

CREPC ESF8 EMS Section Meeting
July 31, 2007
Ambulance Service of Manchester

Meeting called to order at 1000 hours.

Attendance: David Koscuk (NBEMS), Terry Cote (ASM), Bob Kenny (DPH), John Shaw (CREPC/MMRS), Brenda Murphy (EHFD), Todd Lomento (EHFD)

Project Committee Assignments: (Dave Koscuk) Asked those in attendance to volunteer for identified project committees listed below. Lots of on-going projects require focused work groups to finalize the projects. For those not in attendance, please contact Koscuk if interested in participating:

Salamander System: Bruce Lincoln (Koscuk to facilitate through Chief Whalen)

Charge is to represent EMS at Salamander Task Force Meetings. Bring Salamander specific information back to monthly EMS meetings for action.

CMED Major Incident Protocol: Brenda Murphy, Scott Woods, Need a CMED Rep.

Charge is to review current CMED FOG for accuracy and recommend revisions as needed to CMED leadership. In addition, develop a global approach to MCI/Scene management, identifying what additional authorities CMED telecommunicators need to fully execute their job. Review State of RI Major Incident Protocol to see if any content should be adopted in this region.

Inventory Project - Lomento, Koscuk

Charge is to continue to work with DPH on finalizing. DEMHS has now entered the project to develop something statewide.

Captain System – Perez

Charge as the Fire Captain System Chair is to share information with EMS group on as needed basis.

Recruitment - Cote, Lincoln, Koscuk

Charge is to reach out to remaining EMS departments not yet represented, especially volunteer groups. If nothing else, need to find a way to share/distribute information to those that can not make the meetings.

EMS Training Program was discussed and program outline distributed. Please forward comments/concerns to Koscuk ASAP.

SMART System (Bob Kenny) – Fanny packs in country – here in 2 weeks. Series of days DPH will be in each DHEMS region. Will accommodate volunteer schedules and provide advanced notice. Command kits will be assigned by the CEO of each town. Fanny packs will go on each certified/licensed provider. Bob will attempt to fund

regional exercises. Educational component is getting final approval now. All lesson plans, notes, etc will be online. Educational packs will be available in Regional Offices for use. Possibility additional train the trainer will be held, however services should check with their neighbor agencies first to expedite the training. TSG should be sending certificates for instructors. Certificates for Fire Academy attendees are forthcoming. Equipment out during August/September. Agencies/towns that already have equipment will be distributed equipment as well.

Regional MCI Trailers (Bob Kenny) – 4 trailers in state – 1 being lettered. DEMHS ordered trailers from '03 funding. OEMS ordered some equipment quickly. Discussions on deployment strategies, physical layout, storage, etc. Additional funding being supplied to provide anti-sway bars, hitches, etc. Additional medical supplies, shelving, strapping, etc. will be provided.

Region 1- Wilton

Region 2 – AMR New Haven

Region 3 – New Britain EMS

Region 4 – American Ambulance

Region 5 – Danbury EMS (BSI)

Agreements are for 3 years – can be reassigned or released. DPH responsible for all maintenance. Service provider responsible for inventory control. Routine regular checks. Responsibility to deploy it.

EMS Mobilization Plan: (Bob Kenny) Almost ready to get draft out. All our concepts and plans put together in a document. State of FL just released theirs, we are reviewing their best practices and ours to develop a more concise document. Plan calls for the formation of Strike Teams and Task Forces.

State EMS Regions: (Bob Kenny) Have been realigned to match the DEMHS regions exactly. Original DHEMS regions matched EMS regions exactly – 8 towns had opted out to other DEMHS regions. New services coming to Region 3 – East Haddam, East Hampton, Cromwell, Middletown, Portland.

Other (Bob Kenny):

CDC monies which covers public health funding has been reduced dramatically. They have decentralized everything. Looking for states to identify 3 major projects important to them. HRSA has been reduced by 12%, never been a lot of money, focused to equipment and training.

National EMS Solicitation, in wake of Katrina, put together what equates to national strike teams. They realized they can not manage EMS. 40 Mil contract for RFP for 1-2 providers in the United States (AMR, Acadian) requirements are astronomical, bring in several hundred ground and air ambulances in a short amount of time and work with local jurisdiction.

MMRS: (John Shaw) Funding for 07 was provided 2 weeks ago – 250K for another year. No monies left for projects/sustain for big projects. MMRS is good through Oct 09 at this time.

ESF-8: (John Shaw) Planning process for the coming year will be on medical surge capacity. Continuity of medical care – what happens when we loose doctors, health care facilities, etc. By 7/31/08 ESF8 will have developed a comprehensive community surge capacity. Focus of CR is identification of ACS and then developing the support for those sites. What does inventory look like, what does just in time training look like? US Military Academy will be assisting in this process.

CREPC: (John Shaw) Completed strategic planning session to establish its goal for next 18 months. Leadership come together for a day, hash it out, what will we do with reduced funds, etc. Maximizing the use of health and medical resources for the benefit of all communities. How do we do this without dollars. What makes CREPC different than other ESF8 planning regions it the fact that we have operational authority.

No other business identified, next meeting will be held:

Ambulance Service of Manchester
Tuesday August 28, 2007 @ 1000 hours.

Respectfully Submitted,

David Koscuk