

12-16-21 RTAB Executive Committee & General Meeting

Welcome: Dr. Pappas welcomed all present.

Roll Call

Trauma Chair – Orlando Regional/Orlando Health - Eric Alberts, Tina Wallace
Trauma Co-Chair – Halifax/Halifax Health - Dr. Joe Olivi, Rachel Driscoll
Level II Rep – Central Florida Regional/HCA - Dr. Andrew Skattum
EMS Chair – Martin County (South) - Chief Chris Kammel
EMS Co-Chair – Brevard (North) - Dr. John McPherson and Chief Orlando Dominguez
EMS Central Rep – Orange (Central) - Dr. Chris Zuver
County DOH – St. Lucie County - Clint Sperber
Acute Care Hospital – Sebastian River Medical Center - Rebecca Wilson
Extended Care – Orlando Health and Rehab - Tino Manco
Municipal Government – City of Leesburg - Not Present
County Government – Orange - Dr. Yolanda Martinez

10 of 11 voting members were present for a quorum

Other Stakeholders Attending:

Dr. Peter Pappas, RTAB Executive Director, FCOT
Dr. Mark Pessa, Holmes
Lynne Drawdy, CFDMC
Beverly Cook, CFDMC

Call to Order: The co-chairs called the meeting to order at 9:41 am

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Review and Approval of Minutes: The minutes of the October meeting were sent out prior to today's meeting. If anyone has trouble downloading the minutes, let Lynne or Dr. Pappas know. There were no comments/questions regarding the minutes. A motion to approve was made by Tina Wallace and seconded by Rebecca Wilson. There were no opposition and the motion carried.

Executive Director's Report:

Proposed 2022 Meeting Calendar: Dr. Pappas noted there is a lot planned for the coming year. He thanked CFDMC for their continues support. He stated that currently the RDSTF Trauma Advisory Board Executive Committee and other committees meet every other month. A proposed schedule for 2022 was distributed, continuing the same schedule as 2021. All of the committee have agreed to the schedule. Dr. Joe Olivi moved to approve the 2022 schedule as submitted; Rebecca Wilson seconded the motion. There was no discussion or opposition and the motion carried. Lynne will post the schedule and send out calendar invitations to committee members.

CFDMC/RDSTF Update:

RDSTF Update: Clint Sperber provided an update on COVID from a public health perspective. He stated that cases and hospitalizations are down, and that Florida is doing well compared to other states.; other states are experiencing what Florida experienced over the summer. Clint stated that we are still learning about variants, such as Omicron. St. Lucie County had the first confirmed case of Omicron in Florida. He stated that Florida has a DOH Preparedness Program Council and he represents Region 5 on that council. He stated that the council recently sent out an oxygen

generation survey to determine regional capabilities. Region 5 has limited capabilities, and many within the region use the same oxygen provider. He stated that he will be sharing a detailed gap analysis with the Coalition.

Clint advised that Dr. Kenneth Schepke has recently been appointed as a Deputy Secretary for Health, which is good news for the healthcare and response community.

Dr. Pappas asked Dr. Martinez if there were any COVID concerns from our largest county. Dr. Martinez stated that case rates remain steady with a positivity rate under 5%. She stated that they are continuing to support testing and vaccination sites across the county. The Orange County Mayor did a press conference yesterday. The Orange County Health Department Director Dr. Pino states that Delta continues to be a concern and they are continuing to encourage residents to get vaccinated. The vaccination rate for 5+ is currently about 70%. Approximately 67% of those hospitalized were either not vaccinated or did not complete the vaccination cycle. She stated that we are preparing for Omicron. Omicron was found yesterday in a local water system.

Burn Tabletop Exercise: Lynne advised that every coalition was required to develop a burn response annex and hold a burn tabletop. CFDMC worked with the Orlando Health Warden Burn Center to draft the plan, and an exercise was held on December 10. We received good feedback during the exercise and the draft after action report will go out within the next week for review and comment. The Burn Center has offered to provide burn training to acute care hospitals. The burn annex will also be integrated with the regional trauma coordination plan.

RTCC Exercise: - Eric Alberts advised that the Coalition is working with the region's hospitals on a full scale medical surge exercise scheduled for April 21. This exercise will test the regional trauma coordination plan, the burn annex, and the new communications platform. The exercise has three contingency plans (from live volunteers to fully virtual) to ensure safety. He stated that it has been three years since the last full scale exercise and the hospitals are losing muscle memory, so it is important that we continue to exercise. Anyone interested in more details on the exercise should reach out to Eric or Lynne.

Florida DOH Trauma Update: DOH was not available to report today. Dr. Pappas announced that the State EMS Advisory Council will meet the week of January 17 in Daytona Beach. For now, DOH is continuing virtual site visits. There is also discussion regarding an ACS visit in 2022.

Stakeholder Spotlight: Brevard County Fire Rescue: Dr. John McPherson and Chief Orlando Dominguez presented on Brevard County Fire Rescue (see attached PowerPoint Presentation). Dr. Pappas thanked Dr. McPherson for his leadership on the Clinical Leadership Committee.

Dr. Pappas asked that any agency interested in being a spotlight speaker let him or Lynne know.

Committee Updates

System Support Committee: Tina Wallace provided an update from the December 14 meeting. Halifax is going through changes, including re-branding and hiring new mid-levels and trauma surgeons. Arnold Palmer Hospital is presenting to parents and community groups on trauma and safety, working with Safe Kids on car and booster seats, and bike helmets. Orlando Regional Medical Center is continuing Stop the Bleed training, and Central Florida Regional is focusing on Stop the Bleed training for nursing students. Sebastian River medical Center is partnering with the community re outreach on drugs. The injury prevention coordinator at Health First has left and we

are looking forward to working with the new contact there. Dr. Pappas recognized Gaylen Tipps for her contributions to Trauma and stated that she will be missed. The committee will keep the same schedule for 2022.

Preparedness Committee: Eric Alberts stated that at the last meeting, the committee prepared for the presentation on the regional trauma coordination plan at a national healthcare coalition conference. Lynne advised that the same presentation will be provided as a breakout at the Coalition conference on December 17. Dr. Pappas stated that these presentations are important to collaboration. Eric stated that the committee also worked with the Coalition in preparing for the burn center annex and tabletop.

Clinical Leadership Committee: Dr. McPherson stated that the committee met earlier this week and reviewed the work on whole blood in EMS. He stated that they are looking forward to participating in the April full scale exercise and all trauma medical directors and EMS medical directors will be invited to participate.

Extended Care Ad Hoc Committee: Tino Manco reported that the committee has been on hold due to COVID. He is watching the current variant and will be working with the group to update contacts and schedule a meeting. He stated that goals for 2022 are to work with hospitals to safely transfer patients, including identifying and resolving barriers to transitions, and on dialysis.

Whole Blood Ad Hoc Committee: Chief Kammel was called away due to an emergency, and Dr. Pappas provided an update. He stated that Chief Kammel has pulled together a lot of information on how to implement whole blood in EMS. Chief Kemp from Leon County joined the group. They will present on this at the January EMS Advisory Council meeting. The committee will have a draft to share with the Executive Committee in February.

New Business: Dr. Pappas said that the focus for the coming year is to exercise the regional trauma coordination plan. He encouraged all to get engaged in this exercise.

Next Meeting: February 15, 2022. Lynne will send out calendar invitations.

Adjournment: The co-chairs adjourned the meeting at 10:38 am. Dr. Pappas wished all a safe and happy holiday season.



Brevard County Fire Rescue

Medical Director – John McPherson, MD, MBA

EMS Chief – Orlando Dominguez, RPM, MBA/MA



Brevard County, FL

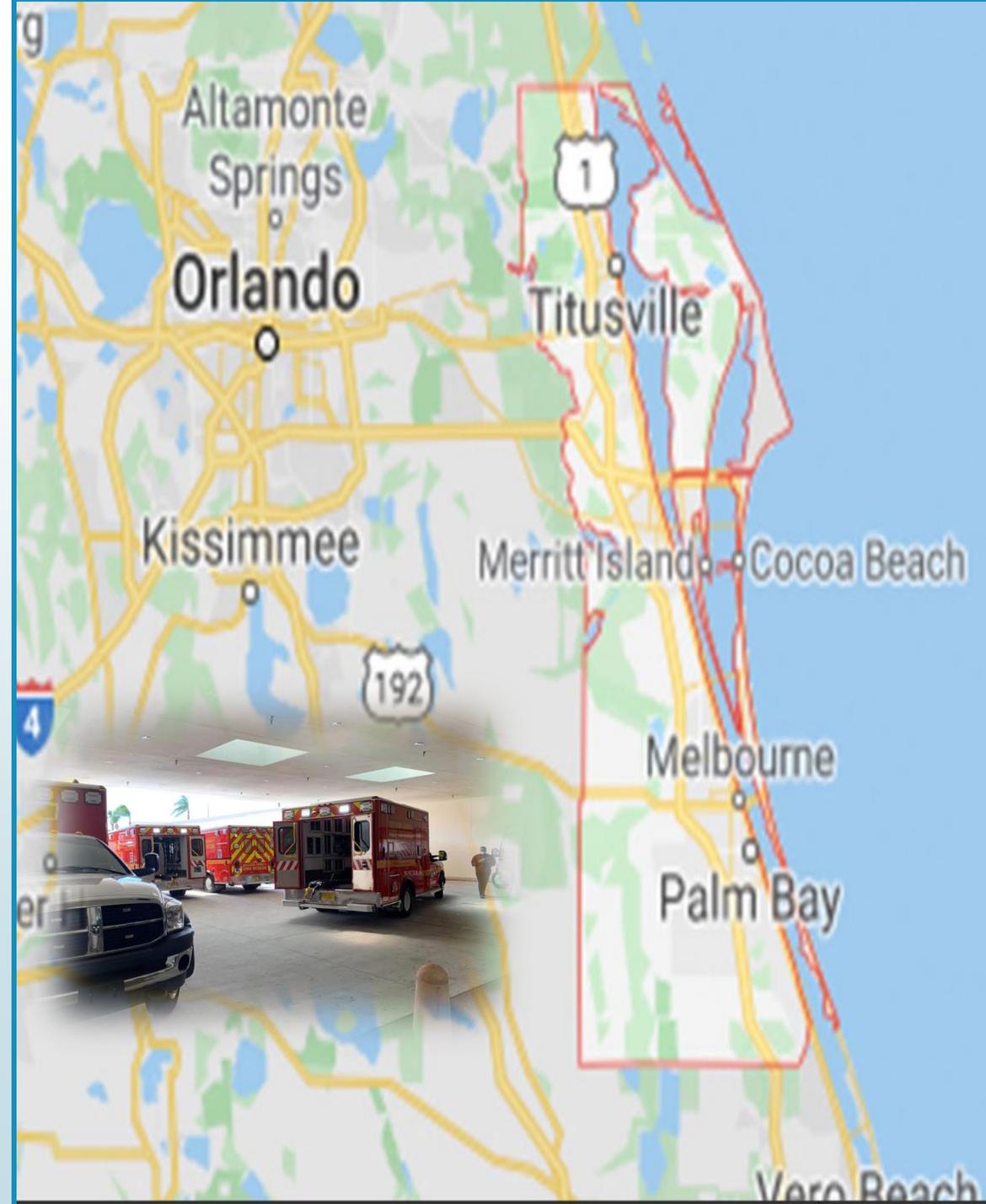
- Population – 601,942
- Areas of National Interest (possible terrorist targets)
 - NASA Space Center
 - Port Canaveral Cruise Ships Dock
- Geographic challenges
 - Long, narrow county – 72 miles
 - Barrier Island
 - ✓ 150,000 population
 - ✓ 4 causeways
 - 4 population centers
 - ✓ North – 80,000 – 1 hospital
 - ✓ Central – 150,000 – 2 hospitals
 - ✓ South – 210,000 – 3 hospitals
 - ✓ Level II Trauma Center, Comprehensive Stroke Center
 - ✓ Barrier Island – 150,000 1 hospital
- Air Medical Services
- 3 hospitals – 30-50 miles from Trauma/Comprehensive Stroke Centers





Brevard County Fire Rescue (BCFR)

- **2 tiered EMS 911 Response System**
 - **911 First Response – 9 EMS municipal systems**
 - **911 Transport BCFR – EMS assisting agencies**
 - ✓ **NASA**
 - ✓ **Patrick Air Force Base**
- **Fire EMS System**
- **2020 EMS responses – 106,697**
10th busiest agency in the state





Recent System Improvements and Training

- The first department in East Central Florida to have a solid and successful operational plan in place for the COVID-19 Pandemic resulting in uninterrupted service to our community. (Antibody, Antigen and Flu testing as well as vaccinations at the fire stations and to homebound patients)
- Implementation of Video Laryngoscopes-Airtraq





Recent System Improvements and Training

LUCAS Devices





Recent System Improvements and Training

- Capnography Training/STEMI Recognition Training
- Implementation of PulsePoint and PulsePoint AED apps for community early response to cardiac arrest
- Cadaver Lab for Humeral IO and airway and other invasive other procedural training





Recent System Improvements and Training

➤ Ultrasound in the field for trauma



➤ Pediatric Femoral IO insertion





DOH Vaccination Center

BCFR community service as a Florida DOH designated COVID vaccination center vaccinating EMS personnel and law enforcement personnel throughout the county





High Performance CPR

BCFR EMS Chief and Medical Director trained to instruct high performance CPR in Seattle at the national Resuscitation Academy and established Resuscitation Academy in East Central Florida.





Projects in Development & Research

- **Whole blood transfusion by ground EMS**
- **Heads up CPR**
- **Tele911**
- **Retrospective study of outcomes of geriatric head trauma patients on anticoagulants – a regional study**





Whole Blood Transfusion by Ground EMS

- Establishing with the local trauma center and blood bank ability to infuse O- blood at the point of care
- Procuring grant funding for reliable thermal regulating and protecting device (2° to 8°C) to carry the blood





Heads Up CPR Device

Working with Heads Up CPR to participate in a multi-center trial assessing for expected improved brain survival from cardiac arrest





Telemedicine service with EMS regarding

- 1. Alternatives to transporting stable patients with appropriate next day telemedicine follow up with arrangements for medicinal prescriptions and clinic appointments**
- 2. Next day telemedicine follow up on non- transports and high risk refusals/AMAs**



Retrospective study of outcomes for geriatric head trauma patients on anticoagulants – a regional study

- **One year retrospective study based on medical record review from all county hospitals started March 2021**
- **Assessing the inclusion of geriatric head injury patients taking anticoagulation medications as a new trauma alert criteria**





Regional EMS Trauma Related Protocols

BCFR participation with the Central Florida Disaster Medical Coalition and the Region 5 Trauma Advisory Board developing consensus trauma related EMS protocols for regional consistency of EMS care of trauma patients during a large MCI disaster:

1. **Management & Transport of Geriatric Head Trauma Patients on Anticoagulants***
2. **Spinal Immobilization – Immobilization of the Supine/Prone Patients**
3. **Tranexamic Acid Administration (TXA)**
4. **Management of the Pediatric Trauma Patients**
5. **Management & Transport of COVID-19 (+) Patients**



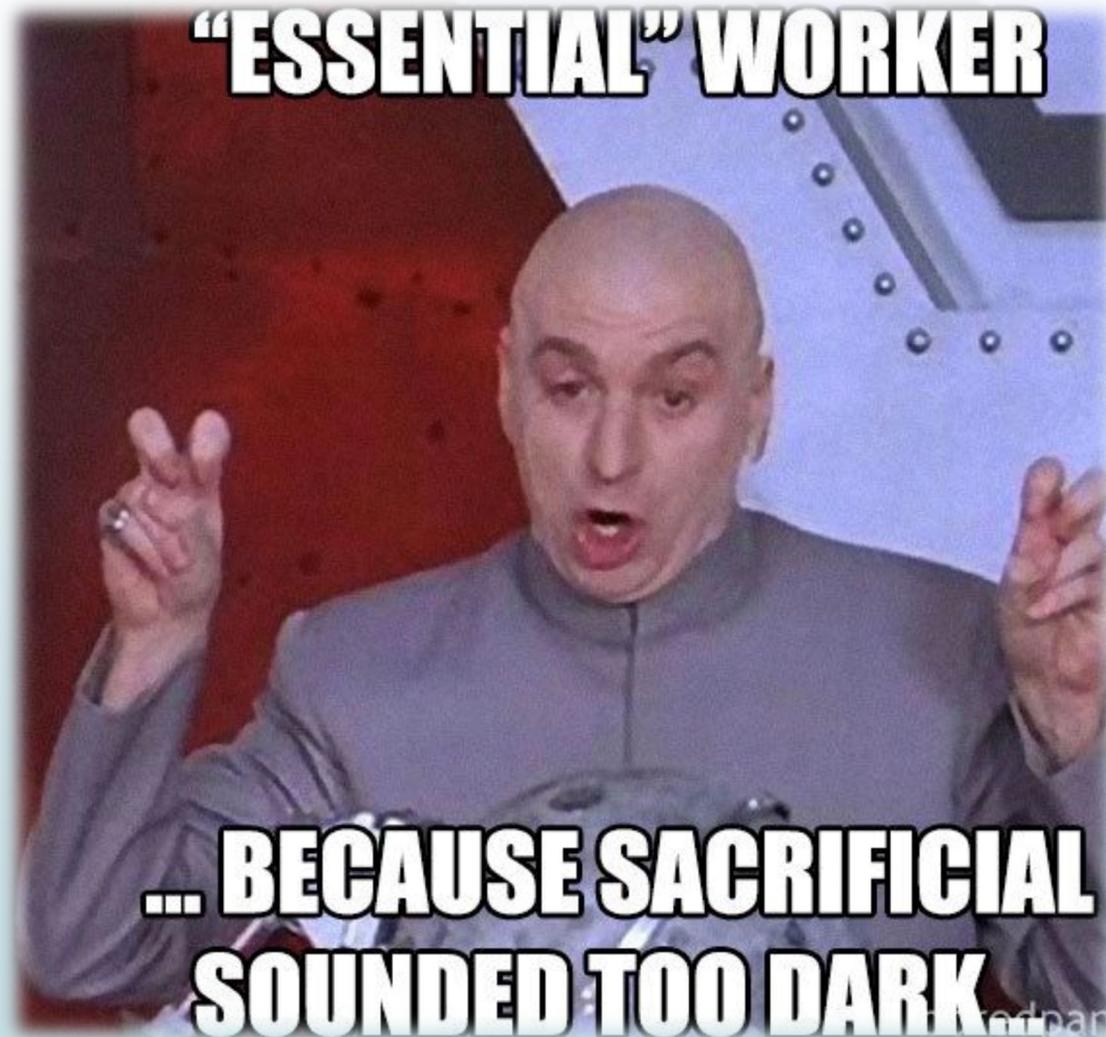
BCFR Awards

- **EMS Agency of the Year 2015**
- **American Heart Association Mission Lifeline EMS Recognition in 2017 (Silver), 2018 (Gold), 2020 (Gold)**
- **2021 EMS Education of the Year**
- **2021 EMS Medical Director of the Year**





???QUESTIONS???



10-12-21 RDSTF-5 Trauma Advisory Board Executive Committee Meeting Minutes

Welcome: Dr. Pappas welcomed those attending.

Roll Call:

Trauma Chair-ORMC: Dr. Bilski, Eric Alberts, Tina Wallace, Susan Ono
Trauma Co-Chair–Halifax Health: Rachel Driscoll
Level II Rep–Central Florida Regional/HCA: Dr. Andrew Skattum
EMS Chair–Martin County (South): Chief Chris Kammel
EMS Co-Chair–Brevard (North): Dr. John McPherson
EMS Central Rep–Orange (Central): Not Present
County DOH–St. Lucie County: Not Present
Acute Care Hospital–Sebastian River Medical Center: Not Present
Extended Care–Orlando Health and Rehab: Not Present
Municipal Government–City of Leesburg: Not Present
County Government–Orange: Dr. Yolanda Martinez

6 of 11 voting members were present and a quorum was reached.

Other Stakeholders Present:

Dr. Peter Pappas, RTAB Executive Director
Dr. Gary Curcio, Lawnwood
Lynne Drawdy, CFDMC
Matt Meyers, CFDMC

Call to Order: Dr. Bilski called the meeting to order at 11:06 am.

Review and Approval of Minutes: The August minutes were sent out with the meeting invitation and via email. Eric Alberts moved to approve the minutes as submitted and Dr. Skattum seconded the motion. There was no discussion or opposition and the motion carried.

Executive Director's Report:

Dr. Pappas stated that the Trauma Advisory Board is continuing to work on several initiatives. There was a successful exercise regarding the trauma coordination plan in August. He stated that a burn exercise is upcoming. He stated that as of October 1, he will serve as the Florida Committee on Trauma Chair, in large part because of the work of the Regional Trauma Advisory Board. Both FCOT and the National Trauma Committee was impressed with the work the group is doing; it is making a difference and is a national model. Dr. Pappas congratulated Dr. Bilski on becoming FCOT Vice Chair for Disaster Preparedness, and Dr. Curcio for being the Level II Vice Chair. Dr. Bilski congratulated Dr. Pappas for becoming the FCOT Chair and stated that he started this journey, and they are all proud to be on the journey and working with him.

CFDMC/RDSTF Update:

Trauma Drill After Action Report: Lynne advised that the after action report has been sent to the Clinical Leadership Committee and Executive Committee. Eric will provide additional details in the Preparedness Committee report.

Burn Tabletop Exercise: Matt reported that the Coalition has drafted a burn annex, and thanked the staff at the Warden Burn Center at Orlando Health for their expertise in preparing this. The draft has been sent out for review and a tabletop exercise has been scheduled for December 10 to validate the plan. This information will be integrated into the trauma coordination plan. A question was raised on how to find the plan; Lynne will send this out to all trauma stakeholders, along with the invitation to the tabletop which will be virtual and held from 9 am to noon. Dr. Pappas stated that burn beds are an invaluable resource and the total number of burn beds across the nation has been an issue for a long time.

Florida DOH Trauma Update: Dr. Pappas stated that he will ask DOH to present at the December meeting.

Committee Updates

System Support Committee: Tina Wallace stated that the committee met this morning and the six hospitals shared information on their injury prevention activities. Most are either virtual or a hybrid. : Held call this morning. Six hospitals participating sharing injury prevention programs, including National Night Out, Stop the Bleed, and the Osceola Regional Injury Prevention Summit. ACS has put out a virtual interactive course with hands-on for certification. The committee discussed priorities for next year. Many hospitals are undergoing re-branding. Dr. Pappas thanked the committee for their dedication.

Preparedness Committee: Eric Alberts stated the committee met Monday afternoon to review the draft action report from the August drill. He stated that the draft AAR identifies the overall strengths and opportunities as well as these for each exercise objective. The draft also includes an action plan to address opportunities. The plan was presented first to the Clinical Leadership Committee, and now is being presented to the Executive Committee. Lynne will send out to all participants and all trauma stakeholders for review and input. Next step will be a full scale test of the plan during the regional full scale mass casualty exercise scheduled for April 2022. The final draft will be presented for approval at the December Executive Committee meeting and then presented to the Coalition Board for approval. The trauma coordination plan is also being presented at the National Healthcare Coalition Conference in December in Orlando. The Preparedness Committee has the lead on integrating the plan into the full scale exercise. Dr. Pappas thanked Eric for his report and stated that this is another area where we are getting statewide and national attention.

Clinical Leadership Committee: Dr. McPherson stated that the committee met this morning and reviewed the draft AAR. They also discussed enhance of the state ACLS system. The other topic of discussion was transfusion of whole blood to trauma patients by EMS. He stated this fits the mission statement of the Trauma Advisory Board. Patients in a shock state who have to wait until arrival at a hospital for blood often do not survive. He stated that the military has studied this and have shown that transfusion of trauma patients with O positive blood makes a difference in survival. He stated that some air medical services already do this but not all. He would like to see this established as a standard of care for air medical services, but in an MCI, air medical will be overwhelmed. He stated that a few agencies are providing whole blood in ground units. He attended a presentation from San Antonio Fire EMS who have had success with this program. Palm Beach EMS is also exploring this. Chief Kammel stated that they are interested in starting again with air medical. In the first year, they wasted 16 nits and used 16 units; 12 of those survived, and they attribute this to the whole blood.

He stated that it is important to get trauma centers to partner to decrease waste. we can get trauma centers on board with whole blood would allow for exchange, decrease waste. Dr. McPherson is trying to obtain a copy of the San Antonio presentation and he will share it with the Executive Committee. Dr. Bilski made a motion to establish an ad hoc committee to look at whole blood for both air and ground transport; Dr. McPherson seconded the motion. Chief Kammel and Dr. McPherson agreed to chair the committee and will put out a call for interested parties. Dr. Pappas will add this to the December agenda.

Extended Care Ad Hoc Committee Update: Dr. Pappas will reach out to Tino Manco.

Old Business: There was no other old business for discussion.

New Business: There was no new business presented for discussion.

Next Meetings:

Preparedness: November 29

Clinical Leadership and System Support: December 14

Executive Committee and General Meeting - December 16

Adjourn: The meeting adjourned at 11:44 am.

**8-12-21 Region 5 Trauma Advisory Board
Executive Committee and General Meeting Minutes**

Welcome: Dr. Pappas welcomed everyone. Matt announced that the meeting is being recorded for minute purposes only.

Roll Call:

Trauma Chair – Orlando Regional/Orlando Health: Dr. Tracy Bilski, Tina Wallace, Eric Alberts, Susan Ono
Trauma Co-Chair – Halifax/Halifax Health: Lindsay Martin and Rachael Driscoll
Level II Rep – Central Florida Regional/HCA: Dr. Alexander Evans
EMS Chair – Martin County (South): Chief Chris Kammel
EMS Co-Chair – Brevard (North): Not present
EMS Central Rep – Orange (Central): Dr. Christian Zuver
County DOH – St. Lucie: Clint Sperber
Acute Care Hospital – Sebastian River Medical Center: Not present
Extended Care – Orlando Health and Rehab: Tino Manco
Municipal Government – Not present
County Government – Orange: Dr. Yolanda Martinez

9 of 11 voting members were present for a quorum

Stakeholders/Guests:

Dr. Peter Pappas, RTAB Executive Director
Kate Kocevar, FDOH
Gaylen Tips, Holmes
Heath Clark, Broward County Sheriff's Office
Candace Pineda, Memorial (Broward County)
Dr. James Roach, Broward County Sheriff's Office
Lynne Drawdy, CFDMC
Matt Meyers, CFDMC
Beverly Cook, CFDMC

Call to Order: The meeting was called to order at 9:36 a.m.

Review and Approval of Minutes: Committee members were provided minutes of the last meeting for review in advance. Tina made a motion to approve the minutes as submitted and Chief Kammel seconded the motion. There was no opposition and the motion carried.

Executive Director's Report:

Dr. Pappas expressed that all have been busy with the large influx of COVID patients. He was happy to report that Trauma Medical Directors, leaders from the Coalition and FHA were brought together to get an idea of what the situation was in terms of staffing support, etc., and were able to establish updates from FHA and total hospitalizations, ICU beds, etc. Updates have been going out daily over the last several days. It is the Coalition's mission to enhance communication and it is a good forum for planning. He indicated that the group is open to suggestions/ideas.

CFDMC/RDSTF Update:

Lynne said we are now having regular calls with the region's hospitals and with FHA to share what is going on in the region regarding the COVID surge. The coalition monitors daily the mission requests that go to the state. Lynne asked

that members share any issues or shortages that they are having, so that we can raise these to the state. Lynne shared that tomorrow is the virtual functional drill of the regional trauma coordination plan. She stated that the full-scale exercise in October has been postponed to April due to the COVID surge. Lynne mentioned that the EID Collaborative is working on a vaccination and mitigation strategy campaign to share with all members. The Nursing Home Infection Control program has spots left for nursing homes. Lynne asked Mr. Manco to share information on this with everyone. This program is free and has incentives for those that participate.

Lynne said the Coalition has a requirement to develop a burn annex and Matt is working on it.

Clint discussed COVID and shared a local experience he had two days ago. He met with the St. Lucie County Administrator and three hospital CEOs and the news regarding the COVID situation was concerning and discouraging. The surge of unvaccinated patients is at very high rates, patients are younger, and patients don't have underlying health conditions. There is overcrowding, they are unable to discharge people as post-acute partners are not accepting patients. Providers are going through a lot of PPE and supplies, medications, and staff are burned out. Traveling nurses are demanding up to \$10,000 per week in pay. They are testing people at large rates with 113 yesterday and had to cancel and turn people away. Dr. Pappas asked if there were any questions for Lynne or Clint and there were none.

Florida DOH Trauma Update:

Kate said Clint's perspective of what they are experiencing is what DOH is hearing from all over. She said she appreciates those who are taking charge. She understands that hospital staff are being re-routed to other areas of the hospital, elective surgeries are being cancelled, stressing the system while maintaining the trauma team, and some standards may fall out of line. If hospitals are having issues during this time, DOH is asking everyone to note what is happening during this period and noting when it started. The state is also hearing that trauma patients have not decreased either.

Kate noted that Tropical Storm Fred is coming, and they are preparing for this in Tallahassee. She asked that all be diligent and prepared. On July 29 there was a meeting, with good turnout, to outline how to move forward during this period. There is legislation that the Department will try to move forward. Kate said that any hospital issues can also be sent to her as well as FHA. Kate shared that Lee Memorial was to have a trauma survey and it was postponed until COVID numbers decrease. Dr. Pappas thanked her and asked her to clarify what was indicated earlier. Is DOH providing leeway regarding record keeping? Kate said yes, DOH understands not all quality assurance activities can be met during the surge. She suggested that centers record the timeframe and what was going on during that time to have a justification. During surveys they will not be looking at deficiencies during this time period and will take the circumstances into consideration. Dr. Pappas thanked Kate for this information.

Stakeholder Spotlight: Regional Trauma Plan

Eric spoke on the Region 5 Trauma Coordination Plan and that it can be applied to the entire system of care. Eric went over the background for developing the Plan (see attached PowerPoint Presentation). A tabletop exercise was conducted last year utilizing a scenario similar to the explosion in Beirut. The after-action report revealed that we needed to have a plan for this type of catastrophic event. The Trauma Coordination Plan was developed by the Trauma Preparedness Committee, and it is available on the Coalition's website. In the Plan, any County EOC could request this resource. Eric described the Trauma Coordination Center roles and how the process would work. In addition, they developed essential elements of information (EEl's). The Region will be piloting the new E-ICS system to be used for communication. The Committee sought stakeholder input into the Plan and received multiple approvals. During the functional drill tomorrow, we will be demonstrating the roles and steps in the Plan. Eric shared that we have already strengthened the Plan while preparing for the drill. The drill is to identify gaps to improve the process. The Coalition will publish the Plan by mid-October. It could potentially be a best practice. The Coalition has been invited to present on this at the National Preparedness Conference in December. Next steps are the full-scale exercise; the Plan will be integrated into the annual mass casualty exercise that will be rescheduled for April 2022. The MCI exercise is typically to test how we manage a 20% surge and during this exercise we will be managing large numbers of high acuity/trauma patients to

exercise the Trauma Coordination Center. Eric encouraged registration for the drill tomorrow as we need stakeholder input to ensure the Plan is the best it can be and actually works. Dr. Bilski said it would be helpful to explain how the communication process will occur since it is a new process and is not up and running yet. Matt indicated that the process would have to be simulated and we will have demonstrations on current system capacity. We do have EMResource and will show full displays of that during exercise as well. Dr. Bilski indicated it is important to know how all information is going to get communicated back and forth. Eric said we will iron this out during tomorrow's drill. Matt shared that all systems are now owned by the same company and will be able to communicate back and forth. Susan asked if someone is not on the invitation list, can others be included tomorrow. Dr. Pappas said the invitation was sent to all trauma stakeholders and the entire CFDMC membership. There have been at least 59 participants registered for the functional drill tomorrow. Eric said if anyone who is interested did not receive the invite, to let Lynne and Matt know.

Committee Updates:

System Support Committee: Tina said the committee had a good call. She announced that the Stop the Bleed training is back to virtual. Tina shared that Orlando Health is working with the senior center on Best Foot Forward and Burn Prevention education. Arnold Palmer is providing prevention of submersion education through Airbnb's. They are working on distribution of Water Watcher tags and materials for EMS. The Children's Safety Village is providing 100 free swimming lessons to people in Orange County. They are also doing car seat checks and helmet fittings. St. Lucie has been working on back-to-school initiatives, drowning prevention and water safety education, a car seat program and they announced the creation of a new safety village with donated land. Holmes has been working on geriatric falls prevention and following up with a six month call to patients. Central Florida Regional is conducting the Stop the Bleed program with students and police officers.

Preparedness Committee: Dr. Bilski said their meeting was spent to fine tune the drill and the catastrophic casualty plan. She said Eric's presentation today covered their work.

Clinical Leadership Committee: Dr. Pappas indicated the meeting was spent getting ready for tomorrow's exercise. Dr. Bilski shared that Dr. McPherson stressed getting EMS involved. Dr. Pappas said they have been looking at ways to engage them, have made good headway and are looking forward to building on that.

Extended Care Ad Hoc Committee Update: Tino Manco said during the first quarter, they saw a tick up in census with an issue in staffing, then by mid to end of May any with COVID units were full. As the hospitals were flooded, they were looking at partnerships to accept patients. Facilities try to keep asymptomatic patients themselves, but the greatest issue is staffing. They have worked with AHCA and DOH on how to staff facilities; they want dedicated staff for the COVID units, and this is very challenging. 97% of skilled nursing facilities are dealing with staffing shortages. Facilities are paying travel nurses, staffing agencies, contracts, etc., costing large amounts of money. This is a huge barrier to transitioning patients from the hospitals, even if non-COVID. They are working with nursing schools. Nursing homes are testing staff and residents and they are trying to manage patients in their setting until a surge reduction. Dr. Pappas thanked Tino for his very unique perspective. Dr. Pappas asked if they were getting hints of a surge back in April/May and Tino said yes. He indicated facilities were doing once a month testing back then and so asymptomatic people were not identified. In May/June they were doing more testing. Dr. Pappas asked if there is any information to communicate to hospitals. Tino said make sure they are aware of asymptomatic hospitalization, non-infectious vs. damage from COVID. They clarified with DOH and have done some education if Infectious Disease clears the patient and that they are no longer infectious/have damage and are higher acuity patients. Post COVID patients who are being treated with antibiotics for pneumonia are not considered recovered. Keeping all dedicated staff, beds, equipment has been a struggle and AHCA understands. They are getting guidance and limiting exposure.

New Business: Whole Blood in Pre-Hospital Care:

Dr. Pappas announced that Chief Kammel will be discussing the use of whole blood, not only in ERs but in pre-hospital care. Joining the meeting was Candace Pineda, Trauma Program Manager for Memorial in Broward. Candace said joining her on the call is the EMS Chief from Broward County Sheriff's Office and the Medical Director also from the Broward County Sheriff's Office who have deployed a whole blood program and carry it on their helicopter. Chief Kamal shared that he ran into issues over 10 years ago or so in Martin County trying to get whole blood on their helicopter. He has been successful in getting it on helicopters now. They have found that the most rapid recovery and easiest is with whole blood. Through his research, he has found that Trauma Centers around Florida don't typically use whole blood. They determined whole blood was best for them. Whole blood is easier because use is with one bag, there is no mixing, and whole blood transfusions are similar to component therapy but is super-fast. He shared that the military uses whole blood and there are very few reactions. Another benefit is ease of storage while maintaining only one temperature. A drawback is that it does not last as long – about 42 days. Component blood can be returned and reimbursed on a sliding scale within a certain amount of time. Anticoagulation products in component blood leave room for human error. Whole blood takes this out of the equation, making it extremely safe. They use O group that has both anti A/B antibodies, plasma transfusion reactions are less common, low titer blood has to be less than 150 but the military has been using titers less than 256 with almost zero reactions. Rh antigen really doesn't come into effect. Whole blood is easy in the field and has saved lives. Dr. Bilski said she has a lot of experience with whole blood and hats off to the Chief for pursuing the use of whole blood. It is difficult because it is somewhat of a new thing for blood banks. She said it was brought to Osceola and now has it at ORMC for over a year. It is amazing what giving back to the patient does for them and she expressed that she is happy to see the use of whole blood in the pre-hospital arena. Chief Kammel indicated he did not realize that it wasn't used that often when he started this journey. Dr. Pappas welcomed our guests, Candace and Broward Sheriff's Office colleagues. Candace said they are a Level I Trauma Center in South Florida and working on getting whole blood in the hospital. They use component blood that is leucocyte reduced and whole blood is not. Their blood bank and regulations have a problem with this, and it has been a challenge. One Blood supplies the blood down there and Dr. Bilski said the low titer should be acceptable. Candace indicated that One Blood said they will have to pay for a machine to do that and has not done that yet. Dr. Pappas said that it would be a good idea for the Clinical Leadership Committee to look at developing/providing a guideline to prime the pump to get people more comfortable with using whole blood. Dr. Bilski suggested the Committee put out a position paper on this after looking at the evidence. Dr. Pappas said to get a strong consensus, they could put out a position and bring in One Blood/blood banks to work towards a general consensus for field and trauma center use of whole blood. Dr. Bilski mentioned the need to get trauma centers on board. Candace said she has seen the opposite of this with pre-hospital using it first. Chief Clark from Broward Fire Rescue shared that an exchange program is wanted. They hoped to have this pushed forward and spent money; it's slowly catching on down there. They believe in the product - it works but is expensive. We just need to see the one case where it works, and people will understand it is well worth it. The Chief described a motorcycle accident patient needing a 45-minute flight to a trauma center; he lost his leg but was given whole blood and he survived. Dr. Roach indicated it would be ideal to have trauma centers on board first, EMS coming in behind would be ideal but was not the case in Broward County. What is the alternative? Nothing is as good as whole blood. Whole blood lasts 21 days and unfortunately sometimes they have to waste the blood (\$500 per unit). Partnering with trauma centers to offload the blood before it is not usable would avoid this. A partnership could happen with One Blood with staff and others donating blood to have the cost reduced. He said they have given around 11 units over the last two quarters of whole blood. They do have plasma as backup if they use all the whole blood. Dr. Bilski said all should be mindful of waste and minimize this. This would have to get instituted in the QI process. Chief said they are hoping to emulate San Antonio, reduce cost and could have a good program such as in Texas. Statistics in Texas indicated they have only wasted one unit of whole blood due to human error. There was discussion regarding the difference in One Blood from one area to another regarding the titer. Dr. Pappas thanked all from Broward. He asked Kate if she had any thoughts from DOH perspective on this. She said it has been an interesting conversation regarding this and said they would love to see the EMS and trauma communities work together on this program.

Conclusions/Motions:

Dr. Pappas suggested that the Clinical Leadership Committee further study and evaluate the use of whole blood in the field by EMS for trauma patients and develop a position paper. Dr. Bilski made a motion to do this, and it was seconded by Chief Kamal. There was no opposition to the motion, so it passed. The Coalition will get the message out to Trauma and EMS Directors that this topic will be discussed at the next meeting.

A motion was made to adjourn by Dr. Bilski and was seconded. The meeting adjourned at 11:10 a.m.

Next Executive Committee meeting is October 12th

Next General meeting is December 14th



Region 5 Trauma Coordination Plan

The Gap

- ▶ Summer 2020, the Trauma Advisory Board Preparedness Committee looked at the chemical explosion in Beirut and asked the question:

“Are we ready to respond to an event like that, one which produces an overwhelming number of trauma patients?”

The answer was NO!

Trauma Tabletop

- ▶ The Trauma Preparedness Committee and Clinical Leadership Committee worked with the Central Florida Disaster Medical Coalition to develop a tabletop exercise.
 - ▶ More than 70 Trauma stakeholders participated in this tabletop exercise, held in September 2020, exploring the management of trauma patients from a large chemical explosion in Orange County.
 - ▶ The after-action report highlighted the need to develop and exercise a regional trauma coordination plan and to assure treatment and effective communication through the region.
- 

The Plan

- ▶ Based on the AAR, the Trauma Preparedness Committee drafted the Region 5 Trauma Coordination Plan.
 - ▶ We used a new federal concept called a MOCC (Multi-organization coordinating center) in developing the plan
 - ▶ The Regional Trauma Coordination Center (RTCC) is designed to load balance large numbers of trauma patients
 - ▶ This is a resource that can be requested via Emergency Management
- 

Plan Elements

- ▶ A Director (responsible for standing up, management and demobilization of the RTCC)
 - ▶ Orange County 311 Call Center (takes calls from hospitals, EMS, transmits information to Medical Officer)
 - ▶ Medical Officer (assesses resources and assigns level of care to patients)
 - ▶ Transfer Coordinator (finds appropriate bed placement for each patient)
 - ▶ Transport Coordinator (finds transportation resource for each patient)
 - ▶ Using Essential Elements of Information (EEl)s). The Coalition is partnering with FHA to pilot e-ICS; coordinates with existing WebEOC and EMResource systems for robust situational awareness available to all key stakeholders
- 

Stakeholder Input

- ▶ The plan was vetted with:
 - Trauma Center Medical Directors
 - EMS Medical Directors
 - Acute Care Hospitals
 - Emergency Managers
 - Other Trauma Stakeholders.
- ▶ The plan was approved in June 2021 by the Region 5 Trauma Advisory Board Executive Committee and the Coalition Board.

Initial Test

- ▶ An operations-based drill is scheduled for Friday, August 13 to test the new trauma coordination center process
 - ▶ The drill will demonstrate each role and each step in the trauma coordination center
 - ▶ Preparing for the drill has already helped us strengthen the plan
 - ▶ The drill will help identify any additional issues or gaps to improve the plan.
 - ▶ After Action Report to be published by mid-October, along with plan update
- 

Potential Best Practice

- ▶ The Trauma Advisory Board has been invited to present the new plan at the National Preparedness Conference in Orlando in early December

Full Scale Exercise

- ▶ The plan will be integrated into the regional full scale mass casualty exercise
 - ▶ The FSE was initially planned for October 2021 but has been postponed due to COVID surge
 - ▶ We hope to be able to hold the exercise in April 2021
 - ▶ The FSE typically includes all hospitals within the region
 - ▶ The FSE typically focuses on managing a 20% surge (more than 1500 live victim volunteers)
 - ▶ This FSE will focus on managing large numbers of higher acuity, trauma patients (fully testing the RTCC within a response)
- 

Wrap-up

- ▶ It's not too late to register for the drill and see a demonstration of the plan
 - ▶ We need stakeholder input to ensure the plan is the best that it can be
 - ▶ Questions?
- 

**6-8-21 Region 5 Trauma Advisory Board
Executive Committee Meeting Minutes**

Welcome: Dr. Pappas welcomed everyone.

Roll Call:

Trauma Chair – Orlando Regional/Orlando Health: Eric Alberts, Dr. Tracy Bilski, Susan Ono, Tina Wallace

Trauma Co-Chair – Halifax/Halifax Health: Lindsay Martin

Level II Rep – Central Florida Regional/HCA: Not Present

EMS Chair – Martin County (South): Not Present

EMS Co-Chair – Brevard (North): Dr. McPherson and Dr. Todd Husty (Seminole County)

EMS Central Rep – Orange (Central): Dr. Christian Zuver

County DOH – St. Lucie: Clint Sperber

Acute Care Hospital – Sebastian River Medical Center: Not Present

Extended Care – Orlando Health and Rehab: Not Present

Municipal Government – Commissioner Jimmy Burry, City of Leesburg

County Government – Orange: Dr. Yolanda Martinez

Seven of eleven voting members were present for a quorum.

Other Stakeholders:

Beverly Cook, CFDMC

Lynne Drawdy, CFDMC

Matt Meyers, CFDMC

Call to Order: The co-chairs called the meeting to order at 11:07 am

Review and Approval of Minutes: Committee members were provided minutes of the April meeting for review in advance. Clint Sperber moved to approve the minutes and Dr. Bilski seconded the motion. There was no discussion and no objections, and the motion carried.

Executive Director's Report: Dr. Pappas participated in the Trauma Advisory Board Clinical Leadership Committee meeting this morning and the Preparedness Workshop last month. He encouraged all to participate in the August 13th functional exercise of the trauma coordination plan. He and Lynne will be sending out letters to EMS and Trauma Directors to get them to invite them to participate.

Dr. Pappas advised that the Central Florida Disaster Medical Coalition (CFDMC) has moved through the process of formalizing the Executive Director with the creation of a position description and list of deliverables. Lynne said that we are recommending approval of a \$500 per month stipend (\$6,000 annually) for this position. She asked the Executive Committee for approval. A motion for approval was made by Clint and seconded by Dr. Husty. There were no objections, and the motion carried. Lynne stated this will be submitted at the June Coalition Board meeting for final approval and will be effective July 1. Lynne said that the coalitions were asked by ASPR, the federal funding partner, to identify clinical champions and determine if they are provided stipends, so this was timely. Dr. Pappas thanked everyone and went through the deliverables for the position.

CFDMC/RDSTF Update: Clint announced that Eric Alberts has been appointed as a new health and medical co-chair, representing hospitals. This position has been vacant for several years. Clint announced that Dave Freeman recently retired from the Board and as the EMS health and medical co-chair and we will be looking to recommend someone for that vacancy. At the June 17 Coalition meeting, Dave will be recognized by the County, the Coalition, the RDSTF, and the state for his visionary leadership in disaster preparedness over the past twenty years. Clint indicated that Lydia Williams, formerly the St. Lucie planner, will take the lead role in regional planning, and he will hire another regional planner in the near future.

Lynne reported that Dr. Pappas will give an update on the Trauma Coordination Center Plan, the upcoming exercises and the trauma committee activities at the June Coalition meeting. Lynne indicated that we will be partnering with Florida Hospital Association in an 18 month pilot of a new communications platform, formally called CORVENA. The product was bought out by Juvare and is being rebranded as e-ICS. It will work with WebEOC and EMResource to greater improve communications across the healthcare and response system.

Committee Updates:

System Support Committee: Tina Wallace said the committee had a short call this morning and Orlando Health, Arnold Palmer, Halifax and Osceola Regional are all anxious to get up and running again. They have begun conducting Stop the Bleed and drowning prevention education programs. She has been working with EMS and others on drowning/submersion injuries that are increasing within the region. They are working to get the word out to both residents and tourists to bring awareness to this issue.

Preparedness Committee: Eric stated that the focus of this morning's meeting was involving EMS medical directors in the mass casualty plan as they will be playing a pivotal role. In the Trauma Coordination Center Plan. Currently there is not a lot of committee involvement from EMS. A conference call will be scheduled with them to go over the functional drill and invite them to participate. The goal is to hold the August 13th functional drill at the Orlando EOC (note-the drill has been moved to virtual only). In July, there will be two meetings for preparation of drill (mid-term and final). The most recent draft of the plan was sent out earlier today by Lynne.

Clinical Leadership Committee: Dr. McPherson stated the committee has been working with the Preparedness Committee on the exercises and he had no further updates to add.

Extended Care Ad Hoc Committee: There was no representative in attendance and Dr. Pappas stated that he and Lynne will reach out to Tino Manco.

Old Business: Dr. Pappas indicated the draft trauma coordination center plan was sent to all trauma stakeholders, including emergency managers, hospitals, EMS, etc. Lynne stated that we received one minor edit. She asked the Executive Committee for approval of the plan. Eric noted that this is new and when we exercise the plan we will have areas for improvement in the plan. A motion to approve the plan was made by Dr. Bilski and seconded by Dr. McPherson. There was no further discussion or opposition and the motion carried. Lynne stated that she will seek CFDMC Board approval in June and will then share the final plan with stakeholders. Dr. McPherson asked if the plan will be revised every six months. Lynne stated that all Coalition plans are reviewed and updated following exercises, and at least annually, including a review by members. In addition to the August 13 drill, a full scale exercise is planned with the region's hospitals in October and the trauma coordination center will be integrated into that exercise. Dr. McPherson asked if an after action report will be done in a timely manner, and Lynne advised that the Coalition is required to publish an after action report within 60 days of the event or exercise. Dr. McPherson stated that he will reach out to Dr. Pappas to work on encouraging EMS to engage in the August 13 drill. Dr. Husty said this could be raised at both county level meetings and the state meetings.

New Business: Dr. Pappas asked if there were any questions or comments or new issues; there were none. He asked that individuals reach out to him with topics for future meetings.

Lynne stated that she will send out the trauma stakeholder list and asked all to review and update.

Adjournment:

The next meeting is August 12 and will include a general meeting.

The meeting adjourned at 11:42 a.m.

**4-15-21 Region 5 Trauma Advisory Board
Executive Committee & General Meeting Minutes**

Welcome: Dr. Pappas welcomed and thanked all attending.

Roll Call:

Trauma Chair – Orlando Regional/Orlando Health: Eric Alberts, Susan Ono

Trauma Co-Chair – Halifax/Halifax Health: Not present

Level II Rep – Central Florida Regional/HCA: Andrea Gibson

EMS Chair – Martin County (South): Chief Chris Kammel, Chief Chris Stabile

EMS Co-Chair – Brevard (North): Dr. John McPherson

EMS Central Rep – Orange (Central): Not present

County DOH – St. Lucie: Clint Sperber

Acute Care Hospital – Sebastian River Medical Center: Rebecca Wilson

Extended Care – Orlando Health and Rehab: Not present

Municipal Government – Commissioner Jimmy Burry, City of Leesburg

County Government – Orange: Not present

7 of the 11 voting members were present, and a quorum was reached.

Ex Officio:

Dr. Patricia Byers, FCOT

Stakeholders/Guests:

Beverly Cook, CFDMC

Lynne Drawdy, CFDMC

Shaun Marie Hicks

Kelley Jenkins, Lawnwood

Amy Johnson, Advent Health-New Smyrna

Kate Kocovar, Florida Department of Health

Matt Meyers, CFDMC

Gaylen Tips, Holmes Regional Medical Center

Lydia Williams, DOH-St. Lucie

Call to Order: The co-chairs from Orlando Health and Martin EMS called the meeting to order. Lynne asked meeting participants for permission to record the meeting for minutes and stated the recording will be destroyed after minutes are completed. There were no objections.

Review and Approval of Minutes: A motion was made by Eric Alberts, seconded by Clint Sperber, to approve the February minutes as submitted. There were no objections and the motion carried. As there were not a quorum at the February meeting, the December minutes were not approved. A motion was made by Rebecca Wilson, seconded by Clint Sperber, to approve the December Executive Committee & General Meeting minutes. There were no objections and the motion carried.

Executive Director's Report:

Dr. Pappas announced that the Municipal Government Seat has been filled by Commissioner Burry, City of Leesburg in Lake County. The group welcomed Commissioner Burry, and he stated that he is pleased to join and looking forward to learning more about his role.

Dr. Pappas advised that the Trauma Preparedness Committee has been working on a draft regional Trauma Casualty Plan, supported by the Clinical Leadership Committee. He stated that the draft plan will be presented later in today's meeting.

CFDMC/RDSTF Update:

Lynne Drawdy stated that from an RDSTF perspective, the state is kicking off the State Homeland Security Grant funding cycle and The Coalition will participate. Additional updates/activities include:

- The Coalition received approval for an ambu-bus from USASI funding. Matt Meyers is working with a stakeholder committee in developing the bus, and we should have the funding and the vehicle next fall.
- The Florida Hospital Association gave the CFDMC almost half a million dollars and we are working with nursing homes in improving infection control and response at these facilities, offering subject matter expert consultants, training and equipment.
- At the request of hospitals and The Emerging Infectious Disease Collaborative, mental health training is a priority. We are currently offering mental health first aid courses and will send 16 individuals through a train-the-trainer program to sustain this training. She stated that the coalition is working with counties within the region to ensure that all stakeholders understand the plans for medically complex children.
- The Coalition's hospital equipment committee recently updated the minimum hospital readiness equipment list; it was previously focused on chemical events but now addresses all hazards, including infectious diseases. The Coalition is working now to ensure that all hospitals within the region receive the equipment identified.
- A draft infectious disease plan has been created that integrates both the Ebola plan and the pandemic plan. This will be shared with stakeholders.
- She stated that the Coalition is working on a supply chain mitigation strategy, using lessons learned during the pandemic.

Florida DOH Trauma Update: Kate Kocevar said things have been very steady from a trauma standpoint and is thankful for stakeholders. Leah Colston has resigned; Michael Leffler served as the interim director and Steve McCoy, who was the EMS chief, has now been selected as the director. Kate stated the office is meeting statutory requirements and have done four trauma virtual surveys which have provided learnings. She thanked stakeholders who participated. She stated that they are looking at developing a hybrid system for future visits. The State Legislature is meeting, and we do not have any legislation that affects trauma. COVID is top priority. Dr. Pappas said he is looking forward to a healthy, productive relationship with Steve McCoy.

Stakeholder Spotlight:

CFDMC Board Chair Eric Alberts provided an overview of the Coalition (see attached presentation). Eric stated that the Coalition sponsors an annual hospital mass casualty drill and this year's drill is planned for October 21. He opened the floor for questions and there were none. Dr. Pappas noted that CFDMC provides a lot of value to the healthcare system in preparing for disasters.

Committee Updates

System Support Committee: Matt Meyers stated that the committee members were unavailable today and asked that he report on their behalf. He stated that the group discussed that there has been a significant increase in ATV accidents and a significant increase in drownings with 23 since January 1st. They are putting forth injury prevention efforts with limited face-to-face due to COVID, doing fall and burn prevention efforts and partnering with community groups. May is Trauma Awareness Month. Dr. Pappas also mentioned seeing an increase in ATV crashes as well. Any ideas on injury prevention can be given to this committee.

Preparedness Committee: Eric advised that Dr. Bilski was not able to join the meeting today. He gave the committee overview and provided background information on the Region 5 trauma coordination plan. In early 2020, there was a large-scale bombing incident in the middle east producing a lot of trauma victims. Locally we realized hospitals would be quickly overwhelmed and there is no plan of coordinated distribution or transfer of patients. He stated that the committee utilized the federal MOCC (Multi-Organization Coordination Center) concept, developed during COVID, to draft the regional trauma coordination plan. The Preparedness Committee shared the draft plan with the Clinical Leadership Committee who approved the concept. The Preparedness Committee send out the draft plan to all trauma stakeholders and asked for Executive Committee approval to proceed with gathering input on the plan, planning a functional drill over the summer, and integrating the plan into the fall full-scale mass casualty drill.

Clinical Leadership Committee (CLC): Dr. McPherson said the committee met and reminded stakeholders that the committee developed five trauma protocols as best practice guidelines. These are posted on the Coalition Trauma page and have been previously distributed to trauma stakeholders. These include pediatric trauma, geriatric head injuries, management of COVID19 patients, spinal immobilizations and use of TXA in the field. He asked the Executive Committee for approval of these guidelines. At their meeting this week, they also came to consensus on the draft trauma coordination plan and will be working to engage the EMS medical directors in the plan. They will also work with the Preparedness Committee on evaluation of the exercises.

Extended Care Ad Hoc Committee Update: Dr. Pappas reported for Tino Manco. Tino has sent out invitations to recruit committee members from extended care sector. They are about a year behind due to COVID. They are asking for a motion to extend period for a year for the Ad Hoc Committee beginning April 2021. Dr. McPherson made a motion to extend committee's activities to 2021, was seconded by Rebecca Wilson with no opposition.

Old Business:

Approval of Trauma Protocols: Dr. Pappas asked for a motion to approve the five trauma protocols submitted by the Clinical Leadership Team. He stated that these have been posted for more than 90 days and all contain a link for providing feedback. Rebecca Wilson moved to approve the protocols and a second was made; there was no discussion or opposition and the motion carried.

Regional Trauma Casualty Plan: Dr. Pappas asked that the draft plan include a 30-day period for review and input and asked that the Preparedness Committee hold a workshop to allow questions and comments. Dr. McPherson emphasized t that the Clinical Leadership Committee will also reach out and engage EMS medical directors in the plan. Lynne advised that we will be submitting an abstract presenting the plan at the December National Healthcare Conference in Orlando. Dr. McPherson made a motion that the Executive Committee approve putting the plan out for review and comment by stakeholders and post on the Coalition website trauma page; Rebecca Wilson seconded the motion. The group discussed the need to have Corvena operational if we are going to test that during the exercise. Lynne stated that we are registering hospitals, EMS and other stakeholders. Juvare has bought Corvena and may be renaming it. Juvare owns WebEOC and EMResources which will make this platform even more robust. Dr. Pappas said following stakeholder workshop and the 30-day review, the plan will be finalized at the June meeting.

New Business:

Chief Stabile said he will no longer be able to serve on the Advisory Board as he has retired early. He stated that he was also the Vice Chair for the Coalition and will vacate that seat as both will be better served with someone actively involved in EMS. He nominated Chief Chris Kammel, the EMS Chief in Martin County, to take his place in both roles. He stated that the Coalition will vote on this at the April Board Retreat. Dr. Pappas noted that the new Chief will be automatically accepted considering our by-laws. Dr. Pappas thanked Chief Stabile for his contributions to the Trauma Advisory Board and wished him well. Chief Stabile said serving on the committees gave him a different perspective and was an educational experience for him. He stated that he is looking forward to continuing as a member of the Coalition. Eric also thanked Chief Stabile for his contributions to the Coalition.

Adjourn: A motion was made and seconded and the meeting was adjourned at 10:49 am.

Next Executive Committee Call

June 8, 2021

Next General Meeting

August 12, 2021

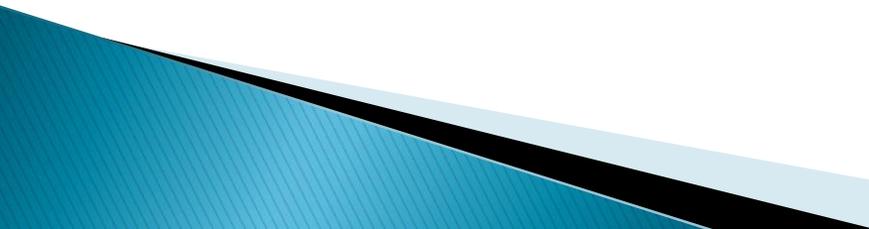


Central Florida Disaster Medical Coalition (CFDMC)

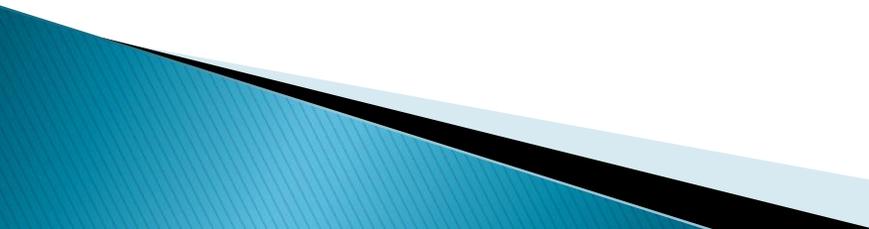
CFDMC Mission & Vision

- ▶ Mission: To develop and promote healthcare emergency preparedness and response capabilities in RDSTF Region 5
 - ▶ Vision: To create and sustain a resilient community with a common purpose and voice, protecting and saving lives during disasters of all types and sizes
- 

Alignment

- ▶ Funded by ASPR (Assistant Secretary for Preparedness & Response) HPP (Hospital Preparedness Program) through contract with Florida Department of Health
 - ▶ Formalizes Region 5 Domestic Security Task Force (RDSTF 5) Health and Medical Committee (in effect since 2002)
 - ▶ Supports Local ESF8, RDSTF Region 5, and State ESF8
- 

Executive Committee

- ▶ RDSTF Health & Medical Co-Chairs
 - Dave Freeman, Former Emergency Manager
 - Clint Sperber, DOH–St. Lucie, County Health Officer
 - ▶ Board Chair
 - Eric Alberts, Orlando Health
 - ▶ Board Vice Chair
 - Vacant – to be filled at April meeting
 - ▶ Treasurer
 - Lynda W.G. Mason, Northland Church
 - ▶ Executive Director (Ex–Officio)
 - Lynne Drawdy
- 

Board Members

- ▶ **Sheri Blanton** (Orange /Osceola Medical Examiner)
- ▶ **Tom Cisco** (Volusia Emergency Management)
- ▶ **Alan Harris** (Seminole Emergency Manager)
- ▶ **Dr. Vincent Hsu** (Advent Health)
- ▶ **Georganna Kirk** (Florida Community Health Centers)
- ▶ **Aaron Kissler** (DOH–Lake)
- ▶ **Reginald Kornegay** (Orlando VA Medical Center)
- ▶ **Bob McPartlan** (DCF)
- ▶ **Dr. Peter Pappas** (Trauma Surgeon)
- ▶ **Kenneth Peach** (Health Council of East Central Florida)
- ▶ **Christina Proulx** (Cleveland Clinic/Martin Health)
- ▶ **Susan Saleeb** (CVS Pharmacy)
- ▶ **Wayne Smith** (Davita)
- ▶ **Todd Stalbaum** (Orange EMS)
- ▶ **Debra Wallace** (Rockledge Health and Rehab)

Members

- ▶ 1,886 Members Representing More than 684 Organizations
- ▶ Covers 9 Counties in RDSTF Region 5:
(Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, Volusia)
- ▶ Members are:

Hospitals	Emergency Management
Public Health	EMS
Long Term Care	Outpatient/Home Health
Behavioral Health	Community Health Centers
Medical Examiners	Specialty/Support Services
Federal Partners	Associations

Funding

- ▶ Funded by ASPR through contract with DOH
 - ▶ 2020–2021: \$987,648
 - ▶ Expect level funding with potential for increase over next few years
 - ▶ Coalition meets contract deliverables and is reimbursed up to contract amount
 - ▶ New 5 Year Agreement with Florida Hospital Association for \$480,963 for infectious disease planning/response (focus on nursing homes)
 - ▶ Funding is allocated based on 5–year work plan in building capabilities
- 

Funding Restrictions

- ▶ Single Projects (building regional capability)
 - ▶ Food
 - ▶ Clothing
 - ▶ Bricks & Mortar
 - ▶ Vehicles
 - ▶ Supplanting
 - ▶ Backfill & Overtime
- 

Preparedness

- ▶ Plan: Regional plans such as alternate care site, disaster behavioral health, family assistance center, mass fatality, pediatrics, infectious diseases, trauma coordination
- ▶ Equip: Minimum hospital readiness, PPE
- ▶ Train: HICS, ICS, COOP, SAVE, Mental Health First Aid, conduct annual needs assessment)
- ▶ Exercise: functional drills (active shooter, tornado, generator), annual mass casualty exercise, annual evacuation exercise, tabletops (mass fatality, alternate care sites, trauma)
- ▶ Networking: Facilitates quarterly member meetings, monthly hospital calls



Response

- ▶ Situational Awareness to Members (HAN/Everbridge, daily Situation Reports)
- ▶ Resource Coordination (monitor ESF8 requests)
- ▶ Force Multiplier for Local EOCs
- ▶ Response Teams (regional medical assistance team, family assistance center, disaster behavioral health)



Member Benefits / Expectations

https://f6299184-a3cb-4c34-bb57-9bbf5a2a4016.filesusr.com/ugd/8d7960_1aefd25a38a54256923fe09fb7131f5d.pdf

CFDMC Supports R5 Trauma Advisory Board

- ▶ CFDMC was asked by DOH in 2015 to pilot a regional trauma agency
 - ▶ Dr. Peter Pappas, CFDMC Board Member and trauma surgeon, spearheaded this effort, supported by CFDMC
 - ▶ CFDMC provided \$30,000 in funding in 2017–2018 to develop a draft trauma agency plan
 - ▶ A draft plan was submitted, but the Trauma members agreed to keep the Trauma Advisory Board as a voluntary collaborative and not a formal agency
- 

CFDMC Supports R5 Trauma Advisory Board

- ▶ CFDMC continues to provide support to the Trauma Advisory Board and all committees, including meeting support, and a Trauma page on CFDMC website:
<https://www.centralfladisaster.org/trauma>
- ▶ CFDMC supported the Trauma Advisory Board Preparedness and Clinical Leadership Committees in the develop of the September 2020 trauma tabletop, and is supporting the committees in the development of the regional trauma coordination plan and the upcoming functional exercise. CFDMC will also integrate the trauma plan into its annual full-scale hospital exercise this fall

Questions

- ▶ For additional information:

www.centralfladisaster.org

- ▶ Eric Alberts
407/304-6283

- ▶ Lynne Drawdy
407-928-1288
info@centralfladisaster.org

2-9-21 RTAB Executive Committee Meeting Minutes

Welcome: Dr. Pappas welcomed all and thanked those attending.

Roll Call:

Trauma Chair – Orlando Regional/Orlando Health: Dr. Traci Bilski, Tina Wallace,
Trauma Co-Chair – Halifax/Halifax Health - Lindsey Martin and Rachel Driscoll
Level II Rep – Central Florida Regional/HCA: not present
EMS Chair – Martin County (South Rep): Chief Chris Stabile
EMS Co-Chair – Brevard (North Rep): Dr. John McPherson
EMS Central Rep – Orange County: not present
County DOH – St. Lucie County: not present
Acute Care Hospital – Sebastian River Medical Center: Rebecca Wilson
Extended Care – Orlando Health and Rehab: not present
Municipal Government – Leesburg: vacant
Country Government – Orange County: not present

Dr. Pappas announced that as only five Executive Committee members were present, a quorum was not reached, and the meeting will be informational only.

Others:

There were no ex-officio members present
Lynne Drawdy, CFDMC
Matt Meyers, CFDMC

Call to Order: The co-chairs called the meeting to order at 11:06 am

Review and Approval of Minutes: This will be pended until the April meeting.

Executive Director's Report

EMS Guidelines/Protocols: Dr. Pappas advised that the Clinical Leadership Committee consensus was that these are presented as guidelines only and are not mandatory. The survey link will be kept on the documents to solicit feedback as these are used. These will be posted to the website.

Municipal Government Seat: Dr. Pappas stated that with the loss of Mayor Ellison, we do not have a Lake County representative on the Executive Committee. Lynne will reach out to the City of Leesburg to solicit a replacement for Mayor Dennison.

CFDMC/RDSTF Update

Sperber/Drawdy

- The Domestic Security Coordinating Group is meeting today. Dave Freeman is the region's representative to that group.
- The Coalition is beginning an 18 month pilot of a new communications and event management software called Corvena. The Florida Hospital Association is covering the costs for the software during the pilot.
- The Coalition received a \$480,000 grant from Florida Hospital Association to improve our response to infectious disease outbreaks. The Emerging Infectious Disease Collaborative workgroup, led by Dr. Vincent Hsu, developed the workplan and budget. The major focus is on

improving infection control and response in long-term care facilities. The Coalition will hire infection control subject matter experts to work with nursing homes in improving their plans, protocols, and trainings. Nursing homes that complete this consultation are eligible for PPE and negative air pressure equipment provided through the grant. The coalition will also sponsor a fit-testing train-the-trainer program across the region and is setting up a regional repository for infection control and response resources and best practices. The EID Collaborative also asked the Coalition to provide responder resiliency training and mental health first aid training.

- The Coalition has begun planning for the 2021 annual mass casualty full-scale exercise. A save the date for October 21 has been sent out to the planning team and hospitals. The exercise is going to focus on managing an event that produces a large number of trauma patients and will be used to test the new trauma plan.

Committee Updates

System Support Committee: Tina Wallace reported that there was a lot of participation on today's call and members shared their injury prevention activities. Stop the Bleed is on hold until the end of March. Orlando Health is working on a seniors program and the Best Foot Forward program. Arnold Palmer Hospital is focusing on virtual activities, creation of injury prevention PSAs, a Horizon West event, social media, and blogs, and produced a burn video for burn awareness month. Osceola Region has created a new program called Safer Together which sparked great discussion. Central Florida Regional is working with nursing students and paramedics for when Stop the Bleed resumes, and is revising their trauma education program, and focusing on ensuring that patients recognize the number and answer follow-up calls. Holmes is revamping their injury prevention program.

Preparedness Committee: Dr. Bilski stated that the committee met on Monday and is focusing on preparing for the mass casualty exercise in October. The group looked at a new federal concept called a MOCC (multi-organization coordination center), which the committee has agreed to use as a starting point for the regional trauma coordination plan. After the plan is developed, the first step is a functional drill and then we will test the plan during the October full scale exercise.

Clinical Leadership Committee: Dr. McPherson stated that the CLC was tasked to develop guidelines for protocols and the committee has developed and submitted five protocols for Executive Board approval, including Pediatric Trauma, TXA in field, C Spine Mobilizations, Geriatric Head Injury with Anticoagulants, and Management of COVID19 Patients when Transporting to a Trauma Center. These are guidelines meant to be a resource and are not mandatory. All were previously distributed for review and input.

Dr. McPherson stated that the Clinical Leadership Committee will support the Preparedness Committee in developing a plan and preparing for the exercise. He stated that they will attempt to engage aeromedical within and outside region and will also assist with non-trauma hospitals and non-affiliated to make sure they are engaged. The Clinical Leadership Committee will also assist in developing evaluation tools and recruiting and evaluators.

Extended Care Ad Hoc Committee Update: not available

Old Business

The EMS Guidelines were approved and will be distributed to stakeholders and posted on the website.

New Business:

2021 Planning: Dr. Pappas asked each committee to establish goals for 2021. Dr. McPherson stated that the Clinical Leadership Committee will continue to develop additional resources to support trauma centers and EMS.

Executive Director Stipend: A survey to gain input on this issue was sent to the Executive Board last week. Dr. Pappas asked if there were any questions or discussion. He stated that he feels this will be an incentive and will establish accountability for the position. He asked stakeholders to feel free to communicate with Lynne directly on the issue. This will be presented to the Coalition Board in April.

Adjournment: The meeting adjourned at 11:26 am.

Next Executive Committee and General Meeting: April 15, 2021