



HOMELAND SECURITY SUBCOMMITTEE

Subcommittee Meeting Date and Location:

June 1, 2018

1970 W. Broad St., Conference Rm. 1106
Columbus, OH 43223

Subcommittee Members Present:

Deanna Harris (Chair), Geoffrey Dutton (Vice Chair), David Gerstner, Jeffrey Jackson, Micah Stoll, Eric Wiedlebacher

Subcommittee Members Absent:

Karen Beavers, Ray Friedmann, Robert Moore, Mark Resanovich, Dr. Michael Zorko

DPS and EMS Staff Members Present:

Dr. Carol Cunningham, State Medical Director; John Molnar, EMS Liaison; Jayn Mayton, EMS Support

Public Present: None

Welcome and Introduction

The meeting was called to order at 10:18 a.m.

Approval of Minutes

Changes were suggested to the minutes of the April 6, 2018 meeting. It was moved to add "between ODH and ODPS" and the word "verbally" under the CHEMPACK training agenda item on page one.

ACTION: Motion to add the words "between ODH and ODPS", delete "of the original contract," and add "verbally" under the CHEMPACK training agenda item on page one, and moved to approve the Homeland Security Subcommittee meeting minutes from April 6, 2018 with said changes. Mr. Gerstner – First. Mr. Dutton– Second. None opposed. None abstained. Motion approved.

ACTION: Mr. Gerstner has requested to view the agreement between ODH and DPS.

Board Report

Chair Harris reported on activities during the EMFTS Board meeting of April 18, 2018. All of the updated versions of the CHEMPACK EMS trainings were presented and approved by the Board. The CHEMPACK EMS trainings have started; however, the Subcommittee is still seeking additional members to participate.

CHEMPACK training

Chair Harris reported that there are several scheduled trainings which still do not have the participation of Subcommittee members. These will be covered by Mr. Molnar in the event that Subcommittee members are not available.

Scheduling update: Seven additional training dates have been added. Two have been completed with one led by Mr. Gerstner and one led by Dr. Cunningham. Participation by Subcommittee members in remaining trainings is welcomed. In response to concerns received by the Ohio Department of Health (ODH), the credentials of the attendees will now be checked and recorded when they enter the training site.

Slides from the CHEMPACK training were reviewed regarding cases of CHEMPACK assets coded with dots. An audience member questioned whether this was current. Dr. Cunningham noted that when a CHEMPACK is opened, it may be coded with dots, and it may not. Due to potential Federal changes impending, every state will edit their CHEMPACK Program Operations Plan (CPOP) at that time.

ACTION: *Available Subcommittee members are encouraged to participate in the remaining CHEMPACK trainings.*

Old Business

Rescue Task Force training

The rescue task force (RTF) active shooter incident response training is currently underway. An update on the reception in different areas of the state was provided by Mr. Stoll. There is more interest in northern Ohio than in the other areas of training at this time. The Fire/EMS population has been very receptive. However, law enforcement has been somewhat resistant on the emphasis to change the tactics to incorporate the RTF concept that is being introduced. When a law enforcement officer's responsibility is to the Fire/EMS team and they are not searching for or chasing the shooter, it requires self-discipline to resist joining the chase. It was agreed that whenever a new mindset is introduced to tactics which have evolved over the years, there will be questions and resistance.

The status of the planned press release to advertise the trainings was reviewed. Until the formal press release comes out, it is challenging to create and determine the appropriate timing of further outreach. Other media is already creating an awareness that EMS and law enforcement are working together to combat active shooters. Mr. Gerstner passed around the 2018 National Fire Protection Association (NFPA) Standard Directory. (Available online for free at <https://community.nfpa.org/community/nfpa-today/blog/2018/02/26/download-a-free-copy-of-the-2018-nfpa-standards-directory>.) It will serve as effective advertisement for this tactic.

The online video on the ODPS site's Training Campus may be difficult to access. If so, clearing the browser history helps resolve this issue. A notice has been sent out and posted on the DPS EMS website. (The notice and training can be accessed at: <http://www.ems.ohio.gov/critical.aspx#task-force>.)

The Subcommittee members were given a review of the process for the RTF training to become a requirement for EMR and EMT certificate holders. Currently, the online training is optional. However, if someone chooses to take the course now, their certificate of completion will be accepted throughout their lifetime and be applicable to any audit cycle that may randomly select their name. The rule to make the RTF training mandatory is drafted and will be going through rule review in the coming months.

There was a request for Mr. Stoll to forward the updated training schedule to Ms. Mayton who will send it out to the entire Subcommittee.

ACTION: All interested Subcommittee members are encouraged to come to the rescue task force active shooter trainings. The most recent schedule will be sent by Mr. Stoll to Ms. Mayton, who will forward to Subcommittee members.

New Business

5 Pillars and Strategic Plan Ideas

Chair Harris led a discussion on the Subcommittee's involvement in the "Improve Quality of Patient Care" pillar and the "Evaluate Endorsements" category (see Attachments 1 and 2). The Homeland Security Subcommittee has been assigned to the tactical EMS endorsement (TEMS) and to the rescue task force endorsement. After clarifying the differences between TEMS and RTF, their roles in a mass casualty incident and their different tasks, the Subcommittee explored the options for creating a TEMS endorsement and the steps that need to be taken to have an endorsement recognized by the State. It was noted that creating a TEMS endorsement, as opposed to a certificate, allows changes to be made by the EMFTS Board without requiring a change in the law. A minimum standard and curriculum would be necessary. Also, it will be important to consider the disadvantages of having a TEMS endorsement and how to overcome them.

Under the "Improve Population Health through Prevention & Wellness" pillar, there are areas where we could have more involvement with ODH or Ohio Hospital Association (OHA). It is important to notify these agencies when there is an agenda item for this Subcommittee's meeting which involves them as their participation is encouraged.

Workplace Violence Training

During the February EMFTS Board Retreat, Mr. Stoll offered information related to violence in the workplace. At that time, a suggestion was made to create a pilot program and move forward from there. Mr. Stoll, advised the Subcommittee that if there is still an interest in creating that, it must get underway because OPATA is already developing their 2019 schedule.

Adjourn

There was a motion to adjourn at 11:44 a.m.

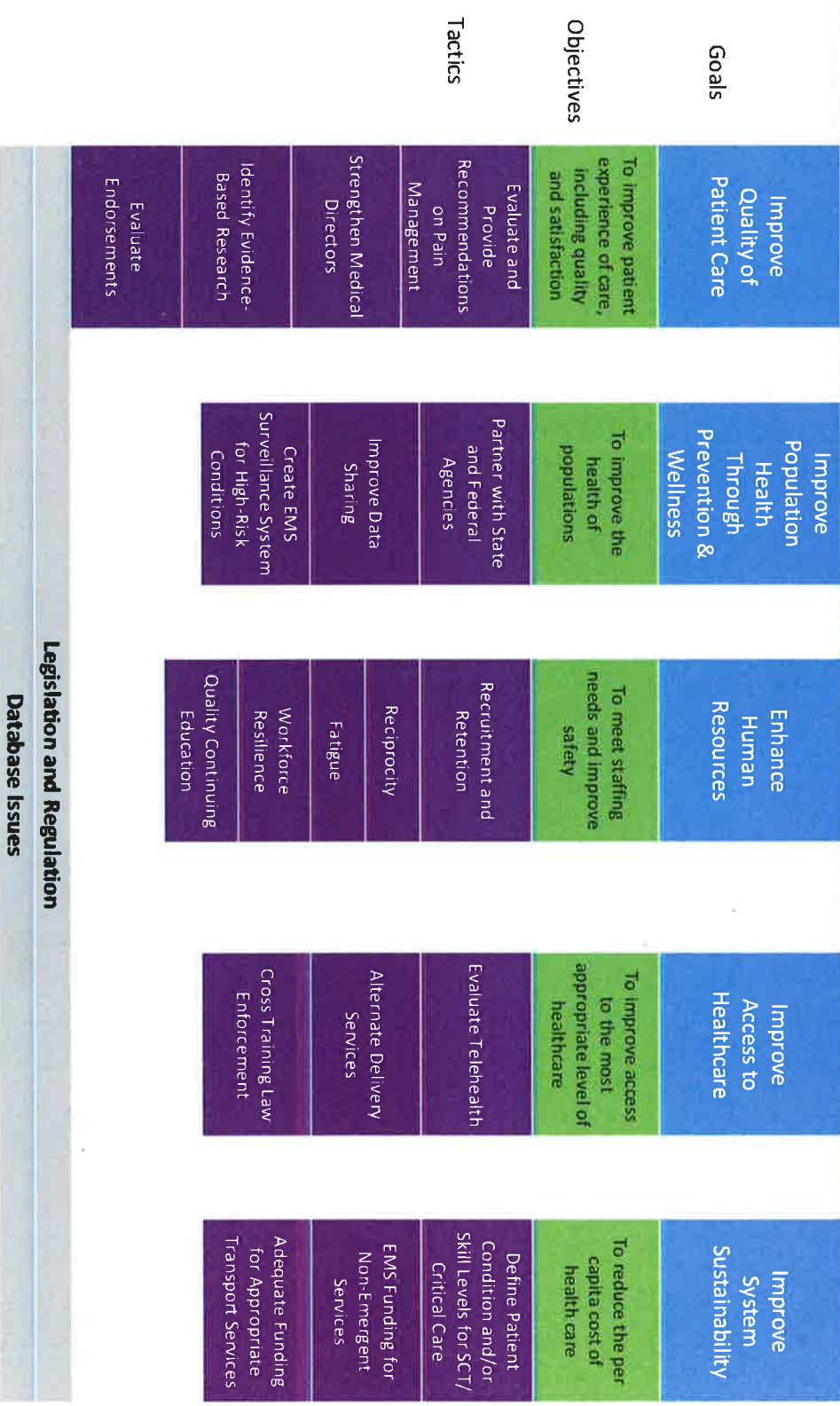
ACTION: Motion to adjourn at 11:44 a.m. Mr. Dutton – First. Mr. Jackson – Second. None opposed. None abstained. Motion approved.

Next meeting:

Friday, July 6, 2018
10:00 a.m. – 3:00 p.m.
1970 W. Broad Street, Conference Room 1106
Columbus, Ohio 43223

Attachment #1

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



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)