



METROPOLITAN EMERGENCY SERVICES BOARD TECHNICAL OPERATIONS COMMITTEE

September 20, 2022, 12:00 P.M.

1. **Call to Order** –Chair, Brian Fisher
2. **Approval of Agenda** – Fisher
3. **Approval of Minutes of Previous Meeting** – Fisher
4. **Action Items**
 - A. Appoint representation to the Strategic Advisory Committee (SAC) with the RHRC
 - B. Request by Avera Care Flight for SMRCC Talkgroup access.
 - C. Request by the U.S. Marshals for East and West MRCC Talkgroup access.
5. **Discussion Items**
 - A. EMSRB – Guiton
 - B. Regional Programs - Hayes
 - C. EMSRB FY2022-2023 EMS grants update- Hayes
 - D. MESB Update – Hayes/Rohret
 - E. EMS Emergency Preparedness Subcommittee – Lupkes
 - a. EP Workgroups- Lupkes
 - b. Nursing Strike Preparation- Fischer
 - F. MMRTAC – Hayes
 - G. EMS Regional Compact Workgroup Progress (Page 24)- Hayes
 - H. Review By-Laws/Sub-committees and composition (Page 13)- Hayes
 - I. Update/ Presentation on Hennepin County Ordinance 9- Mellstrom
 - J. Local EMS Updates
 - K. Other Updates
6. **Other Business**
 - A. Having a short informational presentation at the meetings.
7. **Adjourn**

EMS TOC Executive Committee- November 17
EMS TOC (Full Committee)- December 20

**Metro Region EMS System
EMS Technical Operations Committee
June 21, 2022**

Members:

Allina Health EMS – Kevin Miller

Anoka County – Susan Perkins

Burnsville – **absent**

Carver County – **absent**

CentraCare – **absent**

Chisago County - **absent**

Cottage Grove EMS – **absent**

Dakota County – **absent**

Edina Fire – Ryan Quinn

Elk River Ambulance – **absent**

Gold Cross, St. Cloud – **absent**

Hastings Fire – **absent**

HealthPartners Transportation – Brian Fisher

Hennepin County – **absent**

Hennepin EMS – Tyler Lupkes

Isanti County – **absent**

Lakes Region EMS – **absent**

Lakeview EMS – **absent**

Lower St. Croix - **absent**

M Health Fairview - Nick Lesch

Mahtomedi Fire – **absent**

Maplewood Fire – **absent**

Mdewakanton Fire & EMS – Mark Weiberg

Medical Director, East – Aaron Burnett, MD

Medical Director, West – **absent**

Minneapolis Fire - **absent**

Northfield EMS – Brian Edwards (Chair)

North Memorial Ambulance – Kevin Novotny

Oakdale Fire – **absent**

Ramsey County – **absent**

Ridgeview EMS – Mark Anderson

St. Paul Fire – **absent**

Scott County – **absent**

Sherburne County – Adam Boler

South Metro Fire – Terry Johnson

University of MN EMS – Robert Ball

Washington County – Angela Eastman

White Bear Lake Fire – Joel Schmidt

Woodbury Public Safety – **absent**

MESB Staff: Greg Hayes, Jill Rohret

Guests- None

1. Call to Order @ 12:00 PM

2. Approval of June 21, 2022 Agenda – No Quorum

3. Approval of March and December 2021 Minutes – No Quorum

4. Guest Presentation – no update

Charity Riders information is included in the June EMS TOC meeting packet.

5. Action Items – None

6. Reports and Updates

A. EMSRB

Brian Edwards said the waver language was passed but it sunsets in 2023. They codified things that should have been left to the board to develop.

Kevin Miller said Dillion Ferguson is the EMSRB Executive Director. Items to be discussed at the next Legislative Committee meeting will include the radio rules to be repealed within the laws governing the EMSRB. The other rules under 4690 will also be reviewed. Specific steps are needed to enact the wavers. There is a strong work plan. Of all of the 19 items, 9 require legislative change.

Edwards said since the waiver language sunsets in June 2023, it is suggested you take advantage of that and follow the very specific steps.

Kevin Miller said there were two other items discussed. The budget statute of 1997 has to do with understanding costs and financial reporting to the board. That statute was only in force for one year. That statute will either be enforced or repealed.

Miller said JB Guiton is currently chair but will step down when that term is up.

Ryan Quinn asked if the waver for expired meds was in force and and, what is process change.

Edwards said as the process goes forward, the waver language specifies a process.

B. Regional Programs

Greg Hayes said there are plans for a 3ECHO class in Dakota County, and there is a NIMS 300 and 400 class in Fridley in September and October of this year.

C. EMSRB FY2022-2023 EMS grants update

Hayes said MESB is working closely with the EMSRB on potential upcoming grants. Seatbelt money will be discussed at the next board meeting. There was a grant change that combined some grant dollars that are used in the region making it more flexible. The work plan is on track.

Hayes said the Narcan grant reimbursement process begins in July.

D. MESB Update

Greg Hayes introduced himself, his background and plans, and inventory.

Jill Rohret said there will be an RFP issued for back-up bus drivers. The RFP is on the EMSMN.org website and also with the state's Registrar Office. The MESB audit was clean and the 2023 budget process is starting. The grant process is changing and suggested grant priorities be discussed at the remainder of the 2022 EMS TOC meetings.

E. EMS TOC Executive Committee

Brian Fisher said in addition to covering the agenda items, there was discussion on the by-laws.

F. EMS Emergency Preparedness Subcommittee

Tyler Lupkes said the EP subcommittee met May 4 but did not have a quorum. Action items that could not be voted on included election of a vice-chair. Three workgroups were created, the Compact, equipment and the MACC. All three have had their initial meeting.

Lupkes said the member roster needs to be updated and new members are being sought.

Lupkes said zipit pages will continue as in the past until the EMS EOC structure is determined.

Lupkes told Miller he would have that conversation with the EP Committee of how ChemPacs are tying into the response plans.

G. MMRTAC

Hayes said at the last MMRTAC, there was an update on Fire Service Day at the fair.

H. EMS Regional Compact Workgroup Process

Hayes said the compact has not been updated since 2007. First is the legal review of the existing compact. The document will then be re-drafted and the goal is to try and get it into one document instead of the separate ones that now exist. The mutual aid agreement and the disaster compact were shoved into one document.

Miller said North and Allina had some concerns about the pending changes to Ordinance 9.

I. Review by-laws, subcommittees and composition

Rohret said there are many examples of rules that are not put into practices, such as the annual appointment of members and sub-committee attendance and meeting frequency. Workgroups should be formed to review these by-laws. Effort is being made to locate original historical and charter documents.

Fischer said the EMS TOC Executive meeting will have this topic on their next agenda.

J. Update on Hennepin County Ordinance 9

Ryan Quinn said that most of the ordinance was passed by Hennepin County. Staffing was pulled out of the ordinance until 2025. Next the update will be to go to the EMSRB for approval.

K. Local EMS Updates

Hennepin EMS - Staff shortage-volume up 12-20%. There will be several active Shooter exercises this summer.

Med- Same as HCMC

Allina - Busy with interfacility. Not at surge levels but high volumes. TPC Golf tournament

Edina- Staffing is full. 1 additional tomorrow. Mobile ECHMO vehicle should go live in the next day or so. Volumes up.

RMC - Same as everyone. Question on the secondary transport for ECHMO and who is responsible. Process still being worked out.

South Metro - Call volume up 7%- Looking to hire 2 additional staff latter of 2023.

Northfield - Power failure at hospital last night. 2 Transfer to Sioux Falls in the past month. One of the issues is hospitals are boarding nursing home patients. Call volume down and staffing down. Started an EMT trainee program in return to gain qualified EMT's for staffing.

Wash Co - Metro EM Assn meets in the fall winter and is a good networking event with national speakers. 1st Wednesday of the month.

Dr. Hailey - East Metro- Volumes high

Anoka - Christine Lambert new TOC member

Lakeview - Fully staffed and volumes up. New base update

U of M - Summer is a quiet time as no big special events. 2nd ambulance in fall. Staffing is looking good for fall

WBL - Short staffed and busy

Health Partners - Building update. Volumes up with transfers in the upper Midwest.

L. Other Business

Rohret said in-person meetings are confirmed as the only acceptable meeting to meet the open meetings law.

M. Adjourn @ 1:14 PM

The Metropolitan Emergency Services Board-Metro Region EMS System

Regionalization of EMS originated from a series of Federal initiatives through the 1960's and 1970's. Responding to criticism of unsafe highway designs and healthcare system weaknesses, the 1966 National Traffic and Motor Vehicle Safety Act, the Federal Highway Safety Act of 1970, and the 1973 EMS Systems Act, as well as Title XII, created federal funding streams for EMS. The funding resulted in increased EMS training and preparedness to efficiently respond to and treat the large number of injured victims from vehicle crashes on U.S. roadways. The regional focus and premises evident during the early development of EMS systems continue to have a significant impact on the structure and functionality of today's modern EMS systems.

Unfortunately, the Omnibus Budget Reconciliation Act of 1981 reduced the funding for EMS systems and integrated EMS programs into the Health Prevention Block Grants which were phased out by the federal government around 2001.

When the federal funding began to diminish, the State of Minnesota chose to continue to fund and promote the state's EMS regional systems. In 1985, the Minnesota State Legislature enacted the Minnesota Emergency Medical Services System Act (MS 144E.50 Subd.2) that created the EMS System Support Fund and helped to offset the declining federal grants. The fund is equally divided by the eight (8) EMS regional systems of which the Metropolitan Emergency Services Board is the fiscal agent of the Metro Region EMS System.

Permitted uses of these funds are:

- Promoting systematic, cost-effective delivery of emergency medical care throughout the state.
- Identifying common local, regional, and state emergency medical system needs and aiding in addressing those needs.
- Providing discretionary grants for emergency medical service projects with potential region-wide significance.
- Providing for public education about emergency medical care.
- Promoting the exchange of emergency medical care information.
- Ensuring ongoing coordination of regional emergency medical services systems.
- Establishing and maintaining training standards to ensure consistent quality of emergency medical services throughout the state.

In 1988, the Legislature amended the seat belt requirement statute (MS 169.686 Subd. 3) creating a fine for lack of seat belt use with the collected fines to be deposited into a special account – the Emergency Medical Services Relief Account and again, split the fluctuating revenues equally among the eight (8) regions.

The Minnesota Department of Health provided EMS oversight and administration until 1996 when the Emergency Medical Services Regulatory Board (EMSRB) began operations. Today, the EMSRB is responsible for the equitable distribution of revenues from the EMS System Support Fund and EMS Relief Account to the regional EMS systems.

The ongoing development of state-of-the art medical care influenced by research, new technologies and medications continues to shape and increase the level of care rendered by EMS providers. Consequently, in the past decades, initiatives to reduce the immense affliction of heart disease, stroke, sepsis, and trauma in modern society has been a major force in the maturation and dependence on EMS systems. This emphasis these time-sensitive syndromes, has resulted in the development of advanced prehospital care systems that depend on coordinated patient delivery approaches. These advancements can tax an already burdened EMS system with new provider training requirements, and additional planning and coordination responsibilities. The EMS regional systems have been tasked with greater response coordination and

The Metropolitan Emergency Services Board-Metro Region EMS System

planning activities in related areas that include public safety/homeland security- natural and manmade incident responses such as mass casualty response as well as regional hospital and healthcare preparedness including public health initiatives such as pandemic planning. All these pursuits require healthy, well-funded regional EMS systems.

The Metropolitan Emergency Services Board-Metro Region EMS System core mission is the commitment to make every effort for competence, commitment, cooperation, and regional EMS coordination in order to provide an effective and efficient regional EMS response in the wake of any disaster through ongoing collaboration with state, county, and local emergency management, public safety, public health and healthcare provider agencies.

The Metro Region EMS System sustains and supports several regional capabilities to provide EMS surge capacity upon request, to the metropolitan region, the State of Minnesota and other state or federal jurisdictions. Metro Region EMS System maintains the capability to support and coordinate a response strategy with other MN EMS regional systems for EMS surge capacity through continued development of regional components of MN Ambulance Strike Team (MNAST) including AST support equipment purchases and maintenance. The Metro based EMS Regional Coordination Center offers 24/7 on-call staffing for regional EMS (MAC) multi-agency coordination that also could be used for state EMS coordination. The EMSMAC function provides a real-time, reliable system for EMS resource allocation during mass casualty incidents and large scale, multi-jurisdictional events.

BY- LAWS
OF THE
METRO REGION EMS SYSTEM TECHNICAL
OPERATIONS COMMITTEE

SECTION 1: COMPOSITION

There shall be an Emergency Medical Services Technical Operations Committee (EMS TOC) composed of the following representatives from the Metro Region and selected as follows:

- Licensed providers of ALS or BLS 9-1-1 Emergency Response or Critical Care Transport/ Helicopter Response based in the Metro Region: one seat each
- Non-EMS Fire first responder from Metro Cities of the First Class: one seat
- Non-EMS Law Enforcement first responder from Metro Cities of the First Class: one seat
- Public health representative of the Administrator of the Community Health Services (CHS) agency of each Metro Region county as recommended by the county board of commissioners: one seat each
- Ambulance medical director representing East Metro ambulance services, nominated by East public health representatives: one seat
- Ambulance medical director representing West Metro ambulance services, nominated by West public health representatives: one seat
- Metro Region Health Care Preparedness Coordinator (RHPC): one seat
- Chair of the EMS Communications and Information Technology Sub-Committee or designee
- Chair of the EMS Education and Research Sub-Committee, or designee
- Chair of the EMS Emergency Preparedness Sub-Committee, or designee.

Ex officio members may be added at the discretion of the EMS Technical Operations Committee.

The Metro Region for the purpose of this committee consists of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington Counties.

Each agency eligible for representation may, at its option, nominate a representative to the EMS Technical Operation Committee. Agency nominations must certify that the individual or group making the nomination has the authority to do so.

Nominations are reviewed by the EMS Executive Sub-Committee and submitted to the MESB Board for approval. The Board reviews recommendations for membership on the EMS Technical Operations Committee and makes the appointment to the Committee.

An agency may change representatives at any time, provided the new representatives meet the membership requirements and are approved by the Board.

Resignation of a non-dedicated seat creates a vacancy which will be filled by nomination from all eligible agencies.

Agencies choosing to not nominate representatives shall not be counted when calculating the quorum necessary to conduct business (see Section 7). In addition, there shall be alternates appointed for each representative to the EMS Committee. Alternates shall have the same voting rights as the representative for whom they are appointed to serve as an alternate.

Appointments will begin on January 1 of each calendar year and shall continue indefinitely.

At the last Committee meeting of the odd-numbered calendar years, at which regular business transactions are conducted, there shall be elected a Chair and Vice-Chair.

One of the two executive officers shall be a representative from an agency serving the counties of Anoka, Carver, Hennepin and Scott and the other is to be a representative from an agency serving the counties of Dakota, Ramsey and Washington.

Each officer elected and approved by the Board shall serve for a period of two years and shall be eligible for re-election for successive two-year terms.

In the event the Chair resigns prior to the end of the term of office, the Vice-Chair will assume the Chair position for the remainder of the term and a special election for Vice-Chair will occur at the next meeting. In the event the Vice-Chair resigns prior to the end of the term of office, a special election to fill the position will take place at the next meeting of the Committee.

SECTION 2. CHAIR

The EMS Technical Operations Committee shall recommend to the Chair of the Board at the annual organizational meeting of the Board a Chair of the EMS Technical Operations Committee. The Chair of the Board shall appoint the Chair of EMS Technical Operations Committee subject to the approval of the Board. The Chair shall preside at all meetings of the EMS Technical Operations Committee and perform the usual duties of a Chair. The Chair shall attend all meetings of the Board.

SECTION 3. VICE CHAIR

The EMS Technical Operations Committee shall recommend to the Chair of the Board at the annual organizational meeting of the Board a Vice Chair of the Committee. The Chair of the Board shall appoint the Vice Chair of the EMS Technical Operations Committee, subject to the approval of the Board. The Vice Chair shall perform the duties of the Chair in the absence of the Chair or in the event of his or her inability or refusal to act.

SECTION 4. POWER AND DUTIES

The purpose of the EMS Technical Operations Committee of the MESB is to support EMS agencies within the Metro Region by:

1. Providing an informational network for EMS agencies;
2. Encouraging decisions and planning to achieve greater levels of systems interoperability;
3. Promoting best practices as a means to improve quality
4. Pursuing strategic grant opportunities for the metro EMS system;
5. Advising the Metro Region EMS System Coordinator and the Metro Emergency Services Board on matters of policy, procedure and technology;
6. Promoting the sharing of resources, best practices, standards and policies.

The Committee shall have the powers necessary and appropriate to effectively carry out the directives of the Board. The Committee shall recommend to the Board those actions that are needed for the coordination and improvement of emergency medical services within the Metro Region. The Committee shall perform other such duties as may be prescribed by the Board, including:

1. Develop a work plan for the EMS activities listed in 144E.50 Subd. 5 for state funding:
 - a. Personnel training
 - b. Transportation coordination
 - c. Public safety agency cooperation
 - d. Communications system maintenance and development
 - e. Public involvement
 - f. Health care facilities involvement
 - g. System management
2. Review and approve metro EMS-targeted grant requests prior to their submission for MESB approval.
3. Review and approve sub-committee recommendations prior to their submission for MESB approval.

All meetings of the EMS Technical Operations Committee shall be held in accordance with the Minnesota Open Meeting Law, Minn. Stat. 13D.

SECTION 5. VOTING

Each member of the EMS Technical Operations Committee may cast one vote on any motion before it. A simple majority vote of the members present shall be required to pass any motion. Voting can be either by voice or roll call provided that a roll call vote may be called for by any member of the EMS Technical Operations Committee.

The designated alternate representative for each member may vote on behalf of the member in the event the member is unable to attend the meeting, but in no event will any individual member or designated representative be entitled to more than one vote. Absentee or Proxy voting is not permitted.

SECTION 6. MEETINGS

The EMS Technical Operations Committee shall agree to a time and place for holding regular meetings of the EMS Technical Operations Committee.; notice of regular meetings shall be given to each member of the Committee at least five (5) days prior to such meeting.

Special meetings of the Committee may be called by or at the request of the Chair, or in the Chair's absence the Vice-Chair, or any two members provided that at least three (3) days notice be given to each member of the Committee and otherwise comply with provisions of open meeting law.

SECTION 7. QUORUM

A simple majority of the total voting members of the Committee shall constitute a quorum for the transaction of business at any meeting of the Committee.

SECTION 8. ATTENDANCE

EMS Technical Operations Committee members or their alternates must attend no less than seventy-five percent (75%) of all meetings held in one (1) rolling 12-month year. Any agency whose member does not abide by the minimum meeting requirements will be asked to appoint another representative to the EMS Technical Operations Committee.

SECTION 9. MEDICAL DIRECTOR

The physician representatives on the Committee function as the medical directors for the Board and Committee.

SECTION 10. METRO REGION EMS SYSTEM REPRESENTATIVE ON THE MINNESOTA EMS REGULATORY BOARD

The Metro Region EMS System Representative shall be recommended by the Committee to the Board for submission to the Secretary of State for appointment. Members of the Board, Committee and/or Sub-Committees are eligible to serve as the Metro Region EMS System's representative on the EMS Regulatory Board. The representative shall serve as an ex officio member of the Committee unless already designated a member of the Committee.

BY-LAWS
OF THE
METRO REGION EMS SYSTEM EXECUTIVE
COMMITTEE

SECTION 1: COMPOSITION

The EMS Executive Committee shall be composed of:

- Chair of the EMS Technical Operations Committee
- Vice Chair of the EMS Technical Operations Committee
- Chair of the EMS Education & Research Sub-Committee
- Chair of the EMS Communications and Information Technology Sub-Committee
- Chair of the EMS Emergency Preparedness Sub-Committee
- Public Health representative serving on the EMS Technical Operations Committee: one seat, appointed by the EMS Technical Operations Committee

SECTION 2. CHAIR

The Chair of the EMS Technical Operations Committee shall serve as the Chair of its Executive Committee. The Chair shall preside at all meetings of the EMS Executive Committee and perform the usual duties of a Chair.

SECTION 3. VICE CHAIR

The Vice Chair of the EMS Technical Operations Committee shall serve as the Vice-Chair of its Executive Committee. In the absence of the Chair, or in the event of the Chair's inability or refusal to act, the Vice-Chair shall perform the duties of the Chair.

SECTION 4. POWER AND DUTIES

The purpose of the EMS Executive Committee is to improve emergency medical services within the Metro Region, by:

1. Approving actions which need to be taken more quickly than the EMS Technical Operations Committee could be convened.
2. Ensuring that work of all sub-committees and the EMS Technical Operations Committee are coordinated and progressing in a timely manner.
3. Collaborate with MESB staff in developing agendas for, and preparing minutes from, EMS Technical Operations Committee and EMS Executive Committee meetings.
4. Working with MESB staff to assure attendance and quorum requirements are enforced.
5. Monitoring financial reports for revenues and expenditures.
6. Working with MESB staff to assure audit compliance with 144E.50 Subds. 4 and 6.
7. Reviewing and forwarding nominations for seats on the EMS Technical Operations Committee and its sub-committees.

The Executive Committee shall have the powers necessary and appropriate to effectively carry out its work.

All meetings of the EMS Executive Committee shall be held in accordance with the Minnesota Open Meeting Law, Minn. Stat. 13D.

SECTION 5. VOTING

Each member of the EMS Executive Committee may cast one vote on any motion before it. A simple majority vote of the members present shall be required to pass any motion.

The designated alternate representative for each member may vote on behalf of the member in the event the member is unable to attend the meeting, but in no event will any individual member or designated representative be entitled to more than one vote. Absentee or Proxy voting is not permitted.

SECTION 6. MEETINGS

The EMS Executive Committee shall agree to a time and place for holding regular meetings of the EMS Executive Committee; notice of regular meetings shall be given to each member of the Committee at least five (5) days prior to such meeting.

Special meetings of the Committee may be called by or at the request of the Chair, or in the Chair's absence the Vice-Chair, or any two members provided that at least three (3) days notice be given to each member of the Committee and otherwise comply with provisions of open meeting law.

SECTION 7. QUORUM

A simple majority of the total voting members of the Committee shall constitute a quorum for the transaction of business at any meeting of the EMS Executive Committee.

SECTION 8. ATTENDANCE

EMS Executive Committee members or their alternates must attend no less than seventy-five percent (75%) of all meetings held in one (1) rolling 12-month year.

BY-LAWS

OF THE

METRO REGION EMS SYSTEM EDUCATION
AND RESEARCH COMMITTEE

SECTION 1: COMPOSITION

The EMS Education and Research Sub-Committee shall be composed of:

- Licensed providers of ALS or BLS 9-1-1 Emergency Response or Critical Care Transport/Helicopter Response based in the East Metro Region: two seats
- Licensed providers of ALS or BLS 9-1-1 Emergency Response or Critical Care Transport/Helicopter Response based in the West Metro Region: two seats
- EMS education, affiliated with MNSCU: 3 seats
- EMS education, other: three seats
- Ambulance medical director representing East Metro ambulance services, nominated by East public health representatives: one seat
- Ambulance medical director representing West Metro ambulance services, nominated by West public health representatives: one seat
- Chair of EMS Communications and Information Technology Sub-Committee or designee: one seat

Each agency eligible for representation may, at its option, nominate a representative to the EMS Education and Research Sub-Committee. Agency nominations must certify that the individual or group making the nomination has the authority to do so.

Nominations are reviewed by the EMS Executive Committee and submitted to the EMS Technical Operations Committee for approval.

An agency may change representatives at any time, provided the new representatives meet the membership requirements and are approved by the EMS Technical Operations Committee.

Resignation of a seat creates a vacancy which will be filled by solicitation of nominations from all eligible agencies.

Agencies choosing to not nominate representatives shall not be counted when calculating the quorum necessary to conduct business (see Section 7).

In addition, there shall be alternates appointed for each representative to the EMS Education and Research Sub-Committee. Alternates shall have the same voting rights as the representative for whom they are appointed to serve as an alternate.

Appointments will begin on January 1 of each calendar year and shall continue indefinitely.

At the first Sub-Committee meeting of each calendar year at which regular business transactions are conducted, there shall be elected from within the membership of the Sub-Committee a Chair and a Vice-Chair. Each officer elected shall serve for a period of one year and shall be eligible for re-election for successive one-year terms.

SECTION 2. CHAIR

The Chair shall preside at all meetings of the EMS Education and Research Sub-Committee and shall perform duties as prescribed by the EMS Education and Research Sub-Committee from time-to-time and as approved by the EMS Technical Operations Committee and MESB Board.

SECTION 3. VICE CHAIR

In the absence of the Chair, or in the event of the Chair's inability or refusal to act, the Vice-Chair shall perform the duties of the Chair.

SECTION 4. POWER AND DUTIES

The purpose of the EMS Education and Research Sub-Committee is to support EMS agencies through collaborative effort with MESB representatives. This is accomplished by:

1. Developing and maintaining a work plan for education and research, for recommendation to EMS Technical Operations Committee.
2. Providing an informational network for EMS agencies, and promoting the exchange of information, experience and concepts related to pre-hospital education, research and public education.
3. Encouraging decisions and planning to take advantage of new training technologies.
4. Reviewing, developing, and/or recommending education classes or programs which will benefit regional EMS providers.
5. Identifying methods and resources needed to educate the public about EMS.
6. Developing RFPs and evaluation criteria for proposals.
7. Assessing, reviewing, and recommending pre-hospital grant application(s) submitted to Metro EMS for education/research.
8. Promoting educational best practices as a means to improve quality and uniformity amongst EMS agencies and educational training sites in the Metro Region.
9. Reviewing and recommending to governing entities, in the Metro Region and State of Minnesota, policy, procedure, standard and best practice for EMS, as it relates to pre-hospital education and research opportunities.
10. Advising the Metro Region EMS System Coordinator and the Metro Region EMS System Technical Operations Committee on matters of policy, procedure, pre-hospital education and research.

The EMS Education and Research Sub-Committee shall have the powers necessary and appropriate to effectively carry out the directives of the EMS Technical Operations Committee and the MESB Board, as specified in the EMS Education and Research Sub-Committee Work Plan or as directed by the EMS Technical Operations Committee or Board.

The EMS Education and Research Sub-Committee shall perform other such duties as may be prescribed by the Board.

The EMS Education and Research Sub-Committee shall not exercise independent authority or powers without specific direction and approval of the EMS Technical Operations Committee and the MESB Board, beyond those in its Work Plan.

EMS Education and Research Sub-Committee members shall not hold themselves out as representing EMS Education and Research Sub-Committee, EMS Technical Operations Committee, or MESB Board views without prior consent of the EMS Education and Research Sub-Committee, EMS Technical Operations Committee, or MESB Board.

SECTION 5. VOTING

Each member of the EMS Education and Research Sub-Committee may cast one vote on any motion before it. A simple majority vote of the members present shall be required to pass any motion.

The designated alternate representative for each member may vote on behalf of the member in the event the member is unable to attend the meeting, but in no event will any individual member or designated representative be entitled to more than one vote. Absentee or Proxy voting is not permitted.

SECTION 6. MEETINGS

The EMS Education and Research Sub-Committee shall agree to a time and place for holding regular meetings; notice of regular meetings shall be given to each member of the Sub-Committee at least five (5) days prior to such meeting.

Special meetings of the Sub-Committee may be called by or at the request of the Chair, or in the Chair's absence the Vice-Chair, or any two members provided that at least three (3) days notice be given to each member of the Sub-Committee.

All meetings of the EMS Education and Research Sub-Committee shall be held in accordance with the Minnesota Open Meeting Law, Minn. Stat. 13D.

SECTION 7. QUORUM

A simple majority of the total members of the EMS Education and Research Sub-Committee shall constitute a quorum for the transaction of business at any meeting of the EMS Education and Research Sub-Committee.

SECTION 8. ATTENDANCE

EMS Education and Research Sub-Committee members or their alternates must attend no less than seventy-five percent (75%) of all meetings held in one (1) rolling 12-month period. Failure to meet this requirement will be treated as resignation of the seat.

BY-LAWS
OF THE
METRO REGION EMS SYSTEM
COMMUNICATIONS and INFORMATION
TECHNOLOGY COMMITTEE

SECTION 1: COMPOSITION

The EMS System Communications and Information Technology Sub-Committee shall be composed of:

- Licensed providers of ALS or BLS 9-1-1 Emergency Response or Critical Care Transport/ Helicopter Response based in the East Metro Region: one seat
- Licensed providers of ALS or BLS 9-1-1 Emergency Response or Critical Care Transport/ Helicopter Response based in the West Metro Region: one seat
- EMS Communications (PSAPs, EMS ECC and MRCCs): one seat each

Each agency eligible for representation may, at its option, nominate a representative to the EMS Communications and Information Technology Sub-Committee. Agency nominations must certify that the individual or group making the nomination has the authority to do so.

Nominations are reviewed by the EMS Executive Committee and submitted to the EMS Technical Operations Committee for approval.

An EMS Communications agency may change representatives at any time, provided the new representatives meet the membership requirements and are approved by the EMS Technical Operations Committee.

Resignation of a non-EMS Communications seat creates a vacancy which will be filled by solicitation of nominations from all eligible agencies.

Agencies choosing to not nominate representatives shall not be counted when calculating the quorum necessary to conduct business (see Section 7).

In addition, there shall be alternates appointed for each representative to the EMS System Communications and Information Technology Sub-Committee. Alternates shall have the same voting rights as the representative for whom they are appointed to serve as an alternate.

Appointments will begin on January 1 of each calendar year and shall continue indefinitely.

At the first Sub-Committee meeting of each calendar year at which regular business transactions are conducted, there shall be elected from within the membership of the Sub-Committee a Chair and a Vice-Chair. Each officer elected shall serve for a period of one year and shall be eligible for re-election for successive one-year terms.

SECTION 2. CHAIR

The Chair shall preside at all meetings of the EMS System Communications and Information Technology Sub-Committee and shall perform duties as prescribed by the EMS Communications and Information Technology Sub-Committee from time-to-time and as approved by the EMS Technical Operations Committee and MESB Board.

SECTION 3. VICE CHAIR

In the absence of the Chair, or in the event of the Chair's inability or refusal to act, the Vice-Chair shall perform the duties of the Chair.

SECTION 4. POWER AND DUTIES

The purpose of the Metro Region EMS System Communications and Information Technology Sub-Committee is to support EMS agencies, Secondary Public Safety Answering Points and EMS Dispatch Centers through collaborative effort with MESB representatives. This is accomplished by:

1. Developing and maintaining a work plan for communications and information technology, for recommendation to EMS Technical Operations Committee;
2. Providing an informational network for EMS agencies, and promoting the exchange of information, experience and concepts related to public safety interoperable communications;
3. Encouraging decisions and planning to achieve greater levels of systems interoperability among agencies, jurisdictions and public safety disciplines;
4. Promoting communication best practices as a means to improve quality;
5. Interfacing with primary Public Safety Answering Points and first responder agencies as a means to close gaps and enhance cooperation and interoperability within the entire public safety delivery system;
7. Developing plans for the distribution of regional assets and maintaining inventories;
6. Providing guidance and planning for the use of accepted grant funds;
8. Reviewing and recommending to governing entities, in the Metro Region and State of Minnesota, policy, procedure, standard and best practice for EMS, as it relates to emergency communications, 9-1-1 systems, Computer Aided Dispatch systems, mobile computing systems and strategic technology planning;
9. Advising the Metro Region EMS System Coordinator and the Metro Region EMS System Technical Operations Committee on matters of policy, procedure and technology.

The EMS Communications and Information Technology Sub-Committee shall have the powers necessary and appropriate to effectively carry out the directives of the EMS Technical Operations Committee and the MESB Board, as specified in the EMS Communications and Information Technology Sub-Committee Work Plan or as directed by the EMS Technical Operations Committee or Board.

The EMS Communications and Information Technology Sub-Committee shall perform other such duties as may be prescribed by the Board.

The EMS Communications and Information Technology Sub-Committee shall not exercise independent authority or powers without specific direction and approval of the EMS Technical Operations Committee and the MESB Board, beyond those in its Work Plan.

EMS Communications and Information Technology Sub-Committee members shall not hold themselves out as representing EMS Communications and Information Technology Sub-Committee, EMS Technical Operations Committee, or MESB Board views without prior consent of the EMS Communications and Information Technology Sub-Committee, EMS Technical Operations Committee, or MESB Board.

SECTION 5. VOTING

Each member of the EMS Communications and Information Technology Sub-Committee may cast one vote on any motion before it. A simple majority vote of the members present shall be required to pass any motion.

The designated alternate representative for each member may vote on behalf of the member in the event the member is unable to attend the meeting, but in no event will any individual member or designated representative be entitled to more than one vote. Absentee or Proxy voting is not permitted.

SECTION 6. MEETINGS

The EMS Communications and Information Technology Sub-Committee shall agree to a time and place for holding regular meetings; notice of regular meetings shall be given to each member of the Sub-Committee at least five (5) days prior to such meeting.

Special meetings of the Sub-Committee may be called by or at the request of the Chair, or in the Chair's absence the Vice-Chair, or any two members provided that at least three (3) days notice be given to each member of the Sub-Committee.

All meetings of the EMS Communications and Information Technology Sub-Committee shall be held in accordance with the Minnesota Open Meeting Law, Minn. Stat. 13D.

SECTION 7. QUORUM

A simple majority of the total members of the EMS Communications and Information Technology Sub-Committee shall constitute a quorum for the transaction of business at any meeting of the EMS Communications and Information Technology Sub-Committee.

SECTION 8. ATTENDANCE

EMS Communications and Information Technology Sub-Committee members or their alternates must attend no less than seventy-five percent (75%) of all meetings held in one (1) rolling 12-month period. Failure to meet this requirement will be treated as resignation of the seat.

BY-LAWS
OF THE
METRO REGION EMS SYSTEM EMERGENCY
PREPAREDNESS SUB-COMMITTEE

SECTION 1: COMPOSITION

The EMS Emergency Preparedness Sub-Committee shall be composed of:

- Licensed providers of ALS or BLS 9-1-1 Emergency Response or Critical Care Transport/ Helicopter Response based in the Metro Region: one seat each
- Non-EMS Fire first responder from Metro Cities of the First Class: one seat
- Non-EMS Law Enforcement first responder from Metro Cities of the First Class: one seat
- EMS Communications (PSAPS, EMS ECC and MRCCs): two seats

Each agency eligible for representation may, at its option, nominate a representative to the EMS Emergency Preparedness Sub-Committee. Agency nominations must certify that the individual or group making the nomination has the authority to do so.

Nominations are reviewed by the EMS Executive Committee and submitted to the EMS Technical Operations Committee for approval.

An EMS Licensed Provider agency may change representatives at any time, provided the new representatives meet the membership requirements and are approved by the EMS Technical Operations Committee.

Resignation of a non-EMS Licensed Provider seat creates a vacancy which will be filled by solicitation of nominations from all eligible agencies.

Agencies choosing to not nominate representatives shall not be counted when calculating the quorum necessary to conduct business (see Section 7).

In addition, there shall be alternates appointed for each representative to the EMS Emergency Preparedness Sub-Committee. Alternates shall have the same voting rights as the representative for whom they are appointed to serve as an alternate.

Appointments will begin on January 1 of each calendar year and shall continue indefinitely.

At the first Sub-Committee meeting of each calendar year at which regular business transactions are conducted, there shall be elected from within the membership of the Sub-Committee a Chair and a Vice-Chair. Each officer elected shall serve for a period of one year and shall be eligible for re-election for successive one-year terms.

SECTION 2. CHAIR

The Chair shall preside at all meetings of the EMS Emergency Preparedness Sub-Committee and shall perform duties as prescribed by the EMS Emergency Preparedness Sub-Committee from time-to-time and as approved by the EMS Technical Operations Committee and MESB Board.

SECTION 3. VICE CHAIR

In the absence of the Chair, or in the event of the Chair's inability or refusal to act, the Vice-Chair shall perform the duties of the Chair.

SECTION 4. PURPOSE, POWERS AND DUTIES

The purpose of the Metro Region EMS Emergency Preparedness Sub-Committee is to support EMS agencies through collaborative effort with MESB representatives. This is accomplished by:

1. Developing and maintaining a work plan for emergency preparedness, for recommendation to EMS Technical Operations Committee.
2. Promoting the exchange of information, experience and concepts related to operations.
3. Encouraging decisions and planning to achieve greater levels of systems interoperability among agencies, jurisdictions and public safety disciplines.
4. Promoting operational best practices as a means to improve quality.
5. Reviewing and recommending policy procedure, standard and best practice for EMS to governing entities in both the Metro Region and the State of Minnesota.
6. Coordinating emergency response strategies and tactics for major incidents and events through the Metro Region EMS System Coordination Center, the Minnesota EMS Multi-Agency Coordination Center, the Metro MACC or similar bodies.
7. Providing assistance with Mitigation, Preparedness, Response, and Recovery activities.
8. Developing plans for the distribution of regional assets and maintaining inventories;
9. Providing guidance and planning for the use of accepted grant funds.
10. Advising the Metro Region EMS System Coordinator and the Metro Region EMS System Technical Operations Committee on matters of policy, procedure and technology.

The EMS Emergency Preparedness Sub-Committee shall have the powers necessary and appropriate to effectively carry out the directives of the EMS Technical Operations Committee and the MESB Board, as specified in the EMS Emergency Preparedness Sub-Committee Work Plan or as directed by the EMS Technical Operations Committee or Board.

The EMS Emergency Preparedness Sub-Committee shall perform other such duties as may be prescribed by the Board.

The EMS Emergency Preparedness Sub-Committee shall not exercise independent authority or powers without specific direction and approval of the EMS Technical Operations Committee and the MESB Board, beyond those in its Work Plan.

EMS Emergency Preparedness Sub-Committee members shall not hold themselves out as representing EMS Emergency Preparedness Sub-Committee, EMS Technical Operations Committee, or MESB Board views without prior consent of the EMS Emergency Preparedness Sub-Committee, EMS Technical Operations Committee, or MESB Board.

SECTION 5. VOTING

Each member of the EMS Emergency Preparedness Sub-Committee may cast one vote on any motion before it. A simple majority vote of the members present shall be required to pass any motion.

The designated alternate representative for each member may vote on behalf of the member in the event the member is unable to attend the meeting, but in no event will any individual member or designated representative be entitled to more than one vote. Absentee or Proxy voting is not permitted.

Each member of the EMS Emergency Preparedness Sub-Committee may cast one vote on any motion before it. A simple majority vote of the members present shall be required to pass any motion.

The designated alternate representative for each member may vote on behalf of the member in the event the member is unable to attend the meeting, but in no event will any individual member or designated representative be entitled to more than one vote. Absentee or Proxy voting is not permitted.

SECTION 6. MEETINGS

The EMS Emergency Preparedness Sub-Committee shall agree to a time and place for holding regular meetings; notice of regular meetings shall be given to each member of the Sub-Committee at least five (5) days prior to such meeting.

Special meetings of the Sub-Committee may be called by or at the request of the Chair, or in the Chair's absence the Vice-Chair, or any two members provided that at least three (3) days notice be given to each member of the Sub-Committee.

All meetings of the EMS Emergency Preparedness Sub-Committee shall be held in accordance with the Minnesota Open Meeting Law, Minn. Stat. 13D.

SECTION 7. QUORUM

A simple majority of the total members of the EMS Emergency Preparedness Sub-Committee shall constitute a quorum for the transaction of business at any meeting of the EMS Emergency Preparedness Sub-Committee.

SECTION 8. ATTENDANCE

EMS Emergency Preparedness Sub-Committee members or their alternates must attend no less than seventy-five percent (75%) of all meetings held in one (1) rolling 12-month period. Failure to meet this requirement will be treated as resignation of the seat.

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.

METROPOLITAN EMS REGION
INCIDENT RESPONSE PLAN

SEE THE FOLLOWING TWO(2) PAGES