Vibriosis
- Yersiniosis

Class C:

Report an outbreak, unusual incident or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

Outbreaks:

- Community
- Foodborne
- Healthcare-associated
- Institutional
- Waterborne
- Zoonotic

NOTE:

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.

Know Your ABCs (Alphabetical Order)

Effective September 16, 2016

Name	Class
Amebiasis	B
Anthrax	A
Arboviral neuroinvasive and non-neuroinvasive disease	B
Babesiosis	B
Botulism, foodborne	A
Botulism, infant	B
Botulism, wound	B
Brucellosis	B
Campylobacteriosis	B
Chancroid	B
<i>Chlamydia trachomatis</i> infections	B
Chikungunya	B
Cholera	A
Coccidioidomycosis	B
Creutzfeldt-Jakob disease (CJD)	B
Cryptosporidiosis	B
Cyclosporiasis	B
Dengue	B
Diphtheria	A
<i>E. coli</i> O157:H7 and Shiga toxin-producing <i>E. coli</i> (STEC)	B
Eastern equine encephalitis virus disease	B
Ehrlichiosis/Anaplasmosis	B
Giardiasis	B
Gonorrhea (<i>Neisseria gonorrhoeae</i>)	B
<i>Haemophilus influenzae</i> (invasive disease)	B
Hantavirus	B
Hemolytic uremic syndrome (HUS)	B
Hepatitis A	B
Hepatitis B (non-perinatal)	B
Hepatitis B (perinatal)	B
Hepatitis C	B
Hepatitis D (delta hepatitis)	B
Hepatitis E	B
Influenza A – novel virus	A
Influenza-associated hospitalization	B
Influenza-associated pediatric mortality	B
LaCrosse virus disease (other California serogroup virus disease)	B
Legionnaires' disease	B
Leprosy (Hansen disease)	B
Leptospirosis	B
Listeriosis	B
Lyme disease	B
Malaria	B
Measles	A

Name	Class
Meningitis, aseptic (viral)	B
Meningitis, bacterial	B
Meningococcal disease	A
MERS	A
Mumps	B
Other arthropod-borne diseases	B
Outbreaks: community, foodborne, healthcare-associated, institutional, waterborne, zoonotic	C
Pertussis	B
Plague	A
Poliomyelitis (including vaccine-associated cases)	B
Powassan virus disease	B
Psittacosis	B
Q fever	B
Rabies, human	A
Rubella (congenital)	B
Rubella (not congenital)	A
Salmonellosis	B
Severe acute respiratory syndrome (SARS)	A
Shigellosis	B
Smallpox	A
Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	B
St. Louis encephalitis virus disease	B
<i>Staphylococcus aureus</i> , with resistance or intermediate resistance to vancomycin (VRSA, VISA)	B
Streptococcal disease, group A, invasive (IGAS)	B
Streptococcal disease, group B, in newborn	B
Streptococcal toxic shock syndrome (STSS)	B
<i>Streptococcus pneumoniae</i> , invasive disease (ISP)	B
Syphilis	B
Tetanus	B
Toxic shock syndrome	B
Trichinellosis	B
Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)	B
Tularemia	A
Typhoid fever	B
Varicella	B
Vibriosis	B
Viral hemorrhagic fever (VHF)	A
West Nile virus infection	B
Western equine encephalitis virus disease	B
Yellow fever	A
Yersiniosis	B
Zika virus infection	B



Official EMS Star of Life Awards Nomination Packet

The Ohio Chapter of the American College of Emergency Physicians, the State Board of Emergency Medical, Fire, and Transportation Services and the Ohio Department of Public Safety, Division of Emergency Medical Services celebrate EMS Week with the



EMS
Star of Life Award

18th Annual EMS Star of Life Awards Ceremony

Join us in celebrating Ohio's Emergency Medical Services STARS!

This Awards Nomination Packet includes:

- Information about all the EMS Star of Life award categories
- Stars Award Criteria & Nomination Form (*pages 4-6*)
- Star of Life Patient Consent Form (*page 7*)
- Frank Giampetro Distinguished EMS Educator Award Criteria & Nomination Form (*pages 8-9*)
- EMS Provider of the Year Criteria & Nomination Form (*pages 10-11*)
- EMS Agency of the Year Criteria & Nomination Form (*pages 10-11*)
- EMS Medical Director of the Year Criteria & Nomination Form (*pages 10-11*)

All Nominations due February 23, 2018

(Do not submit before January 1, 2018)

Mail, fax or e-mail to:

**Ohio Department of Public Safety
Division of Emergency Medical Services—EMS Star of Life Awards
PO Box 182073
Columbus, Ohio 43218-2073
Fax (614) 466-9461
E-mail: DEMS@dps.ohio.gov**

The EMS Star of Life Awards Ceremony will be held on Tuesday, May 22, 2018.

Official event details are to be determined.

EMS Week 2018 – May 20-26th

When there is life-threatening injury, YOU can BE THE HELP UNTIL HELP ARRIVES.

Ensure your safety. If needed, quickly move the injured to safety. **THEN:**

1 *Stop the bleeding.*

Apply direct pressure to the wound, then, if needed and available, apply tourniquets or pack the wound/apply a pressure dressing. Do not pack wounds of the chest or abdomen.

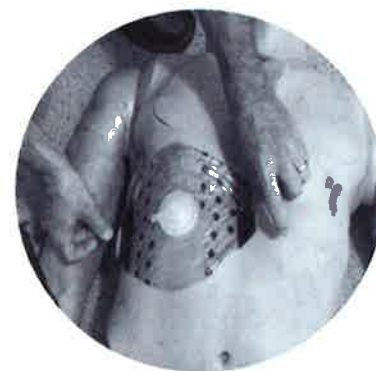


2 *Open the airway.*

Manually clear mouth of any foreign debris. Use a chin lift/jaw thrust to open the airway if unconscious.

3 *Improve breathing.*

Cover any hole in the chest with anything plastic that will stop air flow, preferably a manufactured vented chest seal, if trained.



4 *Position and keep warm.*

Allow the person to assume position of comfort, including sitting up. If unconscious, place the person on his or her side. Cover and keep the person warm. Insulate him/her from the ground and protect from the elements.

5 *Provide psychological support.*

Talk to the person. Tell him/her that help is coming! Remind him/her of someone or something to live for.



Committee for Tactical Emergency Casualty Care
For more information visit www.C-TECC.org.