



**Central Iowa EMS Directors  
Operations Committee Meeting Minutes  
Wednesday, January 21<sup>st</sup>, 2009 1330  
Urbandale Fire Department**

**Attendance**

1. Present:
  - a. Dan Gubbins – Polk City
  - b. Steve Noland – Polk County EMA
  - c. Mike Cardwell – Urbandale
  - d. Ryan Young – Altoona
  - e. John Woutat – West Des Moines EMS
  - f. Sandy Morris – Des Moines Communications
  - g. John Smith – Polk County Communications
  - h. Rob Denhart – WestComm Communications
  - i. Jeri Babb – Mercy ED
  - j. Linda Clemen – Methodist/Lutheran ED

**Polk County MCI Plan Revision – Working Session**

This meeting was a working session to begin the process of revising the Polk County MCI plan. Some of the discussion topics held at the meeting are listed below. The first draft of the revised plan will be sent once it is updated.

1. The committee reviewed the current definitions of an MCI. It was noted an existing problem with the system today is each agency has their own definition of an MCI for their community. This causes confusion as to when the county plan should be activated.
2. The committee voted to change the definition for all agencies. The MCI plan will be activated when 10 or more red patients are present at once location or a total of 20 or more total patients. This is a change from 5 or more red patients or 10 or more total patients.
3. It was agreed that the dispatch center covering the location of the MCI will be the lead agency. That dispatch center will be in contact with the other two dispatch centers to keep them up to date. There was some discussion on how each center can contact the hospitals. There is not a single channel that all dispatch centers can use. The three centers are going to work on this as a sub-committee and report back their recommendations.
4. There is a paragraph in the current MCI plan about foot lockers at the hospitals. The committee voted to remove this entire paragraph.
5. The representatives from the hospitals indicated they would like to be notified immediately if the potential for an MCI exists. This notification should include the number of potential patients. This will be included in the revision.
6. It was noted the revised MCI plan should include the use of the online hospital notification system by all parties.
7. A good deal of conversation was held on how patients are split up. The hospitals would like to see us get away from calling and asking how many patients they can take. It was suggested we develop an easy formula that could be used on scene to split patients up.
  - a. The first version has yet to be put together but we will basically taking red patient and splitting them up evenly between Mercy and Methodist. All others will be

split evenly between Lutheran, Broadlawns, Mercy West Lakes, Methodist West, Methodist, and Mercy.

- b. The red patients would be split evenly between the two until those cannot take any additional reds. All other patients will be sent to the other hospitals with the last yellow and greens to be transported to Mercy and Methodist last.
8. Patient reports should only be called in for red patients. The hospitals will be made aware of how many yellow and greens they are getting, but the transport crew should not call in a patient report.
9. Any time an agency goes to a third alarm on an EMS incident, the lead dispatch center should make a courtesy call to the hospitals letting them know the potential patient count. This would not be an MCI declaration, simply a courtesy call.

**Next Meeting: Wednesday, February 18<sup>th</sup> 1330-1500,  
Urbandale Fire Department**