

DRAFT
MINUTES

CONNECTICUT EMS MEDICAL ADVISORY BOARD
CMED COMMUNICATIONS COMMITTEE

December 11, 2019, 1:30 pm

Location: Hartford Healthcare, 61 Pomeroy Avenue, Meriden, CT

Member Attendees: Betty Morris, Chair/North Central CMED, Gregg Prevost – Valley Shore Emergency Communications,; Brian Baldwin - North Central CMED, Steven Savage – Northwest Public Safety; Vaughan Dumas -Southwest Regional Communications; Doug Racicot - Tolland County 911; Dan Soule – Litchfield County Dispatch; Judi Reynolds – DPH/OEMS; Matt Duval – Norwich CMED; Scott Wright - DESPP/DSET

Unable to attend: Chris Medeiros, Northwest Public Safety; David Martin- Northwest Public Safety; Joann Miles - Willimantic Emergency Communications; Frank Kiernan, - Southwest Regional Communications; Jeffrey Otto, Quinebaug Valley Emergency Communications; Chuck Kelleher, Groton Communications, MEDCOM

TOPIC	DISCUSSION	ACTION
Meeting called to order at 1:30 p.m. – October 8, 2019 Minutes	Reviewed October 8, 2019 Minutes	<ul style="list-style-type: none">Minutes approved by consensus
Statewide CMED Manual	Doug Racicot presented a draft including the cover, statewide placement of the CMED/RCC centers and the individual center’s maps with hospitals. Betty and Gregg will finalize the other sections of the manual and get them to Doug for formatting.	<ul style="list-style-type: none">Soft Publication Deadline – Early Spring 2020 <i>[Electronic format]</i>
Statewide Interoperability Description for CMED Talk Group and MEDNET	Gregg Provost reported that the P25 Subgroup met with representatives from CTS/DSET to discuss the “Draft Concept CT State P25 Network – CMED Use” collectively to leverage the benefits of the State’s P25 system. The discussion continued regarding the proposed replacement of the current Statewide UHF CMED system utilizing the benefits of the State of CT P25 700/800 Mhz radio system. Discussion ensued on presenting this idea first to CEMSAB, EMS Services and the Hospitals. Migration from the UHF CMED Network to the P25 system is a large undertaking. We must be confident that moving away	

	from the CMED Network would be in the best interest of EMS and the Hospitals. Dan Soule and others reported that radio coverage and cost savings (replacing UHF MED radio base stations) are benefits that cannot be overlooked. Manufacturers are producing dual-band radios that work for both UHF and another frequency. The P25 Subgroup will continue working on the project using the Concept paper as a template. We will develop a survey to help us identify when EMS Services anticipate replacing the UHF radios.	<ul style="list-style-type: none"> • P25 Subgroup will continue to work using the Concept document as a template Identify benefits and issues migrating off UHF to P25 system. Report findings to CEMSAB and ask for direction. • Develop a survey for Services to determine when they will replace the UHF radio • Identify vendors of the dual band radios and cost
MCI Coordination and Forward Movement of Patients Plan	Betty Morris distributed FMOP section numbers 1-196 and 1125-1446. She reported that the FMOP Collaborative group met on December 10. They suggested that we form a subgroup to include members of the CMED Communications Committee and Hospital Bed Management personnel. Steve Savage and Doug Racicot will represent us. Betty Morris will contact the FMOP Chair and get the contact information.	
Report to State Interoperability Executive Committee (SIEC) –	SIEC cancelled the December meeting.	
DSET CMED Service Credit Municipal Contracts	The DSET Director will discuss the CMED Service credit at the Managers of Emergency Communications Centers Association (MECCA) meeting on January 21.	

Meeting adjourned at 3:30 p.m. The next meeting is Wednesday, January 8, 2020 at 61 Pomeroy Avenue, Meriden, CT

Respectfully submitted: Betty Morris, Chair

2020 Meeting Dates: January 8 (cancelled); February 12; March 11; April 8; May 13; June 10 (Location to be determined); July 8; August 12; September 9; October 14; November 11; December 9

Other topics: Educating public safety personnel and municipal officials on communications resources available for MCI coordination and helping 9-1-1 dispatchers during large-scale events; CMEDs collectively integrating onto the State P25 system;
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