

NADMAT
ANNUAL MEETING AND ELECTION OF OFFICER

April, 2002
Atlanta, Ga

1. Kelly Burkholder-Allen called the meeting to order and the attendance list was passed for signatures along with the agenda for the meeting.

Roll call

Team represented & present:

Team not represented or present:

Kelly Burkholder-Allen introduced herself and reviewed the history of NADMAT. The organization was created in 1996 with Paul Rega, OH -1, as the first chair. The mission statement was read. The NADMAT was designed to be a common voice to speak with OEP concerning the issues that all teams were experiencing. The organization did not restrict the teams from directly addressing issues and concerns with OEP but likened their position to seeking a consensus of the teams and presenting a common voice.

At previous NADMAT meeting, teams were asked to sign a letter of commitment to support NADMAT. The letter and copies were made available to those who wished to join in support. Signing could only be done by the Team Leader or their designated replacement.

The minutes of the 2001 NADMAT annual Meeting were made available to the group. A correction was suggested for a change of \$16,000/year to \$1600 a year for the average cost of insurance for liability/workers comp for a team. This was suggested by Jim Fenn, Deputy Commander, OH1 and seconded by Kevin Canton, FL6. Motion carried.

Old Business-

A progress report was given regarding past business of the NADMAT.

- Meeting with OEP staff
 - Although funding was available, this meeting never took place
 - NADMAT leadership did manage to meet with OEP staff on Saturday AM.
- There are some solutions and closure to some of the issues from the past year
 - Immunization Policy
 - Dr. Gum working on finalizing and awaiting sign off from Dr. Knouss. This pretty much has the same features as the policy for the CCRF
 - Insurance issues
 - Julie Aldrich (WA1)
 - Through NASAR \$4000: Covered during non-deployment times for liability / injury. Covers staff not yet approved by NDMS for local deployments

- Kevin Canton (FL6) wants to explore a group policy for all the teams so as to decrease cost by its size.
 - It was noted the new Bioterrorism bill may address some of these issues.
 - Equipment issues
 - Operational Functional Working Group
 - Meeting in Maryland in August
 - Made 12 recommendations
 - Required Immunizations
 - Better designation of team levels
 - Start and Jump Start as standardized triage method for NDMS
 - WMD triage protocols
 - Trained safety officer on each team deployment
 - Formal #’ing of NDMS policy and procedures and distribution of each to teams
 - Fitness and licensure standards
 - 10-15 additional minor issues
 - Most of these recommendations are in the works or already put into place
 - Self sponsorship for teams
 - 3-4 teams didn’t have a sponsor and NDMS accepted the team as a self sponsor in the past
 - OEP is now requiring a sponsor
 - The question went out to the teams if any team has a hardship with their sponsor:
 - Nancy Newell (NV1): Medical officer from sponsor causing some friction with the group
 - Sanford Hawkins (GA4): Looking carefully contract/mou between OEP and the sponsor. When seeing new sponsor, current sponsor forced split of team. Suggested MOU between team and sponsors, not just NDMS and sponsors.
 - Gary Lindburg (FL3): Recently changed sponsor due to geography issues. MOU is not binding and is for a fixed term. The equipment accountability is driving this. If the team dissolves, who can come and get the equipment
 - Helen Miller (OR2). Oregon team was required to get an institutional sponsor
 - Fran (NJ1) first sponsor had odds with al major public safety agencies in the area. They did manage to terminate that MOU and was also told they must have an institutional sponsor
 - Alert Status
 - Skipping of alert status without spending funds:
 - Jake Jacoby (CA4): Teams are now being put on Advisory not alert. Teams are being required to provide a roster of names and ready their equipment. There is no funding to do this during an alert, only during an advisory. This is causing a hardship on some teams as people have to take time off work, labor expense for prep of equipment, developing roster, etc.

- Gary Lindburg (FL3) For employers, etc. OEP needs to fax a copy of the alert level and a mission name and number and details of the mission requirements as the put a team on alert.
 - Helen Miller (OR2): Also suggested that OEP fax a letter that can be presented to an employer that designates teams mission, alert level, etc. This would aid in release of team members from their employer.
- Mental Health Delivery:
 - Phil Verbouski (IL2):
 - Has discussed this issue with Dr. Knouss
 - Use assets of NDMS MH teams
 - Open MH Teams meeting on Wed 7a to discover MH needs in the system
 - Noon meeting to discuss with OEP staff
 - Bill Devir (OH5): On partial team deployments or when members fill in with other teams on a mission. No hand off from NDMS or documentation if the team member returning to the team had received CISM or if it was now up to the teams responsibility to do so upon return.
 - Dave Springer (CA11)
 - Should have out-processing forms faxed to team commander
 - This could be the ultimate responsibility of whomever on the team signs the timesheets for the team
 - Thom Shepard (CA3)
 - Mental Health teams follow up with team command to recommend CISM. Also suggest we do a 30 and 120d follow up with team members
 - Marc Swicord (GA3)
 - Received a card from HHS regarding employee assistance MH services
 - Gary Lindburg (FL3)
 - Post shift debriefing
 - Fran Griffin (NJ1)
 - Unfortunately, didn't see some team members on each shift due to duty station
 - Cohen (FL5): This may reduce workers comp issues if we act proactively on mental health issues
- Triage Tags, Tracking and Documentation
 - This is a year old issue
 - Working on an electronic medical record system that could feed into CDC
 - Still need to push for this being in NDMS cache
 - Triage tags have been in ops committee and is waiting OEP approval
- Name change of NADMAT to some other name
 - After review for about 15 minutes, this was decided to not be necessary at this time
- Uniform Colors
 - Conf call 1 yr ago.
 - Final recommendations: Either Khaki or Blue. Cant mix within team, color must be uniform within the team

- No final recommendation on hats, boots, hardhats
- Each team should also have their own specific uniform policy
- There are still some unresolved issues pending from the committee
- Gary Lindburg (FL3): Teams could wear their own shirt under their BDU blouse
 - Campaign ribbon instead of pins was suggested
 - No periods in the Name Strip for USPHS (not U.S.P.H.S.)
- Salim Suner (RI1): Due to weather changes, functionality of the present uniform should be considered
- Cold weather working group tested uniforms, clothes, heaters etc. at the Alaska Special Olympics
- ??? (FL6): Pins or emblems to classify personnel, MD, RN, Logs, etc. This was discussed in the uniform committee
- Nominations for NADMAT
 - Judy Edwards (GA3) nominated Tim Tacket (AL1). Tom Lawrence (AL1) seconded
 - *Tim Tacket (AL1): In NDMS since 1990. Has been EMTP, Ops Officer, Admin, Deputy Commander and now Commander. Wants to remind OEP they work for the people in this room.*
 - Gary Lindburg (FL3) Nominated Judy Edwards (GA3). Seconded by John Caprio (FL5)
 - *Judy Edwards (GA3): Been with team since 1990. Has concerns with membership and recruitment. Wants to form foundation to assist in team support. Wants OEP to recognize chief nurse to oversee other medical issues at a deployment.*
 - Voting Procedure: Chairs: The 3rd chair is elected each year. Each year the 3rd chair moves to second, the second chair moves to 1st and the first chair becomes chair. The current chair retires.
 - Each team gets one vote. Only one member can vote from a team
 - Ballots were passed and collected for counting:
- Election of Judy Edwards to 3rd chair of NADMAT
- Pharmacy Plan
 - NDMS should sign for drugs.
- Julie Aldrich (WA1): Need more DMAT specific classes at the conference
- Kelly Burkholder-Allen (OH1): Suggested a specific track for the team training officer
- Mention from someone about getting policies in writing. Wants to see cleaning up of the NDMS team database to facility fair distribution of team funding.
- Budget for training for each team.
- Salum Sunar (RI1): Wants member of teams on NDMS committee to review funding proposals
- (???) Wants NDMS to do more PR and “selling of NDMS”.
- (???) Support Concept of Operations for Mental Health to be provided by the DMATs for both the patients we serve as well as the team. Emphasize assurances of MH under ESF-8.
- Gary Krusche (FL1):
 - During WTC, husband of a member deployed to the WTC died at home during a house fire. Thanks to everyone who sent money and support for the wife of that team member who was sent home from the WTC.

- Thanks to Kelly Burkholder-Allen for the years of support and for the passing of the INVISIBLE NADMAT GAVEL to Mark Swicord, who now moves up to Chair.
 - Mark apologized for missing last year due to JCAHO at his facility. Mark stated he sees the DMATs in good a position this year. It will be an interesting year. We will continue to push issues. A request was made regarding the Liaison issues during a deployment and this will be advanced to NDMS. They need to pull in commanders and Deputy Commanders from teams to act as Liaison Officer (LNO). We are moving in a good direction.
- Churton Budd (OH1) Moved to adjourn, Jake Jacoby (CA4) seconded. Meeting Adjourned.

Minutes taken and transcribed by:
Churton Budd, RN, EMTP
OH1 Commander