

## 11-29-21 RTAB Preparedness Committee Meeting Minutes

Participants: Eric Alberts, Dr. Tracy Bilski, Lynne Drawdy, Gina (Orlando Health), April Hultz, Susan Ono, Dr. Peter Pappas, Michelle Ruff

RTCC Presentation: The focus of the meeting was to prepare for the presentation on the regional trauma coordination center plan at the national HCC conference, on Wednesday, December 1 from 11:30 to 12:30. Lynne will send out room info when she arrives onsite.: The group reviewed the PowerPoint Presentation. Dr. Pappas asked that he be added virtually, and Lynne will work this out on-site and get information to Dr. Pappas. The group will present the same presentation at the CFDMC conference on December 17 at 11 am (also virtual).

Burn Annex/Tabletop: Lynne thanked Susan Ono for her assistance with the burn annex and tabletop. Dr. Bilski stated that there is a grand round that morning and she may not be able to participate; Lynne asked that she provide any feedback on the burn annex and integration with the trauma plan.

2022 schedule: Lynne will send out calendar invitations. The next meeting is Calendar invitations sent out. Next meeting is February 14.

Other Issues: The group discussed a recent event at a local hospital and the need to share lessons learned with others. Dr. Pappas stated that it is important that we continue to educate on the importance of trauma centers as a critical resource.

## 10-11-21 RTAB Preparedness Committee

**Participating:** Eric Alberts, Dr. Tracy Bilski, Lynne Drawdy, Dr. John McPherson, Matt Meyers, Susan Ono, Dr. Peter Pappas, Michelle Rud

**Review of Draft AAR:** The group reviewed the draft RTCC drill after action report. Lynne thanked Michelle Rud for her evaluation. Dr. Bilski stated that Lynne did a good job on the draft, and Lynne stated that this is due to all the input received and was a team effort. The group discussed some of the feedback received through the survey. Lynne stated that she was disheartened over some of the comments but Craig Fugate's comments about the need to plan for the worst and push boundaries helped to put these into perspective. Michelle pointed out typos on Page 22 and Lynne explained that these are comments from the survey; she will add that these are verbatim on the draft report.

Lynne asked for approval to move the draft report to the Clinical Leadership Committee and the Executive Committee. The draft will then be sent to all trauma stakeholders for review and input, and then presented to the Coalition Board for approval. Dr. Bilski moved to share the draft with the Clinical Leadership Committee, Executive Committee and then all trauma stakeholders; Dr. McPherson and Michelle Rud both seconded the motion. There was no further discussion and no opposition, and the motion carried.

**Next Meeting:** Lynne reminded the group that we will be presenting o the Region 5 Trauma Coordination Center Plan at the national healthcare coalition conference on December 1. She stated that she has not yet received the time for the presentation but will share this as soon as it is received. She stated that she has also heard discussion about moving the conference to virtual and she will let the group know as soon as a decision is made. Lynne suggested that the next meeting be to review the presentation; she will send out the draft within a few days. The group agreed to move the next meeting to November 29 at 3 p.m. to prepare. Lynne will send an updated calendar invitation.

The next step after that will be to begin planning to integrate this into the April 2022 full scale mass casualty exercise.

## **8-9-21 Trauma Preparedness Committee Call**

Participating: Eric Alberts, Dr. Tracy Bilski, Beverly Cook, Lynne Drawdy, Dr. John McPherson, Matt Meyers, Dr. Peter Pappas, Rachel Reid, Michelle Rud

Final Preparation for the August 13 Drill: All drill materials were attached to today's calendar invitation for final review and approval. Lynne advised that in creating all of these, we learned that we will need to add data input staff to the trauma coordination center. Dr. McPherson advised that his PPT does not contain all slides and Lynne will send him a PDF version. The group walked through the PowerPoint Presentation and agreed to the following changes:

- The trauma coordination center will only manage patients from the MCI. The hospital transfer centers will manage all other patients
- We will recommend in the plan that the trauma coordination center be co-located with the county transfer center/med com, where possible.
- Lynne will add tasks to the EEG

### Next Steps:

- The PPT and forms will be updated with changes identified
- A reminder will be sent to all potential participants
- Lynne and Matt will confirm that all players are ready for Friday
- A handout with all documents will be created and sent to all those who register on Thursday
- An e-survey will be sent to all participants following the drill

## 7-26-21 R5 Trauma Coordination Center Plan Functional Drill Final Planning Meeting Minutes

**Participating:** Eric Alberts, Dr. Tracy Bilski, Beverly Cook, Rachel Driscoll, Lynne Drawdy, Matt Meyers, Dr. Peter Pappas, and Michelle Rudd

Lynne previewed the agenda and attachments distributed.

### **Confirm Players and Observers:**

- Director - Nick Pachota (invited Regional IMT as observers)
- Communications – Mark Ross (new communication system demonstration) & Todd Stalbaum (EMResource). We will also display regional hospital data.
- Medical Officer - Dr. Christian Zuver (Dr. Alexa Rodriguez is backup; invited all EMS Medical Directors to participate and observe)
- Call Takers - Brandy Davis and Lorenzo Williams, Orange County 311 (other staff to observe)
- Transfer Coordinators - Scott Rodgers, Advent Health Daytona Beach (invited all hospitals and those who volunteered to be transfer coordinators)
- Transport Coordinators – TBD (Lynne sent out invitation with incentive. Dr. Pappas reached out as well. We have also found the regional fire/rescue co-chair, Aaron Rhodes, who will help us engage EMS. Mike Calento from AirCare has volunteered to participate but is working that day. Michelle Rud stated that she can take on this role if needed. Matt and Lynne will make sure all players are briefed.)
- Exercise Controller - Matt Meyers
- Exercise Evaluator – John Wilgis or Mark Ross, Florida Hospital Association. Lynne will draft the EEG.

Invitations & Engaging EMS – see attached registrations (23 so far)

### **Exercise Documents - Drafted:**

- Job Action Sheets - Sent out previously
- PPT (will PDF for sit man) - Lynne thanked Matt for putting this together. The group agreed that we can provide a PDF of the PPT for the situation manual. The group reviewed and made suggestions on the PPT.
- 311 Call Center Script & Questions - Lynne thanked Todd Stalbaum who helped to develop this. She requested Dr. Bilski and Dr. Pappas' input on this. The questions must be kept simple and will be done very fast by call takers. Dr. Pappas asked about airway issue and Dr. Bilski stated that we need to ask if the patient is in shock. Lynne stated that we are working with the Call Center to put together an online spreadsheet that will be used to track patients through the process. Call center will put all information into a spreadsheet that can be shared to track patients all the way through transport.
- We have sent out the request for hospital data; some have replied, and we will send a reminder.

### **Additional Actions Needed:**

- Burn patients – Matt stated there is a lack of burn capacity in the state and do we need to include in the exercise. Orlando Health is the only certified burn center in the region. Lynne advised that we must develop a burn annex and do a tabletop before June 30, 2022. Eric stated that we need to see the responses from the hospital data request. Matt to add a slide for burns in the PPT. Matt shared that we may need to look at out of state placement if we exceed our capability. Eric will help connect Matt to information on burn centers.
- Eric will do a brief presentation at Trauma Advisory Board meeting being held the day before the exercise. Dr. Bilski mentioned she will not be participating in this meeting as she has a conflict.
- Dr. Pappas said Chief Kammal wants to talk about whole blood at the Executive Committee meeting.

- Lynne requested that everyone read the provided documents more in-depth and provide their input by the end of the week.
- Air transport piece discussion – was suggested we add what kind of air assets we have and how hard would it be to get them engaged.
- Lynne shared that if we have no EMS participation, we could have trauma medical directors reach out to EMS medical directors in their area and ask that they reach out. Dr. Pappas said this is the reasonable next step to get participation. Lynne noted there is a Clinical Leadership Committee meeting before the functional drill, and we can make a task at the meeting. Lynne said she will send out an updated registration list next week.
- Finalize the EEG (Evaluation Guide) and get to everyone before exercise

**Final meeting/Preparedness Committee Meeting – August 9 at 4 p.m.**

- Functional Drill - August 13 from 9 am to noon (note - the drill will be virtual only)
- After Action Meeting - August 27 at 10 am

## 7-12-21 R5 Trauma Coordination Center Plan Functional Drill Mid-Term Planning Meeting Minutes

**Participating:** Eric Alberts, Dr. Tracy Bilski, Beverly Cook, Rachel Driscoll, Lynne Drawdy, Matt Meyers, Susan Ono, Dr. Peter Pappas, Rachel Reid, Michelle Rudd, Lydia Williams

**Clarify Purpose:** Lynne stated that there has been some confusion over the purpose of the functional drill. The drill will focus on testing the regional coordination center roles and process.

**Confirm Players and Observers:** We will confirm at least one individual to play the role in the exercise and invite all those who potentially could fill a role to observe and provide input.

- **Director:** Lynne reported that Nick Pachota, RMAAT Commander, will play in the exercise and we will invite all of the Region 5 IMT to observe.
- **Liaison:** Lynne advised that Nick will identify an RMAAT member to fill this role.
- **Medical Officer:** Lynne stated that Dr. Christian Zuber will play in the exercise and has also identified Dr. Rodriguez as a backup. We will invite all county EMS Medical Directors to observe.
- **Call Takers:** The Orange County 311 call center will fill this role. 311 fills this role for regional mass fatalities and have trained volunteers. A script and form will be developed for trauma, and Dr. Bilski agreed to vet these.
- **Transfer Coordinators:** Matt advised that he has identified several individuals and will schedule a conference call with the group to discuss and identify the player. All will be invited to observe.
- **Transport Coordinators:** Matt stated that he has reached out to all EMS agencies but has been unable to confirm any participation.
- **Exercise Controller:** Matt will serve as the exercise controller.
- **Exercise Evaluator:** Lynne is reaching out to emergency managers to identify an evaluator.

**EMS Engagement:** Lynne stated that we have been struggling to engage EMS in the exercise and their involvement is crucial to our success. She reached out to experts to help with this, and they suggested incentivizing participation. She recommended seeking Board approval to purchase a piece of equipment for decontaminating PPE and offer this as an incentive to any EMS agency that participates in the exercise. All agreed.

**Invitations:** Lynne will send out invitations to all players and observers by Wednesday. The exercise will be held at the Orlando EOC but will also include a virtual option.

**Exercise Documents:** Lynne and Matt are working on the following documents for the exercise:

- An exercise plan, including an agenda and feedback form
- Job Action Sheets for each role in the coordination center
- A MESL and injects for the exercise

Lynne advised that at the last meeting, the group agreed to send out a questionnaire to hospitals regarding capabilities and resources. Lynne asked for input on questions. Dr. Bilski stated that she will review the DMAT book and send questions. Lynne will share the surge estimator tool data with Dr. Bilski. Lynne will send out the questionnaire to the hospitals once finalized.

**Communications:** Lynne advised that FHA has scheduled training over the coming month on the new e-ICS system, but this will not be operational for the functional drill. We are told that it will be ready for the October exercise. The group agreed that we can use EMResource for the functional drill.

**Actions Needed by Final Planning Meeting**

- Lynne will send out invitations by July 14.
- Lynne will secure Board approval for EMS incentives
- Lynne and Matt will send out the draft exercise documents to the planning team by July 19. These will be finalized at the final planning meeting on July 26.
- Dr. Bilski will provide Lynne with information for the hospital questionnaire, and Lynne will send that out to the hospitals. Eric suggested asking about burn capabilities and capacity. The group also asked that the data be blow up to poster size and available for digital display during the exercise.

**Upcoming Meetings (for the functional drill):**

- Final Planning Meeting - July 26 at 4 pm
- Trauma Preparedness Meeting - August 9 at 4 p.m.
- Functional Drill - August 13 from 9 am to noon at the Orlando EOC/or via webinar
- After Action Meeting - August 27 at 10 am

## 6-7-21 Trauma Preparedness Committee & Initial Functional Drill Planning Meeting

Participants: Eric Alberts, Dr. Tracy Bilski, Beverly Cook, Lynne Drawdy, Rachel Driscoll, Andrea Gibson, Matt Meyers, Lydia Williams

Draft MCI Trauma Coordination Plan: Lynne indicated she received one suggested revision from the Regional IMT leader (Richard Halquist) which was a rewording of the objective statement on Page 2 of the Region 5 MCI Trauma Coordination Plan to read as follows. No one expressed any objections to the change.

### Functional Exercise Planning Discussion:

Lynne said the committee met requirements of the concept and objectives piece of drill planning at the last meeting and we have enough input to formalize the objectives. Today is the initial planning meeting for the August functional drill.

Lynne voiced concern that we still don't have final approval/buy-in from all the key stakeholders such as EMS Medical Directors in all counties. She has not heard back from Dr. McPherson and Dr. Pappas on status of this. If contact has not happened, then the Coalition will reach out individually. The goal is to have the plan approved by the Trauma Executive Committee on June 8 and by the Coalition Board on June 15. The Regional IMT is in agreement with the Plan and RMAT agreed to fill their designated role. Lynne indicated that Nick Pachota will play the role of the Director during the exercise and regional IMT members will be invited to observe and provide input. Lynne said she is meeting with the 311 Call Center leaders, and she feels they will take on this role as they do this for mass fatalities. Matt is reaching out to hospitals to identify transfer coordinators. He has also reached out to EMS to identify transport coordinators but has not received any responses back yet. Lynne said the goal is to produce a list of all individuals with their contact information and invite them to the exercise as either a player or observer. We will also invite all Emergency Managers, acute care hospitals, EMS and the trauma stakeholder group.

Lynne suggested the exercise be three hours with a focus on a mock run-through of setting up and operating the Regional Trauma Coordination Center and identifying the best placement and transportation asset for every person. This will be a simulation only; no actual patient movement will occur. Eric said the drill will identify how we get data and evenly distribute patients throughout the system. Lynne indicated we would pre-identify people to place in roles at the Center and have people as observers and get feedback. Eric suggested job action sheets with position descriptions and roles and responsibilities be put on one sheet. After discussion, it was decided that the functional drill would be held on August 13<sup>th</sup> from 9 am to noon at the Orlando EOC.

The purpose of the functional drill is to test and validate the Regional Trauma Coordination Center Plan, process patients and provide general training on the roles and responsibilities of the positions named in the Plan. Eric added that we would want to know will it meet the need for what it was designed for and will it meet the needs of the community.

There was discussion regarding this committee as the functional drill planning team and scheduling of mid-term meeting (to be held July 12 at 10 am) and final planning meeting (to be held July 26 at 10 am). The scenario will be taken from the tabletop last year, an explosion at a chemical company. It will be functional in nature, and we will add looking at acuity to the scenario. We will need to develop a variety of different injury descriptions and then multiply these by the number of victims. Lynne indicated that typically the Orange County EMS Medical Director's office assists with developing these and then it will be vetted through the planning committee.

Lynne asked if there are any local issues, sensitivity, etc. we need to discuss. We will need to include persons with special needs in the exercise (such as a person in the blast radiance on a ventilator and now needs to be transported). The group agreed that we may need to include free standing emergency departments and we will also need to include



walk-ins. Trauma centers would get the highest acuity patients, then other acute care facilities will get patients in order to stabilize them until they can get transferred to trauma centers if necessary. Hospitals will have to go through their own process to determine who they would take. Matt noted that we established some baselines a couple of years ago, but information probably has changed and is no longer valid. Lynne suggested we start with this information and have discussions with EMS Medical Directors. We need to develop a questionnaire for hospitals to determine resources that will be sent back when they respond to invitation to participate in the exercise. Eric noted that the scenario may be questioned as terrorism, and it would be good to have someone say this looks like terrorism to add a new dynamic to the exercise. This functional drill will be called 'Central Florida Boom'.

Next Steps:

- Obtain Draft Plan Approval from EMS Directors (Dr. McPherson and Dr. Pappas to do this)
- Obtain TAB Executive Committee approval of Draft Region 5 MCI Trauma Coordination Plan on June 8<sup>th</sup> meeting
- Obtain CFDMC Board Approval of Draft Plan on June 15<sup>th</sup> meeting
- Lynne to create one-page job action sheet for each position at Coordination Center to include position description, roles and responsibilities
- Pre-identify persons to play in each role at Coordination Center for Functional Drill and identify observers to provide feedback. Obtain contact information and invite to Functional Drill. Lynne will focus on Director, Clinical Coordinator, and 311. Matt to coordinate identification of hospital and EMS transport coordinators.
- Lynne to contact Orlando EM to determine availability of Orlando EOC on morning of August 13<sup>th</sup> (contact Orange County re: their EOC availability if City EOC is not available).
- Develop patient acuity/EMS assessment document for each of the patient groups (get input from Orange County EMS Medical Director) for Planning Committee approval
- Develop hospital questionnaire to be sent with Functional Drill invitation to determine capability/resources
- Mid-term Planning Meeting – July 12 at 4 pm (virtual)
- Final Planning Meeting – July 26 at 4 pm (virtual)
- Exercise - August 13 from 9 am to noon at Orlando EOC

## **5-24-21 Trauma Preparedness Committee & Plan Workshop**

Participants: Eric Alberts, Dr. Tracy Bilski, Beverly Cook, Rachel Driscoll, Lynne Drawdy, Dr. John McPherson, Matt Meyers, Susan Ono, Dr. Peter Pappas

Welcome & Purpose: Eric welcomed those present and stated that Dr. Pappas asked that the Preparedness Committee hold a plan workshop to provide a forum for stakeholders to ask questions and provide comments on the regional trauma coordination plan.

### Plan Workshop:

Eric reviewed the elements of the plan. Lynne sent an invitation to the workshop with the draft plan to members on May 1 and also provided a spreadsheet for comments. Lynne advised no comments have been received.

Dr. McPherson asked if emergency management had been informed of the plan. Lynne advised that the plan was sent to all members, including emergency managers within the region. The plan will also be presented for approval at the June Coalition Board meeting; two of the region's emergency managers serve on the Board.

Dr. McPherson asked if individuals have been recruited to fill the roles in the trauma coordination center. Lynne advised we will need to recruit individuals. The Coalition can reach out to the regional IMT and regional medical assistance team for the director position, to the call centers, and to hospitals for the coordinator positions. She stated that we need assistance in engaging the EMS Medical Directors, as they play a key role in the coordination center. Many of the Trauma Center Medical Directors have already agreed to the plan and we need to reach out to those who have not. Dr. McPherson, Dr. Bilski and Dr. Pappas agreed to reach out to these groups before the June 8 Clinical Leadership Committee meeting. All of these individuals have received a copy of the plan. Matt suggested emphasizing that this is for a mass casualty incident producing large numbers of trauma patients, like the incident last year in Beirut.

### Exercise Discussion:

Lynne advised that the full scale mass casualty exercise is scheduled for October 21. We had discussed holding a functional drill with the coordination center in July, but no date has been set.

Susan asked how the counties will be involved and how they would integrate into response? Lynne stated that this plan is for a large scale event that would overwhelm a county's resources. The impacted county would request initiation of the trauma coordination plan. Eric stated that the goal would be to have the trauma coordination center close to the EOC, and Lynne advised that there is a liaison position within the coordination center to ensure coordination with the local EOC.

Dr. Pappas suggested that we plan the functional drill for August to allow time to recruit individuals for these positions, and Eric and Dr. Bilski agreed. Rachel stated that Halifax will participate in the June meeting.

Eric asked if all present agreed to move forward with the plan approval and exercises, and all agreed. Dr. Bilski stated that questions will come up during the exercise, and Dr. McPherson stated that the exercises will help solidify the process. Lynne stated that this is uncharted territory and there will be lessons learned along the way, but we should not let perfection get in the way of progress. She has let our federal project officer know about the plan and the exercise and has invited him to observe in October. She also submitted an abstract so that we can present this at the national preparedness conference in Orlando at the end of November. The group discussed communication during the exercise. The essential elements of information (EIs) are included in the plan and the functional drill may identify additional EIs. Matt stated that the new communications platform we will be piloting should be able to pull information directly from hospital systems. Lynne advised that we hope to test that communications platform during the exercises, but the company has been bought by Juvare and the pilot is temporarily on hold.

### Next Steps:

- The plan review period ends May 31. Any comments received will be addressed.
- The plan will be presented to the Coalition Board for approval on June 16.
- Lynne and Matt will work on recruiting individuals for all positions except the trauma coordination center medical director. Dr. McPherson, Dr. Bilski and Dr. Pappas will engage the EMS Medical Directors to fill that position. Dr. McPherson stated that he will email the plan again and follow-up with phone calls. Dr. Bilski asked if the plan with all attachments can be sent in one document. Lynne stated that the file is too big to email with the attachments, but she will send a link to the plan and attachments on the website:
- The functional drill will be scheduled in August and will be face to face. Lynne asked if we should invite others to observe and the group agreed to keep it to just those who would participate in the coordination center and hospitals.
- Dr. McPherson will draft an email to the EMS medical directors for review before he sends it out.
- Planning for the functional drill will continue at the June 7 Preparedness Committee meeting.

## 4-12-21 Trauma Preparedness Committee Call

**Participating:** Eric Alberts, Dr. Traci Bilski, Beverly Cook, Lynne Drawdy, Matt Meyers, Susan Ono

**Discussion:** Lynne asked for any other comments on the draft trauma plan. Two issues raised earlier (big picture and organizational chart) were addressed. The appendices are too large to email but will be posted to the trauma website, along with the draft plan, once the Clinical Leadership Committee approves on Tuesday. Lynne thinks we can offer this plan as a best practice.

Once approved, we will hold a functional drill in July to exercise the plan and go through the forms/plan appendices to ensure they capture everything we need and to practice roles. Following the functional drill, then the goal is to integrate the plan into the regional mass casualty exercise in October with all hospitals in the region participating, focusing on capability, not just capacity.

Eric stated we need to identify who will serve in these roles and be at the coordination center and involve them in the functional drill and include clinicians in order to have a more successful outcome. Lynne said that once the plan is approved, we will design a list of all these people and set up groups in Everbridge. Eric suggested that we capture photos of those in the exercise to utilize later.

Lynne mentioned that they are looking for abstracts at the ASPR National Conference in December and she suggested we submit an abstract, along with lessons learned. The deadline is this Friday and Lynne will submit it with preliminary data. Potential presenters were identified.

Next Steps:

- Present to Clinical Leadership Committee on Tuesday, and broader stakeholder committee for buy-in. Will allow 30 days for comments.
- Preparedness Committee meets to finalize plan, documents, identify people in each county to fill roles
- Preparedness Committee plans functional exercise (includes training), set up Everbridge group
- Integrate into full-scale exercise
- Lynne will submit abstract for national conference (Pappas, Bilski, Alberts, Drawdy as presenters)

### **3-29-21 Trauma Preparedness Committee**

Participating: Eric Alberts, Dr. Traci Bilski, Lynne Drawdy, Dr. John McPherson, Matt Meyers, Susan Ono

Discussion: The group reviewed and discussed the draft regional trauma coordination plan. Dr. Bilski suggested that we include information on the response infrastructure in Florida and Eric Alberts suggested including an organizational chart.

Next Steps:

- The coalition will make the changes recommended above and sent the plan to the Clinical Leadership Committee for review and discussion at their April 13 meeting. The goal is to get buy-in from the EMS and trauma medical directors on the plan.
- Lynne will send Dr. McPherson speaking points to introduce the discussion.
- Dr. McPherson will discuss with Dr. Pappas prior to the meeting>
- Once the Clinical Leadership Committee has approved, the plan will be forwarded to the Trauma Executive Board for review and approval.
- Once the plan has been approved, the plan will be shared with all stakeholders.
- The coalition will work with the Preparedness Committee to arrange a functional exercise during the summer.
- The final step will be to integrate the plan into the regional full scale mass casualty exercise planned for the fall of 2021.

### **3-15-21 Trauma Preparedness Committee**

Participating: Eric Alberts, Dr. Traci Bilski, Lynne Drawdy, Matt Meyers

Purpose: create a regional trauma coordination plan, functional exercise, and integrate into fall MCI exercise.

Discussion: The group reviewed the regional MOCC concept. This was created for use in the COVID19 pandemic but the group agreed that it could be adapted for use in a large scale MCI. A question was raised regarding the National Health and Safety Network reference; this is specific to infectious disease. The group reviewed the MOCC and agreed that the trauma coordination center should be located at ESF8 in the impacted county. They reviewed the roles and identified who should fill these roles, adding a liaison to local and state ESF8s under the director and a QA individual in transport to track assets and resources.

Next steps:

- Send calendar invitation for March 29 Preparedness Committee meeting
- Draft regional plan (Lynne) - send to Eric & Dr. Bilski for initial review
- Sent draft to Preparedness Committee for review prior to March 29 meeting
- March 29 Preparedness Committee - finalize draft
- Send final draft to Clinical Leadership Committee for discussion at April 13 meeting. Lynne will work with Drs. Pappas and McPherson to engage all county EMS medical directors in the meeting.
- Send final draft to Executive Committee for discussion on April 15 call.
- Send draft out to all stakeholders for review/input
- Finalize draft
- Complete functional drill (use Coalition Surge test evacuation model)
- Integrate into the planning for the fall MCI full-scale regional exercise

## 2-8-21 RTAB Preparedness Committee

Participating: Juan Atan, Dr. Traci Bilski, Lynne Drawdy, Matt Meyers

Discussion: Lynne provided an overview of the annual regional mass casualty exercise. This began years ago with the hospitals in the tri-county and has evolved into a regional exercise. In 2019, 39 hospitals in eight counties participated, with more than 1,500 victim volunteers going to the hospitals with triage tags and moulage. In the past, the exercise has focused on a 20% surge. The 2020 exercise was cancelled due to COVID, but we have tentatively scheduled the next exercise for October 21. Lynne said that we can focus this year's exercise on a large scale trauma event. She stated that the biggest challenge will be ensuring we have trauma clinicians to evaluate the exercise. Lynne stated that following the tabletop, the next step is to write the regional trauma coordination plan. She shared information on a new federal concept called a MOCC which may be helpful. She will send that information to the team. We can then do a functional exercise over the summer, and the full-scale exercise in the fall.

### Next Steps:

- Lynne will add the Preparedness Committee members to the MCI planning team
- Lynne will send out the MOCC toolkit
- Lynne will send out a Doodle poll to reschedule a Preparedness Committee meeting to begin writing the plan.