

## HRSA EMS Advisory Group Meeting

November 8, 2006 – 6 p.m. Eastern  
Marquette General Mt. Marquette

The meeting was called to order at 6:02 p.m. in Mount Marquette at MGH with videoconference locations of Manistique, Houghton/Keweenaw, Ironwood, Dickinson County and Newberry. Attendance from participating agencies was noted by roll call of all sites.

- I. Welcome and Introductions: A roll call of agencies was done both
- II. Approval of Agenda for November 8, 2006: Motion by LeSage; Second by Wolf to approve the 11/8/06 agenda as presented. **Motion carried.**
- III. Approval of Minutes from September 13, 2006: Motion by Gardner; Second by LeSage to approve the meeting minutes of 9/13/06. **Motion carried.**
- IV. Old Business
  - a. **Patient Tracking System** – Each division reviewed their recent use of the Patient Tracking System in their areas during mass vaccination flu clinics and other events. Discussion followed regarding anticipated use during FY07 as a part of Mass Casualty Incident exercises. Each division should contact Roxane to request use of the system during these training exercises.
  - b. **800 MHz Distribution** – Alyson advised that in cooperation with the UP Regional Homeland Security Board (Emergency Managers), a goal was set to assure that each transporting EMS agency would have a minimum of two portable 800 MHz radios. Approximately 70 radios were needed UP-wide to accomplish this. HRSA purchased 30 of these, and the remainder will be purchased through the Homeland Security group for distribution. Agencies should work on templating in their local area to include bordering counties that they could be responding to routinely.
  - c. **Attendance and Funding Eligibility** – A number of EMS agencies have been unable to fulfill the attendance requirements for the program, and further purchases will not include them. As requirements from the State level continue to come out regarding Trauma System implementation, only those who have participated in the working level will continue to be eligible for HRSA support. The attendance sheets will now reflect attendance by Medical Control Authority, as each MCA is responsible for information sharing and funding reports within their own area. Agencies call and ask about funding frequently, and it seems that in some areas the local EMS providers are not sharing in the decision-making for spending these funds in their local area. MCA meeting minutes should reflect decisions made on funding, and ideally, a motion should be in place to utilize funding. The subrecipient auditing process in FY07 will be looking at those organizations that we have sent monies to in the past, and will ask for proof of purchasing the required items, and meeting all program requirements such as training, etc. EMS agencies can always look at the meeting minutes from the Regional EMS Advisory Group on the website as well if they have questions.
  - d. **Exercises for 2007** – All divisions were to have funding requests and objectives written for upcoming exercises before the November 9 Regional Planning Board.

(See September 13 meeting minutes and Divisional Updates for local meetings sent via email on October 11, 2006) The Board will review and approve/disapprove exercise funding requests tomorrow. Objectives must be in alignment with Emergency Management in the local areas to assure that we are not duplicating efforts as many agencies with volunteers are very sensitive to additional demands on time. Funding is not able to be used for salary or staff reimbursement per the grant guidance.

- e. **Communications Exercise Committee** – The EMS Advisory Group established a subcommittee to address ongoing communication issues with border states and border counties in regard to radio templating, radio use, and the Regional Medical Coordination Center (RMCC). Any suggestions regarding communications should be forwarded to Curt LeSage or Joel Bach.
- f. **Pandemic Flu Update** – Alyson shared that Marquette County put together a Pandemic Planning group for EMS and they are just finishing up an EMS Pandemic Planning guide for use in their local area. This will be posted on the grant website as soon as it is final so that other counties can review if they need an example. Those Med Controls who have already put together a program in their local area were asked to share, and we can post these on the website as well, to assure that all EMS agencies in the UP have completed their local plans and are working towards education of their providers.
- g. **Patient Moving Cots** – The cots discussed at the September meeting were reviewed again as Curt LeSage provided pricing from the vendor(s) that he contacted. The group reviewed the available models and pricing. A decision was made to request the easy-fold models due to storage issues, and at the price provided, we could purchase 63 cots for the \$20,000 that was requested.

V. New Business

- a. **EMS Incentive Act (HB 5607)** – A document regarding the EMS Incentive Act was shared. The pending bill would allow additional tax benefits for EMS and fire volunteers. Alyson asked that agencies contact their Congressman to request support of this bill.
- b. **Two-week PPE Requirements** – All agencies were advised to inventory their current supply of PPE and their normal run volume + 20% to see where they sit with supplies. It has been very difficult to order additional stockpiles of PPE in large quantities, and agencies may be more likely to get single-case orders filled at this point. Most vendors are on a 3-6 month backorder with N-95's, and some are not filling orders at all.
- c. **Asset Tags** – Agencies will be provided with numbered asset tags to affix to the grant-purchased equipment that they have received. The Service Directors will be responsible for putting these tags on the equipment, and will be required to provide the tagged equipment for visual inspection by an auditor. The upcoming grant year has been identified as a 'sub-recipient' year for auditing, so it is very likely that proof of equipment purchases, use, and completion of program requirements (MCI training, PPE training, NIMS) will be needed when an auditor comes to your agency.
- d. **Vaccination/Prophylaxis Identification for MCAs** – The Medical Control Authorities are responsible for working together to come up with a plan to identify active EMS providers in their area rapidly if we are provided a limited supply of vaccinations and/or prophylaxis medications for a specific infectious agent. One of the goals of the Pandemic Flu Supplemental Funding is that EMS agencies can rapidly produce lists of their licensed personnel who are active and

responding to receive these medications. We do not want to run out of medication for those EMS providers who are currently transporting patients routinely because we were prophylaxing EMS providers who are on rosters but not active.

- e. **Education for EMS Agencies on RMCC** – The group reviewed the current progress of the RMCC rollout. Regional dispatching is still pending as a point of contact. Three counties have agreed to process RMCC requests, but we are on hold with the remainder until we hear back from the 9-1-1 Managers. Alyson also reviewed the current radio status of the “regional” med control radios that are being placed in Escanaba and Marquette.
- f. **Education for EMS Agencies on MI-HAN/PPE/MCI/Triage/Evac Plans** – Each division should be discussing at their local level the need for and the plans to meet identified deficiencies in the above topics. Roxane is available to help with MI-HAN at any time, and we have canned programs for PPE and MCI/Triage. One of the objectives for this year is to plan an MCI exercise and practice triage skills. The other objective is to practice Evacuation Plans and identify areas that need additional work. Funding for these programs will be reviewed at tomorrow’s Regional Planning Board meeting.

VI. Announcements

- a. A question was raised regarding the State MEDCOM plan regarding 155.355. This has been in the plan for quite a few years. The channel is for on-scene tactical operations and should be in all VHF radios in the state. This is to allow agencies to utilize VHF on disaster scenes in and out of their local area. Agencies should recheck the MEDCOM plan and their portables to be sure they have this frequency available.

No further business was pending for this group. A motion to adjourn was made by Bob Wetson; second by Dan Wolf. The meeting was adjourned at 7:15 p.m.

Respectfully Submitted,

*Alyson Sundberg*

Marquette County EMS Medical Control Authority