

## HOMELAND SECURITY SUBCOMMITTEE

**Subcommittee Meeting Date and Location:**

April 6, 2018  
1970 W. Broad Street, Conference Room 1106  
Columbus, Ohio 43223

**Subcommittee Members Present:**

Deanna Harris (Chair), Geoffrey Dutton (Vice Chair), David Gerstner, Jeffrey Jackson, Mark Resanovich, Micah Stoll, Eric Wiedlebacher, Dr. Michael Zorko

**Subcommittee Members Absent:**

Karen Beavers, Ray Friedmann, Robert Moore

**DPS and EMS Staff Members Present:** Dr. Carol Cunningham, State Medical Director; John Molnar, EMS Liaison; Jayn Mayton, EMS Support; John Miller, EMS Education Coordinator

**Public Present:** Dr. David Navel, Dayton MMRS

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**Welcome and Introduction:** The meeting was called to order at 10:06 a.m. The Chair welcomed guest Dr. David Navel of Dayton MMRS. The Subcommittee members and EMS staff introduced themselves.

**Approval of Minutes:** The minutes of the February 2, 2018 meeting were reviewed and approved with no changes.

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**ACTION: Motion** to approve the Homeland Security Subcommittee meeting minutes from February 2, 2018. Mr. Gerstner – First. Mr. Jackson – Second. None opposed. None abstained. Motion approved.

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**Review of Notes of March, 2018:** The notes of the March 2, 2018 meeting were reviewed. There were no changes.

**Agenda Item: CHEMPACK training:**

In order to clarify the actual terms between ODH and ODPS with regard to the deliverable requirements of the CHEMPACK training, Dr. Cunningham reviewed the original contract verbally with Mr. Morrison of the Ohio Department of Health (ODH). The deliverable for the state-wide CHEMPACK trainings is to provide one training that will be useful to all sectors, but not separate trainings specific to each sector. Anybody who may be involved in a CHEMPACK deployment, regardless of the role, would be invited to attend. Therefore, Dr.

Cunningham is modifying the CHEMPACK EMS training module to create a more generic program that is applicable to all sectors and highlights the fundamental features related to CHEMPACK and the critical actions required during a CHEMPACK deployment. The six sector-specific training modules that have been created will be posted by ODH on their training website, OhioTRAIN. The PowerPoints will be narrated, and accessed by secure, individualized login information. A discussion ensued relating to instructors who may be interested in teaching the CHEMPACK trainings to their institutions, and that a downloadable PowerPoint version would be the best vehicle for that training. There is a need to create that type of version in addition to the narrated PowerPoint that will be posted on Ohio Trail.

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***ACTION: Motion to make a recommendation to ODH that, in addition to posting the training videos on OhioTRAIN, that they also have downloadable PowerPoint editions so that the institutions, particularly hospitals, can teach from these slides. Mr. Gerstner – First. Mr. Wiedlebacher – Second. None opposed. None abstained. Motion approved. Assigned to: Dr. Cunningham.***

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None of these deliverable requirements will prevent the Ohio Division of EMS from putting the CHEMPACK EMS training on the Public Safety Training Campus (the Training Campus), which is also secured by login information.

In order that the EMFTS Board would be able to view all the CHEMPACK trainings prior to approval, should they so desire, there were various scenarios of presentations of the CHEMPACK trainings suggested. The final result was that Ms. Harris will present the CHEMPACK EMS version to the Board for approval on Wednesday, April 18<sup>th</sup>, and will specifically request for approval of the non-host hospital version. In order to guarantee the security of the trainings, the CHEMPACK EMS training may be copied and distributed to the Board meeting before their vote and collected after the vote. Dr. Cunningham will determine which trainings will be requested to be approved, and will bring all of the sector-specific trainings to the meeting in the event all of them are requested to be viewed.

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***ACTION: Ms. Harris will present CHEMPACK EMS Version 2.0 to the Board for approval on Wednesday, April 18th. Ms. Harris will also request that the non-host hospital be approved. Assigned to: Ms. Harris.***

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***ACTION: Send (email if possible) the final version of Version 2.0 of the CHEMPACK EMS training module to Valerie and Jayn. They will make copies of CHEMPACK EMS Version 2.0 to distribute to the Board meeting before the vote and collect after the vote. Assigned to: Dr. Cunningham.***

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***ACTION: Bring all of the updated versions of trainings to Board meeting so that they are readily available if any Board member wants to view them before approving. Assigned to: Dr. Cunningham.***

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***ACTION: Provide a list of exactly which trainings will be requested to be approved at the Board meeting to Deanna Harris. Assigned to: Dr. Cunningham.***

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Addressing the regional rollouts of the CHEMPACK trainings which are being scheduled by the Division of EMS (DEMS), the necessity of the Board's approval for the CHEMPACK trainings may impact the trainings that are already scheduled for the month of April. It was recommended that the April trainings be moved to a later date. Regarding travel reimbursement for the staff at DEMS who will be supporting the rollout presentations, it is a matter covered by ODH. Dr. Cunningham will review their policy on this matter.

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***ACTION:*** Amend the dates for the two trainings scheduled for April. Assigned to: Mr. Molnar.

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***ACTION:*** Explore the potential for reimbursement from the ODH to the Division of EMS for expenses incurred, such as travel, for providing the regional rollouts of the CHEMPACK training. Assigned to: Dr. Cunningham and Mr. Morrison (ODH).

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Additional trainings will be scheduled with institutions who need to take the CHEMPACK trainings. Ms. Harris will be able to gather the names of those organizations, and Mr. Molnar will schedule the additional trainings.

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***ACTION:*** Provide list of organizations Mr. Molnar will need to reach out to regarding CHEMPACK trainings. This will also help determine how many people can be expected to attend the trainings. Assigned to: Ms. Harris.

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It was agreed by the Subcommittee that CE credits will definitely be offered for the CHEMPACK training, and therefore a quiz with approximately 10 questions must be developed. Dr. Cunningham agreed to develop the quiz.

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***ACTION:*** Write quizzes for trainings so that CEs will be offered. Assigned to: Dr. Cunningham.

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#### **Agenda Item: Special Pathogens report**

Two Subcommittee members attended the state special pathogens meeting. There was a statewide functional exercise, with the pathogen being the Middle East Respiratory Syndrome (MERS) virus. They expect to have an after-action report available by the Subcommittee's May meeting.

#### **Agenda Item: Board Retreat report – five pillars and strategic plan ideas**

Ms. Harris distributed the most current chart of the five pillars (see Attachment #1), which was updated at the EMFTS Board Retreat. The handout citing the ideas for the strategic plan (see Attachment #2) correlates with the goals of the five pillars and shows topics which have been assigned to each EMFTS committee. The Homeland Security Subcommittee has been tasked with exploring and developing endorsements for tactical EMS (TEMS) and rescue task force (RTF).

A question was raised about the meaning of alternate delivery services under the "Improve access to healthcare" goal in the strategic plan ideas handout. This item refers to the fact that patients can use non-licensed vehicles for transportation to doctors' appointments and hospitals. There was a discussion as to the relevancy of the matter to Homeland Security, and whether the

Subcommittee should follow the topic in the event it becomes a matter of homeland security or crisis standard of care. It was suggested that the Subcommittee revisit this idea later in the year.

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***ACTION:*** Review all of the strategic plan ideas and note other items that may be important and present them during the upcoming Homeland Security Subcommittee meetings.  
***Assigned to:*** all members of the Subcommittee.

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### **Old Business**

#### **Agenda Item: Rescue Task Force (RTF) training update**

The Subcommittee was provided an update on the status of the RTF training by Mr. Molnar and Mr. Stoll. The PowerPoint for the training module is almost complete once the narration is incorporated into the slide deck. This training is currently posted on the Public Safety Training Campus (the Training Campus) for the public to view. In order to take the training online, a username, password, and enrollment is required.

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***ACTION:*** Send Subcommittee members the Training Campus login instructions and assist with enrollment if necessary. ***Assigned to:*** Ms. Mayton.

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Further questions regarding mandatory initial and continuing education requirements for RTF training were addressed. Mr. Molnar clarified for the Subcommittee that the EMFTS Board did not set a start date for a mandatory requirement of the RTF training included in the EMR and EMT education curricula. EMR or EMT level students may receive RTF training in their initial studies, while paramedic and advanced EMT level certificate holders may take it as part of their CE process. The question of requirement dates and time periods for completion will be taken up with the Board in the April meeting.

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***ACTION:*** To inquire of the Board regarding RTF training: 1) What will be the continuing education requirement for this? 2) When will it be required? 3) During what period of time must it be completed? ***Assigned to:*** either Executive Director House or Ms. Harris.

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Mr. Stoll has several one-day trainings scheduled for the next two months, starting on April 19<sup>th</sup>. These trainings will occur in areas which are potentially looking to create rescue task forces. He will use the RTF training which is posted on the Training Campus initially. It would be appreciated if members of the Subcommittee would be able to participate by bringing an awareness of the objectives and points of importance to the RTF trainings. Mr. Stoll noted that he believes that the involvement of the Subcommittee will stir an interest in the development of rescue task forces.

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***ACTION:*** Send schedule, including dates and locations, in order to identify EMS and Subcommittee members who are willing to volunteer to train. Send it to Ms. Mayton and she can send it out to everybody on the Committee. ***Assigned to:*** Mr. Stoll and Ms. Mayton.

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### **New Business**

There was an event in Massachusetts attended by a Subcommittee member regarding active shooter incidents. Lengthy discussions concerning responses and their effects on fire protection occurred. The result will be included in a paper from the National Fire Protection Association.

**Adjourn:** Meeting was adjourned at 1:14 pm.

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***ACTION: Motion to adjourn at 1:14 p.m. Mr. Dutton – First. Dr. Zorko – Second. None opposed. None abstained. Motion approved.***

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**Next meeting:**

June 1, 2018

10:00 am – 3:00 pm

ODPS Shipley Bldg, Room 1106

1970 W. Broad St.

Columbus, OH 43223

# Attachment #1

What have you done today to contribute to a safer Ohio?

<b>Goals</b>	Improve Quality of Patient Care	Improve Population Health Through Prevention & Wellness	Enhance Human Resources	Improve Access to Healthcare	Improve System Sustainability
<b>Objectives</b>	To improve patient experience of care, including quality and satisfaction	To improve the health of populations	To meet staffing needs and improve safety	To improve access to the most appropriate level of healthcare	To reduce the per capita cost of health care
<b>Tactics</b>	Evaluate and Provide Recommendations on Pain Management Strengthen Medical Directors Identify Evidence-Based Research Evaluate Endorsements	Partner with State and Federal Agencies Improve Data Sharing Create EMS Surveillance System for High-Risk Conditions	Recruitment and Retention Reciprocity Fatigue Workforce Resilience Quality Continuing Education	Evaluate Telehealth Alternate Delivery Services Cross Training Law Enforcement	Define Patient Condition and/or Skill Levels for SCT/Critical Care EMS Funding for Non-Emergent Services Adequate Funding for Appropriate Transport Services

Legislation and Regulation  
Database Issues

# Attachment #2

## STRATEGIC PLAN IDEAS

Main ideas developed for each pillar:

DATA is to be included in ALL pillars as well as Legislation and Regulation

### IMPROVE QUALITY OF PATIENT CARE

Evaluate and provide recommendations on pain management for EMS (MOC) – This was deemed most important by the group  
(Grants?)

Strengthen Medical Director (MOC)

Medical Director registry – all doctors that currently are and ones that are qualified to be  
Medical Directors conference

Scope of Practice (MOC)

Endorsements

Critical care (Critical care)

TEMS (Homeland Security)

Community paramedicine (Critical care)

RTF (rescue task force) operations (Homeland Security)

Comprehensive review of scope of practice (Scope of Practice Ad Hoc)

Identify evidence-based research to improve patient care (MOC)

C.A.R.E.S

Sepsis

Stroke

### IMPROVE POPULATION HEALTH through PREVENTION & WELLNESS

Partner w/State and Federal agencies (DEMS Staff)

Improve statewide sharing of data and best practices (DEMS Staff)

(CP Programs)

Create EMS-based surveillance system for high-risk conditions (EMS System Development)

(Checklist)

### ENHANCE HUMAN RESOURCES

Recruitment and Retention (Rural EMS/Education/EMS System Development – create HR Ad Hoc)

Reciprocity (Education)

Safety/Wellness

Fatigue (Medical Transportation)  
Workforce resilience (HR Ad Hoc)  
PTSD, suicide prevention, cancer

Quality continuing education (refresher vs. 80 hours) (Education)  
QI/QA

**IMPROVE ACCESS TO HEALTHCARE**

Cross-training

Law Enforcement Continuing Education (Education)  
(Naloxone, RTF) – lower priority

Evaluate Telehealth (impact on Ohio EMS now and in the future) (Scope of Practice Ad Hoc)  
(Use and how this ties into our Rules)

Alternate delivery services (Medical Transportation)

**IMPROVE SYSTEM SUSTAINABILITY**

Define patient condition and/or skill levels for SCT/critical care

Evaluate rural needs assessment, once complete (EMS Rural)

EMS funding for non-emergent services (copied over from #4) (EMS System Development)

Adequate funding for appropriate transport services provided  
(Create group to look at this)