ASRC BOD Minutes
12 July 2008

Winchester Memorial Hospital, Winchester, VA

Title	Name	From	Present	Proxied To
Chair	Steve Weiss	SMRG	Yes	
Vice Chair	Carl Werntz	MARG	Yes	
Treasurer	Jen Clifton	BRMRG	No	
Secretary	Sarah Carlson	SMRG	Yes	N/A
Roster	Steve Weiss	SMRG	Yes	N/A
Webmaster	Kenneth Chiacchia	AMRG	Yes	N/A
Ops	Doug Moore	MARG	Yes	N/A
Asst. Ops	*Vacant*	–	–	N/A
ADC	Kevin MasGill	–	No	N/A
Medical	Roger Miller	SMRG	Yes	N/A
PA OMD	Keith Conover	AMRG	No	N/A
VA OMD	George Lindbeck	*none*	No	N/A
WV OMD	Carl Werntz	MARG	Yes	N/A
MD OMD	*Vacant*	–	–	N/A
Comms	Keith Crabtree	SMRG	Yes	N/A
PIO	*Vacant*	–	–	N/A
Safety	Carl Werntz	MARG	Yes	N/A
Infection Control	*Vacant*	–	–	N/A
Training	Alex McLellan	MSAR	Yes	N/A
Group Reps	Name		Present	Proxied To
AMRG	Pete Roolf		Yes	
AMRG	Kenneth Chiacchia		Yes	
BRMRG				
BRMRG				
DMVSAR	Jim Jackson		No	Jon Wiseman
MARG	Doug Moore		Yes	
MARG	Carl Werntz		Yes	
M/SAR	Andrew Dorsett		No	
M/SAR				
PSAR	Bob Allam		Yes	
PSAR	Ron Chervenak		Yes	
PVRG	Alan Holmes		No	
RACE	Wendell Adams		Yes	
SMRG	Steve Weiss		Yes	
SMRG	Andrew Bickers		No	
SWVaMRG				
TSAR	Kevin Brewer		Yes	
TSAR	Theresa Crossland		Yes	

At Large Attendance (Name, Group)			
Don Ferguson, MARG	Dave Keller, DMVA	Elise O'Brien, DMVA	Jen Richards, SMRG
Michael Damkot, SMRG			

Summary of Motions from this meeting:

Motion	Section	Result
Motion to confirm that the July 2008 Version 6.2 Training Standards as presented by the CTO reflects pervious policy decisions and current training standards for the organization.	2.3.4	Passed.
Motion to recertify with a BLS license in October when the ALS license lapses.	5.3	Passed.

Minutes:

1. **The meeting was called to order at 1037 by Chairman Weiss.**

2. **Chair's Report**

    2.1. At the last meeting, laid out a plan for updating core documents, especially the Training standards. Hope is to accomplish this during current BOD's term.
    2.2. Special Topic: Training Standards
        2.2.1. Emails yesterday afternoon raised questions about current Training standards. Keep discussion in general terms for this meeting. If there is an issue with a particular person's candidacy, an investigation may be in order. Posed the question: Do the specific allegations require an investigation into the officers?
        2.2.2. Received two packages. There was some procrastination, but WD began to look into whether the applicants met the qualifications. There was some back and forth during the review period regarding what the standards are for meeting the qualifications. Several people noted that we need to get better at documentation. We're trying to make our standards NIMS compliant and updated. There were lots of gray area questions. Believe that candidates were judged to have met all of the requirements?
            2.2.2.1. Training Officer confirmed that several did clearly meet all the requirements. General comments included: Process is very gray and needs to be better defined. Need to make documentation requirements part of the qualifications. Are we trying to operate in a NIMS world where we have to provide historical documentation—but we're introducing this requirement on the fly. Trying to be fair to the candidates but pushing toward where we want to go in terms of documentation. This is part of what we need to fix in the Training standards. Implementation is getting ahead of what the standards actually say. Candidates' understanding is that there was a Training standards review actively in progress. Also candidate review in progress. Appeared to us that the two merged a few days ago, which didn't leave much room to provide documentation. Rationale for establishing documentation is that organization was fairly criticized by VDEM for failing to retain accountability over certifications we handed out. Standard for the process needs to be that it has to be able to be looked at by a third party and they need to be able to clearly see that the candidate has met the standards. (Action following this discussion returns in section 2.3.5 below)
    2.3. Framework for Development of Updated ASRC Training Standards

2.3.1. Put up spreadsheet showing Major Elements of ASRC Training. Includes objectives, credentialing policy, training program units. Analyze credentials and align with operational requirements. Update standards to incorporate new operations requirements. Introduce clear leadership standards, etc. Training program units: Awareness-level knowledge, skills practice, functional and full-scale exercises.

2.3.1.1. Need to differentiate between different types of credentialing criteria and come into NIMS compliance.

2.3.1.2. Steve: We have been ad hoc in the past in terms of standards and credentialing.

2.3.1.3. Would like to have changes in the training standards come in the form of an amendment.

2.3.2. Provided an overview of proposed credentials.

2.3.3. Presented revision of training standards. Brought document into compliance with revisions that have already passed the BOD. Provided history of changes.

2.3.3.1. May need to officially confirm requirement that FTL recertification requires participation in 6 missions as an FTL over previous 3 years.

2.3.3.2. Question as to whether IS-800.B should really be a requirement. It was voted on and approved as IS-800 and Alex updated the requirement to keep it current. This is in the NIMS requirements for FTL level.

2.3.3.3. Question as to whether ANRC first aid course or equivalent is the BOD-approved requirement. No documentation exists on this point. Discussion confirmed that this is the current requirement. Also need to add requirement for CPR. Added "Hold a current AHA CPR or Health Care Provider certification, or equivalent."

2.3.3.4. Maintenance and management of first aid and CPR requirements is left to the groups.

2.3.4. Motion to confirm that the July 2008 Version 6.2 Training Standards as presented by the CTO reflects pervious policy decisions and current training standards for the organization.

2.3.4.1. Seconded.

2.3.4.2. Discussion:

2.3.4.2.1. Need to indicate that FEMA equivalencies are not applicable to us.

2.3.4.2.2. First approve this, then update our standards.

2.3.4.2.3. At our next meeting, what standard do we use for someone coming up for approval? These standards, even if they aren't perfect.

2.3.4.3. Motion passes.

2.3.5. BOD will clarify guidance and that guidance will be implicitly endorsed when the candidates are endorsed. CTO will publish process for review and documentation required. CTO will also publish overall principles.

2.3.5.1. May be worth voting at next meeting which proportion of attendance at missions must be at the service of ASRC, as opposed to other organizations, when considering hours required for certification or recertification.

2.3.6. Thanks to William Dixon for extraordinary efforts in reviewing the IS applications.

3. **Administrative:**

3.1. Minutes from previous meeting are still in the possession of previous Secretary. Propose that we get in the habit of reviewing and approving minutes online. Have sufficient review period and then call for electronic voting.

3.2. No MOU with VDEM yet. Unknown whether it has been sent to the Attorney General. POC believes that updating our training standards is the right direction but reluctant to say that such updates could bring ASRC into line with VDEM requirements. May be thinking of requiring everyone to go through VDEM-provided training. Doesn't matter what the organization's requirements are because if the state calls you out, the state is liable.

4. **Financial Planning and Budgeting**
    4.1. **Treasurer's Report**
        4.1.1. Not yet received. However, we are in fine shape financially. Latest insurance payment has been made.
        4.1.2. May need to change insurance POC. Not sure that our POC's recommendations for liability insurance are in line with actual requirements.

5. **Medical Officer Report:**
    5.1. No report. Have sent out emails to all group medical officers but have had almost no contact with any of them. If they're not treating anyone right now then there's really nothing for them to report.
    5.2. Some of our equipment in the locker is outdated, does not reflect current technology. Upgrading the equipment would be prohibitively expensive. Recommend that we do not maintain the ALS license. Recommend dropping to a BLS license. BLS level is EMT plain. Would not change how we currently operate in the field.
        5.2.1. Insurance agent indicated that our medical liability is not tied to whether we are ALS licensed.
        5.2.2. Discussion indicates that that is incorrect.
        5.2.3. Does not affect our coverage. We have no coverage as medical practitioners. This is a bad thing and should limit our treatment options.
        5.2.4. Can we change the station location to someplace more convenient? Answer: Yes.
        5.2.5. Determined that medical officer should be empowered to make decision regarding station location.
        5.2.6. Group medical officers: Need lists of providers as soon as possible with level and certification date. First responder and above only. Only Virginia-based teams.
            5.2.6.1. TSAR does not have a list of the types of certifications.
            5.2.6.2. Other groups do and recommend collecting this information.
    5.3. Motion to recertify with a BLS license in October when the ALS license lapses.
        5.3.1. Seconded.
        5.3.2. Motion passes.

6. **Operations Report:**
    6.1. Need training standards to evaluate group training programs. This will reside in the Admin manual rather than the Training manual.
    6.2. Recapped recent past ASRC searches.
    6.3. Clarification: Can we call out RACE when they have no CQs but do have SAR Tech 2s? Do they need to take the training classes if they are already certified as SAR Tech 2s?
        6.3.1. May need to add training for them to provide information on where ASRC policies differ from SAR Tech policies.
        6.3.2. Would an Awareness of ASRC course make SAR Tech 2s into CQs?
        6.3.3. MARG as mentoring group makes these decisions. This may be clarified better in the next version of the Training standards.
        6.3.4. MARG: As long as GTO or GTO-designee approves, SAR Tech 2 can participate in a mission. This is for liability reasons.
        6.3.5. Gap to be filled is where and how to search.
        6.3.6. CTO will include in Training standards multiple options for attaining CQ certification.
    6.4. Need to assign agency reps when more than one agency responds. Do we need to formalize the coordination?
        6.4.1. Need to notify each team as to who the AR is.
    6.5. MOU out to TOPOFF VA. One out to ??. One out to Tyler County SAR (Western WV).

6.5.1. Commonwealth of WV may be interested.
6.6. State issues
6.6.1. Delaware: No issues.
6.6.2. Maryland:
6.6.2.1. Theme: They like the standards but now they want a little bit more proof of them. Roster is not enough.
6.6.2.2. Need to have a certificate indicating ASRC BOD as accrediting agency and require signature. Ops and CTO should work together on this.
6.6.2.3. AMRG is already working on this and can provide a starting point.
6.6.3. Ohio:
6.6.3.1. Working with Ohio Emergency Management Agency. Hopefully will have a MOU by the time RACE is formally recognized as a group.
6.6.3.2. RACE was approached to join an Ohio response team (DOJ program). They search for missing children. Safety concerns?
6.6.3.3. May start seeing missions in Ohio due to small number of ground search teams there.
6.6.3.4. Communications issue in ASRC with bringing team in.
6.6.4. Pennsylvania:
6.6.4.1. Police did not know about wilderness SAR teams. Need to do outreach there. Different police barracks are completely distinct from each other.
6.6.4.2. Murphysburg search had to be shut down due to active robberies taking place in the search area. Last robbery was 1000 feet from the place. Police wanted to continue search.
6.6.5. Virginia:
6.6.5.1. Lack of acknowledgement of EOC alerts. Sometimes it takes an hour. Need to respond faster. Lack of alert officers is at the heart of the problem.
6.6.5.2. After we call the first time, we fail to call back. They would like us to call back in 20 minutes with the resources we can send.
6.6.5.3. Because of these issues, VEOC may be alerting ASRC less often?
6.6.6. West Virginia:
6.6.6.1. State EOC learned they don't know anything about SAR during Dolly Sods search. Considered blindly adopting ASRC standards as their own. Already have taught two classes in WV with about 25 students in each class (mostly state police in the first class and OEM directors in the second). Setting the stage for a WV SAR school.
6.7. Cannot transmit in far northern part of Ohio and a small part of Pennsylvania due to Canadian laws. Called "Line A" stipulation. Applies to both our licenses and all teams.
6.7.1. Business man (?) license is limited to 5 states + New Jersey, and not Ohio.
6.7.2. RACE has no licenses of its own. They use ham radios. They're all individually licensed ham radio operators.
6.8. Ops Manual Report: Briefing.

7. **New Business:**
7.1. Sep. 13-14 AMRG will host Wilderness First Aid class offered by CDS Outdoor School.
7.2. MARG is hosting the SAR challenge on Aug. 9 as part of Appalachian Wilderness First Aid Conference.

8. **Next meeting:**
8.1. Next BOD to be held 11 October at Winchester Medical Center.

9. **Good of the organization:**

    9.1. RACE roster passed around showing events, training, and call-outs RACE members have attended.

    9.2. ASRC Alert and Dispatch Briefing (see attached).

10. **The meeting officially adjourned at 1707.**