



METROPOLITAN EMERGENCY SERVICES BOARD TECHNICAL OPERATIONS COMMITTEE

December 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 (Page 2)**– Fisher
4. **Action Items**
 - A. EMSRB Representative to the EMS TOC.
5. **Discussion Items**
 - A. Presentation on Roseville Fire EMS/ ALS- Chief Brosnahan, Roseville Fire
 - B. EMSRB– Guiton
 - C. MESB Update – Hayes/Rohret
 - a. FY 2024-2025 Grant Planning for March 24 Board Approval
 - b. EMSRB FY2022-2023 EMS grants & Training update
 - c. Regional Program Update
 - d. Training Survey **(Page 5)**
 - e. MMRTAC Update
 - D. EMS Emergency Preparedness Subcommittee – Lupkes
 - a. EP Workgroups- Lupkes
 - E. Review By-Laws **(Page 11)** /Compact **(Page 19)**- Fisher
 - F. Local EMS Updates
 - G. Other Updates
6. **Other Business**
 - A. Metro Region Hospitals Surge Exercise- May 2, 2023 **(Page 11)**- Hayes
7. **Adjourn**

2023 Next Meeting

EMS TOC Executive Committee-	March 3, June 6, September 5, December 5
EMS TOC (Full Committee)-	March 21, June 20, September 19, December 19

**Metro Region EMS System
EMS Technical Operations Committee
September 20, 2022
No Quorum**

Members:

Allina Health EMS – Kevin Miller
Anoka County – Christine Lambrecht
Burnsville – **absent**
Carver County – **absent**
CentraCare – **absent**
Chisago County - **absent**
Cottage Grove EMS – Jon Pritchard
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 – Kristen Mellstrom
Hennepin EMS – Tyler Lupkes
Isanti County – **absent**
Lakes Region EMS – **absent**
Lakeview EMS – **absent**
Lower St. Croix - **absent**
M Health Fairview – Adam Valine

Mahtomedi Fire – **absent**
Maplewood Fire – **absent**
Mdewakanton Fire & EMS – Mark Weiberg
Medical Director, East - **absent**
Medical Director, West - **absent**
Minneapolis Fire – Amber Lage
Northfield EMS – Brian Edwards
North Memorial Ambulance – Scott Oberlander
Oakdale Fire – **absent**
Ramsey County – **absent**
Ridgeview EMS - **absent**
St. Paul Fire – Matt Simpson
Scott County – **absent**
Sherburne County – Adam Boler
South Metro Fire – **absent**
University of MN EMS – Robert Ball
Washington County – **absent**
White Bear Lake Fire – Joel Schmidt
Woodbury Public Safety – **absent**

MESB Staff: Greg Hayes, Jill Rohret, Martha Ziese
Guests –

1. Call to Order @ 12:06 PM

2. Approval of September 20, 2022 Agenda – No Quorum

3. Approval of past 2022 Minutes – No Quorum

Request to remove Chair status for Brian Edwards on member roster and add Christine Lambrecht as Anoka County representative.

4. Action Items (only Discussion at this meeting)

A. Appoint representation to the Strategic Advisory Committee (SAC) with the RHRC

Greg Hayes said a letter is sent every five years to the RHRC with representative names. The MESB is required to approve representatives. Currently Greg Hayes and Tyler Lupkes are the representatives.

Hayes said the SAC/RHRC is the EMS link with healthcare. Hayes and Lupkes attended all the meetings last week regarding the nursing strike. Hayes will prepare a letter so that when representatives are appointed and approved the letter will be ready to go.

B. Request by Avera Care Flight for SMRCC Talkgroup access

Hayes said the Sioux Falls S.D. agency requested access to the State MRCC talkgroup. Both B. and C. made its way to back to the metro region.

Jill Rohret said Joe Glacum was the chair of the State Operations and Technical Committee, renamed the Land Mobile Committee (LMR) which reviews all of the state radio standards. There is also a Radio

Interoperability Committee. The request for talkgroup access could go to either of those committees. Previously there was a Best Practices Workgroup that would meet to review best practices guidelines.

Fisher? Said that in 2012 there was a document on the (SECB) website that is the Minnesota Medical Communications Plan.

Hayes said the by-laws review would help define the scope and clarification of this document.

C. Request by the U.S. Marshals for East and West MRCC Talk group access

5. Discussion Items

A. EMSRB

Kevin Miller said the four appointments by the governor's office are: Anthony chu, Sara Rivard, Sheriff Able (re-appointed), Alex xxxxx. There are two open seats.

Miller said JB Guiton is the 2022 EMS representative to the board. Typically, the EMS TOC makes a recommendation in a letter of support to the governor's office.

Miller said a legislative agenda is being prepared for the next session. PSA management is of particular concern. With a divided legislature it does not look hopeful there will be a consensus. The EMSRB will be approaching these changes with a rules process. It is hoped there will be a 10 million dollar grant available.

B. Regional Programs

Greg Hayes said ICS 400 in October is full, as are the ICS 300 and ICS 400 in January and February 2023.

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 3ECHO class scheduled for October 28 and 29 in Dakota County.

Hayes said there is a class of ten that started the Leadership class last month.

Hayes has contacted the EMSRB to provide the metro call response data. Call responses have gone up and funding has gone down.

Fisher said 3000 people did not renew their ET First Responder certification.

D. MESB Update

Hayes said some of the MESB EMS assets have been distributed. There is an agency in the metro that is interested in housing, moving, and maintaining the bus. A back-up driver is still being sought.

Rohret said the Statewide Emergency Communications Board is opening its change management process. This complicated process was introduced to try and limit re-programming radios. Proposals are being sought. There will be more encrypted talkgroups. The metro can nominate two fire and two law enforcement seats for a change management work group. Two seats were given to the PSAP side. All the system owners are able to participate.

Rohret said at the SECB Summit last month, a couple of weeks ago there was much governance and encryption discussion.

E. EMS Emergency Preparedness Subcommittee

a. EP Workgroups

Tyler Lupkes said the EP subcommittee met on September 6 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 Disaster Compact, equipment and the MACC. All three have had their initial meetings.

Lupkes said the discussion items included the EP Subcommittee by-laws review, including committee attendance. Discussions that the bus and MESB resources are under-utilized.

Hayes said the question is who makes the call when a disaster resource is needed?

Lupkes said there is a Zipit overhaul.

b. Nursing Strike

F. MMRTAC

Hayes said at the last MMRTAC, discussions were focused on pediatric trauma. The Stop the Bleed booth at the MN State Fair was well attended at over 200 visitors and MMRTAC members.

G. EMS Regional Compact Workgroup Process

Hayes asked members send comments about the Compact Workgroup process.

H. Review by-laws, subcommittees and composition

Brian Edwards recommended that a map be provided with the archival process, starting with the MESB. Getting members opinions is also important. A work group would put all of those opinions and input together.

Conversation about MESB being the grantee and the TOC by-laws. Could not pick up much of the conversation.

Members were encouraged to volunteer for committees and work groups.

I. Update on Hennepin County Ordinance 9

Kristen Mellstrom from Hennepin County Public Health said she helps facilitate the EMS Council at Hennepin County. Mellstrom explained the EMS Advisory Council purpose and background.

6. Adjournment



EMS Training Survey Results

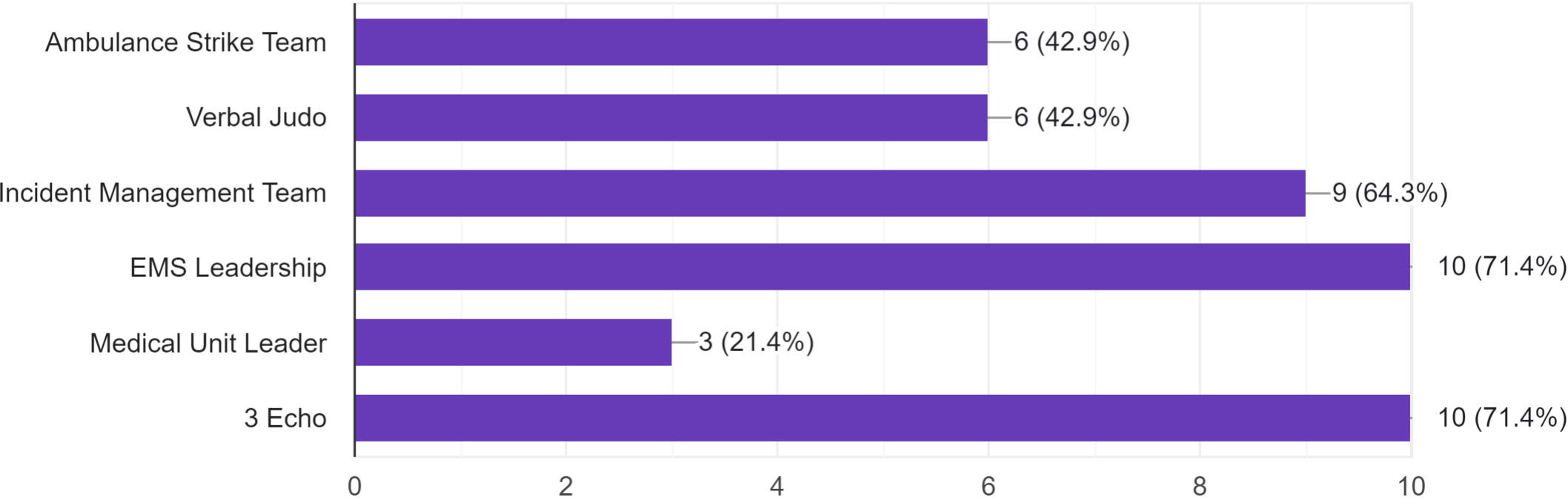
Metro Region EMS Agencies

Question #1



From the list of training session identified in the 2023 grant, select the types of training you would like to see offered in the region? (Select all that apply)

14 responses



Question #2



What courses not listed in question #1 would you like to see offered in the region?
5 responses;

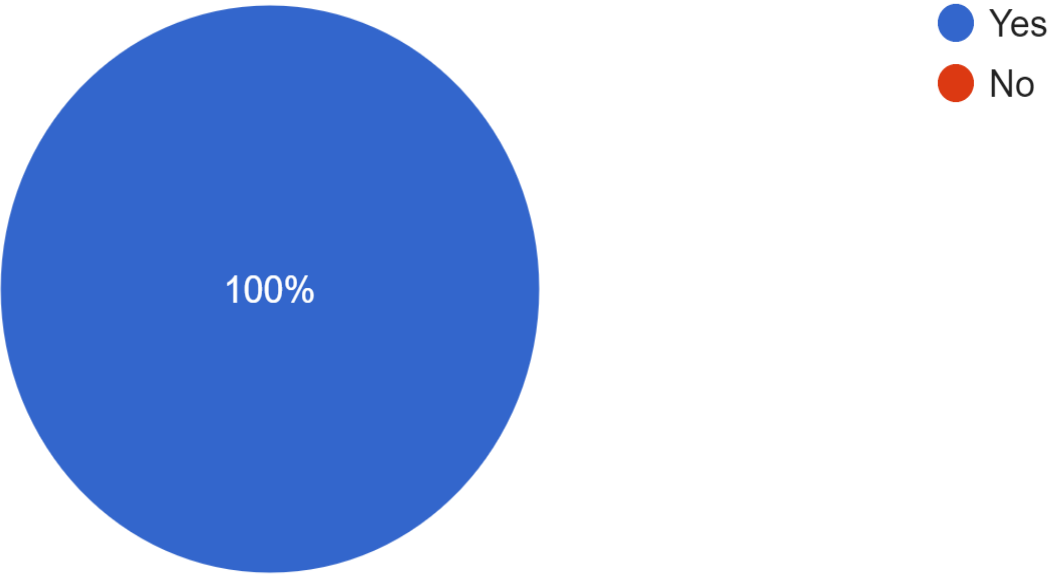
1. FTEP if it is appropriate
2. EMS Leadership: Beyond the Streets program from Fitch and Associates
3. Pandemic lessons learned and preparedness.
4. Unsure
5. Perhaps peer support, but that is offered through other venues.

Question #3



Would you support moving the courses offered around the region in lieu of hosting at the MESB?

14 responses

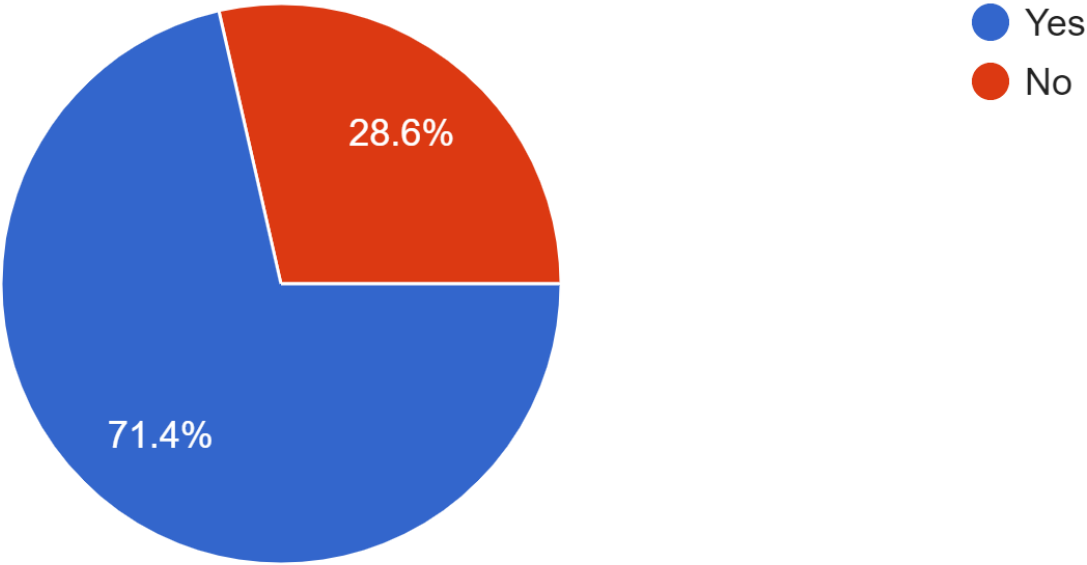


Question #4



Would you like to attend 2-4 hour briefings on a variety of EMS subject matter areas such as Leadership, Emergency Management, and Planning?

14 responses





What other feedback do you have for the courses offered by the MESB?
5 responses;

1. The courses we have attended over the years have been great.
2. I've offered to assist with teaching on the EMS leadership side. I'd be happy to offer that again. (Robert Ball). Thanks for your work on this Greg.
3. Continue to take a broad look at issues facing our industry today, rather than focus on continued offerings of the same things. Great forward thinking.
4. I would like to send others to a 2-4 hour briefing on leadership, Preparedness and other relevant topics.
5. Perhaps doing a spotlight session on EMS operations. For example demand analysis, or something other agencies may want to learn from agencies that fall under innovation?

BYLAWS
OF THE
METROPOLITAN EMERGENCY SERVICES
BOARD (MESB)
METRO REGION EMS SYSTEM TECHNICAL
OPERATIONS COMMITTEE

SECTION 1: COMPOSITION

There shall be an MESB Emergency Medical Services Technical Operations Committee (EMS TOC) composed of the one representative and one alternate from each of the following in the Metro Region:

- Licensed providers of ALS or BLS 9-1-1 Emergency Response or Critical Care Transport/ Helicopter Response based in the Metro Region
- Fire first responder from each of the cities of the first class
- Fire first responder from Metro Fire Chief's
- Law enforcement first responder from each of the cities of the first class
- Law enforcement first responder from Metro Cities
- Public health representative of each county member of the MESB joint powers agreement as recommended by each county board of commissioners
- Ambulance medical director representing East Metro ambulance services, nominated by East public health representatives
- Ambulance medical director representing West Metro ambulance services, nominated by West public health representatives
- East \ Medical Resource Control Center (MRCC)
- West Medical Resource Control Center
- Metro Region Health Care Preparedness Coordinator (RHPC)
- Chair of the EMS Emergency Preparedness Subcommittee, or designee.
- Emergency Medical Services Regulatory Board

Ex officio members may be added at the discretion of the EMS TOC.

For the purpose of this committee the metro region consists of representatives from each county party to the Joint Powers Agreement for Metropolitan Emergency Services Board.

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

An agency may change representatives at any time, provided the new representatives meet the membership requirements.

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

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

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

Each officer elected and approved by the Board shall serve for a period of two years, starting on January 1 of the following year 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 of the EMS TOC. 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 EMS TOC.

SECTION 2. CHAIR

The EMS TOC shall recommend to the Board for approval at its annual organizational meeting, a Chair of the committee. The EMS TOC Chair shall preside at all meetings of the EMS TOC and perform the usual duties of a Chair. The Chair shall attend meetings of the Board upon request.

SECTION 3. VICE CHAIR

The EMS TOC shall recommend to the Board for approval at its annual organizational meeting, a Vice Chair of the committee. 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 MESB EMS TOC 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 improve quality of care of Emergency Medical Services.
4. Pursuing strategic grant opportunities for the metro EMS system
5. Advising the Metro Region EMS System Coordinator and the MESB on matters of EMS policy, procedure, and technology
6. Promoting the sharing of resources, best practices, standards, and policies.

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

1. Developing 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. \Recommending EMS items for review and approval by the MESB.

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

SECTION 5. VOTING

Each member of the EMS TOC may cast one vote on any motion before the committee. 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 Radio Technical Operations Committee. Absentee or proxy voting is not permitted.

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.

SECTION 6. MEETINGS

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

Special meetings of the EMS TOC 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 EMS TOC shall constitute a quorum for the transaction of business at any noticed meeting.

SECTION 8. ATTENDANCE

EMS TOC members or their alternates must attend no less than 75% of all meetings held within a calendar year. The EOC TOC leadership will monitor attendance on an annual basis. If an eligible agency holding a voting seat on the EMS TOC does not meet the minimum attendance requirement, the agency's membership will be changed to non-voting status until the minimum attendance requirement is met, at which time, the agency's membership will be automatically reinstated to full voting status. This amendment is effective June 1, 2016.

SECTION 9. MEDICAL DIRECTOR

The physician representatives on the committee function as the medical directors for the Board and EMS TOC.

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

The Metro Region EMS System Representative shall be recommended by the EMS TOC to the Board for submission to the Secretary of State for appointment. Members of the Board, the EMS TOC and/or its subcommittees 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 EMS TOC unless already designated a member of it. This appointment shall be reviewed on an annual basis by the EMS TOC. BYLAWS

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 (EMS TOC)
- Vice Chair of the EMS TOC
- Chair of the EMS Emergency Preparedness Subcommittee
- Public Health representative serving on the EMS TOC appointed by the EMS TOC

SECTION 2. CHAIR

The Chair of the EMS TOC shall serve as the Chair of the 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 TOC shall serve as the Vice Chair of the 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 TOC could be convened.
2. Ensuring that work of all subcommittees and the EMS TOC are coordinated and progressing in a timely manner.
3. Collaborate with MESB staff in developing agendas for, and preparing minutes from, EMS TOC 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.

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 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 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 75% of all meetings. If an Executive Committee member does not meet the minimum attendance requirement, the member and alternate will be replaced at the next EMS TOC meeting. This amendment is effective June 1, 2016.

BYLAWS
OF THE
METRO REGION EMS SYSTEM
EMERGENCY PREPAREDNESS
SUBCOMMITTEE

SECTION 1: COMPOSITION

The EMS Emergency Preparedness Subcommittee shall be composed of one seat for each of the following:

- Licensed providers of ALS or BLS 9-1-1 Emergency Response or Critical Care Transport/ Helicopter Response based in the Metro Region
- Non-EMS fire first responder from metro region cities of the first class
- Non-EMS law enforcement first responder from metro region cities of the first class
- EMS Communications Centers, such as public safety answering points (PSAPs), emergency communications centers (ECCs), and medical resource control centers (MRCCs).

Each agency eligible for representation may, at its option, nominate a representative and alternate to the EMS Emergency Preparedness Subcommittee. Agency nominations must certify that the individual or group making the nomination has the authority to do so. Alternates shall have the same voting rights as the representative for whom they are appointed to serve as an alternate.

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

A licensed EMS provider agency may change representatives at any time, provided the new representatives meet the membership requirements and are approved by the EMS TOC.

Resignation of a non- licensed EMS provider seat creates a vacancy which will be filled by solicitation of nominations from all eligible agencies and are approved by the EMS TOC. 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 Subcommittee.

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

At the first Subcommittee meeting of each calendar year at which regular business transactions are conducted, there shall be elected from within the membership of the Subcommittee 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 Subcommittee and shall perform duties as prescribed by the EMS Emergency Preparedness Subcommittee from time-to-time and as approved by the EMS TOC and MESB.

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 Subcommittee 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 TOC.
2. Provide workgroups on education/ research, communications, equipment, disaster compact and emergency operations. The Emergency Preparedness Subcommittee may form other workgroups as they determine a need exists.
3. Promoting the exchange of information, experience and concepts related to operations.
4. Encouraging decisions and planning to achieve greater levels of systems interoperability among agencies, jurisdictions and public safety disciplines.
5. Promoting operational best practices as a means to improve quality.
6. Reviewing and recommending policy procedure, standard and best practice for EMS to governing entities in both the Metro Region and the State of Minnesota.
7. Coordinating emergency response strategies and tactics for major incidents and events through the Metro Region EMS Emergency Operations Center (EOC), the EMS EOC will operate within a Multi-Agency Coordination structure with other agencies throughout the Metro region and the State of Minnesota.
8. Providing assistance with mitigation, preparedness, response, and recovery activities.
9. Developing plans for the distribution of regional assets and maintaining inventories.
10. Providing guidance and planning for the use of accepted grant funds.
11. Advising the MESB EMS Coordinator and the MESB EMS TOC on matters of policy, procedure, and technology.

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

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

The EMS Emergency Preparedness Subcommittee shall not exercise independent authority or powers without specific direction and approval of the EMS TOC and the MESB, beyond those in its work plan.

EMS Emergency Preparedness Subcommittee members shall not hold themselves out as representing EMS Emergency Preparedness Subcommittee, EMS TOC, or MESB views without prior consent of the EMS Emergency Preparedness Subcommittee, EMS TOC, or MESB.

SECTION 5. VOTING

Each member of the EMS Emergency Preparedness Subcommittee 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 Subcommittee shall agree to a time and place for holding regular meetings; notice of regular meetings shall be given to each member of the Subcommittee at least five days prior to such meeting.

Special meetings of the Subcommittee 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 days' notice be given to each member of the Subcommittee.

All meetings of the EMS Emergency Preparedness Subcommittee 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 Subcommittee shall constitute a quorum for the transaction of business at any meeting of the EMS Emergency Preparedness Subcommittee.

SECTION 8. ATTENDANCE

EMS Emergency Preparedness Subcommittee members or their alternates must attend no less than 75% of all meetings held in a calendar year. The EMS EP Committee leadership as well as the EOC TOC leadership will monitor attendance on an annual basis. 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 undersigned Emergency Medical Services (EMS) agencies located in the ten-county metropolitan region, which includes the Counties of Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, and Washington.

RECITALS

WHEREAS, this Compact is not a legally binding contract but rather signifies the belief and commitment of the undersigned EMS agencies 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 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 metropolitan EMS 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 EMS 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 Emergency Operations Center (EMS-EOC), a metro Medical Resource Control Center (MRCC), and/or a Metro Region 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 with the Metro Region EMS Incident Response Plan (IRP) via a National Incident Management System (NIMS) compliant Incident Command Structure (ICS), primarily incident branch commanders and agency management, to the coordinating MRCC and the Metro Region EMS-EOCEOC and/or Metro Region EMS Incident Management Team when activated or deployed.
- 1.2 Receive alert information via web-based EMS status system regarding any disaster or other need 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 Region EMS-EOC, when activated, and each other's Emergency Operations Centers (EOC) by phone, 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 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 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 Department of Homeland Security and Emergency Management and/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 Regions Hospital communication departments will assume and coordinate this responsibility.
- 1.5 Provide according to the procedure outlined in the Metro Region EMS Incident Response Plan (IRP) through the coordinating MRCC, name and age of disaster victims which to be disseminated to the Metro Region EMS-EOC when activated, the RHRC and/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 EMS Emergency Preparedness Subcommittee of the Metropolitan Emergency Services Board (MESB) EMS Technical Operations Committee (TOC), 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 Region EMS Incident Management Team, the Metro Region EMS-EOC 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 MRCC, in conjunction the Metro Region EMS-EOC, will coordinate all patient transportation with the 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. The Metro Region EMS Incident Management Team and/or the Metro Region EMS-EOC 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 NDMS is activated in response to a disaster in the metropolitan area, East and West Metro MRCC and the Metro Region EMS-EOC, 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 Minnesota Department 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 MRCCs. The undersigned agencies will update information on the web site at least once daily so that MRCCs have 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.

ARTICLE VI

AUXILIARY HOSPITAL AND CASUALTY COLLECTION LOCATION

- 6.1 An alternate care site (ACS) 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 Metro Region EMS Incident Management Team and/or the Metro Region EMS-EOC 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 made 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 any time terminate its participation in the Compact by providing sixty-days (60) written notice to the MESB Executive Director or EMS Coordinator who will notify the agencies in the compact.
- 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. No party to this Compact nor any officer of any party within the Compact shall be liable to any other p 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
Chaska Fire Department Ambulance (Ridgeview)
Columbia Heights Fire, Rescue and Emergency
Cottage Grove EMS
Edina Fire Department
Hastings Fire Department EMS
HCMC EMS
Health Partners EMS
Lakeview EMS
Life Link III
Lower St. Croix Valley Fire Department
M Health Medical Transportation
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
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 Region 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 EOCs, and/or provide staff for the EMS-EOC.

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

December 5, 2022 (Chirs, Seth, Scott, Andy, Greg)

Reviewed the notes from last meeting

Metro Hospitals Objectives

- Initiate hospital surge plans
- Respond to requested information from the RHRC
- Assess the hospital capacity to support a large-scale, community-wide patient surge incident
- Exercise the Burn plan *Simulate the Statewide activation*
- Exercise the Pediatric Plan *Simulate the Statewide activation*
- Patient Tracking provided by EMS and updated by Hospitals
- Activation of EMS EOC
- Identify the availability of EMS Strike Teams from the state
- Identify initial activation process of family assistance center and reunification process

Meet federal requirements in the first 2-3 hours and invite anyone to stay on if able. A longer exercise allows the ability to rotate staff in.

Use The Patient Arrival List generator (Chris is creating these for each hospital)

The names will be generated by MRCC and create fictitious data to help with Patient Tracking. This will be done prior to the exercise and shared with the controller at the hospital. Will they use DOB may be the second identifier? Because names could be similar.

Yes, other Regions are available to be sim cell (Important not to call real hospital)

Add fire to the scenario. In normal rescue there are fires that can occur so it possible to add fire to the scenario. Consider doing Burn surge after the initial hour. (gas leak from building collapse)

Sim Cell for Regions

- Possibly being their hospitals and telling us how many patients they can take
- The Governor has declared an emergency and is asking hospitals to surge 20% above their normal bed capacity.
- EM can request Mpls Mayor could ask the Governor
- EM can ask St Paul Mayor to ask the Governor

Partners: MRCC, EMS, EM & LPH (develop the ask for these disciplines)

- Mutual aid for EMS – come to scene or back fill their service areas (EMS MACC will address this) Strike team
- Reunification with Hennepin County (LPH/EM) (Training for hospital to update Patient Tracking what is best practice – who does this updating)

Scope –

- Metro Hospital – surge (1045 patients)
- Patient Tracking (Hospitals & EMS)
- Reunification (PH scope)
- Burn Surge (EMS distribute patients to Burn Facilities and those with ICU Burn)
- Peds Surge (EMS distribute to any hospital)
- EMS MACC – Strike Team (EMS)
- RHRC and Hospital Command Centers

12/09/22

- Communications (MNTrac, EMH call,
- Simulated movement of patients (EMS, self-transport, transfer)

Identify training needed: MNTrac, Patient Tracking, Burn Surge & Peds Plan,

Jan 9 Next meeting: discuss scenario specifics and time jumps

November 14, 2022

Resources: VA tent (cost), EMS tent

Scenario Jumps:

- Self-transport and transport to hospitals 800
- 12 hours later – next day (HCMC/Regions/North as search teams find people)
- HCMC is expected to receive 8-10 more and can they transfer to Northfield/Ridgeview

OR

- Time jumps – Notification through arriving patients (EMS or self-transport) **Burn and Peds**
- Time jumps – you have XXX number of people now in your facility
- What is the number of staff you have brought in for the surge
- Time jumps – reunification of people in the hospital

How to engage leaders:

- Calendar invite
- ID which leaders need to participate? Admin House Sup, Directors on Call, Admin on Call, Trauma services, ED, OR Leadership

MNTrac alert – starts the exercise. Prefer to have the exercise during the day. Check with other Regions.

Confirm that we can use other Regions for our patients (is it part of our plan?)

Tuesday, November 02, 2022

Medical Response & Surge Exercise (MRSE)

Website: <https://aspr.hhs.gov/healthcarereadiness/guidance/mrse/Pages/default.aspx>

Fact Sheet: <https://aspr.hhs.gov/HealthCareReadiness/guidance/MRSE/Pages/FAQ.aspx>

Date: April/May

The MRSE is prescriptive in some ways and allows the HCC flexibility in the development of the scenario, injects and partners.

Scenario (HCC-led exercise): *It's Friday evening at 8pm. Thursday, April 6 3:10 PM The skies are clear, and the temperature is around 64 degrees. The Minnesota Twins are playing their division rival at Target Field. It is a packed house with over 33,000 people in attendance. A MNTrac EMS Advisory just came out stating a "Large section of the Target Field roof has collapsed over the stadium seating area. Multiple EMS crews are responding."*

Regional (Required) Objectives:

- a) Assess HCCs capacity to support a large-scale, community-wide medical surge incident.
- b) Evaluate HCC's preparedness and response plans, including specialty surge annexes and others.
- c) Evaluate coalition members' ability to communicate and coordinate staffed beds, transport, supplies, and personnel.
- d) Provide a flexible exercise that can be customized to meet the needs and requirements of the HCC.
- e) Assist HCCs and their members with improvement planning based on MRSE outcomes.
- f) Serve as a data source for required performance measures reporting.

Performance Measurement: Eight Performance Measurements to be met/measured during exercise

Expectations:

- Surge 20% of staffed beds
- Specific bed types
- EMS and Coalition partners to participate

Metro development of exercise:

Burn, Peds – test these bed types also?

Test plans that are in place: Peds, Burn,

Length of exercise to be most of the day. Time jumps & Sim Cell – scope – this is all to be determined.

Seems like LPH and EM would be involved in an event this size – search & rescue, Hennepin has task force 1 medics, MPLS & Hennepin EM invite them to be involved. Discuss with LPH.

Discharge and off-loading patients

NDMS – overload of hospital (level of acuity) Eric Emery at VA (done)

Emergency use of the VA in part of the Surge – Chris to ask VA (done)

Funding – EMS, Hospitals, (hospitals can share with LPH & EM)

Patient Tracking – EMS & Hospitals (if yes, training again) How to use Pt tracking outside of Metro

MCI numbers in MNTrac (If yes, confirm correct number is listed) MRCC uses the predetermined number to hospitals.

Communications – EMS to MRCC and MNTrac alerts, simulation of Air Med transports – move patients and level load.

Level set the expectation – hospitals do not have capacity to manage this level of surge. How can we use the smaller facilities – to level load. The exercise does not look at trauma level – just staffed beds.

MRCC – we will request to train with us – be available to us. Greg has reached out and they want to be a part of this. MRCC, patient tracking,

Propose to be sim cells with each other regions –

Tuesday, May 2 or Wednesday, May 3 9:00 – 2:00 and 2:00 – 3:00 Do a hotwash as the exercise slows, gather information on the day of exercise from the contact at each hospital/EMS/EM/LPH.

Hospitals are asked to put this on the calendar now to hold time for the leader. Find replacements for their other meetings (build 2 shifts in, use this as a business continuity exercises, preparing them for realistic response)

Buses can come to Northfield

- How we start the exercise will help

12/09/22

- Time jumps can help accomplish what we want
- What do we need to simulate

Next meeting November 14 at 11:00

- Metro Specific objectives and scope –
- What do we “ask” of other regions for Sim Cell

