



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



Richard Sewell Training Center
2824 East W Street, Building 302
San Bernardino, CA 92408

July 15, 2010
9:00 a.m.

A G E N D A

I. CALL TO ORDER

II. APPROVAL OF MINUTES May 20, 2010

III. ICEMA UPDATE

- A. EMS MISS Status Report
- B. Air RFP
- C. Implementation of 2010 EMT Regulations
- D. Medication Shortage Update
- E. Ft. Irwin Update

INFO/ACTION

IV. ICEMA MEDICAL DIRECTOR On Vacation

INFO/ACTION

V. STANDING EMS SYSTEM MANAGEMENT REPORTS

- A. Quarterly Trauma Hospital Reports
- B. Base Hospital Quarterly Reports
- C. Hospital Bed Delay Reports
- D. EMS System Management Reports
- E. Hospital Surveillance

www.icema.net

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VI. OLD BUSINESS

- A. Utilization of PBC Trust Fund
- B. Review of Bylaws
- C. Ethics Training for EMCC Members

ACTION/APPROVE

VII. NEW BUSINESS

- A. Protocols
 - 1. Reference # 1070 EMT Incident Investigation, Determination of Action, Notification and Administrative Hearing Process

VIII. COMMITTEE/TASK FORCE REPORTS

- A. Documentation Ad Hoc Committee Report

IX. OTHER/PUBLIC COMMENT

X. COMMITTEE MEMBER REQUESTS FOR NEXT MEETING

XI. NEXT MEETING DATE AND LOCATION

September 16, 2010

**Richard Sewell Training Center
2824 East W Street Building 302
San Bernardino, CA 92408**

XII. ADJOURNMENT

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 515 North Arrowhead Avenue, San Bernardino, CA.



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



**Richard Sewell Training Center
2824 East W Street, Building 302
San Bernardino, CA 92408**

May 20, 2010

COMMITTEE	ORGANIZATION	EMS AGENCY STAFF	POSITION
<input checked="" type="checkbox"/> Jim Holbrook	Training Institution	<input checked="" type="checkbox"/> Reza Vaezazi, MD	Medical Director
<input checked="" type="checkbox"/> Diana McCafferty	Private Ambulance Provider	<input checked="" type="checkbox"/> Virginia Hastings	Executive Director
<input checked="" type="checkbox"/> Marie Podboy	Air Ambulance Provider	<input checked="" type="checkbox"/> Denice Wicker-Stiles	Assistant Administrator
<input checked="" type="checkbox"/> James Holmes	Hospital Administrator	<input checked="" type="checkbox"/> Diane Fisher	Program Coordinator
<input checked="" type="checkbox"/> Stephen Miller	Law Enforcement	<input checked="" type="checkbox"/> Sherri Shimshy, RN	EMS Nurse
<input checked="" type="checkbox"/> Michael Smith	Fire Chief	<input checked="" type="checkbox"/> Christine Yoshida-McMath	EMS Trauma Nurse
<input checked="" type="checkbox"/> Troy Pennington, MD	Physician	<input checked="" type="checkbox"/> Mark Roberts	EMS Technical Consultant
<input checked="" type="checkbox"/> Art Andres	EMT-P	<input type="checkbox"/> Moises Evangelista	Statistical Analyst
<input type="checkbox"/> Rick Britt	Communications	<input checked="" type="checkbox"/> Jacquie Martin	Secretary
<input checked="" type="checkbox"/> Allen Francis	EMS Nurse		
<input checked="" type="checkbox"/> Pranav Kachhi, MD	ER/Trauma Physician		
<input type="checkbox"/> Vacant	City Manager Representative		
<input type="checkbox"/> Vacant	Consumer Advocate		
Sandy Carnes	Rancho Cucamonga Fire	Susie Moss	AMR
Roy Cox	Mercy Air	Leigh Overton	SB County Fire
Rob Frick	Reach Air	Leslie Parham	SB County Fire
Tony Grabow	Running Springs Fire	Joe Powell	Rialto Fire
Mark Hartwig	Rancho Cucamonga Fire	Sean Regoff	Reach Air
Nancy Hernandez	LLUMC	Chuck Spencer	Morongo Basin Ambulance
Ramon Lomeli	Morongo Basin Ambulance	Linda Tripoli	HASC ReddiNet
Mike Maltby	Big Bear City Fire	Bob Tyson	Redlands Community Hospital
Scott McDonald	Redlands Community Hospital	Ronald Walls	SB County Fire

I. CALL TO ORDER

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

II. APPROVAL OF MINUTES

The March 18, 2010, EMCC meeting minutes were reviewed. Diana McCafferty motioned to approve minutes; Art Andres seconded.

Vote on motion to approve minutes:

Ayes: 10

Noes: 0

Abstaining: 0

Motion approved by consent.

III. ICEMA UPDATE

A. EMS MISS Status Report - Mark Roberts

Virginia Hastings reported that the EMS MISS Report is located in each agenda packet for reference.

- Mark Roberts noted a change in the format for ePCRs reporting to show the volumes for:
 1. Previous year (2009)
 2. Quarterly (current year)
 3. Monthly (current year)
- FirstWatch Software - ICEMA is near negotiations to deploy the software for data monitoring and biosurveillance.
- Implementation:
 1. Upland Air is sending data.
 2. Upland Ground is getting ready to come on board.
 3. Sheriff's Aviation has completed training.
 4. Inyo County - Four (4) providers are coming on board within 60 days.
 5. CONFIRE - Working on finishing up last part of testing so data can be entered in the system; Desert Ambulance and Mercy Air interfaces are working and receiving data.
- RFP for Replacement of ePCR Software - Virginia Hastings noted that Chief Smith has identified a committee of 5 to 6 people to begin reviewing requirement for new program.

B. Air RFP

Virginia Hastings reported that the RFP is in final review by County Purchasing and County Counsel.

C. Personnel Updates

Virginia Hastings introduced Christine Yoshida-McMath, RN, EMS Trauma Nurse, who has replaced Jennifer Dearman. Joe Lick, Staff Analyst II, has resigned to pursue the ministry full-time.

IV. ICEMA MEDICAL DIRECTOR

Reza Vaezazizi, M.D., reported on the following:

A. STEMI Update

Dr. Vaezazizi reported that the STEMI program has hit a steady state in many regards and the centers are working well. ICEMA recently completed an upgrade to the way clinical data are collected. More responsibility has gradually been shifted to STEMI centers to collect and improve the quality of data. The STEMI centers are in an excellent

position to do this and are willing to work with the system and with pre-hospital staff. ICEMA hopes to see improvement through continued monitoring.

There are a couple of issues that are an ongoing challenge within the STEMI system:

1. Diagnostic Quality of EMS ECG's

This may be attributing to increase false positive cath team activation. We will continue to work with providers and improve upon this.

Questions/comments from EMCC members or the public:

Stephan Miller asked what the magnitude or the percentage of the problem.

Dr. Vaezazizi responded by estimating less than 25%, although we cannot say with any degree of certainty. The level of resources caused by false ECG interpretations is very severe and this requires a high level of scrutiny. We should work hard to get as close to 100% accuracy as possible.

2. Missing EMS Documentation - PCR's/ECG's

This is a system wide problem and requires a system wide solution; however, the STEMI program is unique and the need for accurate and complete EMS documentation immediately highlighted this problem.

Questions/comments from EMCC Members or the public:

Discussion from EMCC members and the public continued on the problem with missing documentation.

Jim Holbrook requested a continuum of conversation by establishing an EMCC ad hoc committee to complete the following:

1. Fact finding
2. System or problem identification
3. Recommended solution

Jim Holbrook asked Diana McCafferty and Chief Smith to co-chair the newly formed committee, consisting of EMCC members, EMS providers and hospital staff, with a multi disciplinary response to do initial discovery and fact finding.

B. King Airway Device

Dr. Vaezazizi referred to the report in the packet which reflects the review of King airway utilization from January 1, 2010, through the end of April 2010. There are 55 ePCR cases of King airway device use in the ePCR database, all of which were reviewed by Dr. Vaezazizi personally. The utilization appears appropriate with no obvious problems. The feedback from crews has been limited but for the most part very positive. We will continue to monitor and report our experience with this new device.

Questions/comments from EMCC Members or the public:

Marie Podboy asked if a more detailed report could be made available to identify some of the issues with the placements and why they were unsuccessful.

Dr. Vaezazizi responded that our ability to report data is limited by what is actually being reported. Dr. V asked Marie Podboy to e-mail him some specific indicators and then we can set up special queries to look at those indicators.

Marie Podboy asked if there were any comparisons to the combi tube.

Dr. Vaezazizi responded that he did not have the ability to comment, since no significant data are being collected on the combi tube.

C. Medication Shortage - Morphine Ampules

Dr. Vaezazizi reported that an issue that is surfacing regarding the supply of morphine ampules. ICEMA policy requires EMS providers to use only morphine ampules, in order to tamper-proof narcotics supplies. ICEMA is determining the extent of such shortage and how long it may last. The item is also on the agenda for the next MAC Committee to consider, and we are working with the pharmacy representatives to see what options may be available in event of prolonged shortage of morphine ampules. Dr. Vaezazizi asked that any suggestions on this subject be forward to him to be taken to the MAC Committee.

D. Stroke Center

Dr. Vaezazizi reported that at least four (4) hospitals are interested in EMS designation as Stroke Centers: St. Mary, SACH, ARMC and LLUMC. Christine Yoshida-McMath will be ICEMA's lead staff in the stroke center development. We are currently planning the first meeting with hospitals and EMS providers in late summer. Dr. Vaezazizi will report more throughout the year and thinks the program is at least 12-18 months from implementation.

E. Purported Trauma Diversion from ARMC

Dr. Vaezazizi has become aware of a circulating rumor that ICEMA has implemented a diversion of trauma patients away from ARMC towards LLUMC because of concerns regarding the quality of care provided at ARMC. This is absolutely not true. He is not sure what the source or motivation is and reiterated that this not true.

V. STANDING EMS SYSTEM MANAGEMENT REPORTS

The following reports are available for review at <http://www.sbcounty.gov/icema/reports.htm>:

- Trauma Reports (Quarterly)
- Base Hospital Statistics (Quarterly)
- Bed Delay Reports
- Prehospital Data Reports
- Reddinet Assessment Reports

ICEMA staff is available to answer any questions and receive any comments regarding these reports.

VI. OLD BUSINESS

A. Utilization of PBC Trust Fund

PBC Trust Fund Utilization report is included in the EMCC packet; there is a request for additional expenses for FY 2010-11 in the amount of \$25,000 to purchase printer paper and toner (for ePCR printing at hospitals).

Art Andres motioned to approve additional expenses; Diana McCafferty seconded.

Vote on motion to approve additional expenses of \$25,000:

Ayes: 10

Noes: 0

Abstaining: 0

Motion approved by consent.

Questions/comments from EMCC members or the public:

Jim Holbrook asked how much was left in the fund and if there is a plan for the use. Virginia Hastings responded that ICEMA plans to present EMCC and to the board to use a portion of the funding for the cost of the new/updated data system. It has been five (5) years since purchasing the software from Healthware Solutions and there will be some cost when ICEMA goes to bid for the software. Diane Fisher clarified that from Joe Lick's report there is a current balance of \$632,735.

VII. NEW BUSINESS

A. Colorado River Medical Center Report from Public Hearing

The public hearing was conducted on May 17, 2010, by EMCC members Jim Holmes, Diana McCafferty, and Allen Francis. Jim Holmes made a verbal presentation to the public hearing participants, answering any questions from the committee and public. Virginia Hastings complimented Jim Holmes on his excellent job in chairing the hearing. The EMCC Public Hearing Report is presented to for EMCC approval. Following EMCC approval of the report, it will be included in ICEMA's recommendation to the Governing Board and ultimately to SDPH, Licensing & Certification Division.

Stephan Miller motioned to accept findings; Marie Podboy seconded.

Vote on motion to accept findings from hearing:

Ayes: 10

Noes: 0

Abstaining: 0

Motion approved by consent.

B. Review of Bylaws

Virginia Hastings reported that no comments were received.

Jim Holbrook noted that this will be the first reading, per Article VII, Section 1 of the Bylaws, which requires Bylaws be circulated 30 days in advance of approval and, to bring the Bylaws into compliance, per Article III, Section 7, Bylaws shall be reviewed every three (3) years. The item will need to be placed on the next meeting agenda for approval by the committee. Changes needed are minor language and grammatical corrections.

Jim Holbrook requested that comments be forwarded to ICEMA by June 15th for the next meeting.

C. ICEMA Fee Schedule 2010-2011

Virginia Hastings reported that the fee schedule and Board Action Item is included in the packet as an informational item, since the Board has not acted upon it yet. County Counsel required a change in the process due to ICEMA being a joint powers agency overseen by a governing board instead of the Board of Supervisors. County Counsel determined that ICEMA has to set its own rate policy (same as with the Ambulance Rate policy) and submit separately to the Board.

D. Use of Radios in Inter-Facility Transfers

Diana McCafferty reported that all radios for the BLS units are programmed. Only one complaint has been received from one hospital about which phone number to use. The radios have been programmed by County Comm with the radio patch. She reminded the attendees to keep an ear open for BLS calls coming through and to not confuse with base station calls.

E. Ethics Training for EMCC Members

Jim Holbrook reminded EMCC members that ethics training is required every two (2) years. Those who need to complete the training should do so by the next meeting on July 15th.

F. Implementation of 2010 EMT Regulations

Virginia Hastings reported on the following points:

- ICEMA staff has attended EMSA training.
- Central Registry - 2nd test data was submitted to EMSA and ICEMA is waiting for final approval; final test data submission is due June 25th and supplemental test data submission will not be accepted.
- Staff have worked very hard and Virginia Hastings recognized Denice Wicker-Stiles and MaryAnne Emanuel for all their work in getting ready for the implementation date.
- Penalties are assessed to certifying entities for not entering registry information on time.
- Mandatory LiveScans - ICEMA received official FBI clearance last week; process was started last November.
- In February, a letter was sent to all certifying personnel, providers and training programs informing them of all the new requirements.
- A letter was sent on May 12th to all certified EMT's expiring between now and June 30th that do not have LiveScans on file advising that they must have completed application, including LiveScan results, submit by June 17th.
- ICEMA will be unable to process any applications between June 18 and July 1, or until the State gets the central registry active due to implementation of registry.
- Recommended that training programs have graduating students wait to apply for certification and LiveScan after July 1; any LiveScan results received after June 25th will require FBI clearance at which time a new LiveScan would be required.
- ICEMA has written new policies and procedures for the disciplinary changes which were reviewed by County Counsel; a contract is in place with the Administrative Law Office to conduct hearings when needed.

G. Nasal Administration of Medications

Memo dated March 24, 2010, is included in the agenda packet. References listed in memo are included for review. The impacted protocols are identified and have been integrated into the system.

H. Protocols

1. Reference # 1050 MICN Certifications Requirements

Diana McCafferty motioned to approve Reference # 1050; Dr. Kachhi seconded. No further discussion

Vote on motion to approve Reference # 1050:

Ayes: 10

Noes: 0

Abstaining: 0

Protocol Reference # 1050 approved by consent.

2. Reference # 1080 Flight Nurse Authorization

Michael Smith motioned to approve Reference # 1080; Dr. Kachhi seconded.

Vote on motion to approve Reference # 1080:

Ayes: 10

Noes: 0

Abstaining: 0

Protocol Reference # 1080 approved by consent.

3. Reference # 6050 Pulse Oximetry Service Provider Requirement

Art Andres motioned to approve Reference # 6050; Dr. Kachhi seconded. No further discussion

Vote on motion to approve Reference # 6050:

Ayes: 10

Noes: 0

Abstaining: 0

Protocol Reference # 6050 approved by consent.

4. Reference # 6080 Paramedic Blood Draw for Chemical Test at the Request of a Peace Officer

Stephen Miller motioned to approve Reference # 6080; Diana McCafferty seconded.

Vote on motion to approve Reference # 6080:

Ayes: 10
Noes: 0
Abstaining: 0

Protocol Reference # 6080 approved by consent.

5. Reference # 8010 Interfacility Transfer Guidelines

Diana McCafferty motioned to approve Reference # 8010; Art Andres seconded. No further discussion

Vote on motion to approve Reference # 8010:

Ayes: 10
Noes: 0
Abstaining: 0

Protocol Reference # 8010 approved by consent.

6. Reference # 9020 Physician on Scene

Dr. Pennington motioned to approve Reference # 9020; Art Andres seconded.

Vote on motion to approve Reference # 9020:

Ayes: 10
Noes: 0
Abstaining: 0

Protocol Reference # 9020 approved by consent.

7. Reference # 9040 Reporting Incidents of Suspected Abuse

Stephan Miller motioned to approve Reference # 9040; Allen Francis seconded.
No further discussion

Vote on motion to approve Reference # 9040:

Ayes: 10
Noes: 0
Abstaining: 0

Protocol Reference # 9040 approved by consent.

8. Reference # 9050 Organ Donor Information

Diana McCafferty motioned to approve Reference # 9050; Art Andres seconded. No further discussion

Vote on motion to approve Reference # 9050:

Ayes: 10
Noes: 0
Abstaining: 0

Protocol Reference # 9050 approved by consent.

VIII. COMMITTEE/TASK FORCE REPORTS

No questions or comments at this time.

IX. OTHER/PUBLIC COMMENT

X. COMMITTEE MEMBER REQUESTS FOR NEXT MEETING

A. AD HOC Committee Report

XI. NEXT MEETING DATE AND LOCATION

**July 15, 2010
Richard Sewell Training Center
2824 East W Street, Building 302
San Bernardino, CA 92408**

XII. ADJOURNMENT

EMCC Meeting was adjourned at 11:00 a.m.

Staff Report - EMCC

EMS Management Information & Surveillance System (MISS)

ICEMA SERVER

ICEMA has received the following:

1. 2009 -- 176,215 ePCR's.
2. January - June, 2010 -- 88,226

RFP - REPLACEMENT OF CURRENT EPCR SOFTWARE

ICEMA continues to work on development of the RFP for ePCR software.

FIRSTWATCH EARLY EVENT DETECTION SYSTEM

ICEMA has completed negotiations to deploy as part of the MISS project FirstWatch software for real-time situational awareness. This item is going before the Board on July 13, 2010. Once approved ICEMA's target date is third quarter 2010. FirstWatch analyzes for potentially threatening health trends, patterns or geographic clusters of occurrences as they develop.

IMPLEMENTATION

The following are new providers sending data to the ICEMA server daily:

1. Upland Fire Department Air
2. Upland Fire Department Ground - Go live date 7/01/10
3. Sheriff's Aviation - 04/10 & 5/8 training dates Dual Data Entry
4. Fort IRWIN Fire Department - Go live date 6/29/10

Implementation/training dates for additional providers are as follows:

1. Big Pine Fire Department (Inyo County) - 07/10
 2. Lone Pine Fire Department (Inyo County) - 07/10
 3. Independence Fire Department (Inyo County) - 07/10
 4. Mammoth Lakes Fire Department (Mono County) - 7/10
 5. Southern Inyo Fire Pro District (Inyo County) - 07/10
- (Above implementation dates are estimates and subject to change.)*

Third Party Interface to MISS

Currently ICEMA is working with third party vendors to receive data from ePCR systems other than HealthWare Solutions. Below is the current status for providers who are sending or attempting to send data to ICEMA:

1. Desert Ambulance (Zoll tabletPCR) - data is received daily.
2. Mercy Air (emsCharts) - data received daily.
3. ConFire (SUNPRO/ZOLL RMS) - providers continue to use paper 01As in the field. After the call, the data is entered into Sunpro RMS (Zoll data). ICEMA began to receive test data from ConFire on February 1, 2009. Problems identified during testing are data entry and mapping errors. ICEMA and CONFIRE met on June 29, 2010, and worked out several issues dealing with mapping. The new target date for production data is September 15, 2010. ICEMA is currently receiving test data from Rialto Fire, Redlands Fire, Colton Fire and San Bernardino County Fire via Confire. Loma Linda Fire is pending.

Once approved, the following providers will be sending data to ICEMA as part of Confire:

1. Colton Fire Department
2. Loma Linda Fire Department
3. Redlands Fire Department
4. Rialto Fire Department
5. San Bernardino County Fire Department

The following departments are pending the outcome of CONFIRE testing:

1. Chino Fire Department
2. Crest Forest Fire Department
3. Montclair Fire Department
4. Ontario Fire Department
5. Rancho Cucamonga Fire Department
6. Apple Valley Fire Protection District

Mark Roberts
7/15/10

Staff Report - EMCC

Emergency Drug Shortage Update

ICEMA was informed of a national shortage of emergency medications, specifically Dextrose 50% and Epinephrine 0.1mg/ml 10 ml emergency syringes. This shortage is due to Amphastar Pharmaceuticals ceasing production of their unapproved emergency drug syringes. Currently one pharmaceutical company, Hospira, is producing these medications in the emergency syringes. Due to the increased demand, Hospira's supply is on back order. Hospira does not indicate when this shortage will end and is releasing product as soon as it is available.

ICEMA issued a memo on June 24th outlining alternative methods to treat hypoglycemic and cardiac emergencies involving these two medications. The memo reinforced the importance of base station contact to avoid medication and dosing errors.

ICEMA was also informed of a shortage of morphine packaged in ampules. ICEMA policy states morphine must be carried in ampules to assure tamper resistance. Baxter Pharmaceuticals indicates that this shortage is a packaging issue with ampules and the shortage should be temporary. On June 24th, ICEMA issued a memo allowing providers more flexibility in the concentration of ampules that may be carried during this shortage. ICEMA will continue to monitor the situation and modify the drug and equipment list if needed.

Sherri Shimshy, RN
7/15/10

Staff Report - EMCC

Utilization of PBC Trust Fund (Liquidated Damages)

Request for Additional Expenses FY 2010/2011 **\$6,500**

Seven (7) printers for Hospitals: **ARMC, LLUMC, SACH, St. Bernardines,
Kaiser Fontana, Redlands, one spare.**

Current Balance (June 30, 2010): **\$630,704.53**

Incidental Expenses:

During the July 2008 meeting, the EMCC approved the use of liquidated damages for incidental expenses related to the MISS project or performance based contracts not to exceed \$5,000. Incidental expenses to date are as follows:

APPROVED INCIDENTAL BUDGET			\$5,000
Expenses:			
Item	Vendor	Date	Amount
Printer Cleaning Sheets	Office Depot	July 2008	\$ 22
Printer Servicing	Inland Computer	July 2008	55
Printer Cleaning Solution	Office Depot	August 2008	18
Toughbook Memory (18)	WareForce Corp.	August 2008	492
Printer wipes	Office Depot	September 2008	11
Printer Servicing	Inland Computer	September 2008	409
Toughbook Memory (13)	CDW-G	July 2009	483
Printer Servicing	Inland Computer	August 2009	474
Replace Desktop Hardrive	Office Depot	November 2009	155
Printer Servicing	Inland Computer	November 2009	219
Printer Servicing	Inland Computer	December 2009	360
Printer Servicing	Inland Computer	February 2010	219
Printer Servicing	Inland Computer	April 2010	143
Printer Servicing	Inland Computer	June 2010	110
Total Spent			\$3,170
Incidental Account Balance Remaining			\$1,830

Additional EMCC Approved Expenses

September 2009	Printer Paper and Toner	\$28,000
January 2010	150 Ruggedized Flash Drives	5,000
May 2010	Printer Paper and Toner	25,000

Diane Fisher
7/15/10

Staff Report - EMCC

EMCC Bylaws

On May 20, 2010, the EMCC Chair, Jim Holbrook, advised that the EMCC Bylaws need to be reviewed every three years and that Article VII, Section 3 requires the Bylaws to be circulated for 30 days prior to approval of the Bylaws. The Chair requested that any comments relating to Bylaws be received by June 15, 2010. To date, no comments have been received by ICEMA.

As requested, the ICEMA Liaison Officer has updated the enclosed Bylaws to reflect legislative and other minor language and grammatical corrections. Additionally, ICEMA has drafted a definition of "without good cause" in Article II, Section 4, Committee Vacancies.

The Bylaws are presented for approval by the EMCC.

Virginia Hastings
7/15/10



BYLAWS OF
SAN BERNARDINO COUNTY
EMERGENCY MEDICAL CARE COMMITTEE

May 28, 1998

AMENDED: ~~SEPTEMBER 17, 1998~~ JULY 15, 2010

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 ~~Section 1797.20, Chapter 2.5, Article 3, Section 1797.270 through 1797.276 and San Bernardino County Ordinance No. 3495~~. It is the responsibility of the EMCC to act in an advisory capacity to the Board of Supervisors and the Local EMS Agency 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, Article 3, Section 1797.270 through 1797.276; ~~Chapter 9, Sections 1765 and 1752~~; and San Bernardino County Ordinance No. 3495.

ARTICLE II
MEMBERSHIP

SECTION 1: Appointment and Representation

The EMCC shall be composed of thirteen (13) 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:

- a. An emergency room or trauma physician
- b. An EMS nurse
- c. A fire chief
- d. A private ambulance provider
- e. A representative of an EMS training institution
- f. A hospital administrator
- g. A law enforcement representative
- h. A representative from an emergency dispatch or communications center
- i. A consumer advocate
- j. A physician
- k. A city manager
- l. An air-ambulance provider
- m. A locally accredited field Emergency Medical Technician-Paramedic

SECTION 2: Liaison Agency

- a. The ~~San Bernardino County EMS Agency~~Inland Counties Emergency Medical Agency (ICEMA) shall be the Liaison Agency for this Committee.
- b. The Liaison Agency is responsible for reviewing and making recommendations as to the continuation and/or role of the Committee pursuant to County policy.
- c. The Liaison Agency shall provide guidance to the Committee as to its responsibilities and adherence to County policy.
- d. The ~~San Bernardino EMS Agency program manager~~Inland Counties Emergency Medical Agency Executive Director shall act as "Liaison Officer" for the Committee.
- e. The Liaison Agency immediately shall report to the Clerk of the Board of Supervisors any unscheduled vacancy.
- f. The Liaison Agency 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. The Liaison Agency 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, ~~and the Board of Supervisors shall fill all committee position vacancies.~~ A resigning committee member shall submit his/her original written resignation to the Clerk of the Board of Supervisors (COB). The staff liaison agency is responsible to notify immediately the ~~COB Clerk of the Board of Supervisors~~ of any unscheduled vacancies. The staff liaison 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 the EMCC Liaison Officer 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 seven (7) 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 on the third Thursday of every other month, holidays excepted, at a time and location to be determined by the EMCC.

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 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 the ~~administrative staff~~ Liaison Officer 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 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, ~~the meeting will not be conducted~~ those in attendance may receive and discuss information, but no official business requiring an action by the Committee may be conducted. A meeting may be held to discuss views, but no decisions can be made.

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 stated in the Health and Safety Code, Section 1797.276 and County Ordinance No. 3495 as follows:

- a. Annually review the ambulance services operating within the County; and
- b. Annually review emergency medical care offered within the County, including programs from training large numbers of people in cardiopulmonary resuscitation and lifesaving first aid techniques; and
- c. Annually review first aid practices within the County; and
- d. Annually report its observations and recommendations to the Board of Supervisors, the State EMS Authority, ~~the Health Officer~~ and the ~~Local~~ EMS agency relative to its review of the ambulance services, emergency medical care, first aid practices, and programs for training people in cardiopulmonary resuscitation and lifesaving first aid techniques, and public participation in such programs in the County.
- e. Review and comment on proposed EMS legislation, EMS plans, protocols and policies to be adopted by the local EMS agency, and shall report its findings to the ~~County Health Officer and/or~~ the Board of Supervisors as appropriate.

SECTION 2: Additional duties and responsibilities

The EMCC shall perform additional duties and responsibilities as directed by the San Bernardino County ~~Board of Supervisors, County Code, and any other Ambulance Ordinance, the EMS Transportation Plan for San Bernardino County, and any subsequent~~ duties specified in County Ordinances 3495 and/or state laws, as well as other EMS matters relating to EMS.

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.



EMERGENCY MEDICAL TECHNICIAN INCIDENT INVESTIGATION, DETERMINATION OF ACTION, NOTIFICATION AND ADMINISTRATIVE HEARING PROCESS

PURPOSE

To establish a policy and procedure governing reportable situations and the evaluation and determination regarding whether or not disciplinary cause exists.

POLICY

Any information received from any source, including discovery through medical audit or routine follow-up on complaints, which suggests a violation of, or deviation from, state or local EMS laws, regulations, policies, procedures or protocols will be evaluated pursuant to this policy and consistent with the California Code of Regulations (CCR), Title 22, Division 9, Chapter 6.

AUTHORITY

California Health and Safety Code, Division 2.5, Chapter 4 and 5, the California Code of Regulations, Title 22, Chapter 6.

DEFINITIONS

Certificate - means a valid Emergency Medical Technician (EMT) certificate issued pursuant to Division 2.5 of the California Health and Safety Code.

Certifying entity - as used in this policy, means the medical director of the ICEMA or a public safety agency or the office of the State Fire Marshal if the agency has a training program for EMT personnel that is approved pursuant to the standards established in Section 1797.109 of the Health and Safety Code.

Certification Action - means those actions that may be taken by the ICEMA medical director that include denial, suspension, revocation of a certificate, or placing a certificate holder on probation.

Certificate Holder – for the purpose of this policy, shall mean the holder of a certificate, as that term is described above.

CCR – means the California Code of Regulations, Title 22, Division 9.

Discipline - means either a disciplinary plan taken by a relevant employer pursuant to Section 100206.2 of the CCR or certification action taken by a medical director pursuant to Section 100204 of the CCR, or both a disciplinary plan and certification action.

Disciplinary Cause - means an act that is substantially related to the qualifications, functions, and duties of an EMT and is evidence of a threat to the public health and safety, per Health and Safety Code Section 1798.200.

Disciplinary Plan - means a written plan of action that can be taken by a relevant employer as a consequence of any action listed in Section 1798.200 (c).

EMSA - State Emergency Medical Services Authority

Functioning outside of medical control - means any provision of prehospital emergency medical care which is not authorized by, or is in conflict with, any policies, procedures, or protocols established by ICEMA, or any treatment instructions issued by the base hospital providing immediate medical direction.

HSC - Health and Safety Code

Model Disciplinary Orders (MDO) - means the Recommended Guidelines for Disciplinary Orders and Conditions of Probation (EMSA document #134) which were developed to provide consistent and equitable discipline in cases dealing with disciplinary cause.

Notification of Defense - Notification sent to ICEMA by certificate holder that states certificate holder intends to defend actions through APA hearing process.

Prehospital emergency medical personnel - means those persons who have been certified/authorized/accredited as qualified to provide prehospital emergency medical care pursuant to Division 2.5, HSC.

Relevant employer(s) - means those ambulance services permitted by the Department of the California Highway Patrol or a public safety agency that the certificate holder works for or was working for at the time of the incident under review, as an EMT either as a paid employee or a volunteer.

PROCEDURE

Responsibilities of Relevant Employer

1. Under the provisions of the CCR and this policy, relevant employers:
 - a. May conduct investigations to determine disciplinary cause.
 - b. Upon determination of disciplinary cause, the relevant employer may develop and implement, a disciplinary plan, in accordance with the MDOs.

2. The relevant employer shall submit that disciplinary plan to ICEMA along with the relevant findings of the investigation related to disciplinary cause, within three (3) working days of adoption of the disciplinary plan.
3. The employer's disciplinary plan may include a recommendation that the medical director consider taking action against the holder's certificate to include denial of certification, suspension of certification, revocation of certification, or placing a certificate on probation.
4. The relevant employer shall notify the ICEMA medical director within three (3) working days after an allegation has been validated as potential for disciplinary cause.
5. The relevant employer shall notify the ICEMA medical director within three (3) working days of the occurrence of any of following:
 - a. The employee is terminated or suspended for a disciplinary cause,
 - b. The employee resigns or retires following notification of an impending investigation based upon evidence that would indicate the existence of a disciplinary cause, or
 - c. The employee is removed from employment-related duties for a disciplinary cause after the completion of the employer's investigation.

Jurisdiction of the ICEMA Medical Director

1. The medical director who issued the certificate, or in the case where the certificate was issued by a non-LEMSA certifying entity, the LEMSA medical director that has jurisdiction in the county in which the headquarters of the certifying entity is located, shall conduct investigations to validate allegations for disciplinary cause when the EMT is not an employee of a relevant employer or the relevant employer does not conduct an investigation. Upon determination of disciplinary cause, the medical director may take certification action as necessary against a certificate holder.
2. The medical director may, upon determination of disciplinary cause and according to the provisions of this policy, take certification action against an EMT to deny, suspend, or revoke, or place a certificate holder on probation, upon the findings by the medical director of the occurrence of any of the actions listed in Health and Safety Code, Section 1798.200 (c) and for which any of the following conditions are true:
 - a. The relevant employer, after conducting an investigation, failed to impose discipline for the conduct under investigation, or the medical director makes a determination that discipline imposed by the relevant employer was not in accordance with the MDOs and the conduct of the certificate holder constitutes grounds for certification action.

- b. The medical director determines, following an investigation conducted in accordance with this policy, that the conduct requires certification action.
3. The medical director, after consultation with the relevant employer or without consultation when no relevant employer exists, may temporarily suspend, prior to a hearing, a certificate holder upon a determination of the following:
 - a. The EMT has engaged in acts or omissions that constitute grounds for revocation of the certificate; and
 - b. Permitting the EMT to continue to engage in certified activity without restriction poses an imminent threat to the public health and safety.
4. If the medical director takes any certification action, the medical director shall notify the State EMS Authority of the findings of the investigation and the certification action taken and shall enter said information into the state registry.

Evaluation of Information

1. A relevant employer who receives an allegation of conduct listed in Section 1798.200 (c) of the Health and Safety Code against a certificate holder and the allegation is validated, shall notify the medical director that has jurisdiction in the county in which the violation occurred, within three (3) working days, of the certificate holder's name, certification number, and the allegation(s).
2. When ICEMA receives a complaint against a certificate holder, ICEMA shall forward the original complaint and any supporting documentation to the relevant employer for investigation, if there is a relevant employer, within three (3) working days of receipt of the information. If there is no relevant employer or the relevant employer does not wish to investigate the complaint, the medical director shall evaluate the information received from a credible source, including but not limited to, information obtained from an application, medical audit, or public complaint, alleging or indicating the possibility of a threat to the public health and safety by the action of an applicant for, or holder of, a certificate issued by ICEMA or pursuant to Division 2.5, H&SC.
3. The relevant employer or medical director shall conduct an investigation of the allegations in accordance with the provisions of this policy, if warranted.

Investigations Involving Firefighters

1. The rights and protections described in Chapter 9.6 of the Government Code shall only apply to a firefighter during events and circumstances involving the performance of his or her official duties.

2. All investigations involving certificate holders who are employed by a public safety agency as a firefighter shall be conducted in accordance with Chapter 9.6 of the Government Code, Section 3250 et. seq.

Due Process

The certification action process shall be in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

Determination of Action

1. Certification action shall be taken as a result of the findings of the investigation.
2. Upon determining the disciplinary or certification action to be taken, the relevant employer or ICEMA medical director shall complete and place in the personnel file or any other file used for any personnel purposes by the relevant employer or ICEMA, a statement certifying the decision made and the date the decision was made. The decision must contain findings of fact and a determination of issues, together with the disciplinary plan and the date the disciplinary plan shall take effect.
3. In the case of a temporary suspension order pursuant to Section 100209 (c) of the CCR, it shall take effect upon the date the notice required by Section 100213 of the CCR is mailed to the certificate holder.
4. For all other certification actions, the effective date shall be thirty days from the date the notice is mailed to the applicant for, or holder of, a certificate unless another time is specified or an appeal is made.

Temporary Suspension Order

1. The ICEMA medical director may temporarily suspend a certificate prior to hearing if, the certificate holder has engaged in acts or omissions that constitute grounds for denial or revocation according to Section 100216(c) of the CCR and if in the opinion of the medical director permitting the certificate holder to continue to engage in certified activity would pose an imminent threat to the public health and safety.
2. Prior to, or concurrent with, initiation of a temporary suspension order of a certificate pending hearing, the medical director shall consult with the relevant employer of the certificate holder.
3. The notice of temporary suspension pending hearing shall be served by registered mail or by personal service to the certificate holder immediately, but no longer than three (3) working days from making the decision to issue the temporary suspension. The notice

shall include the allegations that allowing the certificate holder to continue to engage in certified activities would pose an imminent threat to the public health and safety. Within three (3) working days of the initiation of the temporary suspension by ICEMA, ICEMA and relevant employer shall jointly investigate the allegation in order for the ICEMA medical director to make a determination of the continuation of the temporary suspension.

- a. All investigatory information, not otherwise protected by the law, held by ICEMA and the relevant employer shall be shared between ICEMA, the relevant employer and the certificate holder via facsimile transmission or overnight mail relative to the decision to temporarily suspend.
- b. ICEMA shall serve within fifteen (15) calendar days an accusation pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code (Administrative Procedures Act).
- c. If the certificate holder files a Notice of Defense, the administrative hearing shall be held within thirty (30) calendar days of ICEMA's receipt of the Notice of Defense.
- d. The temporary suspension order shall be deemed vacated if ICEMA fails to serve an accusation within fifteen (15) calendar days or fails to make a final determination on the merits within fifteen (15) calendar days after the Administrative Law Judge (ALJ) renders a proposed decision.

Final Determination of Certification Action by the Medical Director

Upon determination of certification action following an investigation, and appeal of certification action pursuant to Section 100211.1 of the CCR, if the respondent chooses, the medical director may take the following final actions on an EMT certificate:

- a. Place the certificate holder on probation
- b. Suspension
- c. Denial
- d. revocation

Placement of a Certificate Holder on Probation

The ICEMA medical director may place a certificate holder on probation any time an infraction or performance deficiency occurs which indicates a need to monitor the certificate holder's conduct in the EMS system, in order to protect the public health and safety. The term of the probation and any conditions shall be in accordance with the MDOs. The ICEMA medical director may revoke the EMT certificate if the certificate holder fails to successfully complete the terms of probation.

Suspension of a Certificate

1. The medical director may suspend an individual's EMT certificate for a specified period of time for disciplinary cause in order to protect the public health and safety.
2. The term of the suspension and any conditions for reinstatement shall be in accordance with the MDOs.
3. Upon the expiration of the term of suspension, the individual's certificate shall be reinstated only when all conditions for reinstatement have been met. The medical director shall continue the suspension until all conditions for reinstatement have been met.
4. If the suspension period will run past the expiration date of the certificate, the EMT shall meet the recertification requirements for certificate renewal prior to the expiration date of the certificate.

Denial or Revocation of a Certificate

1. The medical director may revoke any EMT certificate for disciplinary cause that has been investigated and verified by application of this policy.
2. The ICEMA medical director shall deny any application for certification or revoke an EMT or Advanced EMT certificate if any of the following apply to the applicant:
 - a. Has committed any sexually related offense specified under Section 290 of the Penal Code.
 - b. Has been convicted of murder, attempted murder, or murder for hire.
 - c. Has been convicted of two (2) or more felonies.
 - d. Is on parole or probation for any felony.
 - e. Has been convicted and released from incarceration for said offense during the preceding fifteen (15) years for the crime of manslaughter or involuntary manslaughter.
 - f. Has been convicted and released from incarceration for said offense during the preceding ten (10) years for any offense punishable as a felony.

the effective date of the certification action. EMT's whose certification is placed on probation must complete their probationary requirements with the EMS Agency that imposed the probation.

Notification of Final Decision of Certification Action

1. For the final decision of certification action, the ICEMA medical director shall notify the applicant/certificate holder and his/her relevant employer(s) of the certification action within ten (10) working days after making the final determination.
2. The notification of final decision shall be served by registered mail or personal service and shall include the following information:
 - a. The specific allegations or evidence which resulted in the certification action;
 - b. The certification action(s) to be taken, and the effective date(s) of the certification action(s), including the duration of the action(s);
 - c. Which certificate(s) the certification action applies to in cases of holders of multiple certificates;
 - d. A statement that the certificate holder must report the certification action within ten (10) working days to any other LEMSA and relevant employer in whose jurisdiction s/he uses the certificate.