



MONO COUNTY
EMERGENCY MEDICAL CARE COMMITTEE



Mammoth Hospital
ED Lounge/Conference Room

July 16, 2013
9:00 a.m.

A G E N D A

I. CALL TO ORDER

II. APPROVAL OF MINUTES

February 5, 2013

ACTION

III. ICEMA UPDATE

A. EMS MISS II Status Report

INFO

IV. EMS SYSTEM MANAGEMENT REPORTS

- A. Scantron/ePCR Reports
- B. Extended Response Time Report - Ray McGrale
- C. Base Hospital Report

INFO/ACTION

V. OLD BUSINESS

INFO/ACTION

VI. NEW BUSINESS

INFO/ACTION

- A. ICEMA Committee Restructuring
- B. Mountains Warfare Training Center
- C. Statewide Medical Health Exercise
- D. MHOAC Program Report
 - 1. Update on Community Paramedicine
 - 2. Update on POLST Forms and Advance Directives
 - 3. Healthcare Coalition (HCC) Documents
 - 4. HPP Grant Requirements for the HCC
 - 5. 2013-14 Hospital Preparedness Program (HPP) Grant
 - 6. Legislative Report
 - 7. EMS Core Measures
 - 8. Special Event Planning
 - 9. Records for Non-transport
 - 10. First Responder Requirements
- E. General Protocols
 - 1. 8010 - Interfacility Transfer Guidelines
 - 2. 10010 - King Airway Device (Perilaryngeal) - Adult (LALS, ALS and Approved BLS Specialty Program Providers)
 - 3. 10140 - Intraosseous Infusion (IO) (LALS - Pediatric only and ALS)
 - 4. 11040 - Bradycardias - Adult
 - 5. 11050 - Tachycardias - Adult

6. 11090 - Shock (Non-Traumatic)
7. 12020 - Withholding Resuscitative Measures
8. 14010 - Respiratory Emergencies - Pediatric (Less than 15 years of age)
9. 14020 - Airway Obstruction - Pediatric (Less than 15 years of age)
10. 14040 - Cardiac Arrest - Pediatric (Less than 15 years of age)
11. 14070 - Burns - Pediatric (Less than 15 years of age)

VII. OTHER/PUBLIC COMMENT

VIII. COMMITTEE MEMBER REQUEST FOR TOPICS FOR NEXT MEETING

IX. NEXT MEETING DATE AND LOCATION

X. ADJOURNMENT

The Mono County Emergency Medical Care Committee (EMCC) meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed in order to participate in the public meeting, requests should be made through the Inland Counties Emergency Medical Agency at least three (3) business days prior to the EMCC meeting. The telephone number is (909) 388-5823, and the office is located at 1425 South "D" Street, San Bernardino, CA 92408.



MONO COUNTY EMCC MEETING

Mammoth Hospital
A/B Conference Room
Mammoth Lakes, CA

MINUTES
February 5, 2013

Committee Members	Affiliation
<input checked="" type="checkbox"/> Dr. Rick Johnson, MD	Mono County Health Officer
<input checked="" type="checkbox"/> Ales Tomaier	Mono County Fire Chief's Association
<input checked="" type="checkbox"/> Lori Baitx, RN	Mammoth Hospital
<input checked="" type="checkbox"/> Rosemary Sachs, RN	Mammoth Hospital
<input type="checkbox"/> Lynda Salcido	Mono County EMS (MCEMS)
Other Attendees	Affiliation
Matt Brown	Care Flight
Tom Lynch	ICEMA
Paul Easterling	ICEMA
Georgann Smith	ICEMA
Mary Massey	California Hospital Association
Brendan Manning	CDPH/EMSA
Frank Frievalt	MLFD
Denice Wicker-Stiles	ICEMA

I. CALL TO ORDER

The meeting was called to order shortly after 9:00 a.m.

II. APPROVAL OF SEPTEMBER 25, 2012 MINUTES

Unanimously approved.

III. ICEMA UPDATE

A. EMS MISS II Status Report

Mark Roberts is working with Lynda Salcido and County IT department in preparation of Mono rollout. Once completed Mark will begin training.

IV. EMS SYSTEM MANAGEMENT REPORTS

A. Scantron Reports

Provider reports are incomplete pending initiation of ImageTrend.

B. Extended Response Report

Ray McGrale was unable to attend.

C. Base Hospital Report

No comments.

V. OLD BUSINESS

Fitch Report - EMS System Evaluation.

Final report was released but no updates at this time.

VI. NEW BUSINESS

A. Election of Officers

Rick Johnson will remain Chair and Lynda Salcido, Vice Chair.

B. Mountains Warfare Training Center

Lynda Salcido was unable to attend this meeting so the item was tabled until the next meeting.

C. HSEEP and AAR Training

There will be a four (4) hour HazMat for Healthcare Decontamination Team beginners course at the Posse Hut in Inyo, February 26, 2013 from 9 a.m. -1 p.m. Assistance to be provided by ICEMA.

D. Statewide Medical Health Exercise

Exercise is in the planning phase and will be held on November 21, 2013. Main focus will be food borne illnesses and communications. Mary reminded everyone that the drills are designed to allow providers and hospitals to inject specifics that will help test individual capabilities. More details to follow when available.

E. RDHMS Update – Imperial County Earthquake

Brendon Manning provided lessons learned from the Imperial earthquakes and subsequent hospital closure. Once report is finalized he hopes to be able to provide a formal presentation on lessons learned, including difficulties the hospital experienced reopening and its inability to locate physicians. ICEMA will provide sample Memorandum of Understanding for hospitals.

F. Community Para-medicine

Tom Lynch is a member of the state taskforce looking at potential changes to the way paramedics operate including potential changes in venue which currently limits the paramedic scope of practice to “at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital”.

Current discussion includes possible wellness/ post discharge checks and other continuum of care models. Several states have trial studies in progress, including a large project in Reno, Nevada.

G. Healthcare Coalition

Rick Johnson presented a draft outline for Healthcare Coalition that brings all constituents together for disaster planning and response. He also presented the After Action Report from 2012 Statewide Exercise and multiple articles from Hurricane Sandy which provided valuable lessons learned.

H. General Protocols

All protocols unanimously endorsed.

VII. OTHER/PUBLIC COMMENT

Frank Frievalt, the new Assistant Chief for Mammoth Lakes Fire Department, was introduced to the group.

VIII. COMMITTEE MEMBER REQUEST FOR TOPICS FOR NEXT MEETING

IX. NEXT MEETING DATE AND LOCATION

Tuesday, March 26, 2013
9 a.m.
Mammoth Hospital

X. ADJOURNMENT

The meeting adjourned at 11 a.m.

**ICEMA
MEDICAL ADVISORY COMMITTEE
BYLAWS**

June 20, 2013 Draft

REPRESENTING	NUMBER OF REPS	APPOINTING AUTHORITY
Trauma Base Physician	2	Each Trauma Center
Non-Trauma Base Physician	2	Non-Trauma Base Consensus
Non-Base Hospital Physician	1	Non-Base Hospital Consensus
Public Transport Medical Director	1	Public Transport Providers Consensus
Private Transport Medical Director	1	Private Transport Providers Consensus
Fire Department Medical Director	1	SB County Fire Chiefs Association
EMS Nurses	1	EMS Nurses Committee
EMS Officers	1	EMS Officers Committee
Specialty Center Medical Director	1	Specialty Center Consensus
Specialty Center Coordinator	1	Specialty Center Consensus
Private Air Transport Medical Director	1	Private Air Transport Consensus
Public Air Transport Medical Director	1	Public Air Transport Consensus
PSAP Medical Director	1	PSAPs Consensus
Inyo County Representative	1	Inyo County EMCC
Mono County Representative	1	Mono County EMCC
SAC Liaison	1	SAC Membership
Others, as needed		ICEMA Medical Director

Purpose:

The Medical Advisory Committee (MAC) advises the ICEMA Medical Director on all matters pertaining to the clinical or medical aspects of the Emergency Medical Services (EMS) in the ICEMA Region.

Examples of MAC responsibilities include:

- Development, review, and updating of patient treatment/skills protocols and medical control policies.
- Approval of medical equipment, medications and supplies, including specifications of items and complements.
- EMT certification, Paramedic accreditation and MICN authorization policies.
- Development, review and approval of BLS, L-ALS and ALS Continuing Education and Field Training curriculum, including skills competency training

- Monitoring of ICEMA CQI processes and projects including trial studies and State Core Measures.
- Development of policies and processes associated with designation and monitoring of specialty care centers (Trauma, STEMI, and Stroke) in conjunction with specific subcommittees.

Term of membership is determined by the appointing authority and approved by ICEMA.

The ICEMA Medical Director may establish the sub-committee and task force structure and functions, as necessary, to facilitate assigned tasks. Sub-committees and task forces serve at the convenience of MAC and the ICEMA Medical Director accordingly or for a time necessary to complete the assignment.

The Committee shall appoint a chair person and vice chair.

The MAC shall meet quarterly at predetermined dates or more often, if necessary, to achieve the intended goals.

**ICEMA
SYSTEM ADVISORY COMMITTEE
BYLAWS**

June 20, 2013 Draft

REPRESENTING	NUMBER OF REPS	APPOINTING AUTHORITY
Sheriff's Department	1	Sheriff
Public Safety Answering Points	1	PSAPs Consensus
County Office of Emergency Services	1	SB County OES Manager
Fire Service	1	SB County Fire Chiefs Association
Law Enforcement	1	SB Law Chiefs
Receiving Hospital Representative	1	Hospital Association of Southern California
Specialty Care Hospital Representative	1	Hospital Association of Southern California
Private Ambulance Providers	1	Ambulance Providers Consensus
Private Air Transport Providers	1	Private Air Transport Consensus
Public Air Transport Providers	1	Public Air Transport Consensus
County Information Services	1	County Information Services Director
EMS Training Institutions	1	Training Institutions Consensus
Inyo County Representative	1	Inyo County EMCC
Mono County Representative	1	Mono County EMCC
MAC Liaison	1	MAC Membership
Others, as needed		ICEMA EMS Administrator

Purpose:

The Systems Advisory Committee (SAC) advises the ICEMA EMS Administrator on all matters pertaining to the operational aspects of the Emergency Medical Services (EMS) in the ICEMA Region.

Examples of SAC responsibilities include:

- Non-clinical and clinical training implementation.
- Operational policies including operations during MCIs, disasters and mass gatherings
- Dispatch operations, including Emergency Medical Dispatch (EMD), helicopter utilization, MCI, and transportation
- Communications, including medical and operational frequency allocation, and Reddinet
- Data collection, including health information exchange, data flow and data system operation

- Medical facility and provider preparedness and disaster continuity.
- Public information and education.
- ICEMA mobile response equipment and standards for resource utilization.
- Standard Operating Procedures/Policies.
- Equipment, inspections, and restock policies.

Term of membership is determined by the appointing authority and approved by ICEMA.

The ICEMA EMS Administrator may establish the subcommittee and task force structure and functions, as necessary, to facilitate assigned tasks. Subcommittees and task forces serve at the convenience of SAC and the ICEMA EMS Administrator accordingly or for a time necessary to complete the assignment.

The Committee shall appoint a chair person and vice chair.

MHOAC Program Report

EMCC

Inyo and Mono, July 15/16, 2013

From the EMS Commission meeting, June 19, 2013:

- Community Paramedicine (CP) – EMSA continues to work with the California Healthcare Foundation (HCF), who funded a report outlining opportunities and barriers. And to discuss policy options that are available to further explore development. A draft report was released on Feb 13, 2013. Likely support for the option to apply to OSHPD (Office of Statewide Health Planning and Development) to pilot CP through a Health Workforce Pilot Program, sponsored by EMSA and executed by LEMSA's and EMS provider agencies.

Next steps:

- o Distribute the final policy report – “soon”
- o Work with OSHPD to brief the HHSA on the proposal
- o Design the framework
- o Solicit pilot site proposals

Questions:

- o Training hours - ?200, core classroom, majority locally determined, clinical and classroom
 - o Funding - HCF will fund an external evaluator and Program Manager for EMSA, what about locals – Reno had a CMS innovation grant
 - o A disturbing trend – a string of bad outcomes in young people when a decision made not to transport – a single incident in a pilot program would be catastrophic (It was noted that in LA, there is a 20-25% non-transport rate)
- EMS Core measures – were to have been submitted to EMSA in NEMSIS 3.3.1 by 5/31/13, but not all agencies have made the transition. Working on measures for 2014 and 2015.
 - Special event planning – EMSA will be issuing guidelines
 - POLST form – extensive revisions to take effect 4/1/14, will require revisions of local protocols and education of providers.

Other items:

- Healthcare Coalition – 3 documents – org chart, information sharing policy, and field to OA Sit Rep form, are proceeding through local approval channels before being presented.
- Legislative report from the Health Officers Association of California – attached
- Question from Mono County BOS re: first responders – requirements for first responders



EMSA #111 B
(Effective 4/1/2014)*

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician.
A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. POLST complements an Advance Directive and is not intended to replace that document.

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: (optional)

A **CARDIOPULMONARY RESUSCITATION (CPR):** *If patient has no pulse and is not breathing. If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

Check One

Attempt Resuscitation/CPR (Selecting CPR in Section A **requires** selecting Full Treatment in Section B)

Do Not Attempt Resuscitate/DNR (Allow Natural Death)

B **MEDICAL INTERVENTIONS:** *If patient is found with a pulse and/or is breathing.*

Check One

Full Treatment – primary goal of prolonging life by all medically effective means.
In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.

Trial Period of Full Treatment

Selective Treatment – goal of treating medical conditions while avoiding burdensome measures.
In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

Request transfer to hospital only if comfort needs cannot be met in current location.

Comfort-Focused Treatment – primary goal of maximizing comfort.
Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. *Request transfer to hospital only if comfort needs cannot be met in current location.*

Additional Orders: _____

C **ARTIFICIALLY ADMINISTERED NUTRITION:** *Offer food by mouth if feasible and desired.*

Check One

Long-term artificial nutrition, including feeding tubes. Additional Orders: _____

Trial period of artificial nutrition, including feeding tubes. _____

No artificial means of nutrition, including feeding tubes. _____

D **INFORMATION AND SIGNATURES:**

Discussed with: Patient (Patient Has Capacity) Legally Recognized Decisionmaker

Advance Directive dated _____ available and reviewed → Health Care Agent if named in Advance Directive:
 Advance Directive not available Name: _____
 No Advance Directive Phone: _____

Signature of Physician
My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Physician Name:	Physician Phone Number:	Physician License Number:
Physician Signature: (required)	Date:	

Signature of Patient or Legally Recognized Decisionmaker
I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Print Name:	Relationship: (write self if patient)
Signature: (required)	Date:
Address:	Daytime Phone Number: Evening Phone Number:

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

*Form versions with effective dates of 1/1/2009 or 4/1/2011 are also valid

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Patient Information

Name (last, first, middle):	Date of Birth:	Gender: M F
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Health Care Provider Assisting with Form Preparation N/A if POLST is completed by signing physician

Name:	Title:	Phone Number:
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Additional Contact None

Name:	Relationship to Patient:	Phone Number:
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Directions for Health Care Provider

Completing POLST

- **Completing a POLST form is voluntary.** California law requires that a POLST form be followed by health care providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician who will issue appropriate orders that are consistent with the patient's preferences.
- **POLST does not replace the Advance Directive.** When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a health care provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- **A legally recognized decisionmaker may execute the POLST form only if the patient lacks capacity or has designated that the decisionmaker's authority is effective immediately.**
- POLST must be signed by a physician and the patient or decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.

Section A:

- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a patient who has chosen "Do Not Attempt Resuscitation."

Section B:

- When comfort cannot be achieved in the current setting, the patient, including someone with "Comfort-Focused Treatment," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- IV antibiotics and hydration generally are not "Comfort-Focused Treatment."
- Treatment of dehydration prolongs life. If a patient desires IV fluids, indicate "Selective Treatment" or "Full Treatment."
- Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

Reviewing POLST

It is recommended that POLST be reviewed periodically. Review is recommended when:

- The patient is transferred from one care setting or care level to another, or
- There is a substantial change in the patient's health status, or
- The patient's treatment preferences change.

Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment.
- A patient with capacity can, at any time, revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician, based on the known desires of the patient or, if unknown, the patient's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force.
For more information or a copy of the form, visit www.caPOLST.org.

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

**Emergency Preparedness Committee Bills
7/1/2013**

3 - Support

AB 355 (Cooley D) Emergency medical services: mobile field hospitals.

Current Text: Amended: 5/24/2013 [pdf](#) [html](#)

Last Amend: 5/24/2013

Status: 6/13/2013-Referred to Com. on HEALTH.

Location: 6/13/2013-S. HEALTH

Summary: Current law establishes the Emergency Medical Services Authority in the Health and Welfare Agency to administer a statewide system of coordinated emergency medical care, injury prevention, and disaster medical response. This bill would appropriate \$1,000,000 from the General Fund to the Emergency Medical Services Authority to continue the Mobile Field Hospital program. The bill would also make legislative findings and declarations.

**Position
Support**

SB 191 (Padilla D) Emergency medical services.

Current Text: Amended: 6/25/2013 [pdf](#) [html](#)

Last Amend: 6/25/2013

Status: 6/26/2013-Read second time. Ordered to third reading.

Location: 6/26/2013-A. THIRD READING

Summary: Current law, until January 1, 2014, authorizes county boards of supervisors to elect to levy an additional penalty, for deposit into the EMS Fund, in the amount of \$2 for every \$10 upon fines, penalties, and forfeitures collected for criminal offenses. Current law, until January 1, 2014, requires 15% of the funds collected pursuant to that provision be used to provide funding for pediatric trauma centers. This bill would extend the operative date of these provisions until January 1, 2021. The bill would also make a technical, nonsubstantive change to these provisions.

**Position
Support**

7 - Tracked Bills

AB 635 (Ammiano D) Drug overdose treatment: liability.

Current Text: Amended: 6/24/2013 [pdf](#) [html](#)

Last Amend: 6/24/2013

Status: 6/24/2013-Read second time and amended. Ordered to third reading.

Location: 6/24/2013-S. THIRD READING

Summary: Would revise and recast certain provisions to authorize a licensed health care provider who is permitted by law to prescribe an opioid antagonist and is acting with reasonable care to prescribe and subsequently dispense or distribute an opioid antagonist for the treatment of an opioid overdose to a person at risk of an opioid-related overdose or a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose. The bill would authorize these licensed health care providers to issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist the person at risk. This bill contains other related provisions and other existing laws.

Position

AB 704 (Blumenfield D) Emergency medical services: military experience.

Current Text: Introduced: 2/21/2013 [pdf](#) [html](#)

Status: 5/23/2013-Referred to Com. on HEALTH.

Location: 5/23/2013-S. HEALTH

Summary: Would require the Emergency Medical Services Authority to develop and adopt regulations to, upon presentation of satisfactory evidence, accept the education, training, and practical experience completed by an applicant with military experience toward the qualifications and requirements for

EMT-I certification, EMT-II certification, or EMT-P licensure, as specified.

Position

AB 918 (Cooley D) Emergency services: preparedness.

Current Text: Amended: 5/1/2013 [pdf](#) [html](#)

Last Amend: 5/1/2013

Status: 6/25/2013-From committee: Do pass and re-refer to Com. on APPR. with recommendation: to consent calendar. (Ayes 11. Noes 0.) (June 25). Re-referred to Com. on APPR.

Location: 6/25/2013-S. APPR.

Summary: The California Emergency Services Act sets forth the duties of the Office of Emergency Services with respect to specified emergency preparedness, mitigation, and response activities within the state. This bill would require the office, on or before July 31, 2015, to update the State Emergency Plan to include proposed best practices for local governments and nongovernmental entities to use to mobilize and evacuate people with disabilities and others with access and functional needs during an emergency or natural disaster.

Position

AB 939 (Melendez R) Pupil and school personnel health: automatic external defibrillators.

Current Text: Amended: 6/18/2013 [pdf](#) [html](#)

Last Amend: 6/18/2013

Status: 6/26/2013-From committee: Do pass and re-refer to Com. on JUD. (Ayes 9. Noes 0.) (June 26). Re-referred to Com. on JUD.

Location: 6/26/2013-S. JUD.

Summary: Would state the intent of the Legislature to encourage all public schools to acquire and maintain at least one AED. The bill would authorize a public school to solicit and receive nonstate funds to acquire and maintain an AED. If a public school decides to acquire and maintain an AED, or continue to use and maintain an existing AED, the bill would authorize and encourage the school to comply with specified requirements. The bill would provide that the school district and employees of the school district are not liable for civil damages resulting from certain uses, attempted uses, or nonuses of an AED, except as provided. This bill contains other existing laws.

Position

SB 380 (Padilla D) Communications: service interruptions.

Current Text: Amended: 5/14/2013 [pdf](#) [html](#)

Last Amend: 5/14/2013

Status: 6/20/2013-Re-referred to Com. on JUD. (Ayes 48. Noes 22. Page 2099.) .

Location: 6/20/2013-A. JUD.

Summary: Would prohibit a governmental entity and a provider of communications service acting at the request of a governmental entity, from undertaking to interrupt communications service for the purpose of protecting public safety or preventing the use of communications service for an illegal purpose, except pursuant to an order signed by a judicial officer that makes specified findings. The bill would require the order to clearly describe the specific service to be interrupted with sufficient detail as to customer, cell sector, central office, or geographical area affected and be narrowly tailored to the specific circumstances under which the order is made, and would require that the order not interfere with more communication than is necessary to achieve the purposes of the order. This bill contains other related provisions.

Position

SB 483 (Jackson D) Hazardous materials: business and area plans.

Current Text: Amended: 6/19/2013 [pdf](#) [html](#)

Last Amend: 6/19/2013

Status: 6/19/2013-From committee with author's amendments. Read second time and amended. Re-referred to Com. on E.S. & T.M.

Location: 6/19/2013-A. E.S. & T.M.

Summary: Current law requires the Secretary for Environmental Protection to adopt regulations and implement a unified hazardous waste and hazardous materials management regulatory program. This bill would require the inspection program that is part of the unified program to include the onsite inspections of businesses and would delete the requirement to institute a data management system. The bill would require the unified program agency to provide to agencies that have certain shared responsibilities access to information collected in the statewide information management system and would require handlers to submit certain information to that system, as specified. This bill contains

other related provisions and other existing laws.

Position

SB 535 (Nielsen R) Commission on Emergency Medical Services.

Current Text: Amended: 4/17/2013 [pdf](#) [html](#)

Last Amend: 4/17/2013

Status: 6/17/2013-Referred to Com. on HEALTH.

Location: 6/17/2013-A. HEALTH

Summary: Would increase the membership of the Commission on Emergency Medical Services from 18 to 20 members. The bill would require the additional members to be an air ambulance representative appointed by the Senate Committee on Rules from a list of 3 names submitted by the California Association of Air Medical Services, and a representative appointed by the Speaker of the Assembly from a public agency that provides air rescue and transport .

Position

SB 564 (Monning D) Ski resorts: safety plans: accident reports.

Current Text: Amended: 4/16/2013 [pdf](#) [html](#)

Last Amend: 4/16/2013

Status: 6/17/2013-Referred to Coms. on HEALTH and JUD.

Location: 6/17/2013-A. HEALTH

Summary: Would require a ski resort to prepare an annual safety plan and, upon request, make the safety plan available to the public the same day the request is received. The bill would also require a ski resort to make available to the public, within 30 days of receipt of a request, a monthly report with specified details about any fatal incidents at the resort that resulted from a recreational activity. This bill contains other related provisions.

Position

SB 669 (Huff R) Emergency medical care: epinephrine auto-injectors.

Current Text: Amended: 5/28/2013 [pdf](#) [html](#)

Last Amend: 5/28/2013

Status: 6/17/2013-Referred to Coms. on B.,P. & C.P. and JUD.

Location: 6/17/2013-A. B.,P. & C.P.

Summary: Would authorize a prehospital emergency medical care person, first responder, or lay rescuer to use an epinephrine auto-injector to render emergency care to another person, as specified. The bill would require the California Emergency Medical Services (EMS) Authority to approve authorized training providers and to establish and approve minimum standards for training and the use and administration of epinephrine auto-injectors . The bill would specify components to be included in the minimum training and requirements. This bill contains other related provisions and other existing laws.

Position

Total Measures: 11

Total Tracking Forms: 11

HOAC's Bill Drafting Worksheet
Medical Countermeasures and EMTs

If you have an idea that you would like to have turned into a bill, please answer the questions below to the best of your ability. The completed worksheet will be reviewed by CCLHO for support. Then HOAC staff will work with legislative counsel to draft legislative language.

1. What will your bill do?

This bill will allow medical countermeasures, including injections, by EMTs if an emergency has been declared by the local health officer.