

**PCEMS COUNCIL – GO TO MEETING
OPERATIONS COMMITTEE MINUTES
July 28, 2021 – 9:18 AM**

Attendance:

Membership Attendance Roster on File.

Call to Order:

The meeting was to order at 9:18 am by Matt Waltrip. Attendance to the meeting was verified. Meeting minutes from March 31, 2021 were voted on and accepted as written.

Unfinished Business/Standing Reports:

A. ‘Divert Committee’ Update – Dr.Waffle

The divert committee has been suspended at this time.

B. TPCHD Update -Cindy Miron

Cindy Miron gave the TPCHD update. We have 52,745 total cases in our county. There is about 102 weekly average. We have a positivity rate of 4.6% which is up from last week. We are up to 106.7 cases per 14 day average for 100,000. Covid cases were up to 3.8. The total deaths from COVID-19 in Pierce County is 631. Vaccine doses have gone up slightly: 64.2% of 16 and older have their first doses. 66.9% are fully vaccinated. We continue to have testing sites. There are surges of cases with hard placements for isolation and quarantine and are possibly reaching capacity issues. The State Department of Health also has capacity issues. We have had some changes from the CDC on the mask issue. They are recommending masks indoors whether or not they are vaccinated, primarily because of the delta variant. Please encourage vaccination of your staff. This is the number one thing we can do to prevent the covid cases.

C. Hospital Data Information Exchange- Brad Dyson

No update at this time.

D. Recovery Innovations (RRC) Update – Jodie Leer

Joe Bouchard from CPFR said that he has been in contact with them about a week ago. They were delayed by construction and fire marshal requirements. They are hoping to open in late August early September.

E. MCI Plan- Ryan McGrady/Tom Lamanna

Tom Lamanna said that he has been in contact with CPFR. Good Samaritan has been doing drills monthly and have them scheduled out for a year. The team at CPFR has tried to create more standardization in how we run MCIs to make sure they understand our processes under the DMCC so they align. There has been variability in how activations have been called across us and the expectations that we seem to get from field providers. There have been a couple incidents recently at other hospitals that may have ignited the realization that it does affect them.

Jesse Fox from CPFR said they are continuing monthly drills to work out the bugs in terms of communications and standardization with the DMCC. As soon as we have a finished product, we

will present it to the county and navigate it with the Fire Chief's group. They will be hosting some MCI drills in August and October and would like to open that up to anyone to come out to Station 60 in Spanaway and take a look at what we are building. Reach out to Jesse if you would like to come observe or participate in the drills. They would love to involve you in the workgroups they are building. This MCI plan is quite a bit different. They are looking at exploring using the SALT triage model versus START but obviously that would mean a change in protocol, so they are still experimenting with that. The goal is to have a real clear model to activate and communicate with the DMCC.

Norma Pancake asked that you work with Ryan McGrady at WPFR because they have done substantial work on what was the current version of the Fire Chief's MCI plan in the special operations section of the fire chief's website. Please work with him regarding any changes to the MCI plan before it comes back to this committee. She also asked that you work with Dr. O'Mahony on the pediatric portion of the SALT as it is different than the START. She also suggests that this committee should look at the SALT versus START Protocol at the next meeting because that would be a change in teaching environment for all agencies.

F. Ambulance Services in Pierce County- underserved/unserved- tabled

G. Ebola & Other Highly Infectious Disease Transport Plan- In Process-tabled

New Business:

Trauma Redirect Procedure: Dr. Waffle said that the intent of the trauma redirect procedure is to activate it when it becomes unsafe for trauma receiving facility to receive any more trauma in Tacoma. It breaks down the county by north and south of Hwy 512 so that trauma would be transported to Madigan for those South of Hwy 512 and to the trauma receiving facility for those North of Hwy 512. The intent is to try to load balance at least part of the county to Madigan when the Trauma Receiving center is in an unsafe situation.

Norma Pancake said that an email was sent out to everyone asking for the cell numbers of the person who should receive the message but didn't get much response back. She will be doing a test of those that did respond to her email. Contact Norma if you want to be added to the list.

Dr. Waffle said he is concerned that this is a step toward trauma divert. This was supposed to be a short acting, rarely used tool. The use of this has to be reconsidered and clarification needs to be done. He believes the next step is to bring the group that developed this procedure back together to discuss it. There will be no changes until the committee meets and rewrite some of it to make it workable.

Unscheduled:

None at this time.

Announcements:

The next meeting will be on September 29, 2021.

Adjournment: 10:10 AM

Scribe: Donna Vitale