

GETAC Disaster / Emergency Preparedness Committee
Wednesday, February 18, 2015, 9:00 – 10:30 am
Crown Plaza Hotel, Austin, TX

Meeting Summary

Eric Epley, Chair called meeting to order at 9:30 am. (Mtg delayed due to room logistics issues)

Summary of recommendations for GETAC:

1. Disaster/Emergency Preparedness (D/EP) committee unanimously voted to recommend to GETAC to support the TX EMTF Infectious Disease Response Unit (IDRU) concept. The TX-EMTF IDRU leverages existing the existing EMTF structure, which ensures rapid and complete coverage for every part of the state. Further, it creates redundancy, since there are 8 EMTF regions that would have 8 IDRUs.
2. D/EP committee voted to recommend that the May GETAC meetings should coincide with TDEM Conference in San Antonio

Workgroup Reports:

- TDMS – Dr. Kidd
 - Dr. Kidd absent, TDMS report tabled.
- EMTF update – Joe Palfini, Interim Program Manager, TX-EMTF State Coordination Office
- EMTF AMBUS- Continue to work on finalizing goals for 2015, which include tracking costs for State and providers for AMBUSes. 6 out of the 13 busses are on Fleet replacement.
- EMTF Operations- Committee reviewed 2015 goals and objectives. Appears that every region will be participating in the Bataan Exercise, which was one of the committee goals. Also, every region should have two deployable type 3 teams by 2016.
- EMTF SCO and Lead RACs, along with TETAF are working with legislators to arrange long-term state funding for the EMTF program as federal HPP funds decrease. Have representatives willing to support the bill, the process seems well-positioned but there is much to do.
- Air Medical Working Group- SCO is awaiting fixed wing rates from the Air Medical Committee and TAAMS. The first mtg of the EMTF Air Medical workgroup will meet in the next March or April.
- TX-EMTF IDRU – Asst Commissioner Gruber asked the EMTF SCO to develop a one-pager on response to Ebola, specifically caches for initial hospital, team response and moving patients. The EMTF Infectious Disease Response Unit (IDRU) was discussed at length. The IDRU will be a team identified in each EMTF region that will respond with a PPE, treatment and transport plan that fits each EMTF region's needs. There was unanimous approval for this concept. See recommendation at top of the page. The D/EP committee also determined it should keep the issue of High Consequence Infectious Disease on the D/EP agenda.
- The D/EP committee will be starting a list of High-Consequence Infectious Diseases, leveraging the other sources like CDC and DSHS.
- The D/EP committee felt it would be extremely helpful to know of high consequence infectious disease monitoring down to the county level. Right now information-sharing is sporadic, with some RACs and stakeholders having intimate knowledge of the ID monitoring and other areas

with little to no knowledge of the ID monitoring in their immediate area.

- The committee discussed the three major stakeholder groups in ESF-8. Broadly, those are Public Health, Acute Care/Hospitals/ and EMS. We need to ensure RACs are fully integrated as reps in the DDC for EMS and Hospitals, given the RAC's routine and regular working relationship with both of them. Chief Kidd will continue to discuss these issues with stakeholders.

Mr. Epley adjourned the February 18th, 2015 GETAC Disaster / Emergency Preparedness Committee meeting at 11:15 am.