

SSM St. Joseph Hospital of Kirkwood
ACS Hospital Planning Group
Agenda -NOTES

Carondelet Room
July 18th, 2007
12:00 noon – 2:00 pm

I. Introductions

Jennifer Anderson –SLCH
Dave Bagge –DHSS
Chris Green –Cardinal Glennon
Lois Kollmeyer –MHA
Chris Lhotak –CenterPointe
Karen Munt –BJC
Vanessa Poston –BJC
Kim Presson –St. Luke's
Hope Woodson –St. Charles PH
Craig McCammon –BJC
Wayne Laramie –St. Joe West
Jerry Glotzer –BJC
Marla Thomas –BJC
Helen Sandkuhl –SLUH

Attendees RSVP but not in attendance:

John Anthony –St. Louis Co. PH
Gary Christman –St. Louis City EMA
Steve Fine –MO 1 DMAT
Jeanne Fogarty –SLUH
Saralou Henderson –St. Louis Co. PH
Brett Moorehouse –Ranken Jordan
Mark Thorp –MO1 DMAT/EMS
Keith Vogt –VAMC
Ken Walk –St. Louis City EMA
Steve Woods –SAMC

Other individuals in the region of EMA, EMS & PH were asked to attend but no response.

After introduction of individuals Julie opened up the meeting with a brief overview of why there was the formation of this group, the need in our region, the collaboration efforts of all entities involved and how this will assist in a regional effort for an Alternate Care Sites like our counter part in Kansas City. Julie also discussed her experience in the observation/evaluation experience at the Alternate Care Site full-scale exercise in June.

II. State Approved Alternate Care Site Definitions

Attached is the documents that outline the different type of Alternate Care Sites.

III. ACS Guidance

Attached is this document and as an action item for Committee members

IV. Discussion per ACS Memorandum of Understandings with EOCs

The Kansas City regions EOCs have MOUs with Alternate Care Site locations. This provides the authority to take over a site if needed for medical care purposes. Discussion on this issue took place.

The Emergency Managers and DMAT were to be at the table but had an emergency so they could not make it to the meeting. This was agreed upon to be tabled until a later date to have this discussion with emergency management representatives.

V. What type of ACS to be exercised in 2008

There was open discussion on what ideas for an Alternate Care Site to be exercised in 2008. The Department of Health and Senior Services (DHSS) has expressed the St. Louis region to test this at the full scale level. However, during further discussions in the group it is not clear that the region is ready for a full-scale. More discussions took place on Alternate Care Site locations as in having regional ACS so that are located near a hospital and FQHC so that the coordination of entities could coordinate to handle the surge. Keep the acute care within the hospital....building the concept of MEMS as Kansas City has done for their region.

The group discussed this further and identified some more information is needed and more individuals need to be at the table in moving forward in the planning efforts of our region.

VI. Where/Location

Julie is to find out more information from the direction the State is heading for the 2008 Exercise. Also, it was identified this can not be decided until further research has taken place, maps provided and further discussion...suggestion on Old St. Luke's Hospital –Connect Care...also that each county or regional area to work on establishing one ACS or as defined in the guidance an ACC that all the hospitals in that area collaborate on.

VII. Coordination with the SNS exercise

Julie informed the group she will continue to work with the State and collaborative entities and inform the working group at the next meeting.

VIII. Action Items

- a. Other stakeholders at the planning table (at some point include entities of law enforcement, EMS, MoDOT, Metro, FQHCs, etc)
- b. MOUs (Ask EOC's who has the authority to take over an Alternate Care Site location and if there are any MOU's established in the St. Louis region between an EOC and ACS).
- c. Liberty High school ACS Guidance (**Committee Members review and comments to Julie Sackman by August 31, 2007**).
- d. Maps -Julie work with East West Gateway GIS to create these maps for the working group.

IX. **Next Meeting Date –TBD** –obtain maps of hospitals, trailer locations, schools, ACSs, and PODS.

DEFINITIONS

Medical Surge: The ability to provide adequate medical evaluation and care in events that severely challenge or exceed the normal medical infrastructure of an affected community (through numbers or types of patients).

CNA Corporation. *Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources during Large-Scale Emergencies*.2004, page 1-5.

Surge Capability: The ability to manage patients requiring unusual or very specialized medical evaluation and care. Requirements span the range of specialized medical and health services, and include patient problems that require special intervention to protect medical providers, other patients, and the integrity of the medical care facility.

CNA Corporation. *Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources during Large-Scale Emergencies*.2004, page 1-6.

Surge Capacity: The ability to evaluate and care for a markedly increased volume of patients-one that challenges or exceeds normal operating capacity. Requirements may extend beyond direct patients care to include other medical tasks, such as extensive laboratory studies or epidemiologic investigations.

CNA Corporation. *Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources during Large-Scale Emergencies*.2004, page 1-5.

Alternative Care Site: Location for the delivery of medical care that occurs outside the acute hospital setting for patients who, under normal circumstances, would be treated as inpatients. It may be a site to provide event-specific management of unique considerations that might arise in the context of a catastrophic mass casualty event, including the delivery of chronic care; the distribution of vaccines or medical countermeasures; or the quarantine, cohorting, or sequestration of potentially infected patients in the context of an easily transmissible infectious disease.

Agency for Healthcare Research and Quality. *Providing Mass Medical Care with Scarce Resources; A Community Guide*; Alternative Care Site. Page 77.

Types of Alternative Care Sites include:

- Neighborhood Emergency Health Center (NEHC)
- Acute Care Center (ACC)
- Special Needs Shelter
- Mass Care Shelters

Neighborhood Emergency Health Center: A community-based outpatient center that:

- Directs casualties and “worried well” away from emergency departments (EDs), allowing hospitals to continue to remain open in some capacity.
- Renders basic medical evaluation and triage, allowing medical providers to focus their efforts and make efficient use of limited resources.
- Provides limited treatment to people seeking aid, including stabilization care and distribution of prophylactic medications and self-help information.

Department of Defense. *Expanding local Healthcare Structure in a Mass casualty Terrorism Incident*. June 2002. page 16.

Acute Care Center: A system that is designed, organized, equipped, and staffed specifically to provide inpatient medical services to treat patients who need inpatient treatment but do not require mechanical ventilation and those who are likely to die from an illness resulting from an agent of bioterrorism. The ACC should be an extension of a nearby medical facility (hospital) and transparent to the public.

Department of Defense. *A Mass Casualty Care Strategy For Biological Terrorism Incidents*; December 2001. Page 7.

Special Needs Shelter: Provide a location to house individuals that typically have physical or mental conditions that require limited medical/nursing oversight. Because of their condition, special needs individuals need to be sustained with more medical resources and individual care than can be provided in a general (mass) shelter.

ASTHO. Public Health Preparedness. *Special Needs Shelters Are Key Component of the Public Health Response to the 2004 Hurricanes*. Page 1.

Mass Care: Coordination of nonmedical mass care services to include sheltering of victims, organizing feeding operations, providing emergency first aid at designated sites, collecting and providing information on victims to family members, and coordinating bulk distribution of emergency relief items.

ESF #6- *Mass care, Housing, and Human Services Annex; National Response Plan; December 2004,*

Types of Surge Facilities:

- Facilities of opportunity: Non-medical buildings which, because of their size or proximity to a medical center, can be adapted into a surge facility.
- Mobile Medical Facilities: mobile surge hospitals based on tractor-trailer platforms with surgical and intensive care capabilities.
- Portable Facilities: mobile medical facilities that can be set up quickly and are fully equipped, self-contained, turnkey systems usually stored in a container system and based on military medical contingency planning.

Agency for Healthcare Research and Quality. *Providing Mass Medical Care with Scarce Resources; A Community Guide*; Alternative Care Site. Page 77.

**SSM St. Joseph Hospital of Kirkwood
525 Couch Avenue, Kirkwood, MO 63122
Carondelet Room**

HOSPITAL COMMITTEE MINUTES

September 19, 2007

9:30am – 11:30am

Introductions of attendees:

George Salsman –Hospital Committee Co-Chair
Vanessa Poston –Hospital Committee Co-Chair
Helen Sandkuhl –SLUH
Debbie Beezley –SAMC
Diane Blumenfeld –St. Mary’s
Karen Munt –BJC
J.Day –AMH
Karen Groppe –Des Peres
Nick Gagnani –STARRS
Julie Sackman –STARRS
Scott Carruth –CGCMC
Debbie Mays –BJC
John Mueller –SJHC
Larry Vertrees –SSM Rehab
Leslie Porth –MHA
Beth Skaggs –MARH
Joe Leiteritz –Shriner’s

Bridgette Collins –St. Louis County PH
Chris Zirges –BJC
Angela Elgin –MRC
Elaine Allrich –DePaul
Jennifer Anderson –SLCH
Richelle Williams –KP Medical
Mark Canada –St. Alexius
Kelly Fluharty –St. Louis County PH
Tracy Horton –St. Luke’s
Jeanette Meyer –FPH
Janelle Mahon –St. Alexius
Dennis Keithly –St. John’s Mercy
Tim Pigg –Jefferson Memorial Hospital
Cathy Trescott –SSM Home Care
Joe Papes –DePaul
Wayne Laramie –St. Joesph West
Amy Meglitsch –St. Louis County PH

Announcement of Martha Kopper’s departure and appreciation for her work and time with the hospitals and the Committee. George gave acknowledgement to her hard work and commitment to the hospitals in the region. He explained he was saddened to hear grant funding was not renewed and that her efforts did not go without appreciation. Martha was not in attendance at the meeting; however, if hospitals wanted to express their appreciation they can do so by contact her before her last day of September 28, 2007.

I.) Update of Emergency Care Partnership
Grant Application

Julie Sackman

The application was submitted on September 5, 2007 to the Department of Health & Human Services (HHS). This Emergency Care Partnership Grant was a competitive piece of the formerly known HRSA grant or known as the ASPR or Hospital Preparedness Program (HPP).

The Mid America Regional Council (MARC) in Kansas City –STARRS counterpart, asked if we would partner with them on their grant proposal. The proposal was for a Trauma and Burn Care project. The project would focus on enhancing the trauma and burn care capabilities through planning; education and placement of resources needed to provide trauma and burn care during a mass casualty incident in the two urban areas (Kansas City and St. Louis). This project will continue to strengthen the collaboration between MO, KS and IL through this partnership.

Big thanks to the burn centers and EMS in our region that collaborated on providing information for this application as well as a buy-in from all partners in the process. The award date has not been released. At the next meeting a follow up on to the application progress or announcement of the award

II.) HRSA FY06 Equipment Follow Up

Julie Sackman

Decontamination Radios have been distributed to all hospitals in Region C by St. Louis Electronics. To date if your hospital did not receive your shipment of three (3) radios, batteries and charger please contact Julie Sackman ASAP at julie.sackman@ewgateway.org.

Cot Packages: Round 1 of Cot Packages were delivered to the hospital accepting them around September 10, 2007 by Global Protection. The hospitals receiving cot packages from Round 1 see attachment R1. To date if you're your hospital did not receive your shipment of one (1) cot package notify Julie Sackman ASAP at julie.sackman@ewgateway.org.

Round 2 of Cot Packages expected delivery date of October 1, 2007 by Arc Products LLC. The hospitals accepting them and the quantities see attachment R2. Follow up on the delivery will happen early/mid October and at the next Hospital Committee Meeting and/or at your inventory visit.

III.) Inventory Visit to each Hospital Facility
& STARRS Inventory Control Forms

Julie Sackman

Inventory visits to each hospital facility will begin sometime in October and completion by February 2008. Julie Sackman will be contact each facility to set up a day and time for this walk through and check of inventory. Each hospital contact will receive an e-mail from Julie in the next few weeks outlining the items that will be inventoried for each hospital and what grant periods they pertain to. Each grant period will have separate inventory control forms. An electronic version of the inventory control form is attached.

IV.) August 23 Surge Capacity TTX AAR

Julie Sackman

There was positive feedback on the tabletop exercise and areas for our region to improve upon. The participants will be distributed After Action Report on CD and should sign off for them –see Julie after the meeting.

Moving forward as a region that next step take this surge capacity issue and alternate care to a functional exercise in 2008 and possibly 2009 a full scale. Further discussions as Julie will be meeting with the State in a couple weeks to discuss the State's exercise of the full scale SNS in our region.

Julie will be requesting that each hospital provide a contact and how is trained in MOHSAIC by each hospital –this will happen in the next couple months and to be prepared to answer this information.

Discussions on training are needed on both MOHSAIC and Nexgensis in our region. Chris Z. of BJC can provide information to hospitals on her training with Nexgensis for her hospital. Julie will find out from the State their plans on MOHSAIC training for St. Louis region and will let the hospitals know those dates.

V.) UASI Funding Update

Nick Gragnani

Hospital Committee endorses that satellite phones for FQHC's is important for the region.

Satellite phones have not been distributed yet and Nick hopes to have an update from the vendor very soon on when they will be available and training for them.

Discussions on the cost of the maintenance of the sat. phones of a WAG of \$1500-2000/yr.

MCI trailer specifications are in development and once there is information to be distributed it will be to those appropriate parties for review.

The AdHoc Committee met and decided what projects to fund with the UASI FY07 grant funding. Unfortunately, Live Process was not funded. The Medical Cache for the hospitals was funded and provided bonus points for the entire grant application. Hospitals addressed this issue. Debbie and George will express the hospitals point of view at the STARRS Advisory Committee Meeting on September 20, 2007.

VI.) Update on ACS Planning Group

Julie Sackman

The Alternate Care Site Planning group met on July 19th following the STARRS Hospital Committee Meeting. The attendees from hospitals were from the people who showed interest from the previous meeting. Other participants in this work group include DMAT, EOCs, Public Health and requested participation from FQHCs. The purpose of the establishment of this work group is to look at the Alternate Care Sites in our region, planning for a regional Alternate Care

Site, discuss how to move forward as a region, collaborating and incorporating other agencies and entities into the planning of our region. The first meeting was an orientation and open discussion. During the meeting it was identified more information needs to be provided to the group about moving forward.

Debbie addressed she was not aware of this working group. Julie replied that a sign up list was provided for hospitals. Volunteers for this work group were contacted regarding the meeting; there were many participants from BJC. Julie explained she would follow up with Debbie on this issue and include her as part of this working group moving forward.

VII.) MHA EMSsystem Orientation Training Webinar Julie Sackman

Discussions of previous training offered on Sept. 12 and 14th. Leslie P. of MHA described the previous training hiccups due to computer issues on MHA's end. MHA can provide more training opportunities via webinar and expanded training. Leslie provided an update to the progress of EMSsystem and where they are heading with the program. Leslie will provide another update at the next meeting in November.

VIII.) Specialty Hospital Subcommittees Brett Moorehouse

Brett approached the Hospital Committee on the interest of the Children Hospitals to collaborate and meet. Interest was shown and contact information exchanged.

IX.) 2008 Hospital Meetings George Salsman

George addressed how the hospital will not be moving until December of 2008 and the STARRS Hospital Committee meetings will remain at SSM St. Joseph Kirkwood this next year. St. Anthony's Hospital and STARRS have volunteered to provide alternate locations if needed.

X.) MHA Capacity Assessment George Salsman

Hospitals should have been distributed these assessments and please fill them out. Reminder the deadline is this Friday, September 21st.

Leslie P. explained that this is the last year the hospitals will have report this twice a year. In the next grant period it is only required once so to expect it only around March in 2008.

XI.) Choose a Date/Scenario for Fall MHA Exercise George Salsman

Two (2) scenarios for the fall exercise were proposed -1) Terrorist takes over an airplane that crashes onto the Popular Street Bridge –causing casualties and death 2) Domestic terrorist attack at the KMOV-TV building in downtown St. Louis –like the OK City bomb attack. The Hospital Committee members choose scenario 2 and date for this exercise is to be November 13th at 8:00 pm.

XII.) Choose Preferred Dates for MHA EMSsystem Orientation Training via Webinar George Salsman

MHA will be providing further dates of training.

XIII.) Medical Reserve Core (MRC) Angela Elgin

Angela provided an overview of the purpose of a regional Medical Reserve Core and its functions. Main point –will not be taking resources/personnel from the hospitals. They are seeking outside hospital resources and staff to be available as a community asset in a disaster. The MRC will have medical trained individuals who may be able to assist in many areas of the community or locations through the region.

Angela was asking for more hospital involvement as stakeholders in their planning as they move forward. The next MRC Strategic Planning Committee meeting will be Thursday, October 25th, 2007 from 9 am to 3 pm with a lunch provided. If you would like to attend please notify Angle Elgin at AEIgin@aol.com.

Discussion on the National Oxygen Kit (NOK) that is available through Air Gas and what it can provide the regional hospitals. The Power Point Presentation brochures were distributed at the meeting and the representative will be sending STARRS an electronic copy. If you would like further information on this contact Julie at julie.sackman@ewgateway.org or (314) 244-9605.

NEW BUSINESS

Upcoming Training Opportunities/Announcements

- **STARRS Training Committee Meeting**

Monday, October 1, 2007 at 1:30 pm

Location of Meeting: Crestwood Government Center, 1 Detjen Drive, Crestwood, MO.

The training committee is interested in hospital representatives to attend and be part of the committee. Interested individuals should have an educational/training background.

If you would like to attend contact: Eric Hammonds at eric.hammonds@ewgateway.org

- **MedComm Training**

These training sessions will be four hours in duration. They will cover the basics of EMResource, EMTrak, HEAR Radio, V-EOC and other communication methods used by throughout the region. Also included will be an introductory look at resources used by MedComm, the position of MedComm in regional ICS structures and common task performed by MedComm staffers during operational periods.

The training will be offered at MedComm located at MoDOT Traffic Information Center at 14301 South Outer 40 Drive, Town and Country, MO 63017.

Training will be conducted at 9 am on the following dates:

September 25th

October 2nd

October 10th

If you are interested in attending one of the above training sessions, please contact Terry Sofian at terry.sofian@ewgateway.org or (314) 244-9606.

Next Meeting Date: November 21, 2007

ST. LOUIS AREA REGIONAL RESPONSE SYSTEM
HOSPITAL PREPAREDNESS COMMITTEE
NOVEMBER 21, 2007; 9:30 A.M.

Meeting called to order by Committee Chairs, George Salsman and Vanessa Poston.

K. Munt made a motion to approve the minutes as presented, motion was seconded and carried.

2007 MOU/MO MAA/MAST. P. Hales led a discussion regarding the 2007 MOU. He indicated that 50 (MO/IL) hospitals are now signatory to the STARRS MOU. He continued that MHA is sending out a MOU for signature that establishes certain hospital requirements and ways in which hospitals will communicate. MAST (Mutual Aid Support Team) has been created and will discuss issues that affect them and operations of the MOU. In January 2008, the MAST will be meeting. The MHA Agreement is basically the same agreement as the STARRS MOU. In this MHA developed agreement; however, there is no MAST—the MHA Disaster Preparedness Committee performs the MAST role. Again the primary difference is that the MOU applies statewide. The MOU has specific provisions which require it to be consistent with the STARRS and MARC MOUs. L. Porth sent out the MOU indicating that if the Hospital is signatory to the STARRS or MARC MOUs, there is no need to sign. P. Hales indicated that it is his opinion that it is desirable to sign this new agreement because it sets up (FEMA) reimbursement for hospitals—this provision is part of the STARRS MOU. Such reimbursement would not be available to private for profit hospitals. He continued that it is not legal for State Department of Mental Health facilities to enter into agreements that last longer than one year. It is felt that this can be addressed by an addendum to the St. Louis MOU. He continued that MAST shows it is a living document--3 year agreement with provisions that it will carry over annually thereafter.

UASI FY05 & FY06 Grant Equipment. J. Sackman reported that we are finalizing our documentation for purchase and delivery for the UASI FY06 purchase of MCI BLS trailers for the region. The UASI FY05 purchase of Satellite Phones is still in progress and will soon be distributed over the next couple months.

DHS Hospital Assessment. G. Salsman and D. Mays reported on the opportunity for a number of hospitals to participate in the DHS Hospital Assessment. The three-day assessment will be facilitated by a physician and nurse. The desire is for three STARRS hospitals to participate. They stressed that this is a good opportunity for a hospital in that feedback is given within the month and a re-visit will occur within 6 months to see whether the recommendations are being implemented. Participation requires completion of a 45-page questionnaire on emergency procedures. This is not a punitive process

as JC surveys are. There is no cost to participate in the assessment. In June participating represents can attend a best practice seminar in Dallas. December 7th is the deadline for requests to participate and returned to Debbie Mays.

UASI FY07 Update. D. Mays reported that the Hospitals are receiving funding on two line items--\$250,000 for software program pilot and funding for a medical cache trailer in collaboration with Kansas City of \$150,000. The program pilot is for software similar to the V-EOC used by our local EOCs. J. Sackman and N. Gragnani indicated that it is their goal is to have all documentation complete by January 3rd so that we can begin our process with SEMA for making our expenditures.

Patient Tracking. M. Yancie reported on the patient tracking being used on a daily basis by St. Louis City. Phase V will include additional St. Louis County EMS services and integration of ETS with other projects such as the Mobile Routers. Illinois Region IV has been working to pilot upgraded software under a separate contract; their project is compatible with that of the St Louis region. It adds capability across a wider region and adds new functionality.

HRSA Grant. J. Sackman reported that FY05 and FY06 Grants are closed; equipment audits are in the process and will continue through mid-January. Hospitals are using STARRS inventory forms that will be reviewed during the audit; as well as, a validation of product/quantity and storage and PM practices.

J. Sackman reported that 15 hospitals accepted HAM radio equipment that will be purchased with FY2007 in the Hospital Preparedness Grant dollars; awaiting EWG posting of bid specifications.

J. Sackman reported that the Emergency Care Partnership Grant submission was not awarded monies; however, we will be able to use the work don on the application as an investment justification for UASI monies.

J. Sackman also reported that she working with Kansas City on a joint grant application opportunity to bring a CDC Health Workshop to the region.

STARRS Training and Exercises. Committee reviewed January 2008 training and exercise calendar that will be posted on the STARRS website.

Pediatric Subcommittee Update. B. Moorehouse reported on the first meeting of this group and indicated they have agreed to meet on a quarterly basis. Discussion included what the facilities' role will be in community preparedness and response. They are discussing whether a pediatrics cache is desirable. The Minutes of this Subcommittee will come back through the Hospital Preparedness Committee.

Pediatric Surge Cache. Brief discussion was held regarding a pediatric surge cache. We have a funding opportunity to buy a pediatric cache. The Pediatric Subcommittee will be going over the supplies and trailer size and submit to STARRS promptly. J. Sackman stressed the short timeframe the funding source on the purchases of this cache. Funding will be coming out of HRSA FY06 to enhance alternate care site capability.

EMSystem Update/Training. L. Kollmeyer reported that the new screens will go live December 28. She indicated that individual hospitals will have a greater ability to customize the screen. L. Kollmeyer indicated that hands on training sessions will be held and that she will post a revised EMSystem 101 Training module on the Resources page.

Web-based orientation will be available 11/28 and 11/30.

Committee discussed those authorized to place messages on the EMSystem and the desire to keep good control over this practice and require that all messages posted must contain an identifier as to who posted the alert/information.

SNS Exercise. J. Sackman lead the group in a discussion on the upcoming SNS Exercise scheduled for March 18, 2008. The Exercise will be a full scale exercise with a scenario based in the St. Louis area tied to a Bio-Watch event of anthrax. The exercise will be Bi-State with joint planning with Illinois. There will be four local jurisdictions participating—Jefferson, St. Charles, St. Louis City and St. Louis Counties. Objectives were discussed. STARRS has been invited to be a part of the State planning process to provide for regional health care representation for the Region C hospitals. A planning meeting is scheduled for 12/10. Committee discussed issues associated with sending licensed police officers across jurisdictional lines and that this needs to be addressed by the altered standards committee. Questions also posed questions regarding dispensing medications from an alternate care site that is not licensed for this activity. Hospitals are to report by Dec. 7, 2008 to D. Mays or STARRS if your hospital plans to participate at a full scale level. L. Kollmeyer indicated that the DOH is aware of these concerns and is working on the development of emergency orders that would waive these requirements. MHA discussed possibly making their spring exercise tie into this SNS exercise.

MHA Webinar on JC Changes. V. Poston and L. Kollmeyer briefly discussed the upcoming webinar to cover the changes made by JC changes in emergency management requirements.

ACTON ITEMS

Universal ID and Training Committee Hospital Representatives. G. Salsman led a discussion regarding the need for hospital representatives for these two committees. G. Gagnani informed the group that the UID project startup first

involved only police and fire. Emergency Medical Services and Public Health will be the next disciplines included. The goal is to have everyone who will play an active role in disaster management represented. Further discussion revealed that the Hospital Committee did have representatives on both groups. Others interested were encouraged to join the groups.

Pediatric Surge Cache. The Committee voted and approved \$180,000 for a pediatric cache (diapers, cribs, small cots, etc.) that would not include medical supplies. Pediatric medical supplies will continue to be included with the adult medical supplies. The Pediatric Subcommittee will review and make recommendations for inventory.

There being no further business, meeting adjourned.

Respectfully submitted,

VANESSA POSTON, CO-CHAIR