

**Calhoun County Medical Control Authority
July , 2016**

**Kellogg Community College, EMS Conference
Room Battle Creek, MI**

9:00 – 11:00 a.m.

I. Call to Order – The meeting was called to order by Chet Dalski at 9:02 am.

Board Members Present

Name	Represents	Position	Meeting Date: 4-25-16			Attendance History
			Present	Excused	Absent	
Chet Dalski	KCC	Sec/Treasurer	X			13/13
Mark Burke	Marshall FFA	At-Large Exe.	X			13/13
Rich Feole	911 Dispatch	Board Member	X			2/2
Jason Kortgoede	Albion Comm. Amb	Board Member	X			2/2
Steve Frisbie	LifeCare Amb.	Board Member	X			13/13
Dorothy Malcolm	BBC ER Director	Chair		X		9/12
James Stevens	At Large	At Large Bd Member	X			13/13
Greg MComb	Urban MFR	Board Member	X			8/11
Dan Stewart	CCMCA	Medical Director	X			9/11
	BBC					
Kim Campbell	Oaklawn Hospital	Vice Chair	X			8/9
Ginger Williams	Oaklawn Admin	Board Member	X			8/9
Russell Cummins	Rural MFR	Board Member	X			3/3

Others Present-Mike McKenzie-Battle Creek Emergency Manager

Introductions-Chet introduced Mike McKenzie, the Battle Creek Emergency Manager.

Additions or Deletions to the Agenda- Chet added Item B per the request of Steve Frisbie under New Business as follows:

B. Intraopprability Agreement: S. Frisbie

Approval of Minutes- With a correction to the date of the previous minutes (should reflect April 25, 2016 and not January 25, 2016) previously distributed the minutes of the April 25, 2016 were approved. (Stevens/Cummins).

Public Forum: None

II. Committee/Officer Reports:

- A. Medical Director Report/PSRO Committee (Dan Stewart)** – Dr. Stewart reported the continuation of the collection of data and passed around an updated report. He requested that we continue on with the data collection. Using the data we can start setting standards—i.e., aspirin at the site of chest pain.
New protocols: can now bypass hospitals on some issues-how to determine when appropriate will be the challenge in this change
Regional trauma: regional and state to push the data collection
Ginger requested on the report passed around during the meeting to include a numerator/denominator in the report to alleviate a skew of the numbers reported.
- B. Finance Committee (Chet)** – Chet reported a current balance of \$203,208.08
Last payment has been received from Marshall Ambulance for third quarter. We thank them for the early payment. Hillard Lyons Statement reflects a net value of \$78,739.94. Billing for dues has been sent out and note all dues have been paid.
Motion made to accept the Finance Committee report (Cummins/Burke). Motion carries.

III. Old Business:

- A. Regional MCS Network/Representation**—Ginger Williams reiterated that what Dan reported from the Medical Director Report is pretty much conclusive of any activity for the Regional MCA Network. Ginger did pose the question as to how to keep people at the right level of care training—the need for evaluation tracking? Also need data collection to evaluate that activity. This data will likely come from the locals—use own criteria to protocol the information. Locals need to become more proactive so as to not have the data State driven. Doing an ISS protocol may not be correct.
- B. VAMC Active Shooter Exercise**—Chet reviewed the exercise in detail—he displayed maps via PowerPoint slides of Building 7—1st floor and 2nd floor and walked through the events and pathways displayed on the maps. Handouts were provided. 20 patients were moulaged and these patients were identified with lanyards of scripted instructions, etc. for the day's events. Phase 1 consisted of the active shooter and the elimination of the threat while Phase 2 Medical Response, the triage—process of quickly examining patients/problems in order to decide which ones are the most

seriously injured and must be dealt with and treated first. Triage, set in place, also used for patients arriving at the emergency department, or telephoning medical advice systems. Covered Phase 1—the law enforcement (quad concept) response while Chet was the primary observer of Phase 2—patient response conditions. Decoys and manikins were also used in the scenario of events held on May 13, 2016, at the Battle Creek VAMC Active Shooter Exercise.

Upon conclusion of the May 13, 2016, Battle Creek VAMC Active Shooter Exercise, an After Action Report from the Medical Sector was drafted, handout provided. Recommendations for Phase 1 and Phase 2 were noted in the report. Some of the recommendations noted are: 1) implement a tactical program into our system; 2) communication was always an issue; 3) radio communications were poor with both the inside and outside happenings; 4) improve upon the triage; and 5) tracking—we did have the ability to track but lack of communication with the hospitals. Note: Within the event, a request for West Michigan Aircare to be placed on standby was made.

Chet mentioned that the college (KCC) is looking at a full scale active shooter exercise, however, no details are in place for this at this time. Details to come at a later date.

IV. New Business:

- A. **Infectious Disease Tabletop Exercise-** Chet feels we are ready for this and was unaware of not knowing of the Volunteer Help Center but did indicate the Volunteer Help Center did a real nice job!

- B. **Intraopprability Agreement** — As part of the 5th District update, Steve indicated the need to look at implementing the Intraopprability Agreement in light of the Bellevue district being spread across three counties which becomes a real muddy district for coverage. Steve believes a similar agreement has existed but no one can put their hands on it. However, the need for someone to accept the responsibility needs to be recognized and covered under the Calhoun County Medical Control Authority jurisdiction. Steve is looking at a new agreement and he has requested the possibility of an electronic vote of those present here today upon the draft being prepared and distributed for review of its content.

As a part of the 5th District updates, it was stated we need to keep on top of “Stop the Killing / Stop the Bleeding.” The triage sites need to be located as close as possible to the scene. EMS is the reaction team behind the fire trucks. Police enforcement is the lead team. Dispatch is good at screening calls on these situations but additional training and equipment is an issue. EMS responders need to be equipped with additional supplies which becomes costly. Reference was made to the most current InterAgency Board June 2016 handout distributed to those in attendance. It identifies new information on the topic of Training Trigger: Integrated Response Operations in Active Shooter/Hostile Events (ASHE).

Other Concerns-

- Cummins: revisit the priority sent to a chest pain call . . . protocol for dispatch? Chest pain = priority one call? There are small differences between a priority 1 and priority 3.
- Stevens: questioned the results of the call-in with response on distribution of funds? Chet stated the call-in vote response did pass and no further action at this time.
- Williams: have we received any feedback from the State of the State Plan? Chet responded “no” but did mention we know the letter was received as it was sent certified mail return receipt requested and that return receipt has been received.

Next Board Meeting scheduled for October 17, 2016, 9 AM, at Kellogg Community College, Lane Thomas Building, EMS Conference Room

Note: Durk Dunham, CCSO, EMD unable to attend due to handling matters of the severe storm damage passing through Calhoun County early Monday (7/18/2016) a.m.

Announcements-None

VI. Adjournment

Motion to adjourn at 10:12 am.