



Brazos Valley Regional Advisory Council

Promoting Trauma Prevention in the Brazos Valley

TSA "N" Regional Disaster Medical Team Workgroup

Workgroup Members:

Chris Lamb, Robertson County EMS (not in attendance)
Patrick Braly, St. Joseph EMS
John Tuohy, Brazos Valley RAC
Doug Chung, HOTRAC
Jerry Henry, City of Bryan Emergency Management



Meeting Agenda and Notes 2/4/2009

1. Workgroup Development

a. Goals/Objectives

It is the Goal of this workgroup to develop a Regional Disaster Team focusing on an "all hazard" approach to incidents that can be quickly deployed, is scalable, NIMS compliant, and compatible with similar structures being developed at the state level.

Objectives:

- i. Ensure all regional disaster trailers are insured, titled, and registered.
- ii. Define the scope and functions of the team.
- iii. Work with regional EMS and Hospital agencies to develop acceptable terms of agreements for utilization of resources and personnel and the appropriate associated reimbursement processes.
- iv. Develop Regional Disaster Team Protocols and Guidelines to be utilized by team members addressing standing orders and the appropriate scope of practice in the disaster setting.
- v. Work with public officials (emergency management, public health) to develop a written plan for deployment guidelines and reimbursement processes.
- vi. Work with local hospitals to implement a regional pharmaceutical surplus, allowing the disaster team quick access to "pharmaceutical push pacs".
- vii. Work with the EPR committee to seek the appropriate funding to develop and maintain the team. Funding is tentatively needed for training, equipment, and pharmaceutical surplus.

b. Schedule of Future Meetings

The group discussed the need to increase the number of meetings in the future to promote progress. Mr. Tuohy recommended having short meetings every two weeks, which the group agreed with. The next meeting will occur on February 19th at 1:00Pm at the CEOC on downtown Bryan. The EPR committee will meet at 10am at the CEOC this day as well.

c. Structure of the Workgroup/Additional Members

The group felt that representation from the hospitals is needed to move forward with a true "all hazards" multi discipline team. Mr. Tuohy will be approaching representatives from the major facilities to seek participation. Kevin Deramus with Washington County EMS has also expressed an interest in participating but was unable to attend today's meeting.

d. Timeline for Completion

Tentatively the group felt it was necessary to have a basic functioning team by June 1st at the beginning of Hurricane Season.



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2. Priorities of Regional Medical Assistance Team Development

a. Scope and Function

i. Scalable, All-Hazards Approach

ii. North Carolina SMAT reference

The group discussed the need for the team to be modular in design, having the ability to scale up or down depending on the size of the event. This concept works well with the current Western Shelter system that is currently owned and operated from the 5 disaster trailers located in the region. The group also discussed the need to be able to scale from minor BLS triage/treatment capabilities all the way up to full ALS capabilities depending on the event. Specialized operations including mass decontamination, mass immunization, etc. were discussed but were not decided to be a priority at this time. North Carolina's SMAT teams were used as a reference for scalability, where SMAT III teams are utilized for local events, SMAT II typically for regional larger events, and SMAT I for state events.

b. Team Structure

i. Strike Team Concept

ii. Refer to GETAC Disaster Task Force Handout

The group reviewed a handout that was given out at the November meeting of the GETAC Disaster Task Force meeting which outlines the concept of regional task forces utilizing a "strike team" approach. Utilizing this concept, the team would be comprised of "strike teams" including both EMS and RN strike teams. Strike teams would utilize the concept of 5:1 control, which would include a strike team leader for every 5 providers. This concept would allow the response to be extremely scalable with appropriate command and control. Strike team leaders would be expected to have formal training through the TEEX strike team leader course. This concept would also allow the region to deploy a regional strike team at the request of the state.

iii. Team Components and Training

1. North Carolina SMAT II and SMAT III concept

c. Funding and Reimbursement

It was identified by the group that a clear written procedure for agency reimbursement must be established to gain provider participation in the concept of a regional disaster team. Many agencies in the region have a "sour" taste in their mouths from previous disaster responses that were costly and provided no reimbursement for expenses. The initial thought is to have BVRAC collect expense reports from all agencies that send personnel on a team deployment and have BVRAC submit one "packet" for reimbursement, rather than having each individual agency seek their own. Jerry Henry will be researching this issue to ensure a process is in place for seeking reimbursement for those agencies that participate in team deployments.



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d. Medical Direction

Following the concept of the "strike team", it was discussed that providers when operating on the team during a deployment will continue to operate under their individual agency's protocols. During a large event when a physician may be present, those providers would then operate under the direction of the on-scene physician as outlined by the provider's own protocols. Patrick Braly volunteered to work with Kevin Deramus to develop a set of regional disaster protocols that may be adopted by participating agencies that outline treatment guidelines during disaster situations. These regional guidelines are intended to set minimum operating standards in disaster situations. John will be getting in touch with hospital representatives to discuss this issue involving nurses and other hospital staff.

e. Level and Standard of Care / Pharmaceuticals

i. Pharmaceutical Cache

The ability to offer ALS treatment including ACLS/resuscitation care involves the need for a plan for the storage/deployment/use of pharmaceuticals. The group discussed a plan to surplus the pharmacies at Trinity, CSMC, and St. Joseph with a predetermined cache of pharmaceuticals that could be rapidly deployed as a "push pack" during an event. The surplus could be purchased with EPR funds and circulated through normal hospital use to prevent expiration. This method would prevent the hospitals from having to provide uncompensated pharmaceuticals during an event which has occurred in the past. John will be contacting representatives from these facilities to determine if this plan is feasible.

3. Open Forum

The next workgroup meeting will occur after the next BVRAC General Membership meetings as well as the EPR committee meetings. An update of the progress will be given at these meetings and additional representation from the hospitals will be requested.



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