

AGENDA



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



March 20, 2014

0900 - 1100

(Meeting may end early at the completion of all agenda items)

**ICEMA
Training Rooms A & B
1425 South "D" Street
San Bernardino, CA 92408**

Purpose: Information Sharing

Meeting Facilitator: Jim Holbrook

Timekeeper: Tom Lynch

Record Keeper: Jacquie Martin

	AGENDA ITEM	PERSON(S)	DISCUSSION/ACTION	TIME
I.	CALL TO ORDER	Jim Holbrook		0900 - 0901
II.	APPROVAL OF MINUTES	Jim Holbrook	Action	0901 - 0903
III.	DISCUSSION/ACTION ITEMS			
	A. ICEMA Updates 1. EMS MISS II Status Report 2. Utilization of PBC Trust Fund	Tom Lynch	Discussion	0903 - 0915
	B. ICEMA Medical Director Updates	Dr. Vaezazizi	Discussion	0915 - 0940
	C. Election of Chair and Vice Chair	Jim Holbrook	Action	0940 - 0950
	D. 2013 Annual Report - 1 st Reading	Jim Holbrook	Action	0950 - 1000
	E. Bylaws Review	Jim Holbrook	Action	1000 - 1005
	F. Community Paramedicine	Tom Lynch	Discussion	1015 - 1025
	G. Ground Transportation Status	Tom Lynch	Discussion	1025 - 1035
IV.	EMS SYSTEM MANAGEMENT REPORTS <ul style="list-style-type: none"> • Quarterly Trauma Hospital Reports • Base Hospital Quarterly Reports • Hospital Bed Delay Reports • Hospital Surveillance • STEMI Reports Reports available at: http://www.sbcounty.gov/ICEMA/sbcounty_reports.aspx		Information	1035 - 1040
V.	OTHER/PUBLIC COMMENT			1040 - 1045
VI.	REQUESTS FOR NEXT MEETING			1045 - 1055
VII.	NEXT MEETING DATE: May 15, 2014			1056 - 1057
VIII.	ADJOURNMENT			1057 - 1100

The San Bernardino 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 office is located at 1425 South "D" Street, San Bernardino, CA.

MINUTES



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



January 16, 2014

0900 - 1100

AGENDA ITEM		DISCUSSION/ACTION	RESPONSIBLE PERSON(S)
I.	CALL TO ORDER	Meeting was called to order at 0902.	
II.	APPROVAL OF MINUTES	The September 19, 2013, minutes were approved. Motion to approve. MSC: Cox/McCafferty	
III.	DISCUSSION ITEMS		
	A. ICEMA Updates		Tom Lynch
	1. EMS MISS II Status Report	EMS MISS I & II Report included in agenda packet for reference. <ul style="list-style-type: none"> • 33 of the potential 42 providers currently operating on the system. • Training and set up has been completed. • CAD interface is progressing. 	Mark Roberts/Ron Holk
	2. State EMS Authority (EMSA) Data Repository Project	<ul style="list-style-type: none"> • The EMSA report to the EMS Commission was included in agenda packet per Jim Holbrooks' request at the last meeting. • Due to Mark Roberts' efforts, California submitted data to NEMSIS repository for the first time in the 10 years. • EMSA appointed Mark Roberts as the State's representative on the National Association of State EMS Officials (NASEMS) Data Committee. 	Mark Roberts/Ron Holk
	3. California Office of Health Information Integrity (CAL OHII) Grant	<ul style="list-style-type: none"> • Testing to determine the tie in of information from one base hospital's data into the electronic patient care report was successful. • There are (3) regional LEMSAs and one (1) single County LEMSA now successfully using the ICEMA ImageTrend platform. This represents approximately 25% of the California counties using the ICEMA data system. 	Ron Holk
	4. Utilization of PBC Trust Fund	Utilization of PBC Trust Fund included in agenda packet for reference.	May Wang
	B. ICEMA Medical Director Updates		Reza Vaezazizi
	1. Trauma	<ul style="list-style-type: none"> • After careful discussion at the Trauma Audit Committee (TAC), ICEMA has taken a proactive measure in reducing transport of blunt traumatic cardiac arrest patients where there is no chance of survival. • Protocol has been updated and guidelines have been added. 	Chris Yoshida-McMath

		<ul style="list-style-type: none"> • ICEMA will continue to coordinate education and guidance to synchronize care between the EMS field personnel, hospitals and trauma centers. • Additional efforts have occurred to reduce the unnecessary use of backboards that evidence based research has demonstrated very little benefit and in many cases harm to patients. Several other counties have made similar changes and are further along than ICEMA. Some LEMSAs are showing between a 50% to 60% reduction in use of rigid backboards without any reported negative outcomes. 	
	<p>2. STEMI</p>	<ul style="list-style-type: none"> • ICEMA is currently in the process of a survey of the STEMI Receiving Centers to make sure all requirements and call panels are in place and current. • No changes are anticipated in the system. • ICEMA is moving forward with the use of the CARES Registry and is requesting continued support of the process. • STEMI CQI Committee has a lack of physician participation for peer review. The committee has set goals for 2014, with the biggest goal being the connection of STEMI Receiving Centers and Referral Hospitals. Receiving Centers will reach out to their Referral Hospitals through education to streamline referral and transfer processes to avoid any delays. • ECG project continues. A secondary retrospective review of prehospital ECGs reveals that 75% are of diagnostic quality. While this is good, there are still opportunities for improvement. ICEMA's review process has identified some ePCR changes that allow prehospital personnel to capture ECG findings essential to the identification of STEMI patients and the early activation of cardiac catheterization labs. • Next meeting is March 11th. <p>Jim Holbrook noted that the CARES Registry should be added to the Annual Report.</p>	<p>Chris Yoshida-McMath</p>
	<p>3. Stroke</p>	<ul style="list-style-type: none"> • ICEMA's Stroke system is designed around a tiered triage from the prehospital setting to a Level I or Level II Stroke Center but has been put on hold due to difficulties with interventionist's on-call availability at Level I Stroke Centers. The system has been 	<p>Chris Yoshida-McMath</p>

		<p>currently functioning as a single tiered system where there is primary Stroke Centers only, with patients going to the closest Stroke Center.</p> <ul style="list-style-type: none"> • Next meeting is February 11th. 	
	4. Capnography	<ul style="list-style-type: none"> • Capnography has been moved from an optional to a mandatory requirement for ALS providers. • Discussion has been ongoing for between two (2) to three (3) years. • 98% of ICEMA's providers are currently using capnography. ICEMA will work with those providers still in the transition process. 	Ron Holk
	C. Bed Delay	<ul style="list-style-type: none"> • There has been a significant increase in bed delay that is being monitored on a daily basis. • On January 13, 2014, due to repeated periods of zero or near ambulance availability in areas of the county, ICEMA had to respond due to the imminent threat to the public health and safety. ICEMA issued a memo allowing ambulance personnel to monitor multiple, stable patients that did not require additional treatment during periods of long bed delay. This requires careful evaluation and consultation by the ambulance provider's supervisor. There were multiple times when ambulances were unable to respond to incoming 9-1-1 calls resulting in serious response delays and transportation of patients to hospitals. This also affected the availability of fire service first responders that were subsequently delayed in their response to a medical, fire and other emergencies. <p>Rick Britt thanked ICEMA for taking the step and appreciates the effort.</p>	Ron Holk
	D. Community Paramedicine 1. Sub-Committee Report	<ul style="list-style-type: none"> • SB County FD, Arrowhead Regional Medical Center and San Bernardino County Department of Public Health collaborated with ICEMA's support and submitted a proposal for a program. • Program received provisional EMSA approval with specific mandates. • County Fire is lead, with Leslie Parham is contact person. • The EMSA is developing a Community Paramedicine Advisory Committee. Tom Lynch is the EMSAAC appointee and Leslie Parham will represent the local program. <p>Sub-Committee Report: Jim Holbrook ended the sub-committee;</p>	Tom Lynch

Emergency Medical Care Committee

January 16, 2013

Page 4

		Tom Lynch will continue to provide updates.	
IV.	EMS SYSTEM MANAGEMENT REPORTS	<ul style="list-style-type: none"> • Quarterly Trauma Hospital Reports • Base Hospital Quarterly Reports • Hospital Bed Delay Reports • STEMI Reports <p>Reports available at: http://www.sbcounty.gov/ICEMA/sbcounty_reports.aspx</p>	Ron Holk
V.	ROUND TABLE/ ANNOUNCEMENTS		
VI.	FUTURE AGENDA ITEMS	<ul style="list-style-type: none"> - Election of Chair and Vice Chair - 2013 Annual Report - Bylaws (3-Year Review) - Ground Transportation Status 	
VII.	NEXT MEETING	March 20, 2014	
VIII.	ADJOURNMENT	Meeting adjourned at 1024.	

Emergency Medical Care Committee

January 16, 2013

Page 5

Attendees:

MEMBER NAME	EMCC POSITION	ICEMA STAFF	TITLE
<input checked="" type="checkbox"/> Jim Holbrook	EMS Training Institution	<input checked="" type="checkbox"/> Reza Vaezazizi	Medical Director
<input checked="" type="checkbox"/> Diana McCafferty	Private Ambulance Provider	<input checked="" type="checkbox"/> Tom Lynch	EMS Administrator
<input checked="" type="checkbox"/> Margaret Peterson	Hospital Administrator	<input type="checkbox"/> Denice Wicker-Stiles	Assistant Administrator
<input checked="" type="checkbox"/> Stephen Miller	Law Enforcement	<input checked="" type="checkbox"/> George Stone	PBC Program Coordinator
<input checked="" type="checkbox"/> Michael Smith	Fire Chief	<input checked="" type="checkbox"/> Sherri Shimshy	EMS Nurse
<input type="checkbox"/> Troy Pennington	Physician -Level II	<input checked="" type="checkbox"/> Chris Yoshida-McMath	EMS Trauma Nurse
<input checked="" type="checkbox"/> Art Andres	EMT-P - Public Sector	<input checked="" type="checkbox"/> Ron Holk	EMS Nurse
<input checked="" type="checkbox"/> Rick Britt	Communication	<input checked="" type="checkbox"/> Mark Roberts	EMS Technical Consultant
<input checked="" type="checkbox"/> Allen Francis	Nurse - MICN	<input checked="" type="checkbox"/> Danielle Ogaz	EMS Specialist
<input checked="" type="checkbox"/> Roy Cox	Air Ambulance Provider	<input checked="" type="checkbox"/> Jacquie Martin	Secretary
<input checked="" type="checkbox"/> Art Rodriguez	EMT-P - Private Sector		
<input checked="" type="checkbox"/> Richard Catalano	Physician - Level I		
<input type="checkbox"/> Vacant	City Manager		
<input type="checkbox"/> Vacant	Consumer Advocate		
<input checked="" type="checkbox"/> Travis Henson	Physician - ER		

GUEST	AGENCY	GUEST	AGENCY
Dimitrios Alexiou	HASC	Shane Panto	CHP - Inland Division Air Ops
Robert Bradbury	Morongo Basin Ambulance	Leslie Parham	SB County FD
Sandy Carnes	Rancho Cucamonga Fire	Joy Peters	ARMC
Valarie Clay	CAO	Joe Powell	Rialto FD
Jeff Del Real	LLU/AMR	Robert Rivers	LLU/AMR
Patricia Eickholt	SACH	Pete Roebuck	Chino Valley IFD
Peter Grzeskowitz	CAL Fire	Sonya Sandho	St. Bernardine MC
Yuri Hambardzuyou	Victorville Medical Transport	Rick Smith	VVGMC
Bill Jones	San Manuel FD	Luther Snoke	CAO
Nicole Kramer	LLU	Jon Soto	LLU
Phoudong Keovilay	LLU	Lauren Spilsbury	RDCH
Tammy Messmer	Gentle Care Ambulance	Dean Smith	Chino Valley IFD
Sara Morning	RDCH	Bob Tyson	Redlands FD
Susie Moss	AMR	Terry Welsh	Redlands FD
Lewis Murry	BOS - Second District	Mike Wedell	Ontario FD
Michael Neeki	ARMC		

Staff Report - EMCC

EMS Management Information & Surveillance System - MISS II (ImageTrend)

IMAGETREND ePCR SOFTWARE - IMPLEMENTATION

Currently, 37 providers are utilizing the ImageTrend software. ICEMA is working with the 5 remaining new providers on ImageTrend implementation.

Providers currently on ImageTrend ePCR:

29 Palms Fire
AMR - Rancho
AMR - Redlands
AMR - Victorville
Baker Ambulance (Needles and Baker)
Barstow Fire
Big Bear City Fire
Big Pine Fire (Inyo County)
Chino Valley Fire - Live April 1, 2014
Colton Fire
Crest Forest Fire Protection District - Stopped sending data when merged with County Fire
Desert Ambulance
Fort Irwin Fire
Highland Fire (Cal Fire)
Independence Fire (Inyo County)
Loma Linda Fire
Lone Pine Fire (Inyo County)
Marine Logistics Base - Barstow
Mono County Paramedics (Mono County)
Morongo Basin Ambulance
Morongo Valley Fire
Montclair Fire Department - Live April 1, 2014
Olancho/Cartago Fire (Inyo County)
Ontario Fire
Rancho Cucamonga Fire
Redlands Fire
Rialto Fire
Running Springs Fire
San Bernardino City Fire
San Manuel Fire
Sheriff's Aviation
Sierra LifeFlight - Bishop (Inyo County)
Southern Inyo Fire
Symons Ambulance (San Bernardino County)
Symons Ambulance (Inyo County)
Upland Fire
Yucaipa City Fire (Cal Fire)

Implementation/training dates for additional providers are as follows:

Mammoth Lakes Fire (Mono County) - Setup pending

Medcor Corporation - Setup complete

Mercy Air - Setup complete

San Bernardino County Fire - Training complete for Yucca, go live TBD

Yermo Fire - Setup complete

CAD INTERFACES ePCR IMPLEMENTATION

Barstow Fire - Pending

Desert Ambulance - Pending

Mercy Air - Pending

Symons Ambulance - Pending

IMAGETREND ePCR SOFTWARE

The purchase of ImageTrend Software was approved by the ICEMA's Governing Board in November 2011. ICEMA continues to work with hospital users in the deployment of the Hospital Dashboard. This allows users to view inbound patients and review ePCRs of patients (by hospital) based on security and permissions.

Patient Registry - ICEMA is receiving data from its Trauma, Stroke and STEMI registries. ICEMA received an upgrade to V3.0 on September 17, 2013. This added more functionality for the hospitals.

Disaster Recovery (DR) Site - The purpose of the DR site is in the event our main servers go off line for an extended period of time we can activate the DR site and bring our systems back online. ICEMA participated in the DR testing on October 24, 2013, at ISD. The next testing is scheduled for April/May 2014.

Mark Roberts
3/20/2014

Staff Report - EMCC

UTILIZATION OF PBC TRUST FUND (LIQUIDATED DAMAGES)

Current Trust Fund Balance (as of March 13, 2014): \$627,032.47

Incidental Expenses:

During the July 2013 meeting, the EMCC endorsed the use of liquidated damages for incidental expenses related to the MISS projects not to exceed \$5,000. There is no new expenditure beyond the last reporting period to report. The balance remains at \$2,332.56.

APPROVED INCIDENTAL BUDGET			
Expenses:	Vendor	Date	Amount
Balance Remaining			\$2,332.56

Additional Expenses for FY 2013-14:

During the May 2013 meeting, the EMCC endorsed a budget of \$70,000 for FY 2013-14. There is no new expenditure beyond the last reporting period to report. The balance remains at \$34,344.35.

APPROVED ADDITIONAL BUDGET			\$70,000.00
	Vendor	Amount	
Expenses: (July-August)			
Paper	Staples	\$1,171.24	
Toner	Daisy Wheel	\$5,923.44	
Travel Expenses		\$717.49	
	Subtotal		\$7,812.17
Expenses: (September-December)			
Toner	Daisy Wheel	\$958.01	
Travel Expenses		\$2,205.47	
ePCR additional modules and support	ImageTrend	\$24,680.00	
	Subtotal		\$27,843.48
Expenses: (January-February)			
		\$0.00	
	Subtotal		\$0.00
Total Expenses			\$35,655.65
Balance Remaining			\$34,344.35

Electronic Patient Care Record Data System Expenses:

During the July 2011 meeting, the EMCC endorsed a not to exceed \$750,000 amount for the purchase of the new EMS data system from ImageTrend. On November 15, 2011, the ICEMA Governing Board approved the MISS project (ePCR) with the initial three (3) year term at a cost of \$717,546. Currently, the original contract shows a year 3 annual support balance of \$77,120 due to continued implementation.

Trust Fund Utilization History

September 2009	Printer Paper and Toner	\$28,000
January 2010	150 Ruggedized Flash Drives	\$5,000
May 2010	FY 2010-11 Printer Paper and Toners (ePCR printing @ hospitals)	\$25,000
July 2010	(7) Printers for hospitals	\$5,177
October 2010	Incidental expenses	\$5,000
January 2011	FY 2010-11 Printer Paper and Toners Increase	\$15,000
May 2011	(16) Printers add or replace for hospitals	\$12,500
July 2011	FY 2011-12 Printer Paper and Toners (ePCR printing @ hospitals)	\$40,000
July 2011	ePCR Data System - ImageTrend	\$750,000*
May 2012	Ground Medical Transportation System Consultant	\$40,000
July 2012	Incidental expenses	\$5,000
July 2012	FY 2012-13 Printer Paper and Toners (ePCR printing @ hospitals)	\$55,000
January 2013	Incidental expenses	\$5,000
January 2013	Additional ePCR Data System - ImageTrend	\$99,700
May 2013	FY 2012-13 Printer Paper, Toners and Travel Increase	\$8,000
May 2013	FY 2013-14 Printer Paper, Toners and Travel	\$70,000*
July 2013	Incidental expenses	\$5,000*

* Endorsed amounts not fully exhausted to-date. Trust fund balance reflects all amount remain available.

May Wang
03/20/2014



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE

2013 ANNUAL REPORT



INTRODUCTION

The purpose of this writing is to present an overview of the discussions and actions of the San Bernardino County Emergency Medical Care Committee (EMCC) for 2013. The EMCC provides a communications platform for the diverse groups and individuals which form the Emergency Medical Services (EMS) System in San Bernardino County. The EMCC also functions in an official capacity as an advisory group to the Board of Directors and the EMS Administrator for the Inland Counties Emergency Medical Agency (ICEMA), as outlined in State regulations. The EMCC had five (5) regularly scheduled meetings during 2013 and one (1) workshop.

EMCC MEMBERSHIP

The 2013 EMCC members were:

SEAT NO.	MEMBER	POSITION
1	Diana McCafferty	Private Ambulance Provider
2	Jim Holbrook	EMT-P Training Institution (Chair)
3	Margaret Peterson	Hospital Administrator (Vice - Chair)
4	Travis Henson	ED Physician - Non-Trauma
5	Chris Hughes (Resigned November 4, 2013)	City Manager/Deputy City Manager/Assistant Manager
6	Vacant	Consumer Advocate
7	Michael Smith	Fire Chief
8	Stephen Miller	Law Enforcement
9	Art Andres	EMT/Paramedic - Public Sector
10	Rick Britt	Emergency Medical Dispatch/Communications
11	Allen Francis	Nurse - MICN
12	Troy Pennington	Physician - Level II Trauma
13	Roy Cox	Air Ambulance Provider
14	Richard Catalano	Physician - Level I Trauma
15	Arthur Rodriguez	EMT/Paramedic - Private Sector

The EMCC position representing Consumer Advocate continued to be unfilled during the 2013 sessions. This vacancy originated during the 2009 sessions, and ICEMA has been working to fill the position.

All EMCC members are in compliance with the requirements for Ethics training as defined by Article 2.4 of Chapter 2 of Title 5 of the Government Code (AB 1234).

MANPOWER AND TRAINING

The San Bernardino County EMS system currently consists of over 4,300 accredited or certified EMS personnel providing pre-hospital patient care to citizens of San Bernardino County.

The system continues through local provider and hospital based agency processes to forward the educational, training, and personnel needs of the basic life support, limited advanced life support, and advanced life support personnel system wide.

Of special note was Pediatric Intubation Education training. ICEMA is the only southern section local emergency medical services agency (LEMSA) currently allowing unrestricted use of this advanced skill in the prehospital setting. This intense level of education and practice provides airway control and airway protection for all age ranges of patients seen in the prehospital setting. This medical control decision puts the ICEMA providers and the ICEMA medical director at the center of patient advocacy.

As reported annually for the past ten (10) years, due to changes in the administrative and structural process of the American Heart Association/American Red Cross and other large network training agencies, an accurate number of individuals trained in cardiopulmonary resuscitation and first aid are not and will not be available. To replace those data, the EMCC is encouraged to use California Arrest Registry for Enhanced Survival (CARES) numbers for system information.

Our system continues to advance engineering controls necessary for patient care guided by reliable and consistent data. Further, our system continued to document progress in data collection and analysis during the 2013 sessions.

COMMUNICATIONS

The ability to communicate system issues, including emergency room bed delay, continues to be an issue as the EMS system and population grow. The entire EMS constituency continues to explore and advance communications among all groups through various committees.

TRANSPORTATION

The committee provided input related to transportation issues including air ambulance and ground transportation. Additionally, a workshop was conducted that included an overview of the Performance Based Ground Transportation Program.

ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

San Bernardino County's EMS system continues to advance its specialty care system through implementation of the ST Elevation Myocardial Infarction (STEMI) system and other innovative system enhancements such as Stroke Centers. Through the implementation of these systems, patients are able to receive expedited medical treatment and improved outcomes.

MEDICAL CONTROL

The medical control protocols and system processes continue to assure overall high quality medical control of system. Thirty-six (36) protocols, both regular updates and new protocols, were discussed during the 2013 EMCC sessions. The protocol changes were stimulated by changes in scientific or local system needs.

DATA COLLECTION AND EVALUATION

The EMS system continued to document progress in data collection and analysis during the 2013 sessions through the continuing implementation of new data software. Substantial agency(s) and personnel time were required in order to accurately collect, review, analyze, and compile reports for various discussions and decision making loops. Continuing efforts have been made toward

fully implementing County-wide electronic data collection. The system is moving out of the initial phase and some system outcome data exists.

The following San Bernardino County providers are submitting data to the ICEMA Management Information and Surveillance System (MISS) on a daily basis:

- American Medical Response
- Baker EMS - Baker
- Baker EMS - Needles
- Barstow Fire Department
- Big Bear Lake Fire Protection District
- CAL FIRE - City of Yucaipa Fire Department
- CAL FIRE - Highland
- Colton Fire Department Desert Ambulance
- Fort Irwin Fire Department
- Loma Linda Fire Department
- Mercy Air
- Marine Corp Logistics Base - Barstow
- Morongo Basin Ambulance Association
- Morongo Valley Fire Department
- Ontario Fire Department
- Rancho Cucamonga Fire Department
- Redlands Fire Department
- Rialto Fire Department
- Running Springs Fire Department
- San Bernardino City Fire Department
- San Bernardino County Sheriff's Aviation
- San Manual Fire Department
- Upland Fire Department

The following agencies remain outside of the data collection process:

- Apple Valley Fire Department
- Chino Valley Fire Department
- Combat Center Fire Department - Twenty-nine Palms
- Montclair Fire Department
- San Bernardino County Fire Department
- San Bernardino County Sheriff's Search and Rescue

The ICEMA medical director and other system advisors continue to develop engineering controls necessary for patient care guided by reliable and consistent data and the system continued to document progress in data collection and analysis during the 2013 sessions.

The EMCC received standing emergency medical services system management reports at each of the scheduled meetings. These standing reports included quarterly reports for Trauma systems, base hospital statistics, hospital bed delays, medication, procedures, type of patient summary reports, and hospital surveillance reports. These standing reports assist the overall system as it continues to explore and advance in communication and systems knowledge between all groups.

CONCLUSION

It has been the goal of the EMCC to allow broad-based system participation and discussions. It is our sense that our deliberations have advanced the local system. The EMCC applauds the entire system.

Draft



BYLAWS OF
SAN BERNARDINO COUNTY
EMERGENCY MEDICAL CARE COMMITTEE

AMENDED: May 19, 2011

ARTICLE I
AUTHORIZATION

SECTION 1: Jurisdiction

The Committee serves the geographic and political entity known as San Bernardino County.

SECTION 2: Purpose

The County's Emergency Medical Care Committee is established pursuant to the California Health and Safety Code, Chapter 2.5, Chapter 4, Article 3, Section 1797.270 through 1797.276 and San Bernardino County Ordinance No. 31.1101-31.1106. It is the responsibility of the EMCC to act in an advisory capacity to the Board of Supervisors and Inland Counties Emergency Medical Agency (ICEMA), the Local EMS Agency for San Bernardino County on all matters relating to emergency medical services and to perform such other duties as the Board of Supervisors may specify.

SECTION 3: Authority

California Health and Safety Code, Chapter 2.5, Chapter 4, Article 3, Section 1797.270 through 1797.276 and San Bernardino County Ordinance No. 31.1101 - 31.1106.

ARTICLE II
MEMBERSHIP

SECTION 1: Appointment and Representation

- a. The EMCC shall be composed of fifteen (15) members appointed by the County Board of Supervisors. The members of the EMCC shall serve at the pleasure of the Board of Supervisors. The EMCC shall consist of the following:
 - (1) An emergency department physician or trauma surgeon from an ICEMA designated Level I Trauma Hospital. A Level I Trauma Hospital shall not appoint the same specialty (i.e., emergency physician or trauma physician) as a Level II Trauma Hospital.

- (2) An emergency department physician or trauma surgeon from an ICEMA designated Level II Trauma Hospital. A Level II Trauma Hospital shall not appoint the same specialty (i.e., emergency physician or trauma physician) as a Level I Trauma Hospital.
- (3) A licensed registered nurse with a minimum of three (3) years' experience in an emergency department located in San Bernardino County and currently certified as an ICEMA Mobile Intensive Care Nurse.
- (4) A fire chief, with a minimum of three (3) years' experience at a Chief Officer level within San Bernardino County.
- (5) A private ambulance provider with a minimum of three (3) years' experience providing ambulance service within San Bernardino County.
- (6) A representative of an approved EMT-P training program located within San Bernardino County with a minimum of three (3) years' teaching experience in EMS.
- (7) A hospital administrator currently employed by a hospital located within San Bernardino County with a minimum of three (3) years' related experience.
- (8) A physician with a minimum of three (3) years' practicing experience in a basic emergency department (non-trauma) located within San Bernardino County.
- (9) A city manager, deputy city manager, or assistant manager, located within San Bernardino County with a minimum of three (3) years' experience.
- (10) A representative of a permitted/authorized air ambulance provider with a minimum of three (3) years' experience providing air ambulance service within San Bernardino County.
- (11) A law enforcement representative with a minimum of three (3) years' experience, currently providing service within San Bernardino County.
- (12) A representative currently assigned to emergency medical dispatching in a secondary Public Safety Answering Point (PSAP) providing service within San Bernardino County with a minimum of (3) three years' related experience.
- (13) A consumer advocate who has resided in San Bernardino County a minimum of three (3) years.
- (14) A licensed, ICEMA accredited field emergency medical technician – paramedic, currently functioning within the San Bernardino County pre-hospital care setting, with a minimum of three (3) years' experience in the private sector.
- (15) A licensed, ICEMA accredited field emergency medical technician – paramedic, currently functioning within the San Bernardino County pre-hospital care setting, with a minimum of three (3) years' experience in the public sector.

~~b. Voting. Each member of the EMCC shall have one vote. A majority vote with a quorum in attendance shall be required to take action on a matter before the EMCC. The establishment of a quorum will be determined as specified in the EMCC By-Laws.~~

SECTION 2: ICEMA

- a. The Inland Counties Emergency Medical Agency (ICEMA) shall be the Liaison Agency for this Committee.
- b. ICEMA shall be responsible for reviewing and making recommendations as to the continuation and/or role of the Committee pursuant to County policy.
- c. ICEMA shall provide guidance to the Committee as to its responsibilities and adherence to County policy.
- d. ICEMA ~~Executive Director~~EMS Administrator shall act as "Liaison Officer" for the Committee.
- e. ICEMA immediately shall report to the Clerk of the Board of Supervisors any unscheduled vacancy.
- f. ICEMA shall determine the conflict of interest statutes, ordinances and policies applicable to the EMCC committee members (by consultation with County Counsel as necessary) and shall so advise committee members.
- g. ICEMA shall provide staff support in the preparation and distribution of agenda materials and minutes for the Committee.

SECTION 3: Term of Office

Members' terms of office shall be four (4) years expiring on January 31 of the appropriate years and subsequent new terms shall begin February 1 of that year. The terms shall be staggered so that no more than two thirds (2/3) of the terms of the total number of members of the EMCC shall expire in any one (1) year period. A member whose term of office has expired shall continue to serve in that capacity until a new appointment is made. Committee members shall serve at the pleasure of the Board of Supervisors and may be removed from the Committee at any time only by the Board of Supervisors.

SECTION 4: Committee Vacancies

The members of the EMCC are appointed by the Board of Supervisors. A resigning committee member shall submit his/her original written resignation to the Clerk of the Board of Supervisors (COB). ICEMA shall notify immediately the COB of any unscheduled vacancies. ICEMA will provide the Board of Supervisors with written notification of vacancies and the Board of Supervisors will take the necessary action to declare the position vacant and fill the position.

The absence of a committee member from two (2) consecutive meetings of the Committee shall be cause for the Chairman of the EMCC to contact the committee member to discuss participation in the meetings. Whenever a committee member fails to attend two (2) consecutive meetings or three (3) total meetings in a calendar year, without good cause entered into the minutes, the EMCC Chairman shall correspond with the Chairman of the Board of Supervisors and recommend that the committee member be removed from the Committee. Committee members serve at the pleasure of the Board of Supervisors and may be removed only by the Board of Supervisors. Without good cause shall be defined as failure to notify ICEMA of inability to attend or failure to attend after notification of planned attendance.

SECTION 5: Quorum

The meeting will be called and a minimum of eight (8) members is required. A quorum is requisite for the transaction of any business of this Committee.

SECTION 6: Voting

Each member as defined in Article II, Section 1 of these Bylaws shall have one (1) vote and shall not have the right to accumulate votes. A majority vote with a quorum in attendance shall be required to take action on a matter before the EMCC.

SECTION 7: Election of Chairperson and Vice-Chairperson

A Chairperson and Vice-Chairperson shall be elected annually from the voting members of the EMCC at the first meeting of each calendar year by a simple majority of the EMCC members present. The Vice-Chairperson shall assume the responsibilities of the Chairperson in his/her absence.

ARTICLE III MEETINGS

SECTION 1: Regular Meetings

The EMCC shall meet, at regular intervals necessary to fulfill its Board of Supervisors approved scope of operation at a time and location to be determined by the ICEMA.

SECTION 2: Special Meetings

Special meetings may be called at the discretion of the Chairperson or at the request of a majority of the members. Committee members must be given at least ten (10) working days' notice in writing of all special meetings.

SECTION 3: Meeting Announcements

All meetings of the Committee shall be open to the public and notices of the meeting posted in a location fully accessible to the public seventy-two (72) hours before the meeting pursuant to the Brown Act.

SECTION 4: Meeting Agendas

Meeting agendas for all scheduled committee meetings shall be transmitted in advance in writing to all committee members and other interested persons who have submitted a request in writing. Agenda items proposed for consideration at a scheduled meeting of the Committee shall be submitted to ICEMA no later than thirty (30) working days prior to the meeting. Agendas will be prepared by ICEMA staff in cooperation with the Chairperson. Where appropriate and feasible, written backup information material should be submitted concurrently with the proposed agenda items for advance distribution to committee members. There shall be a notation on the agenda for public comments. Agendas will be posted in a location fully accessible to the public a minimum of seventy-two (72) hours before the meeting pursuant to the Brown Act.

~~should be mailed one (1) week prior to the next scheduled meeting.~~

SECTION 5: Meeting Commencement

All EMCC meetings will begin at precisely the time stated on the agenda. If there is no quorum at the designated starting time of the meeting, those in attendance may receive and discuss information, but no official business requiring an action by the Committee may be conducted.

SECTION 6: Rules of Order

All meetings will be governed by Robert's Rules of Order unless otherwise agreed to by the majority of the members present.

SECTION 7: Review of Bylaws

Bylaws shall be reviewed every three (3) years.

**ARTICLE IV
AD HOC COMMITTEES**

SECTION 1: Establishment and Appointment

Ad Hoc Committees may be established and appointed by the Chairperson of the EMCC. The Chairperson, with the concurrence of the Committee, shall appoint the members and the chair of the Ad Hoc Committee(s) Regular, ex officio and non-members may be appointed to the Ad Hoc Committee(s). Only appointed members of the Committee can vote on a decision to be presented to the Committee at Large.

SECTION 2: Assignments

The Chairperson will define in precise terms the assignment to be completed providing a definitive timeframe for reporting to the Committee. The Ad Hoc Committee will be dissolved once the assignment is completed and a report is submitted for consideration to the Committee.

**ARTICLE V
COMMITTEE RESPONSIBILITIES**

SECTION 1: The Committee shall perform duties as outlined in County Ordinance No. 31.1101-31.1106 as follows:

- a. Annually review the ambulance services operating within the County; and
- b. Annually review emergency medical care offered within the County; and
- c. Review and comment on proposed EMS legislation, EMS plans, protocols and policies to be adopted by ICEMA, and shall report its findings to the ICEMA ~~Executive Director~~EMS Administrator and the Board as appropriate.
- d. The EMCC shall perform additional duties and responsibilities as directed by the Board of Supervisors, County Code, and any other duties specified in County Ordinance 31.1101 through 31.1106 and/or state laws, as well as other EMS matters relating to EMS.
- e. Annually report its observations and recommendations to the Board and ICEMA relative to its review of the ambulance services, emergency medical care and all other EMS matters relating to EMS in the County.

SECTION 2: Additional Duties and Responsibilities

The EMCC shall perform additional duties and responsibilities as directed by the Board of Supervisors, County Code, and any other duties specified in County Ordinance 31.1101 through 31.1106 and/or state laws, as well as other EMS matters.

**ARTICLE VI
STANDARDS OF ETHICS AND CONDUCT**

SECTION 1: County Policies

Committee members shall comply with the current policies approved by the Board of Supervisors.

SECTION 2: Responsibilities of Public Office

Individuals appointed to the Committee are agents of the public and serve for the benefit of the public. They shall uphold and act in accordance with the Constitution of the United States, the Constitution of the State of California, the Charter of the County of San Bernardino, and ordinances, rules regulations, and policies of the County.

**ARTICLE VII
AMENDMENT TO BYLAWS**

SECTION 1: Adoption of Bylaws

The proposed Bylaws shall be circulated to the Committee in writing at least thirty (30) days in advance of the meeting at which a vote may be called.

SECTION 2: Required Vote for Adoption

The Bylaws of the Committee shall be adopted if approved by a majority of the voting committee members and approved by the Board of Supervisors.

SECTION 3: Proposed Amendments

Proposed Bylaw amendments shall be circulated to the Committee in writing at least thirty (30) days in advance of the meeting at which a vote may be called.

SECTION 4: Required Vote for Adoption of Amendments

The Bylaws of the Committee may be amended if approved by a majority of the voting Committee members and approved by the Board of Supervisors.