



METROPOLITAN EMERGENCY SERVICES BOARD EMS TECHNICAL OPERATIONS COMMITTEE

December 19, 2023, 12:00 P.M.

- 1) **Call to Order** –Chair, Brian Fisher
- 2) **Approval of Agenda** – Fisher
- 3) **Approval of Minutes of Previous Meeting (Page 3)** – Fisher
- 4) **Presentation**
 - a) Review of the MESB and history within the region.
- 5) **Action Items**
 - a) Review By-Laws (**Page 6**)- Fisher
 - b) Appoint an Alternate EMS representative to the Radio TOC.
 - i) Vicki Vadnais, Allina EMS is the current Primary.
 - c) Election of Officers.
- 6) **Discussion Items**
 - a) EMS Closest Unit situational awareness platform
 - b) EMSRB– Edminson
 - i) Ambulance cost report
 - c) MESB Update – Hayes/Rohret
 - i) Web Site update
 - ii) EMS Regional Training
 - iii) EMS Grant Update
 - iv) MMRTAC Update
 - (1) Trauma Time Out
 - d) EMS Emergency Preparedness Subcommittee – Lupkes
 - i) Incident Response Plan Approval (**Page 22**)
 - ii) Metro Ambulance Strike Team Approval (**Page 24**)
 - iii) Discussion on MNTRAC
 - e) Local EMS Updates
 - f) Other Updates
- 7) **Other Business**
- 8) **Adjourn**



2024 Next Meeting- March 26, 2024



METROPOLITAN EMERGENCY SERVICES BOARD EMS TECHNICAL OPERATIONS COMMITTEE

December 19, 2023, 12:00 P.M.

EMS TOC Executive Committee-

March 5, 2024

June 4, 2024

September 3, 2024

December 3, 2024

EMS TOC (Full Committee)-

March 26, 2024

June 18, 2024

September 17, 2024

December 17, 2024

**Metro Region EMS System
EMS Technical Operations Committee
September 26, 2023
No Quorum**

Members:

Allina Health EMS – Kevin Miller
Anoka County – Jeff Lanenberg
Burnsville - **absent**
Carver County - **absent**
CentraCare - **absent**
Chisago County - **absent**
Cottage Grove EMS - Jon Pritchard
Dakota County – Thomas Olmsted
Edina Fire – Ryan Quinn
Elk River Ambulance - **absent**
Gold Cross, St. Cloud - **absent**
Hastings Fire - **absent**
HealthPartners Transportation - Brian Fisher,
Chair
Hennepin County – Kristin Mellstrom
Hennepin EMS - Tyler Lupkes
Isanti County - **absent**
Lakes Region EMS – Ben Wasmund
Lakeview EMS – John Muller
Lower St. Croix - **absent**
M Health Fairview – Nick Lesch

Mahtomedi Fire -**absent**
Maplewood Fire – Ryan Schroeder
Mdewakanton Fire & EMS - **absent**
Medical Director, East – Dr. Aaron Burnett
Medical Director, West - **absent**
Minneapolis Fire - **absent**
Northfield EMS - Brian Edwards
North Memorial Ambulance – Scott Oberlander
Oakdale Fire - **absent**
Ramsey County - **absent**
Ridgeview EMS – Joe Dibenedetto
St. Paul Fire – Steve Sampson
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; Jacob Kallenbach; Jill Rohret

Guests: Megan Barry, *Anoka County*; Adam Arnett, *UMEMS*

1. Call to Order

Chair Brian Fisher called the meeting to order at 10:02 a.m....Introductions were made.

2. Approval of September 26, 2023 Agenda

No approval of agenda as the meeting did not have the required attendance to meet the quorum.

3. Approval of June, 2023 Minutes

No approval of minutes as the meeting did not have the required attendance to meet the quorum.

4. Action Items

The two actions items scheduled for this meeting have been moved to the discussion section as a vote could not be taken because of the failure to meet quorum.

5. Discussion Items

A. Discussion on the MESB Rep from the EMSRB

The EMSRB rep was appointed and approved by the Governor.

B. Discussion on the By-laws and Approval Process

Revised By-laws and approval process will be distributed over email within the packet prior to the next meeting in December. Pushing for a quorum and approved attendance so these action items can be voted on and changed. The MESB Board would then need to approve the changes at their next meeting.

C. Stillwater Prison Regional Response After Action Review

Discussion on the Stillwater Prison incident. John Muller EMS Incident Commander reviewed the following.

- John was notified by his hospital administrator.
- Historical incidents at Stillwater Prison have been violent.
- EMS IC was told of the potential of 80 patients with 100 inmates in the unit.
- The incident was considered a hostage situation with 2 DOC employees located in the internal POD.
- EMS IC established a command post with the FD IC.
- 10:49 a.m. MRCC notified to send out an alert.
- Power and water were shut off at the prison.
- EMS IC was told the “the prisoners had weapons” and not going down without a fight.
- 11:30 a.m. the plan was to enter the POD and use gas and/or lethal force.
- The plan was to bring all patients out the front for decon and treatment.
- EMS IC and Tyler Lupkes talked on the phone. EMS IC requested 10 ambulances and the MIR Bus.
- Representatives from the prison requested the bus and ambulance to be moved as it does not look good as news began to report on the scene.
- After a DOC rep asked to move the ambulances a second time the decision was made to demobilize based on the current situation.
- Lack of a Unified Command was the biggest challenge in getting information.
- Tyler reviewed the Region response and the notification process. With MNTRAC and the virtual EOC.
- 18 ambulances on-scene.
- Entry by the DOC was going to happen at 1:30p.m. but never happened.
- The Governor’s office became involved in the incident which provided some tactical challenges.
- It was requested by the EMS IC to do an AAR with the DOC, they refused.

Recommendations

- EMS leaders should check their MNTRAC settings.
- Dr. Burnett reviewed his side and really liked the virtual EOC. OR’s available at East Metro hospitals.
- Create a process document for notification and MNTRAC notification.
- EMS IC requested an AAR with the DOC and the DOC does not seem to be interested.
- Recommendation by Kevin Miller to have a large group page through Zipit for notification.

D. Presentation – Dr. Burnett

Dr. Burnett provided an update on the diversion status within the metro. The question was about the removal of the divert status, and if ED’s would see an increase of patients. The data shows that the elimination of the divert status did not have a negative impact on patients or ED volume. Finally, based on the data, COVID did not have an impact on the divert status.

E. EMSRB

Brian Edwards gave an update on the EMSRB and the sustainability awards.

The Medical Directors discussed the need for guidance on ALS first response agencies.

6. MESB Updates

Greg Hayes gave an update on grants and training. There are spots open in the EMS teambuilding class. The web site has continual updates.

The MIR Bus is operational at M Health. Agencies should request through MRCC.

Teambuilding class #2 registration open. Excellent class for EMS leaders to help understand themselves as well as others around them. The class registration has been open for 3 days and we already have 15 out of 30 spots filled.

7. EMS Emergency Preparedness Subcommittee

Tyler Lupkes reviewed the last meeting with the AST and IRP workgroups.

8. Local EMS Updates

Services gave updates on the various community events that needed ES coverage.

9. Other Business

No other business to report.

10. Adjournment 11:56 p.m.

BY-LAWS
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). Unless otherwise specified below, the EMS TOC shall be composed of the following one representative and one alternate from the Metro Region and selected as follows from each of the following organizations/associations in the Metro Region:

- Each licensed providers of ALS or BLS 9-1-1 Emergency Response ground ambulance or Critical Care Transport/ Helicopter Response based in the Metro Region: one seat each
- Non-EMS Fire first responders from each of the Metro Cities of the First Class first class: one seat
- Fire first responder appointed by Metro Chief Fire Officers Association
- Non-EMS Law Enforcement enforcement first responder from Metro Cities of the First Class: one seat appointed by the Minnesota Chiefs of Police Association from the ten-county metro region
- Public health representative from the Metro Local Public Health Association, of the Administrator of the Community Health Services (CHS) agency of each Metro Region county as recommended by the county board of commissioners from each county member of the MESB joint powers agreement (Agreement) one seat each
- Ambulance medical director, as defined in Minn. Stat. § 245F.02 subd. 13, representing East Metro ambulance services, nominated by East public health representatives: one seat
- Ambulance medical director, as defined in Minn. Stat. § 245F.02 subd. 13, representing West Metro ambulance services, nominated by West public health representatives: one seat
- East Medical Resource Control Center (MRCC)
- West MRCC
- Metro Region Health Care Preparedness Coordinator (RHPC): one seat
- Chair of the EMS Emergency Preparedness Sub-Committee Subcommittee, or designee.

Commented [JR1]: Should be discussed by EMS TOC (also same issue in next bullet). If there is not an east or west public health "association," who makes these appointments?

Non-voting, ex-officio members may be added at the discretion of the EMS TOC.

The Emergency Medical Services Regulatory Board (EMSRB) may appoint a representative to fill a non-voting seat on the committee.

The governing bodies of each member of the MESB and of the organizations/associations listed above shall appoint representatives and alternates to the EMS TOC, according to its governing documents and/or processes. Alternates shall have the same voting rights as the representative for whom they are appointed to serve as an alternate, during their participation as an alternate.

The Metro Region for the purpose of this committee the EMS TOC, the Metro Region consists of representatives from each county party to the Joint Powers Agreement for Metropolitan Emergency Services Board member of the MESB.

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.

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~~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 TOC and makes the appointment to the Committee.~~

An agency may change representatives or alternates at any time according to its appointment process, provided the new representatives alternates 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 to nominate-submit~~ representatives shall ~~not~~ be counted when calculating the quorum necessary to conduct business (see Section 7); agencies which do not submit representatives shall not be included in determining quorum. ~~In addition, there shall be alternates appointed for each representative to the EMS TOC. 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 EMS TOC~~ By the December meeting of ~~the~~ odd-numbered calendar years, at which ~~B~~ regular business transactions are conducted, ~~there shall be elected a Chair and Vice Chair~~ the EMS TOC shall nominate and vote on a Chair and Vice Chair out of the existing representatives. The Chair and Vice Chair will be approved by the Board MESB at its annual January organizational meeting. The Chair and Vice Chair are considered to be the executive officers of the EMS TOC.

~~One of the two executive officers shall be a representative from an agency serving which operates in one of the counties of Anoka, Carver, Hennepin, and Scott, and Sherburne; and the other is to shall be a representative from an agency serving which operates in one of the counties of Chisago, Dakota, Isanti, Ramsey, and Washington.~~

Each executive officer ~~elected and~~ approved by the Board MESB shall serve for a period of two years, starting in January after approval by the Board MESB, 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 assumes the Chair position as outlined above, or 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 Chair of the Board MESB at the its annual January~~ organizational meeting of the Board a Chair of the EMS TOC. ~~The Chair of the Board shall appoint the Chair of EMS TOC subject to the approval of the Board.~~ The EMS TOC Chair shall preside at over all meetings of the EMS TOC and perform the usual duties of a Chair. ~~The Chair shall attend all meetings of the Board MESB upon request.~~

SECTION 3. VICE CHAIR

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Commented [JR2]: For discussion at EMS TOC. Do members feel strongly that the east/west sides should be equally represented in Char and Vice Chair positions?

The EMS TOC shall recommend to the ~~Chair of the Board~~ MESB at ~~the its~~ annual January organizational meeting ~~of the Board~~ a Vice Chair of the Committee. ~~The Chair of the Board shall appoint the Vice Chair of the EMS TOC, 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~~ their inability or refusal to act.

SECTION 4. POWER AND DUTIES

The purpose of the EMS TOC ~~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 of care;
4. Pursuing strategic grant opportunities for the metro EMS system;
5. Advising the ~~Metro Region~~ MESB EMS ~~System~~ Coordinator and the ~~Metro Emergency Services Board~~ 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 ~~objectives above and the~~ directives of the ~~Board~~ MESB. The EMS TOC shall recommend to the ~~Board~~ MESB those actions that are 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~~ MESB, including:

1. Developing a work plan for the EMS activities ~~listed~~ required in Minn. Stat. § 144E.50.
sSubd. 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. Reviewing and ~~approve~~ approving metro EMS-targeted grant requests prior to their submission for MESB approval.
3. ~~Recommending EMS items for review and approval by the MESB. Review and approve sub-committee recommendations prior to their submission for MESB approval.~~

All meetings of the EMS TOC shall be held in accordance with the Minnesota Open Meeting Law, Minn. Stat. Chapter 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 EMS TOC. Absentee or proxy voting is not permitted, except as authorized by an alternate as described below.

The designated alternate representative for each member may vote on behalf of the ~~member~~ primary representative in the event the ~~member~~ primary representative is unable to attend the

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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 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 ~~(5)~~ 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 the Minnesota Open Meeting Law. ~~open meeting law.~~

SECTION 7. QUORUM

~~The presence of 33% of members of the EMS TOC. 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 ~~seventy-five percent (75%)~~ of all meetings held in one (1) rolling 12-month year. 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 Any~~ physician representatives on the committee function as the medical directors for the Board and EMS TOC.

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

The ~~EMS TOC shall recommend to the Secretary of State an applicant to be the metro region representative to the Minnesota Emergency Medical Services Regulatory Board (EMS RB). 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 Representatives of the Board MESB, the EMS TOC and/or its ~~sub-committee~~ Subcommittees are eligible to serve as the Metro Region EMS System's representative on the EMS Regulatory Board. ~~The metro region representative on the EMS RB shall serve as an ex officio member of the EMS TOC unless already designated a voting member of it.~~

Commented [JR3]: For discussion at EMS TOC.

Many members do not meet the 75% threshold.

Additionally, with the rolling attendance requirement, at each meeting Greg and the Chair will need to determine who may or may not vote. I think that alone may be problematic. And, the current membership does not seem to like this provision.

~~BY LAWS~~
OF THE
METROPOLITAN EMERGENCY SERVICES BOARD (MESB ~~or Board~~)
~~METRO REGION EMS SYSTEM TECHNICAL OPERATIONS COMMITTEE (TOC)~~
~~EXECUTIVE COMMITTEE~~
~~EXECUTIVE~~
~~COMMITTEE~~

SECTION 1: COMPOSITION

The EMS ~~TOC~~ 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 Education & Research Sub-Committee~~
- ~~Chair of the EMS Communications and Information Technology Sub-Committee~~
- ~~Chair of the EMS Emergency Preparedness Sub-Committee~~
- ~~Vice Chair of the EMS Emergency Preparedness Subcommittee~~
- ~~A Public Health~~ public health representative ~~serving which who serves~~ on the EMS TOC ~~one seat, appointed by the EMS TOC, and is approved by the EMS TOC.~~

~~No alternates are allowed on the EMS TOC Executive Committee.~~

SECTION 2. CHAIR

The Chair of the EMS TOC shall ~~also~~ serve as the Chair of ~~its the EMS TOC~~ Executive Committee. The Chair shall preside ~~at over 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 ~~also~~ serve as the Vice Chair of ~~its the EMS TOC~~ 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 ~~TOC~~ Executive Committee is to improve emergency medical services within the Metro Region. ~~The EMS TOC Executive Committee may, by:~~

- ~~1. Approving actions which need to be taken more quickly than the EMS TOC could be convened.~~
- ~~2.1. Ensuring-Ensure that the~~ work of all ~~sub-committee~~ Subcommittees and the EMS TOC are coordinated and progressing in a timely manner.
- ~~3.2. Collaborate with MESB staff in to develop~~ing agendas for, and ~~preparing-prepare~~ minutes from, EMS TOC and EMS ~~TOC~~ Executive Committee meetings.
- ~~4.3. Working~~ with MESB staff to assure attendance and quorum requirements are enforced.
- ~~4. Monitoring~~ financial reports for revenues and expenditures.

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5. Authorizes activation of the regional resources for major planned and unplanned events and incidents.
- ~~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 TOC and its sub-committeeSubcommittees.~~

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

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

SECTION 5. VOTING

Each member of the EMS TOC 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 TOC 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 the Minnesota Open Meeting Law~~open meeting law~~.

SECTION 7. QUORUM

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

SECTION 8. ATTENDANCE

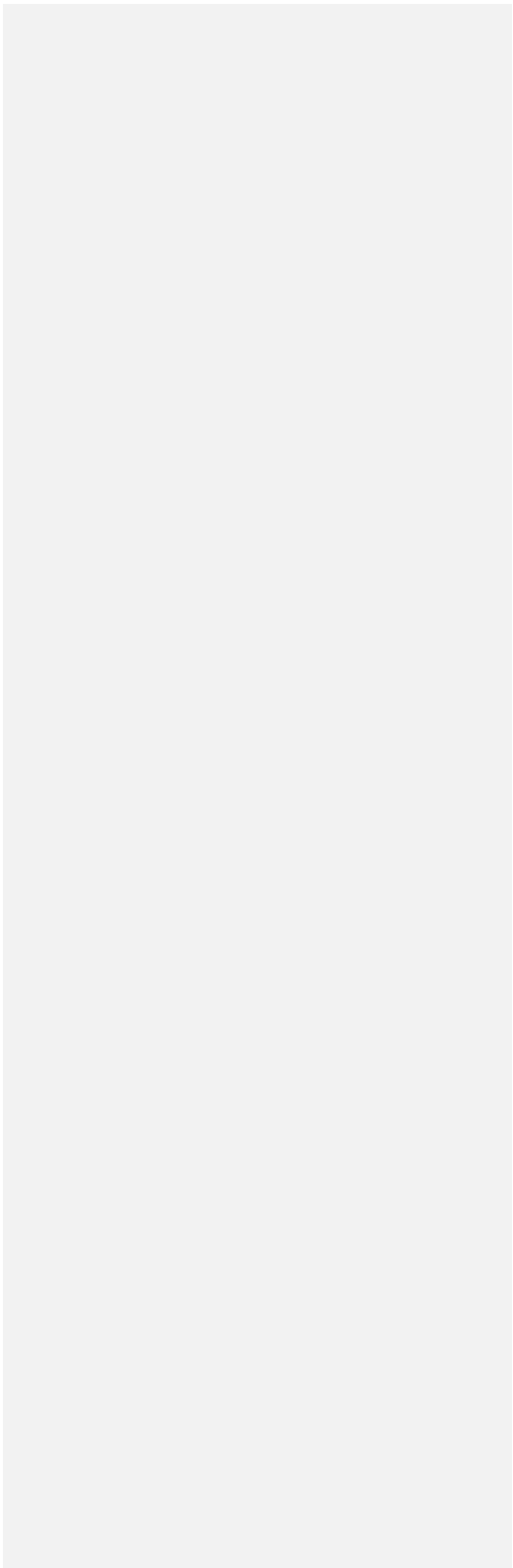
EMS TOC Executive Committee members ~~or their alternates~~ must attend no less than seventy-five percent (75%) of all meetings~~held in one (1) rolling 12-month year~~. If an Executive Committee member does not meet the minimum attendance requirement, the member ~~and alternate~~ will be replaced at the next EMS TOC meeting following the failure of that member to meet the attendance requirement. ~~This amendment is effective June 1, 2016.~~

Commented [JR4]: For EMS TOC discussion.

Is the rolling provision needed for this group as well?

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~~BY LAWS
OF THE
METRO REGION EMS SYSTEM EDUCATION
AND RESEARCH SUB-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: three 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 (TOC) for approval.~~

~~An 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 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~~

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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 TOC 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 TOC.
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 TOC 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 TOC and the MESB Board, as specified in the EMS Education and Research Sub-Committee Work Plan or as directed by the EMS TOC 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 TOC 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 TOC, or MESB Board views without prior consent of the EMS Education and Research Sub-Committee, EMS TOC, 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 SUB-COMMITTEE~~

~~SECTION 1: COMPOSITION~~

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

- ~~• Licensed providers of ALS or BLS 0-1-1 Emergency Response or Critical Care Transport/ Helicopter Response based in the East Metro Region: one seat~~
- ~~• Licensed providers of ALS or BLS 0-1-1 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 (TOC) 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 TOC.~~

~~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 TOC 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 (PSAPs) 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 PSAPs 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 TOC 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 TOC and the MESB Board, as specified in the EMS Communications and Information Technology Sub-Committee Work Plan or as directed by the EMS TOC 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 TOC 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 TOC, or MESB Board views without prior consent of the EMS Communications and Information Technology Sub-Committee, EMS TOC, 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~~
BY LAWS
OF THE
METROPOLITAN EMERGENCY SERVICES BOARD ("MESB" ~~or "Beard"~~)
~~METRO REGION EMS SYSTEM TOC~~ EMERGENCY PREPAREDNESS SUB-
COMMITTEE ~~SUBCOMMITTEE~~

SECTION 1: COMPOSITION

The EMS ~~TOC~~ Emergency Preparedness ~~Sub-Committee~~ Subcommittee ("Subcommittee") shall be composed of representatives appointed by the EMS TOC according to the following:

- ~~ALS/BLS EMS providers – eight~~ ~~four~~ representatives
- Fire service – one representative
- Law enforcement – one representative
- East MRCC – one representative
- ~~West MRCC – one representative~~
- ~~Medical Director from the region- one representative~~
- ~~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~~

By January 5th of even-numbered years, ~~Each agency~~ agencies eligible for representation may, at ~~their~~ option, nominate a representative ~~and alternate according to their appointment processes~~ to the EMS Emergency Preparedness ~~Sub-Committee~~ 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, during their participation as an alternate.~~

Nominations ~~are will be~~ reviewed by the EMS ~~TOC~~ Executive Committee ~~by February 15th of even-numbered years~~ and submitted to the EMS ~~Technical Operations Committee (TOC)~~ for approval ~~at its March quarterly meeting~~.

An EMS Licensed Provider agency may change representatives ~~and/or alternates~~ at any time, provided the new representatives ~~alternates~~ meet the membership requirements and are approved by the EMS TOC.

Resignation of a non-EMS Licensed Provider seat creates a vacancy which will be filled by ~~solicitation of nomination~~ the appointment of a representative from ~~all a eligible member~~ agency ~~made by the Executive Committee~~ies.

Agencies choosing ~~not~~ 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~~ April 1 of ~~each calendar~~ even-numbered years and shall ~~continue indefinitely~~ terminate March 31 of the following even-numbered year.

At the first ~~Sub-Committee~~Subcommittee meeting ~~of each calendar year following appointments beginning April 1~~ at which regular business transactions are conducted, there shall be elected from within the membership of the ~~Sub-Committee~~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 ~~Sub-Committee~~Subcommittee and shall perform duties as prescribed by the EMS Emergency Preparedness ~~Sub-Committee~~Subcommittee from time-to-time and as approved by the EMS TOC and ~~the~~ 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~~Subcommittee is to support metro EMS agencies through collaborative effort with MESB representatives. This ~~is accomplished by Subcommittee~~ will may:

1. Develop~~ing~~ and maintain~~ing~~ a work plan for emergency preparedness, for recommendation to EMS TOC.
2. ~~Promoting~~Promote the exchange of information, experience and concepts related to operations.
3. ~~Encouraging~~Encourage decisions and planning to achieve greater levels of systems interoperability among agencies, jurisdictions and public safety disciplines.
4. ~~Promoting~~Promote operational best practices as a means to improve quality.
5. Review~~ing~~ and recommend~~ing~~ policy procedures, standards, and best practices for EMS providers to governing entities in both the Metro Region and the State of Minnesota both the MESB and the Minnesota Emergency Medical Services Regulatory Board (EMS RB).
6. ~~Coordinating~~Coordinate emergency response strategies and tactics for major incidents and events through the Metro Region EMS ~~System Coordination~~Emergency Operations Center, ~~the Minnesota EMS Multi-Agency Coordination Center, the Metro MAGC or similar bodies in collaboration with local Unified Command, as well as other emergency operations centers or coordination centers.~~
7. ~~Providing~~Provide assistance with ~~Mitigation~~mitigation, ~~Preparedness~~preparedness, ~~Response~~response, and ~~Recovery~~recovery activities.
8. Develop~~ing~~ plans for the distribution of regional assets and maintaining inventories~~;~~.
9. ~~Providing~~Provide guidance and planning for the use of accepted EMS-related grant funds.
10. ~~Advising~~Advise the ~~Metro Region~~MESB EMS ~~System~~ Coordinator and the ~~Metro Region~~MESB EMS ~~System~~ TOC on matters of policy, procedure and technology.

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

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

3/2020
Revised draft xx/xx/202x

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

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

SECTION 5. VOTING

Each member of the EMS Emergency Preparedness ~~Sub-Committee~~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 ~~Sub-Committee~~Subcommittee 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~~Subcommittee at least five ~~(5)~~ days prior to such meeting.

Special meetings of the ~~Sub-Committee~~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 ~~(3)~~ days' notice be given to each member of the ~~Sub-Committee~~Subcommittee.

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

SECTION 7. QUORUM

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

SECTION 8. ATTENDANCE

EMS Emergency Preparedness ~~Sub-Committee~~Subcommittee 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.

Commented [JR5]: For EMS TOC discussion.

Is the rolling provision needed here?

C UNASSIGNED RESOURCES

Report to EMS Command or Staging (if established)

Notification

- Go to assigned radio talkgroup.
- Approach scene using designated route.
- Upon arrival at incident, announce arrival and await assignment from EMS Command or Staging.
- All responders will identify themselves using the following format: Dept Name, Type of Resource, and Unit Identifier.

At Staging

- Do not block entry/exit routes.
- Stay inside the vehicle until assigned a duty.

Loading Patients and Leaving the Scene

- Quickly load patients and provide treatment while transporting to the appropriate hospital.
- Provide EMS Command, or designee, the number of patients and triage category being transported.
- Contact your Communication Center and advise them of your status.
- Immediately contact MRCC/Medical Control by radio and provide a patient information report.
- In order to facilitate reunification, consider documenting patient name and/or physical description when possible.



Metropolitan
Emergency Services Board
Metro Region
EMS System

Metropolitan Emergency Services Board
Metro Region EMS System
Emergency Preparedness Subcommittee

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EMS PLANS

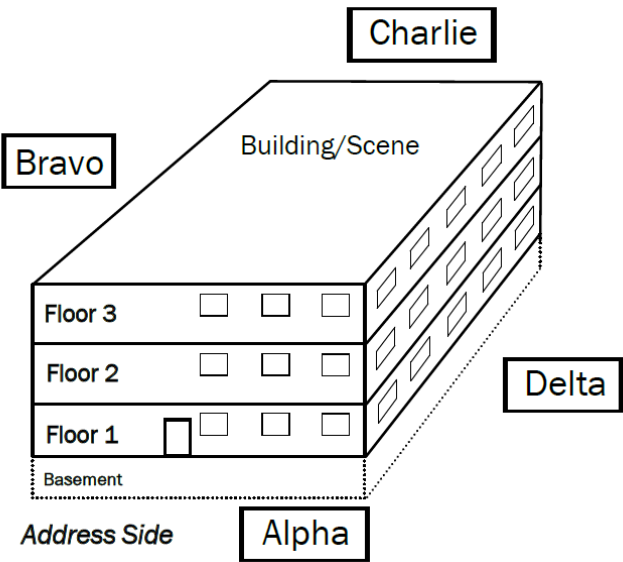
The Metro Region EMS Plans establishes a common tiered system to manage and front-load growing incidents.

- **EMS Plan 1** – 4 Ambulances, 1 Command, MNTRAC EMS System Advisory (*Initial*)
- **EMS Plan 2** – 4 Ambulances, 2 Command, System Medical Director (*Additional*)
- **EMS Plan 3** – 4 Ambulances, 2 Command, EMS Region MIR Bus (*Additional*)

**Consider move-ups/backfill for PSA.*

USING DIVISIONS & GROUPS

- In large or widely scattered scenes (ie: natural disasters) establish divisions/groups early to maintain operational control.
- Divisions are geographic areas with assigned resources.
- Groups are resources assembled to perform a specific function.
- Divisions/Groups shall have a designated leader.
- Requests for resources (vehicles, talkgroups, personnel, etc.) must be made through EMS Command.



METRO REGION EMERGENCY MEDICAL SERVICES INCIDENT RESPONSE PLAN

GUIDELINES

This plan is based on the principles and guidelines outlined in national standards for incident and resource management, and promotes a collaborative multi-jurisdictional response.

The command structure presented in this plan may require expansion to meet the needs of larger or more complex incidents.

- FIRST ARRIVING: Refer to Panels A & B
- UNASSIGNED RESOURCES: Refer to Panel C
- DO NOT RESPOND unless requested!

OPERATIONAL CONSIDERATIONS

- Request Tactical and/or Interoperable Radio Talkgroups early.
- Alert MRCC/Medical Control to the nature of incident and potential for patients to self-transport.
- Ensure crews are wearing proper protective equipment.

METRO REGION RESOURCES

- To request Metro Region Resources or support, contact the Medical Resource Control Center (MRCC).
- Resources include: Major Incident Response Bus, Western Shelter tents, Command Trailer, or supply caches.
- The Metro Region EMS System EOC can operate virtually or physically to support planned or unplanned events.
- The Metro Region EMS System can deploy and support Ambulance Strike Teams.

Do hospitals need to be alerted to the incident or potential patients? If yes, contact MRCC.

A EMS COMMAND

Coordinate with Incident Command/Establish Unified Command.

- The role of EMS Command will be assumed by the first arriving unit and announced on the radio. (IE. “[Unit] will be EMS Command.) *Any change in the unit filling the role must be announced.*
- Request Tactical and/or Interoperable Radio Talkgroups early.
- Announce arrival of EMS to IC via radio interop channel, or face-to-face.
- EMS Command is responsible for all unassigned Divisions/Groups within the IRP until delegated.
- EMS Command may appoint support roles such as command aide, scribe, etc.
- Radio discipline is maintained by allowing only EMS Command or designee to interface with the communications center.
- EMS Command shall give assignments by providing a specific **TASK** to be accomplished, **LOCATION** to complete the task, and **OBJECTIVE** of each task.
- EMS Command must obtain regular updates from Divisions/Groups using CAN report format.
- EMS Command is responsible for the safety and accountability of all EMS personnel.

Radio Reports / Initial & Follow-up

It is vital to communicate an accurate scene size-up so the appropriate resources can be started. It is better to have more resources and cancel them, than to have a delayed response. Timely follow-up reports shall be provided as the incident evolves. The information should include:

- **Conditions** – Describe the scene, nature of incident, # of pts, etc.
- **Actions** – “Investigating”, “Triaging”, etc.
- **Needs** – Resources/EMS Plan, Medical Director, etc.
- Provide command location, staging location, ingress/egress routes.

B DIVISIONS/GROUPS

CAN report when prompted or if unable to complete objective.

TRIAGE/CASUALTY COLLECTION GROUP

- ☐ Identify & communicate triage/Casualty Collection Point(s).
- ☐ Identify, collect, and triage patients while providing life-saving interventions. Utilize first responders as needed.
- ☐ Expedite & coordinate patient movement to transport area.

TREATMENT GROUP

- ☐ Prioritize critical interventions prior to transport.
- ☐ Organize medical care in treatment area.
- ☐ Utilize first responders when caring for multiple patients.

TRANSPORTATION GROUP

- ☐ Maintain resources for immediate transport.
- ☐ Coordinate the rapid loading of transporting vehicles. **Optimize loading of patients, consider multi-load!**
- ☐ Record the triage color and number of patients transported by each vehicle.
- ☐ Remind transport units to use radio for MRCC report.
- ☐ Keep entry/exit routes open.

STAGING GROUP

- ☐ Establish staging area and keep entry/exit routes open.
- ☐ Respond to requests for resources from EMS Command.
- ☐ Provide requested resources with task, location, and objectives of assignment.

REHAB GROUP

- ☐ Establish and support a dedicated location for responder rehab.
- ☐ Provide observation, assessment, and rehabilitation in accordance with protocols.
- ☐ Rapidly move responders requiring transport to the designated transport area.

GREEN: minor, less serious illness or injury

YELLOW: delayed, stable but requires observation

RED: critical, requires immediate treatment/transport

BLACK: dead. Do NOT move.

PATIENT TRACKING

EMS Unit				Receiving Hospital

RESOURCE ACCOUNTABILITY

Resource/EMS Unit	In	Out

EXPANDED STAGING LOCATIONS

- **“Assignment”:** Resource has been given a task, location, and objective, or may be assigned to Division/Group.
- **Level 1 Staging:** At the incident location, but not committed to assignment, or past last tactical objective. Able to relocate if needed. Team remains with vehicle.
- **Level 2 Staging:** Farther from scene. Hold resources to move up as needed.



Concept of Operations (CONOPS)

Minnesota Metro Region EMS System

Ambulance Strike Team/EMS Taskforce



November 2023

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 - 1.2. Mission
 - 1.3. Goals
2. Capability Needs
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 - 2.2. Threats and Hazards
 - 2.3. Expectations
3. Response Organization
 - 3.1. Request for Assistance – Immediate
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 - 3.3. Deployment
 - 3.4. Demobilization
4. Mission Ready Packages
 - 4.1. Ambulance Strike Team
 - 4.2. Medical Task Force
 - 4.3. Modified/Additional Resources
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 - 5.1. EMS EOC Handbook
 - 5.2. Ambulance Strike Team Leader Handbook
 - 5.3. Ambulance Strike Team Operator Handbook

1. Executive Summary

- 1.1. **Purpose** - Ambulance Strike Teams and EMS Task Forces play a vital role in emergency medical response to manmade incidents, natural disasters, or planned events. During a high-demand overwhelming response, EMS agencies and practitioners must be responsible and prepared to meet the needs of a mass casualty incident by having an established response framework that complies with FEMA and NIMS. Utilizing FEMA resource typing standards, an ambulance strike team is made up of five (5) BLS or ALS ambulances with one (1) Strike Team Leader.
- 1.2. **Mission** – It is the mission of the Metro Region EMS System Ambulance Strike Team to provide the best possible organized emergency medical response to a major disaster, including medical treatments, evacuation, and transportation.
- 1.3. **Goals** – It is the goal of the Metro Region EMS System Ambulance Strike Team to provide a cooperative and coordinated response plan in the event of a disaster or special event/incident, and to provide a consistent level of care using resource sharing throughout the Metro Region.

2. Capability Needs

- 2.1. **Description** – The Metro Region EMS System primarily supports EMS coordination in the Twin Cities-Minnesota region, consisting of Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, and Washington counties. The Metro Region EMS System may provide EMS support to intrastate and interstate missions when requested.
- 2.2. **Threats & Hazards** – The Metro Region is vulnerable to a variety of threats and hazards that have the potential need for rapid medical evacuation and transportation. These may include severe weather, transportation accidents, civil unrest, building explosion/collapse, or significant special events.
- 2.3. **Expectations** – The AST Concept of Operations is based on the expectation that the Metro Region EMS System may be called upon when a significant incident has occurred or is anticipated, the type or scale exceeds the capabilities of the local jurisdiction, or when state or federal assistance may be required.

3. Response Organization

3.1. Request for Assistance: Immediate

- 3.1.1. Metro Region EMS System resources are available for immediate deployment to support agencies within the Metro Region.
- 3.1.2. Metro Region EMS System resources may be available for urgent deployments outside of the Metro Region in support of active or on-going incidents.
- 3.1.3. Contact Medical Resource Control Center (East, West, or Statewide)

3.2. Request for Assistance: Planned

3.2.1. Metro Region EMS System resources may be available for planned incidents.

3.2.2. Contact Metro Region EMS Coordinator

3.3. Deployment

3.3.1. Upon request for assistance or resources, the Metro Region EMS System Leadership group will evaluate for alignment with purpose, mission, and goals of this CONOPS.

3.3.2. When approved, pre-deployment steps may include initiating an advisory to regional EMS agencies, activation of the Metro Region EMS System EOC (virtual or in-person), deployment of an incident support team to assess the incident ahead of team arrival, or elevation to other regional or statewide stakeholders.

3.3.2.1. The EOC will initiate pre-deployment planning and logistics, such as food, lodging, route planning, fuel, equipment, communications, staging, etc.

3.3.2.2. Prior to departure, participating EMS agencies shall be prepared to support their team members with purchase or fuel cards, per diems, schedule adjustments, uniforms, etc.

3.3.3. Ambulance Strike Team Leaders/Operators will report to a point of departure for mission briefings and equipment dispersal.

3.3.4. Each Ambulance Strike Team will be under the direction of a Strike Team Leader, who is responsible for team accountability, mission execution, and safety.

3.3.5. In cases of multiple Ambulance Strike Teams, an EMS Task Force Leader or Branch Director may also be deployed.

3.3.6. All resources must be officially requested, as self-dispatching of any resource can cause negative consequences in both the sending and receiving areas.

3.3.7. Patient care will be rendered, as circumstances permit, in accordance with the scope of practice, policies, and procedures and medical control of the responders' permitting/accrediting agency.

3.4. Demobilization

3.4.1. Demobilization planning begins when resources are activated for deployment.

3.4.2. Takes place in accordance with the Incident Demobilization Plan.

3.4.3. Demobilization takes place as a Strike Team. No crew or individual team member shall leave the incident without receiving departure instructions from the Strike Team or Task Force Leader.

3.4.4. When possible, resources will be demobilized in a state of readiness. Lost, used, or damaged equipment shall be reported to the incident Agency Representative prior to departure.

3.4.5. Timekeeping and supply records will be recorded and submitted to the incident Planning Section prior to departure.

3.4.6. The Strike Team or Task Force Leader will notify the EMS EOC of release time, travel route, and estimated time of arrival to home base.

4. Mission Ready Packages

4.1. **Ambulance Strike Team** – A group of five ambulances of the same type, with common communications and a leader in a separate command vehicle.

4.1.1. ALS Type II – 5 ALS (at least one paramedic) capable ambulance + 1 Strike Team Leader

4.1.2. BLS Type II – 5 BLS (at least one EMT) capable ambulance + 1 Strike Team Leader

4.2. **Medical Task Force** – Any combination of resources up to 5 ASTs assembled for a medical mission with common communications and a Task Force Leader. Examples:

4.2.1. Strike Team(s) (ALS or BLS) + Major Incident Response Bus

4.2.2. Strike Team(s) (ALS or BLS) + Major Incident Response Bus + Western Shelter Tents

4.2.3. Strike Team(s) (ALS or BLS) + Major Incident Response Bus + Western Shelter Tents + Command Trailer

4.3. **Modified/Additional Resources** – A group of ambulances or combination of resources that does not meet traditional typing requirements, with common communications and a Strike Team/Task Force Leader. Examples:

4.3.1. Strike Team of 3 ALS and 2 BLS ambulances, or other combination

4.3.2. Task Force of 2 ALS ambulances + Major Incident Response Bus

4.3.3. EMS Command Trailer + Communications Unit Leader

5. Appendix

5.1.1. **EMS EOC Handbook** – A handbook intended to provide Emergency Operations Center Managers and Operators a summary of responsibilities and tasks to support a deployment.

5.1.2. **Ambulance Strike Team/Taskforce Leader Handbook** – A handbook intended to provide Ambulance Strike Team/EMS Task Force Leaders a summary of responsibilities and tasks to conduct a deployment.

5.1.3. **Ambulance Strike Team/Taskforce Operator Handbook** – A handbook intended to provide Ambulance Strike Team Operators a summary of responsibilities and tasks to complete a deployment.



Strike Team/Taskforce Operator Handbook

Minnesota Metro Region EMS System

Ambulance Strike Team/EMS Taskforce



November 2023

Metro Region EMS System Ambulance Strike Team

STRIKE TEAM/TASKFORCE OPERATOR Handbook

- Code of Conduct (Attached)
- Personal Go-Bag Packing List (Attached)
- PRE-DEPLOYMENT: Situation Report from EOC
 - Current Conditions
 - Incident Summary
 - Weather
 - Current Conditions
 - Assignment Expectations
 - Safety Brief
 - Uniform Expectations
 - Home agency duty wear
 - No shorts
 - AST issued shirt/vest
- PRE-DEPLOYMENT: Reporting to Leader
 - Point of Contact - Strike Team/Taskforce Leader Name & Phone Number
 - Phone
 - Radio
- PRE-DEPLOYMENT: Understand In Transit Expectations
 - Communications – Radio/Phone during transit
 - Accountability – Periodic check-ins with leader/roll call
 - Emergent vs Routine
 - Scheduled Break Times/Locations
 - Fueling
 - Lodging
- IN TRANSIT: Point of Departure (POD)
 - Reviewing Issued Equipment
 - Just In Time Training of Equipment
 - POD Briefing/Deployment Expectations
 - Emergency Procedures
 - Report team member illness/injury to Leader
- AT INCIDENT: Attending Briefings
 - Attend Work Cycle Briefings
 - Understand/Review IAP and Work Functions
- AT INCIDENT: Work Assigned Function (no self-dispatching/freelancing)

- AT INCIDENT: Maintain Accountability
 - ICS 214 – Unit Activity Log (Completed per Operational Period)
 - Checking in with leader (Regular/Scheduled during work cycle)
- AT INCIDENT: Maintain Situational Awareness/Incident Conditions
- POST INCIDENT: Demobilization
 - Coordinate with Incident Demobilization Plan
 - Strike Team demobilizes as a team, travels back together
- POST INCIDENT: Documentation/After Action Review
 - Complete remaining documentation in a timely manner and submit to Strike Team/Taskforce Leader or EMS EOC
 - Provide feedback and incident review where appropriate



Strike Team/Taskforce Leader Handbook

Minnesota Metro Region EMS System

Ambulance Strike Team/EMS Taskforce



November 2023

Metro Region EMS System Ambulance Strike Team

STRIKE TEAM/TASKFORCE LEADER Handbook

- Code of Conduct (Attached)
- Personal Go-Bag Packing List (Attached)
- Team Leader Supplies/Equipment (Attached)
- PRE-DEPLOYMENT: Situation Report from EOC
 - Point of Contact
 - Incident Requesting Agency Representative Name, Title, & Phone Number
 - Priority
 - Emergent or Routine
 - Incident Command Post Communication Method
 - Radio talkgroup and/or phone number(s)
 - Staging
 - Location
 - Ingress/Egress
 - Current Conditions
 - Incident Summary
 - Weather
 - Current Conditions
 - Assignment Expectations
 - Safety Brief
 - Emergency Procedures
 - Report team member illness/injury to Incident Liaison and EMS EOC
 - Establish a Strike Team/Taskforce Leader continuity plan, if needed
 - Uniform Expectations
 - Home agency duty wear
 - No shorts
 - AST issued shirt/vest
- PRE-DEPLOYMENT: Reporting to EMS EOC
 - Phone
 - Web/Virtual
 - Radio
- PRE-DEPLOYMENT: Route Planning (EOC will assist)
 - Communications – Radio/Phone during transit
 - Accountability – Periodic check-ins with team/roll call
 - Emergent vs Routine

- Scheduled Break Times/Locations
- Fueling
- Lodging
- IN TRANSIT: Point of Departure Management
 - Issuing Equipment to Operators
 - Just In Time Training of Equipment
 - POD Briefing/Deployment Expectations
- AT INCIDENT: Attending/Providing Briefings
 - Attend Operational Briefings
 - Understand/Review IAP and Work Functions
 - Disseminate Task, Location, and Objective to Operators
- AT INCIDENT: Work Assigned Function (no self-dispatching/freelancing)
- AT INCIDENT: Maintain Accountability
 - ICS 214 – Unit Activity Log (Completed per Operational Period)
 - Checking in with teams (Regular/Scheduled during work cycle)
- AT INCIDENT: Maintain Situational Awareness/Incident Conditions
- POST INCIDENT: Demobilization
 - Coordinate with Incident Demobilization Plan
 - Communicate with EMS EOC departure time, route, and estimated arrival time to home base
- POST INCIDENT: Documentation/After Action Review
 - Complete remaining documentation in a timely manner and submit to Incident Planning Section
 - Coordinate with EMS EOC to ensure completion of assignment obligations
 - Provide feedback and incident review where appropriate



Emergency Operations Center Handbook

Minnesota Metro Region EMS System

Ambulance Strike Team/EMS Taskforce



November 2023

Metro Region EMS System Ambulance Strike Team

EMERGENCY OPERATIONS CENTER Handbook

- Code of Conduct (Attached)
- Issue Team Leader AST Supplies/Equipment
- Incident Expectations
- PRE-DEPLOYMENT: Situation Report from Incident Requesting Agency Representative
 - Point of Contact
 - Incident Requesting Agency Representative Name, Title, & Phone Number
 - Priority
 - Emergent or Routine
 - Incident Command Post Communication Method
 - Radio talkgroup and/or phone number(s)
 - Staging
 - Location
 - Ingress/Egress
 - Current Conditions
 - Incident Summary
 - Weather
 - Current Conditions
 - Assignment Expectations
 - Safety Brief
 - Emergency Procedures
 - Report team member illness/injury to Incident Liaison and EMS EOC
 - Establish a Strike Team/Taskforce Leader continuity plan, if needed
 - Uniform Expectations
 - Home agency duty wear
 - No shorts
 - AST issued shirt/vest
- PRE-DEPLOYMENT: Communicate with Team Leader
 - Phone
 - Web/Virtual
 - Radio
- PRE-DEPLOYMENT: Route Planning Support
 - Communications – Radio/Phone during transit
 - Accountability – Periodic check-ins with Team Leader
 - Emergent vs Routine

- Scheduled Break Times/Locations
 - Fueling
 - Lodging
- IN TRANSIT: Point of Departure Support
 - Issuing Equipment
 - Just In Time Training
 - POD Briefing/Deployment Expectations
- DURING INCIDENT: Support Briefings
 - Support Team Leader if concerns/questions after briefings
- DURING INCIDENT: Reviewing/Understanding IAP
 - Support Team Leader if concerns/questions after briefings
- DURING INCIDENT: Working Assigned Function (no self-dispatching/freelancing)
- DURING INCIDENT: Maintaining Accountability
 - ICS 214 – Unit Activity Log (Completed per Operational Period)
 - Checking in with Team Leader
 - Liaison with home agencies
- DURING INCIDENT: Maintain Situational Awareness/Incident Conditions
- POST INCIDENT: Demobilization
 - Coordinate with Incident Demobilization Plan
 - Communicate with Team Leader departure time, route, and estimated arrival time to home base
- POST INCIDENT: Documentation/After Action Review
 - Complete remaining documentation in a timely manner and submit to Incident Planning Section
 - Coordinate with Team Leader to ensure completion of assignment obligations
 - Provide feedback and incident review where appropriate

Metro Region EMS System Ambulance Strike Team/Medical Task Force CODE of CONDUCT

- Follow the Incident Command Structure.
- While deployed act as if you are constantly on camera. You likely are!
- Events of this nature attract the media and attorneys. Your actions reflect your organization and the State of Minnesota.
- Respect private property. Do not enter a private residence or business without the owner's permission, except in life-safety emergencies. Looters will be prosecuted.
- A community impacted by a large-scale emergency/disaster will be in distress, independent of personal impact. Crews should exercise extreme patience and understanding, treat the public and all other emergency responders with respect.
- No alcohol or drugs during deployment.
- Remember your mission is to help the sick or injured. This is not a vacation!
- Take only essential personal items. Storage of personal items cannot interfere with patient care space. Ambulance services will not be responsible for lost/damaged property.
- Do not bring pets. Rescued animals need to be brought to an animal rescue group. Ambulance Strike Team personnel **are not** to keep rescued animals.
- Ambulance personnel are responsible for wearing all appropriate safety and personal protection equipment.
- You are responsible for the ambulances and all equipment issued to you.
- Firearms or dangerous weapons are not permitted.



Personal Supplies and Equipment

“GO BAG LIST”

- ☐ Cell Phone and charger (personal)
- ☐ Cash minimum \$100/per week per person (Credit Cards may not always work)
- ☐ Potable water one gallon per person
- ☐ 1 qt Drinking container: camel back or Nalgene bottle w/ insulation recommended.
- ☐ Mess Kit
- ☐ 1 MRE
- ☐ Snacks
- ☐ Books, cards, etc.
- ☐ Sunscreen/Bug repellent (consider mosquito netting)
- ☐ Sunglasses
- ☐ Spare prescription glasses
- ☐ Personal medications: recommend aspirin, ibuprofen, Benadryl, and Imodium.
- ☐ Copy of Prescription Medications
- ☐ Credentials, Driver's License, picture ID
- ☐ Hat
- ☐ Flashlight, headlamp & spare batteries (rechargeable) and a charger
- ☐ Team Uniform (2 pants, 3 shirts) **Note: Place in Ziploc bags.**
- ☐ T-shirts, underwear (1 pair/each day of deployment) **Note: Place in Ziploc bags.**
- ☐ Work boots (**OSHA** approved recommended).
- ☐ Pillow & Sleeping bag/pad
- ☐ Off time clothing
- ☐ Weather Appropriate Clothing: gloves, boots, hat, long underwear, extra sweater, jacket, rain gear
- ☐ Large Zip lock bags
- ☐ Toilet Paper
- ☐ **Survival Kit** to include: compass, “pencil flares”, water purification, glow sticks, strobe light, signal mirror, waterproof matches, wire, nylon cord, candles, energy gel, space blanket
- ☐ Leatherman type tool
- ☐ Personal hygiene items
- ☐ Washcloth & towel
- ☐ Shower sandals
- ☐ **Recommend Living Will**