

OHIO EMS HOMELAND SECURITY SUBCOMMITTEE

MINUTES	DATE JULY 7, 2017	TIME 10:00 am - 3:30 pm	LOCATION ODPS Shipley Bldg, Rm 1106 Columbus, OH 43223
ATTENDEES	<p><u>Committee Members:</u> Deanna Harris (Chair), Geoffrey Dutton (Vice Chair), Karen Beavers, David Gerstner, Jeffrey Jackson, Robert Moore, Mark Resanovich, Micah Stoll, Eric Wiedlebacher</p> <p><u>ODPS-(EMS) Staff:</u> Carol Cunningham, MD, John Molnar (Liaison), Jayn Mayton (Support)</p> <p><u>Visitors:</u> Kyle Wolfe, ODH</p>		
ABSENT	<u>Committee Members:</u>	Ray Friedman, Barry Seth, Michael Wood, Michael Zorko	
A G E N D A T O P I C S			
TOPIC	Welcome		
DISCUSSION	The meeting was called to order at 10:15 a.m. by Ms. Harris.		
TOPIC	Approval of Minutes and Notes		
DISCUSSION	<p>Upon review of the minutes of the April 7, 2017 meeting, two changes were requested.</p> <ul style="list-style-type: none"> • Under the Review of Strategic Plan-Key Focus Areas topic, change “4.1.1” to “4.1.2”, where it precedes “(resources)” at the bottom of page 1; and • Under the Mobile Oxygen Generators topic, change “four” medical oxygen generating systems to “three”. <p><i>For reference, the entire Strategic Plan can be found on the Ohio EMS website at: http://www.ems.ohio.gov/links/ems_StrategicPlanFocusAreas.pdf</i></p> <p><i>The relevant section of the Strategic Plan is attached at the end of these minutes.</i></p> <p>Motion was made by Mr. Gerstner and seconded by Mr. Jackson to approve the meeting minutes of April 7, 2017, as corrected. Motion was passed with all in favor, none opposed, no abstentions.</p> <p>The members reviewed the notes of the May 18, 2017 meeting, where no quorum was present. No changes were recommended.</p>		

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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
<p>Make recommended changes to April minutes Post approved April minutes to EMS website</p>	<p>Ms. Mayton</p>	<p>June 7, 2017</p>
TOPIC	Review of Strategic Plan items approved by the EMFTS Board	
DISCUSSION	<p>The Subcommittee reviewed the notes from the EMFTS Board committee discussion pertaining to the Homeland Security Subcommittee action items in the Strategic Plan in the upcoming sessions. Ms. Harris led the discussion through each item.</p> <ul style="list-style-type: none"> A. Establish the role of the state Division of EMS in preparedness disaster planning in response to a multiple casualty or mass casualty incident. <ul style="list-style-type: none"> 1) In order to establish the role of the Ohio Division of EMS (ODEMS) during a mass casualty incident (MCI), the Subcommittee must first know what role the Ohio Emergency Management Agency (EMA) would like us to have at the Emergency Operations Center (EOC) Emergency Support Function #8 (ESF8) desk. To help ascertain our role, we can check: <ul style="list-style-type: none"> a) the county guides that are individualized by county and revised every year, and that serve as resource documents for each county; b) the position paper for mass responders written by Dr. Andy Hawk, if it is possible to obtain; c) and the most recent WebEOC training. d) The Subcommittee can also have a meeting at the EMA to see the location. B. Develop guidance for crisis standard of care. <ul style="list-style-type: none"> 1) Ohio Department of Health (ODH) owns a medical coordination plan to which the Subcommittee contributed a crisis standard of care a few years ago. When the plan went to the Governor's office, the legal department was not able to resolve potential liability and immunity issues. Therefore, the Governor's office has not signed off on the plan. It is evident that this will not happen during the current Governor's tenure. <ul style="list-style-type: none"> a) A decision was made to archive this item b) So that the Subcommittee's work product remains accessible to ODEMS and the Homeland Security Subcommittee, Mr. Resanovich will forward a copy of the medical coordination plan to Executive Director House and Mr. Molnar. C. Develop a comprehensive database of EMS resources to be utilized during multiple casualty or mass casualty incidents. <ul style="list-style-type: none"> 1) The Ohio Fire Chiefs' Association has an emergency response plan which is functional and works. The law enforcement response plan needs more work before it is functional. <ul style="list-style-type: none"> a) Mr. Resanovich offered to speak with the Buckeye Sheriffs' Association to discuss working together on this item. 	

D. Violence in the workplace.

- 1) As society changes and assaults on EMS and firefighters while on the job increase, there is a greater need for training specifically for EMS and firefighters. Topics that need to be addressed include, but are not limited to, are subject control, mental health, first aid, defensive tactics, and de-escalation techniques.
- 2) Training resources already exist and are in use for other related first responders. Material from these trainings can be applied to EMS and firefighters or can be blended with other material for a complete training on this issue.
 - a) Mr. Stoll has access to subject control and defensive tactics training for EMS. Mr. Moore has access to SWAT training for de-escalation and defense tactics. Mr. Jackson has access to a 16-hour training which includes meaningful restraining technics.
 - b) Chair Harris requested that Mr. Stoll, Mr. Moore, and Mr. Jackson bring samples of their respective training resources to the next meeting, to share with the Subcommittee members.

E. Assault on EMS providers.

- 1) There is no difference between the violence in the workplace and assault on EMS providers. While patients may not be in control of their behavior and assault the EMS provider, the subject control tactics would be included in the same training used for violence in the workplace.
 - a) No action is required; it is included in D.

F. Statewide system of communication and data accessibility during a major incident.

- 1) First Net gave a presentation at the last EMFTS Board meeting. It is in place to provide statewide system of communication.
 - a) This item will be removed from the topics in the Strategic Plan as other parties are already working on it successfully.
 - b) A request will be made to First Net to provide a presentation to the Subcommittee so that all members can be aware of First Net. Ms. Harris suggested inviting them to be at the EOC when we meet there.

G. Develop pandemic and influenza plan.

- 1) It was agreed this is necessary because of recent literature in the field. There is a new EMS Infectious Disease Playbook just recently released by the U.S. Department of Health & Human Services, and one copy was passed around for the members to view. It was agreed that limiting the plan to pandemics and influenza is too restrictive, and that instead of influenza, "highly infectious diseases" should be substituted in the title.
 - a) The action item's title will be amended to "Developing pandemic and highly infectious diseases".

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- b) The steps to developing the plan will include: partnering with ODH and Regional Physicians Advisory Boards (RPABs), review current literature in the field, consider need for training and develop a plan.
- H. Define the role of EMS and public health response.
- 1) The Subcommittee members agreed to assume responsibility to complete this item. Director House identified a few of the types of things the Ohio Division of EMS is already doing other than direct treatment of a patient, such as working with state and local public health agencies on public information pieces and decontamination, among other topics.
- a) Create a template including risk assessment and making it specific to communities.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
A. Provide copy of Dr. Andy Hawk's medical coordination plan paper to Subcommittee members	Ms. Mayton and/or other members as able	None
B. Forward the crisis standards of care component or the entire ODH medical coordination plan to Executive Director House and Mr. Molnar, to be available to ODEMS and the Subcommittee when needed	Mr. Resanovich	None
C. Discuss enhancing the Fire Emergency Response System (FERS) with additional EMS resources, and improving functionality of the Law Enforcement Response System (LERP).	Mr. Resanovich	None
D. Bring together research and coursework currently in existence regarding violence in the workplace towards EMS	Mr. Moore and Mr. Stoll	Next meeting, August 4 th
E. Include this item with D.	Mr. Molnar	None
F. A) Remove this item from the Strategic Plan items delegated to the Homeland Security Subcommittee.	Mr. Molnar	None

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<p>B) Invite First Net to give a presentation to the Subcommittee during a meeting in the future, perhaps when we meet again at the EOC.</p>	<p>Mr. Molnar or Ms. Mayton</p>	<p>N/A</p>
<p>G. A) Change the action item's title to "Developing pandemic and highly infectious diseases plan".</p>	<p>Mr. Molnar</p>	<p>N/A</p>
<p>B) Expand upon these suggested steps: partnering with ODH and Regional Physicians Advisory Boards (RPABs), review current literature in the field, consider need for training and develop a plan.</p>	<p>Subcommittee members</p>	<p>To be determined</p>
<p>H. Create a template including risk assessment and making it specific to communities.</p>	<p>Subcommittee members</p>	<p>To be determined</p>

<p>TOPIC</p>	<p>CHEMPACK Training Program Review</p>
<p>DISCUSSION</p>	<p>The editing of the PowerPoint slides for the CHEMPACK Training has been completed. There was general agreement that the length of this PowerPoint slide deck will most likely need to be shorter; however, the goal is to offer the information that is critical to the training, and that information will determine the final length. After the slide deck is completed, a narration must be written and recorded to accompany the slides. Ms. Harris suggested creating a workgroup of about four people who would meet via webinar twice a month. The workgroup would be able to edit and finalize the training more efficiently and quickly by having fewer people and meeting more often than in the Homeland Security Subcommittee meetings. Ms. Harris appointed the members of the workgroup. The workgroup will consist of Dr. Cunningham, Karen Beavers, David Gerstner and Kyle Wolfe. Due to the lengthy number of slides in the CHEMPACK training module, there was concern about sending the slides through the email for the workgroup to access. Ms. Mayton will try methods of sending the PowerPoint before it gets sent to the workgroup.</p> <p>As far as a timeline for the task, the goal is for the training to be completed by the Homeland Security Subcommittee's September meeting (9/1/17) so that it can be presented to the EMFTS Board during its October meeting (10/18/17).</p>

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ACTION ITEMS	PERSONS RESPONSIBLE	DEADLINE
<p>Determine how the workgroup can access large files for transmission of the CHEMPACK slides, either by email or other methods</p> <p>Workgroup to meet to finalize narration of CHEMPACK slides</p>	<p>Ms. Mayton</p> <p>Dr. Cunningham, Ms. Beaver, Mr. Gerstner, Mr. Wolfe</p>	<p>As soon as possible</p> <p>September HLS meeting of 9/1/17, to be presented to EMFTS Board meeting 10/18/17</p>

TOPIC	Mobile Oxygen Generators (MOGs)
DISCUSSION	<p>Mr. Wolfe of the Ohio Department of Health presented to the Subcommittee an update on the status of the Ohio Medical Coordination Plan. Recently, the mobile oxygen generators (MOGs) assets have undergone the full preventative maintenance checks and services process. They will be checked routinely per the maintenance tracker schedule at ODH. EMA has the MOGs included on a list of ODH inventory or assets. Mr. Molnar reported that during a recent walk through of the MOGs storage area at ODH, they were shown three MOGs. One was ready immediately and two more that are also set up and ready to go. All three are fully charged. He also spoke with someone who was prepared to transport them to wherever they were needed at a moment's notice.</p> <p>Mr. Wolfe brought it to the Subcommittee's attention that the terminology of these assets that are in the custody of the ODH are now considered medical countermeasures (MCMs), and they are moving away from Strategic National Stockpile (SNS). Therefore, in the CHEMPACK training, it would be more current to use the terminology of MCM in place of SNS. The definition of Medical Countermeasures was provided by Executive Director House, who read the FDA definition, and Mr. Wolfe, who read the CDC definition. Mr. Wolfe offered to provide the written definition from the CDC guide to preparedness to be included in these minutes.</p> <p><i>(The definition of medical countermeasures from both the CDC and the FDA are attached at the end of these minutes.)</i></p> <p>Mr. Wolfe also emphasized the importance of the CHEMPACK training including information on how to request the MCM assets through the expedited process which is via the EMAs and the state EMA.</p>

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	Review of ODH pandemic influenza plan – there is no update at this time.	
ACTION ITEMS	PERSONS RESPONSIBLE	DEADLINE
Forward definition of Medical Counter Measure to Ms. Mayton to disseminate to members	Mr. Wolfe	N/A
TOPIC	August Meeting Date	
DISCUSSION	Friday, August 4, 2017 10:00 a.m. – 3:00 p.m. Shipley Building 1970 W. Broad St. Columbus, OH 43223 Conference room 1106	
TOPIC	ADJOURNMENT	
Discussion	Motion was made by Mr. Resanovich and seconded by Mr. Dutton to adjourn. Motion was passed with all in favor, none opposed, no abstentions. The meeting was adjourned at 12:19 p.m.	

Strategic Plan – Key Focus Areas

Priority Area #7: Disaster Preparedness		
Homeland Security Sub-Committee, Mark Resanovich, Chair		
Strategies & Goals	Key Objectives	Action Steps
1. Establish the role of the State Division of EMS in preparedness planning and disaster response. 2. Improve state disaster planning to address the needs of children. <u>Completed</u>	1.1. COMPLETED	1.1.1 Incorporate the role of the Division of EMS into the State Emergency Operations Plan. <u>Completed.</u> 1.1.2 Evaluate and modify CHEMPACK plan including the role CHEMPACK Technical Assistance Team <u>Completed.</u>
	2.1 COMPLETED	2.1.1 Report developed by the EMS-C committee on the needs of children in a disaster planning. <u>Completed.</u> 2.1.1.1 Hold stakeholder meeting for pediatric disaster preparedness. <u>Completed</u> 2.1.1.2 Develop outline for needs of children in disaster planning. 2.1.2 Complete final outline with stakeholder group. 2.1.2.1 Deliver report to Ohio EMS Board. 2.1.3 Develop plan to address needs identified. 2.1.3.1 Complete final outline with stakeholder group. 2.1.3.2 Deliver report to EMS Board. 2.1.3.3 Continue meeting with stakeholder group to develop plan. 2.1.4 Address needs with relevant parties through Ad Hoc committee 3.1.1 Develop criteria for resource utilization in crisis and submit to ODH. <u>Completed. The Ohio Medical Coordination Plan, EMS Annex has been submitted to Carol Jacobson (OHA) and the Ohio Department of Health. Waiting for response.</u>
3. Develop guidance for Crisis Standards of Care (prioritize medicines during shortages). <u>Completed</u>	3.1	
4. Develop a comprehensive data base of EMS resources to be utilized during multiple casualty or mass casualty incident. <u>Completed – maintained by the Ohio Fire Chief's Association and housed with the Columbus Fire Dispatch.</u>	4.1 COMPLETED	3.1.2 Work with EMA to identify medical shelter availability in state during disaster. 4.1.1 Work with Ohio fire Chiefs Emergency Response System and private providers to ensure a comprehensive data base of Ems resources. <u>Completed.</u> 4.1.2 Determine resource items to include and develop listing. <u>Completed.</u>
5. Active Shooters		5.1.1 Position paper <u>completed.</u> approved by the Board (2/19/2015), and posted to the webpage.
6. Evidence in the workplace and assault on providers	To be developed by Homeland Security Sub-Committee. (6/17/15)	6.1.1 To be developed by the Homeland Security Sub-committee instead of EMS System Development Committee.

ATTACHMENT

**FDA DEFINITION OF
MEDICAL COUNTERMEASURES**

What are Medical Countermeasures?

Medical countermeasures, or MCMs, are FDA-regulated products (biologics, drugs, devices) that may be used in the event of a potential public health emergency stemming from a terrorist attack with a biological, chemical, or radiological/nuclear material, a naturally occurring emerging disease, or a natural disaster.

MCMs can be used to diagnose, prevent, protect from, or treat conditions associated with chemical, biological, radiological, or nuclear (CBRN) threats, or emerging infectious diseases.

MCMs can include:

- **Biologic products**, such as vaccines, blood products and antibodies
- **Drugs**, such as antimicrobial or antiviral drugs
- **Devices**, including diagnostic tests to identify threat agents, and personal protective equipment ([PPE \(/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/PersonalProtectiveEquipment/default.htm\)](#)), such as gloves, respirators (face masks), and ventilators





Receiving,

Distributing,

and Dispensing

Strategic National
Stockpile Assets:

A Guide to Preparedness,
Version 11



Introduction to the Strategic National Stockpile

The Centers for Disease Control and Prevention (CDC)'s Strategic National Stockpile (SNS) is a repository of potentially life-saving pharmaceuticals and medical supplies for use in a public health emergency in which local supplies have been or may be depleted. The SNS program has grown over the years to encompass a wide range of medical countermeasures (MCMs) and response capabilities. *Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness, Version 11*, is intended to help public health and emergency management personnel at the state, local, tribal, and territorial (SLTT) levels of government prepare to request and make effective use of MCMs to prevent, mitigate, or treat adverse health effects from an intentional, accidental, or naturally occurring public health emergency.

Building the Strategic National Stockpile Program

The SNS program was established with nominal funds in 1999 as part of the nation's preparedness against potential incidents involving select Category A agents (e.g., botulism, anthrax, smallpox, plague, and tularemia). Following the deployment of SNS assets to New York City to mitigate effects of the September 11, 2001, terrorist attacks on the World Trade Center and in response to the anthrax attacks in October of that year, the program grew exponentially. Those incidents prompted federal legislation and directives that rapidly facilitated and strengthened public health emergency preparedness efforts and the SNS program. Such legislation and directives included the Pandemic and All-hazards Preparedness Act (PAHPA)¹ of 2006, which introduced benchmarks for public health preparedness, and Homeland Security Presidential Directive 21 (HSPD-21),² which

Medical Countermeasures

According to the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE), medical countermeasures (MCMs) include both pharmaceutical interventions (e.g., vaccines, antimicrobials, antidotes, and antitoxins) and non-pharmaceutical interventions (e.g., ventilators and personal protective equipment [PPE]) that may be used to prevent, mitigate, or treat adverse health effects from an intentional, accidental, or naturally occurring public health emergency.

¹ www.phe.gov/preparedness/legal/pahpa/pages/default.aspx

² www.fas.org/irp/offdocs/nspd/hspd-21.htm