Emergency Medical Services Council

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Operations and System Communications Committee

Tuesday, July 14, 2026, 2026, 9:30 a.m. - 10:30 a.m.

Emergency medical services regulation | Hennepin County

Draft Summary

Present	Absent
1. Tony Martin (Hennepin County Sheriff's Office Primary Dispatch), Chair 2. Mark Anderson, Ridgeview Ambulance Service 3. Kevin Miller, Allina Health EMS 4. Tony Ebensteiner, North Memorial Health Ambulance 5. Dan Klawitter, West MRCC 6. Charles Sloan, Hennepin EMS 7. Victoria Vadnais, Allina Health EMS Ambulance Dispatch 8. Tammy Doll, Hennepin County COPE 9. Peter Tanghe, North Memorial Health Ambulance	1. Shaun White, Edina Fire EMS 2. Vacant seat, Hennepin County Fire Chiefs Association (does not count toward quorum)
Guests	**Staff**
1. Tyler Lupkes, MESB Emergency Preparedness Committee Chair and HEMS Battalion Chief 2. Brent Custard, North Memorial Health Ambulance	1. Kristin Mellstrom

1. Call to Order

Meeting was called to order with a quorum by Tony Martin at 9:30 a.m.

2. Approval of Agenda

Motion: Approval of today's agenda and previous meeting notes.

Action: Approved unanimously.

3. Old Business

- **Hennepin County (HC) Heat Resilience Plan Workgroup Update – presented by Tyler Lupkes, MESB Emergency Preparedness Committee Chair and Hennepin EMS Battalion Chief**

  The HC heat resiliency plans that were emailed after the last meeting included a description of the work done by representatives from HC Public Works, HCMC, Public Health and several community organizations to provide cooling spaces and resources for Hennepin County residents and visitors. A website listing these spaces is maintained by Hennepin County: Places to cool off in extreme heat | Hennepin County

  For EMS, the discussion today will focus on: 1) identifying what cooling options are already in use; 2) what additional options are feasible for EMS to provide or assist with in the field; 3) which first responder partners may be able to help with this type of response; 4) what contracts or agreements would need to be in place with partner organizations and/or businesses to manage the logistical and financial aspects of a joint effort to respond to patients that need immediate cooling.

  - Currently, all EMS Providers use one or more of the following procedures:
    - Cold saline, wet toweling, ice packs
  - Other simple procedures to consider in the field and during transport
    - External saline mist spray, fans or use of BairHugger type of temp management system attached to air conditioning vents

  - Additional procedures to consider if more planning and coordination is completed
    - Use of ice water to fill a bag, pod, or tub, tank for cold water immersion on site
  - Planning, logistics, and financial issues related to use of ice baths
    - EMS does not have space on rigs to carry ice
    - Possible mutual response with Fire Dept. to pick up/bring ice to scene
    - Agreements would need to be completed in advance for immediate access to pick up ice at local 24/7 gas stations or convenience stores with billing and payment to follow after the response is completed
    - 911 dispatch would alert EMS that the call is for a patient with heat stroke, so mutual aid from another first responder agency such as a local Fire Dept. could bring cooling supplies e.g. ice, water, tank
      - How would request for mutual aid from Police or Fire be sent? Would ambulance dispatch make that request?
    - EMS Providers each follow their own service protocols, so these are procedures to consider; a single protocol for immediate cooling is unlikely to be officially adopted across the metro area.

- Tyler will bring these notes back to the group that is coordinating the county-wide Heat Resilience Plan

4. New Business

- Review 2017-18 List of Chief Complaints for Primary PSAPs to Transfer for PAI (Dan K.)
    - Previous work group created a standardize list of questions for Primary PSAPs to use; these were based on MPDS prompts
    - Transfer for Pre-Arrival Instruction for any of the following, but only if the caller is willing and able to assist the patient (e.g. in close proximity/on scene)
        - Altered Level of Consciousness
        - Chest Pain/Heart Related
        - Child Birth/OB
        - Choking
        - Breathing Problems
        - Overdose
        - Seizure
        - Severe Bleeding
        - Additional calls to consider for PAI: accelerator stuck, submerged/sinking vehicle, entrapments, suicide attempt, any call where caller is asking for help on scene, calls from skilled nursing facility
    - It's acknowledged by the committee that not all 911 Dispatch Centers currently have the capacity to transfer all of these types of calls
    - Also, some Ambulance Dispatch centers have limited capacity to provide PAI if the call is transferred
        - All EMS Providers would like to provide PAI to all calls that would benefit from PAI, however capacity is limited at some EMS Dispatch location/staffing
    - The committee also noted that Priority Dispatch has protocols for several of these types of calls, so 911 PSAPs can use those in response to time-critical calls such as a sinking vehicle

B. Determinant Code (9E1) Review
    - Create workgroup to review the determinant codes and types of responses of each EMS agency to the different codes
        - Dan K. will reach out to each agency's Comms leads to get this project started
    - BLS is now in use for selected Alpha and Bravo codes, so staffing and responses have changed since this was reviewed ten years ago
    - This project would be useful to ensure efficiency of responses whenever possible; some calls are being upgraded when the caller isn't transferred so PAI can't be provided
    - A next step may be to review each municipality's Police and Fire responses to different codes

5. Radio Checks

Dan K. reported that 14/16 hospitals are completing monthly checks, with non-compliance related to technical radio issues or user education needs, especially to switch between talkgroups. The checks are working very well to identify the hospitals that need assistance. Dan follows up to resolve the issues.

By next year, West MRCC is planning to take over the daily and monthly EM radio checks, so one check is done per month. In most cases, the challenge for radio users is correctly switch between talkgroups, so once that training is done, a single radio check for all talkgroups could be implemented.

6. Committee Member Updates
   - Ridgeview Ambulance is carrying 2 units of packed red, with the plan to carry whole blood soon
   - CAD to CAD funding request on behalf of the metro was resubmitted by Hennepin Sheriff to Safer Streets grant in round 2
     - Current cost for view only for the seven 911 PSAPs serving Hennepin County is currently being paid by Hennepin County $50K annually; for bi-directional CAD to CAD for the primary PSAPS, it would be approximately $1M per year.
     - Note: Ridgeview and Allina are considering a change to ESO CAD, North is in a transition to implementing it, and Fairview is already on it
     - Dr. Tanghe also noted that the State Trauma Advisory Committee could also be a group that could support efforts for CAD to CAD funding since CAD connection affects all regions of the state and provides better, faster service for patients

7. Partner Updates
   - Tyler reported that the Metro Region EMS Tech Operations Committee is developing a task force for coordination of metro EMS out of hospital blood programs including creating standardized protocols, regional sharing across PSAs, billing, and a plan for responding to future requests from EMS for additional out of hospital blood programs
   - Hennepin County Regional Response Board is offering active threat active assailant training in October; EMS is encouraged to participate and to provide feedback about the training to make it more relevant to EMS work on these types of scenes
   - Eden Prairie is also offering similar training in Sept. that is open to EMS partners if anyone would like to attend

8. Next Meeting: Nov. 10 at 09:30 online

9. Adjournment: 10:35 a.m