

Topic	Presenter	Discussion/Talking Points	Minutes	Action/ Follow Up
		Training	The goal is to provide the best capability to incident commanders for management of their resources while ensuring all agencies can communicate with one another. Training for all safety personnel is critical to the success of this CONOPS. Regular use of talk-around channels will make this second nature to first responders.	
You Do What with Your Volunteers?	Jared McCanell, Volunteer Management Coordinator, MeCDC	<p>Maine Responds Emergency Health Volunteer System</p> <p>Why do we need a single statewide volunteer registry for healthcare professionals?</p>	<p>Maine Responds is an online registration system for public health, healthcare and emergency response volunteers for the State of Maine.</p> <p>Protects the Pubic with:</p> <ul style="list-style-type: none"> - Trained and qualified volunteers - Criminal background checks - Continuity of Services - Specialized Resources <p>Protects Volunteers with the Volunteer Protection Act, Title 37-B, Section 784: "A person holding a professional license in the State may be designated member of the emergency management forces in that the professional capacity only after the individual or the license issuer provides confirmation of a valid license ... "</p> <p>Volunteer management is the ability to coordinate the identification, recruitment,</p>	<i>Powerpoint presentation can be found on our website.</i>



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		<p>Register now!</p> <p>Medical Reserve Corps (MRC)</p> <p>Who can be part of an MRC Unit?</p> <p>Maine's Disaster Behavioral Health Response Team</p>	<p>registration, credential verification, training, engagement and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events.</p> <p>www.maineresponds.org</p> <p>Another opportunity to volunteer would be through the MRC. There are two units currently in Maine: Unit 115 in Northeastern Maine and Unit 2550 in Cumberland County.</p> <p>Medical and public health professionals such as physicians, nurses, physician assistants, pharmacists, dentists, veterinarians, and epidemiologists, etc.</p> <p>Other community members such as interpreters, chaplains, office workers, legal advisors, etc.</p> <p>Anyone can join depending on skills and abilities.</p> <p>This team is made up of healthcare professionals, clinicians, spiritual care providers and other qualified volunteers.</p> <p>Their purpose is to improve adaptive functioning</p>	



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		<p>Where to register?</p> <p>Who do you contact if you need volunteers?</p>	<p>by decreasing stress and provide psychological first aide by:</p> <ul style="list-style-type: none"> - Understanding situations and reactions - Regaining a sense of mastery and control - Identifying, labeling and expressing emotions - Adjusting to disaster and losses - Managing stress - Making decisions and taking action - Developing coping strategies - Using community resources - <p>www.mainedisasterbehavioralhealth.com</p> <p>Contact the Central Maine Regional Resource Center. We will provide a resource request form for you to fill out and send the request along to MEMA.</p>	
<p>Deliverables Summary / Hayride After Action Report</p>	<p>Kara Walker, Director, CMRRC</p>	<p>Where are we going from here?</p>	<p>Our deliverables for this next grant year consist of:</p> <p>Capability 1: Healthcare System Preparedness Coalition Building and Retention</p> <ul style="list-style-type: none"> - Reach out to organizations and send them our way or bring them to our meetings - Bylaws and Membership Forms - Development of a Memorandum of Agreement for sharing of coalition 	<p><i>Powerpoint presentation can be found on our website.</i></p>



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			<p>resources</p> <ul style="list-style-type: none"> - We have developed and submitted a coalition level exercise and training program. - Develop a CMHPC Emergency Operations Plan <p>Capability 3: Emergency Operations Coordination</p> <ul style="list-style-type: none"> - Make sure CMHPC is integrated into the Public Health Incident Command Center - Developed a conference line: 877-402-9757 access code: 9568696; to access contact the CMRRC <p>Capability 6: Information Sharing</p> <ul style="list-style-type: none"> - Development of a regional Interoperable Communications Plan - Continue to have quarterly comms drills - Participate in two unannounced HAvBed drills - Continue training in HAN, HAvBED, EMResource, and WebEOC <p>Capability 10: Medical Surge</p> <ul style="list-style-type: none"> - CMHPC regional medical surge plan/annex - Regional patient evacuation plan - Develop a process to accept patients from local hospitals to meet 20% acute bed availability requirement during a 	



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		<p>Hazard Vulnerability Analysis Review</p> <p>The process and capabilities</p> <p>Multi-Year Training and Exercise Plan</p>	<p>disaster</p> <ul style="list-style-type: none"> - Receive education regarding the Crisis Standards of Care Plan currently in development <p>The top five events in our region that were identified are:</p> <ol style="list-style-type: none"> 1. Cyber Attack 2. Major Hazmat Incident 3. Ice Storm 4. Major Infrastructure Damage 5. Heavy Snow, Blizzard <p>Now that we have identified our hazards, we determine what capabilities we need to sustain or improve. We now need to develop regional plans, training and exercises to improve these capabilities.</p> <p>During our training and exercise workshop, the following capabilities were determined:</p> <ul style="list-style-type: none"> - Healthcare system preparedness - Emergency Operations Coordination - Information Sharing - Medical Surge - Responder Safety and Health <p>As a result of this process, we have planned a number of training and exercises for 2015 through 2017. A few examples are: Communications drills, HICS training, MCI</p>	<p><i>Complete list and dates of each training can be found on our</i></p>



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		<p>Hayride Real-World Incident</p> <p>What went well</p>	<p>training, PIO training, HERT, medical surge workshops, Cyber TTX, etc.</p> <p>On October 11, 2014 an actual event happened on our region. Brakes failed on a vehicle during a haunted hayride. The vehicle hit a tree and the trailer carrying passengers overturned and seriously injured a number of people.</p> <p>Strengths of the first responders during this incidents were:</p> <p>Emergency Operations Coordination:</p> <ul style="list-style-type: none"> - Early notification of emergency rooms that there was a mass casualty event. - The incident command system was enacted and used to coordinate the response. - Ambulances to transport all victims within 45 minutes. - Law enforcement was leveraged very early in the response by the incident commander to secure the scene. <p>Information Sharing:</p> <ul style="list-style-type: none"> - Initial communications with early notification of hospitals. - Call back for additional staffing - Use of CONNECT to coordinate response activities. 	<p><i>website.</i></p>



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		<p>Areas of Improvement</p>	<p>Medical Surge:</p> <ul style="list-style-type: none"> - Staff response was superb. Healthcare facilities were able to treat patients quickly. - Staff was very attentive as EMS units arrived. - Staff dealing with families went well. - Emergency room staff used triage tags. <p>Areas that need to be worked on are:</p> <p>Emergency Operations Coordination:</p> <ul style="list-style-type: none"> - MCI management system was underutilized - Off-duty medical personnel created confusion at the scene. - Triage tags were available, but not used on scene <p>Information Sharing:</p> <ul style="list-style-type: none"> - Transport/loading officer was underutilized - Hospitals were not made aware when incident was over - Transport/loading officer did not notify the emergency department of red, yellow and green patients prior to them being transported - Need for central call center for use during an MCI 	



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			<ul style="list-style-type: none"> - Some receiving hospitals do not have a system in place to track patients 	
MCI Training / Exercises	Joanne LeBrun, Director, Tri-County EMA	Triage Tag Practice Days	<p>Situation: To provide EMS providers and emergency department staff the opportunity to train with color coded triage tags four times each year.</p> <p>Background: EMS providers and emergency department staff members must know how to use color coded triage tags effectively in the time of a MCI.</p> <p>Assessment: Using color coded triage tags more frequently under routine day to day conditions will allow EMS providers and ED staff to develop expertise with using triage tags.</p> <p>Recommendation: A triage tag day will be held four times each year for a 24-hour period on each day. The dates will be scheduled in advance. Day of the week will alternate. Tags will be provided by the Tri-County office.</p> <p>Tags will be for emergency transports (unscheduled calls), not for routine transfers. Tags will be collected in the ED, charting in both EMS and ED, reports will be returned to Tri-County EMS. Data will be collected and a report will be supplied to all who participate.</p>	<i>Powerpoint presentation can be found on our website</i>



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		Who would like to participate?	A survey will be sent to our coalition members asking your willingness to participate. Each EMS service and ED department interested will receive an information packet with full details on this project.	<i>A date for when the survey will be sent to coalition members has not yet been determined.</i>

NEXT MEETING:

Thursday, October 22, 2015, 10 High Street, Lewiston –Conference Room H **Please note room change*

