

METROPOLITAN EMS REGIONAL COMPACT

This Compact is made and entered into by and between the thirty undersigned Emergency Services (EMS) agencies located in the seven-county metropolitan area.

RECITALS

WHEREAS, this Compact is not a legally binding contract but rather this Compact signifies the belief and commitment of the undersigned EMS services that in the event of a disaster or special event/incident, the medical needs of the community will be best met if the undersigned EMS agencies cooperate with each other and coordinate their multi-jurisdictional, multi-agency mutual aid response efforts.

WHEREAS, the undersigned EMS agencies desire to set forth the basic tenets of a cooperative and coordinated response plan in the event of a disaster or special event/incident with the goal to provide a consistent level of care using resource sharing throughout the Metro Region rather than allowing for the provision of divergent standards of care during such events.

WHEREAS, the undersigned EMS agencies desire to cooperate and collaborate in the event of a disaster or special event/incident, in which an EMS agency(s) within the Metropolitan Region becomes incapable of managing a large volume of incident related calls and/or incapable of managing calls within their PSA with the usual bordering/partnering mutual aid agencies, by deploying assets or other support services as requested through usual mutual aid requesting protocols or by the Metro Regional EMS Multi-Agency Coordination Center (EMS-MACC), a metro Medical Resource Control Center (MRCC), and/or a Metro Regional EMS Incident Management Team in order to support the affected requesting agency(s).

NOW THEREFORE, in consideration of the above recitals, the undersigned EMS Agencies agree as follows:

ARTICLE I

COMMUNICATION BETWEEN THE UNDERSIGNED
EMS AGENCIES DURING A DISASTER OR SPECIAL EVENT/INCIDENT

The undersigned EMS agency will:

- 1.1 Communicate and coordinate efforts to respond to a disaster or special event/incident in accordance to the Metro EMS Region Incident Response Plan (IRP) via their National Incident Management System (NIMS) compliant Incident Command Structure (ICS), primarily incident branch commanders and agency management, to the coordinating MRCC and the Metro Regional EMS-MACC and/or Metro EMS Incident Management Teams when activated or deployed.
- 1.2 Receive alert information via web-based EMS status system regarding any disaster or special event/incident with as well as a concurrent radio notification by East and West Metro MRCCs as a redundant back-up system.
- 1.3 Communicate with the Metro Regional EMS-MACC, when activated, and each other's Emergency Operations Centers (EOC) by phone, fax, email, and will maintain radio capability to communicate with MRCC as a minimum back-up.
- 1.4 Utilize a Joint Public Information Center (JPIC) during a disaster to allow their public relations personnel to communicate with each other and release consistent community and media educational / advisory messages. Each undersigned agency should designate a Public Information Officer (PIO) who will be their EMS liaison with the JPIC. Depending on the event, this may be coordinated through the Metro Regional Hospital Resource Center (RHRC), Minnesota Department of Health, Minnesota Division of Emergency Management, or the Minnesota Hospitals and Healthcare Partnership. If no umbrella organization assumes responsibility, Hennepin County Medical Center (Hennepin Healthcare Services, Inc.), North Memorial Medical Center and/or Region's Hospital communication departments will assume and coordinate this responsibility.
- 1.5 Provide according to the procedure outlined in the Metro region Incident Response Plan (IRP) through the coordinating MRCC, name and age of disaster victims which would then be disseminated to the regional EMS-MACC when activated, the RHRC or American Red Cross for disaster welfare inquiries for purposes of victim location by family members unless special circumstances preclude such information sharing. Provide to the coordinating MRCC, when permitted, appropriately detailed information about unidentified patients (John/Jane Doe) and their dispositions in order to facilitate identification.

ARTICLE II

ONGOING COMMUNICATION ABSENT A DISASTER

The undersigned EMS Agencies will:

- 2.1 Meet at least twice yearly under the auspices of the Metropolitan Regional EMS Emergency Preparedness Committee of the Metropolitan Emergency Services Board (MESB), to discuss continued emergency response issues and coordination of response efforts. Meeting minutes, agendas, and progress reports will be shared with appropriate organizations such as the MESB, the RHRC, the Metropolitan Medical Response System (MMRS), regional emergency managers and county EMS councils or committees.
- 2.2 Identify primary point-of-contact and back-up individuals for ongoing staffing of Metro Regional EMS Incident Management Teams, the Metro Regional EMS-MACC and communication purposes. These individuals will be responsible for determining the distribution of information within their EMS organizations and agencies.

ARTICLE III

ADAPTIVE OPERATIONS AND FORCED EVACUATION OF A METRO-RHRC AFFILIATED HOSPITAL

- 3.1 If a disaster or response to a special event/incident affects an undersigned agency(s) forcing partial or complete adaptive operations, the other undersigned EMS agencies agree to participate in the distribution of requests for service within the affected EMS agency's Primary Service Area (PSA), even if this requires activating emergency response plans at the assisting agency(s).
- 3.2 In the event of an emergent hospital/medical center evacuation, East and/or West Metro Medical Resource Control Centers (MRCC), in conjunction the Metro Regional EMS-MACC, will coordinate all patient transportation (bus, WC, BLS, ALS, critical care) with the Regional Hospital Resource Center (RHRC), the hospitals' point-of-contact, and assist affected hospital(s)/medical center(s), as requested, with the internal organization of transportation plans for the evacuation of patients and will distribute run volumes equitably.
- 3.4 In the event of an **anticipated** evacuation, transportation arrangements will be made in accordance with the affected hospital's usual and customary practice.

ARTICLE IV

RESPONSE WHEN THE NATIONAL DISASTER MEDICAL SYSTEM
IS ACTIVATED

- 4.1 If the National Disaster Medical System (NDMS) is activated in response to a disaster outside the metropolitan area, the RHRC will determine bed availability and with the Minneapolis Veterans Administration Medical Center communicate EMS needs to the agency providing service to the Minneapolis-St. Paul Airport. East and/or West Metro MRCC, upon request, will determine the surge capability of the undersigned agencies. Regional EMS Incident Management Teams and/or the Metro Regional EMS-MACC will be deployed and activated to assist with patient reception/evacuation planning and coordination of EMS activities with the RHRC upon request.
- 4.2 If the National Disaster Medical System is activated in response to a disaster in the metropolitan area, East and West Metro MRCC and the EMS-MACC, will obtain information from the RHRC and/or regional healthcare facilities regarding the number of patients that require transportation, and will coordinate the EMS response and resource allocation with support from the RHRC, Minnesota Department of Health and the Department of Public Safety – Division of Homeland Security and Emergency Management.

ARTICLE V

REPORTING SURGE CAPACITY AND CAPABILITY

- 5.1 The undersigned EMS agencies will use a designated web-based site to report the agency's surge capacity, its capabilities and its ability to transport patients. System capacity and reporting will be monitored by MRCC. The undersigned agencies will update this information on the web site at least once daily so that MRCC has current information to immediately determine system resources in the event of a disaster. In the event that the electronic system is non-functional, manual methods may be used to collect this data (eg: telephone reporting).
- 5.2 Surge capacity and capabilities will include at a minimum: licensed ALS and BLS vehicles, available staff and support personnel. A taskforce will examine optimum data and time reporting with input from each of the undersigned agencies.

ARTICLE VI

AUXILIARY HOSPITAL AND CASUALTY COLLECTION LOCATION

- 6.1 An alternate care site (ACS) auxiliary hospital and/or casualty collection location may be required in the event a disaster overwhelms the metropolitan area hospitals' capacity and capabilities.
- 6.2 If an ACS, auxiliary hospital and/or casualty collection location is required, HCMC will coordinate administration, staffing, and site operations in Hennepin County for the west metropolitan area. Regions Hospital will coordinate administration, staffing, and site operations in Ramsey County for the east metropolitan area.
- 6.3 The undersigned agency may be asked to contribute volunteer and/or EMS staff to an ACS, auxiliary hospital or casualty collection location on an urgent basis, subject to availability.
- 6.4 The Regional EMS Incident Management Teams and/or the Metro Regional EMS-MACC will provide assistance the RHRC and the administrative coordinating entity to determine the extent of EMS involvement and will construct short and long-term action plans.

ARTICLE VII

STAFF, MEDICAL SUPPLIES, AND PHARMACEUTICAL SUPPLIES IN THE
EVENT OF A DISASTER

- 7.1 In the event of a disaster or special event/incident when patient care staff is in surplus at one of the undersigned agencies and lacking at another, the undersigned agency with the surplus will share staff to help ensure that the available EMS agencies in the metropolitan area are adequately staffed during a disaster or special event/incident.
- 7.2 In the event that needed supplies are in surplus at one of the undersigned agencies and lacking at another, the undersigned agency with the surplus will share supplies to help ensure that patients in the metropolitan area receive necessary treatment during a disaster or special event/incident.
- 7.3 The above staff and supply sharing will occur in cooperation between the management staff, incident commanders and designated EOC staff at the involved undersigned agencies.

ARTICLE VIII

MISCELLANEOUS PROVISIONS

- 8.1 This Compact together with the attached Exhibits, constitutes the entire compact between the undersigned EMS agencies.
- 8.2 Amendments to this Compact must be in writing and signed by the participating agencies. Exhibits, such as the Incident Response Plan and response procedures, which are reviewed and revised periodically by some or all of the participating agencies, may be replaced with updated versions without formally amending this Compact. Such updated Exhibits shall be provided to all participating agencies and shall become effective as to each agency upon receipt.
- 8.3 An undersigned EMS agency may at anytime terminate its participation in the Compact by providing sixty-day (60) written notice to the lead administrator at each of the undersigned agency.
- 8.4 This Compact is not intended to create a joint venture between any of the undersigned EMS agencies. Each EMS agency is responsible for supervising its own employees and volunteers, and shall not be liable for the acts or omissions of any other EMS agency based on the terms of this Compact. Neither Party to this Compact nor any officer of any Party within the Compact shall be liable to any other Party within the Compact or to any other person for failure of any undersigned agency to furnish assistance to any other Party within the Compact.
- 8.5 The undersigned agencies shall indemnify and hold harmless the other parties of this Compact, their officers, employees, members, shareholders, directors, attorneys, agents, assigns, and other related parties, persons, entities against all third party claims, losses, damage, liability, suits, judgments, costs and expenses arising from negligence or intentional misconduct of personnel assigned by any undersigned agencies based upon terms of this Compact.

Signed

Dated

Printed name

Title and EMS agency represented

Received

Dated

Participating EMS Agencies:

ALF Ambulance
Allina Medical Transportation
Belle Plaine Community Ambulance Service
Burnsville Fire Department
CART Ambulance, Inc.
Chaska Fire Department Ambulance (Ridgeview)
Columbia Heights Fire, Rescue and Emergency
Cottage Grove EMS
Edina Fire Department
Hastings Fire Department EMS
HCMC EMS
HealthEast Medical Transportation
Lakeview EMS
Life Link III
Lower St. Croix Valley Fire Department
Mahtomedi Fire Department Ambulance Service
Maplewood EMS
Marine on St. Croix Ambulance
Mdewakanton Fire Department
Minneapolis Fire Department
New Prague Ambulance
North Aircare
North Memorial Ambulance
North Memorial Ambulance-Forest Lake
Northfield Hospital EMS
Oakdale Fire Ambulance
Ridgeview Ambulance Service
St. Paul Fire Department
University of Minnesota Ambulance
White Bear Lake Fire Department
Woodbury Ambulance

EXHIBIT A

DEFINITION OF TERMS

Affected EMS Agency: The EMS agency directly impacted by the event/disaster and the EMS agency's PSA where disaster occurred may be the recipient agency for supplies and personnel from another agency.

Assisting EMS Agency: The contributing EMS agency that provides personnel, pharmaceuticals, supplies, and/or equipment to an agency experiencing a disaster or special event/incident requesting assistance.

Alternate Care Site (ACS): A facility established to provide ongoing patient care in a non-hospital environment, primarily to serve as austere care overflow bedspace during a epidemic or other prolonged emergency situation with mass casualties.

Casualty Collection Location: An area established to collect or triage casualties either between the scene of an incident and the hospital (eg: a casualty collection point at a air crash site), or between the hospital and outgoing transportation resources (eg: an airport hanger during a National Disaster Medical System evacuation from the Twin Cities area).

Disaster or special event/incident: A situation in which an incident's resource requirements exceed available resources to the point which an EMS agency is incapable of managing a large volume of incident related calls and/or incapable of managing calls within their PSA with the usual bordering/partnering mutual aid agencies.

Emergency Operations Centers (EOC): The coordination center for emergency response to an event or incident. The State, County, City, and affected EMS agency may each have their own EOC for their portion of the event, but liaison efforts between such centers are of critical importance.

Joint Public Information Center (JPIC): A source of information that is designated by more than one agency or group to speak on behalf of all during an emergency to assure consistent messages and flow of information.

National Incident Management System (NIMS): The Incident Command System that identifies the command structure and operational branches during an emergency. All public safety agencies in the State of Minnesota use a NIMS compatible system.

Metro Regional EMS Incident Management Team: A team comprised of specialized, NIMS trained and incident command experienced EMS management and supervisory personnel from agencies within the Metro Region who when requested and deployed will either assist the EMS Branch Commander on scene of a disaster or special event/incident, assist EMS Branch Command at various EOC's, and/or provide staff for the EMS-MACC.

Metropolitan Medical Response System (MMRS): The organization of public safety and health agencies that has provided the planning, oversight, and integration of weapons of mass destruction planning into emergency planning for the cities of Minneapolis and St. Paul under a grant from the U.S. Department of Health and Human Services.

East and West Metro Medical Resource Control Centers (MRCC): Communications hubs located at Regions Hospital and Hennepin County Medical Center respectively that are responsible for coordinating patient destination during a disaster or special event/incident in relation to hospital resources, coordinating EMS communications and tracking patients during such an event as well as obtaining resources (medical director consultation / notification, CISD contact point, transport resources) among other responsibilities.

Minnesota Homeland Security Emergency Management (MHSEM): Department of Public Safety division responsible for disaster response coordination and mitigation. DPS-DEM is the state agency which will coordinate state and federal resource response during a disaster.

National Disaster Medical System (NDMS): A contingency system of voluntarily committed hospital beds throughout the United States that may be activated when a disaster overwhelms regional healthcare resources and requires evacuation of patients to another region of the nation for care. Plans are in place for the reception of patients into, and evacuation out of the Twin Cities region should this type of event occur.

MNTrac: Minnesota systems for Tracking Resources, Advisory/Alerts, and Communication is a database driven, password protected web application. The application has been designed specifically to track bed capacity, pharmaceuticals and resources (i.e. ventilators, personal protective and decontamination equipment) from all hospitals within the state to support surge capacity needs. Hospital bed diversion status, emergency event planning, emergency communication, and alert notifications are supported in real time.

Regional Hospital Resource Center (RHRC): A designated regional hospital that performs clearinghouse functions for information during a disaster and may act to match available and requested resources from different facilities during a disaster situation. Resource needs may also be communicated from the RHRC to local/county emergency management and public health agencies. If a disaster occurs in East Metro, Regions Hospital will have primary responsibility for coordination, if the occurrence is in West Metro HCMC will have this function primarily.

EXHIBIT B

METROPOLITAN EMS REGION
INCIDENT RESPONSE PLAN

SEE THE FOLLOWING TWO(2) PAGES