



# SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



City of Rancho Cucamonga  
Council Chambers  
10500 Civic Center Drive  
Rancho Cucamonga, CA 91730

May 19, 2011  
9:00 a.m.

## A G E N D A

**I. CALL TO ORDER**

**II. INTRODUCTION OF NEW MEMBERS**

**III. APPROVAL OF MINUTES**

March 17, 2011

**IV. PRESENTATION - CREST FOREST MCI**

Deputy Chief Jon Garber, Crest Forest Fire Protection District

**V. ICEMA UPDATE**

**INFO/ACTION**

- A. EMS MISS Status Report
- B. PBC EOA Contract Extension Status Report
- C. EMCC Membership Status

**VI. ICEMA MEDICAL DIRECTOR**

**INFO/ACTION**

- A. STEMI System Update
- B. Intubation CQI Project
- C. Medical Priority Dispatch

**VII. STANDING EMS SYSTEM MANAGEMENT REPORTS**

- A. Quarterly Trauma Hospital Reports
- B. Base Hospital Quarterly Reports
- C. Hospital Bed Delay Reports
- D. Hospital Surveillance
- E. STEMI Reports

[www.icema.net](http://www.icema.net)  
[www.icema.net](http://www.icema.net)  
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**VIII. OLD BUSINESS**

**ACTION/APPROVE**

- A. Utilization of PBC Trust Fund
- B. EMS MISS Software RFP

**IX. NEW BUSINESS**

**ACTION/APPROVE**

- A. MEDCOR ALS Agreement
- B. Continuation of Trauma Care Protocol
- C. EMCC Ordinance and Revised Bylaws

- D. Proposed 2011-12 Fee Schedule
- E. Neurovascular Stroke Receiving Center Designation Criteria

**X. COMMITTEE/TASK FORCE REPORTS**

Documentation Ad Hoc Committee Report

**XI. OTHER/PUBLIC COMMENT**

**XII. COMMITTEE MEMBER REQUESTS FOR NEXT MEETING**

**XIII. NEXT MEETING DATE AND LOCATION**

**July 21, 2011**

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

**XIV. 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



City of Rancho Cucamonga  
 Council Chambers  
 10500 Civic Center Drive  
 Rancho Cucamonga, CA 91730

March 17, 2011

COMMITTEE	ORGANIZATION	EMS AGENCY STAFF	POSITION
<input checked="" type="checkbox"/> Jim Holbrook	Training Institution	<input checked="" type="checkbox"/> Reza Vaezazizi, MD	Medical Director
<input checked="" type="checkbox"/> Diana McCafferty	Private Ambulance Provider	<input checked="" type="checkbox"/> Virginia Hastings	Executive Director
<input checked="" type="checkbox"/> Stephen Miller	Law Enforcement	<input checked="" type="checkbox"/> Denice Wicker-Stiles	Assistant Administrator
<input type="checkbox"/> Michael Smith	Fire Chief	<input checked="" type="checkbox"/> George Stone	PBC Program Coordinator
<input checked="" type="checkbox"/> Troy Pennington, MD	Physician	<input checked="" type="checkbox"/> Sherri Shimshy, RN	EMS Nurse
<input type="checkbox"/> Art Andres	EMT-P	<input checked="" type="checkbox"/> Ron Holk	EMS Nurse
<input type="checkbox"/> Rick Britt	Communications	<input checked="" type="checkbox"/> Christine Yoshida-McMath	EMS Trauma Nurse
<input checked="" type="checkbox"/> Allen Francis	EMS Nurse	<input checked="" type="checkbox"/> Mark Roberts	EMS Technical Consultant
<input checked="" type="checkbox"/> Pranav Kachhi, MD	ER/Trauma Physician	<input checked="" type="checkbox"/> Moises Evangelista	Statistical Analyst
<input type="checkbox"/> Vacant	Air Ambulance Provider	<input checked="" type="checkbox"/> James Martinez	Statistical Analyst
<input type="checkbox"/> Vacant	City Manager	<input checked="" type="checkbox"/> John Mueller	EMS Specialist
<input type="checkbox"/> Vacant	Consumer Advocate	<input checked="" type="checkbox"/> Jacquie Martin	Secretary
<input type="checkbox"/> Vacant	Hospital Administrator		
Mike Antonucci	Upland FD	Pam Martinez	Ontario FD
Christina Bivona-Tellez	HASC	Michael May, RN	LLUMC
John Commander	SB County FD	Jaime Polopolus	Mercy Air
Jason Johnston	Mercy Air	Art Rodriguez	Desert Ambulance
Mike Maltby	Big Bear City FD	Virginia Smith	SACH

## I. CALL TO ORDER

The meeting was called to order at 9:07 a.m.

## II. APPROVAL OF MINUTES

The January 20, 2011, EMCC meeting minutes were reviewed. Stephen Miller motioned to approve minutes; Dr. Kachhi seconded.

MSC:

Ayes - 6

Noes - 0

Abstaining - 0

### **III. ICEMA UPDATE**

#### **A. Legislative Update**

Virginia Hastings reported on the following issues:

Maddy Fund - During the last week, she has been responding on behalf of ICEMA and EMSAAC on plans by the State Budget Conference Committee to raid approximately \$55 million of State-wide EMS dollars. It is unclear exactly what the final dollar amount or specific language will be. The shift in funds will go into the trailer budget bill which does not have any line item veto. If the cuts go in the bill, the money will be lost to counties. This would cause a significant impact on physician reimbursement for indigent care and on local EMS agencies (some are funded 60 - 75 percent from the fund), and to a lesser degree, hospitals who provide uncompensated care.

AB 210 - This bill puts forth concepts developed by a State EMS Commission task force drafted to attempt to address the long standing State-wide issues with 1797.201 and 1797.224. The bill can be found on [www.leginfo.ca.gov](http://www.leginfo.ca.gov).

#### **B. EMS MISS Status Report**

EMS MISS Report is included in EMCC packet for reference.

#### **C. PBC Status Report**

PBC Status Report is included in EMCC packet for reference.

#### **D. EMCC Membership Status**

The EMCC has four (4) vacancies; Air Ambulance Provider, City Manager, Consumer Advocate, and Hospital Administrator. Appointments for the Air Ambulance Provider and Hospital Administrator vacancies and renewal of appointments for expired members should be before the Governing Board for approval in the next few weeks. There are no applications for the City Manager or Consumer Advocate.

#### **E. QI Plan**

ICEMA's QI Plan was approved by State EMSA. A template will be distributed to providers and hospitals to assist in developing their QI plans.

#### **F. Staff Update**

Virginia Hastings introduced James Martinez, ICEMA's new Statistical Analyst.

#### **IV. ICEMA MEDICAL DIRECTOR**

Dr. Vaezazizi reported the following:

##### **A. STEMI System Update**

STEMI data for 2010 was presented. In the future STEMI data will be included as part of data report on ICEMA website.

There are no significant changes in the data, and ICEMA continues work on the false positive rate. Data for the first quarter of 2011 show improvement after the initial review. The data have been stable indicating ICEMA's performance indicators are on target, i.e., patient arrival time to EDs and the transfer time to cath lab for procedures. Discussions from the QI meetings have resulted in changes to the performance indicators. Current policy requires 75% compliance for door to balloon time as a standard; ICEMA is increasing to 90% compliance.

##### **B. Stroke System Update**

Dr. Vaezazizi advised that development of the stroke policy and treatment protocol is in final draft, with discussion and revisions still ongoing. It appears that the system will be a 2-tier designation system for Stroke centers; those without interventional capabilities and those with interventional capabilities. Whether a patient will go to a Level 2 versus Level 1 center, will be a time-sensitive decision dependent upon the onset of symptoms.

At this point, we anticipate five (5) centers to be initially designated, with as many as two (2) Level 1 centers which will have interventional capacities. This is still dependent upon whether the centers can secure the required on-call panel and specialists.

July 1 implementation is on target. The finalized draft policy for EMCC endorsement is scheduled for the May 19 EMCC meeting. Education includes a PowerPoint presentation and video, with Train-the-Trainer tentatively scheduled in May and generalized training in June.

Questions/comments from EMCC members or the public:

Stephen Miller asked if Level 1 and 2 centers are able to be identified now. Dr. Vaezazizi responded that they cannot be identified with certainty; however, the centers that have been in discussion are ARMC and LLUMC. The next phase will be to identify the centers.

##### **C. Hypothermia Trial Study**

ICEMA received a request to consider a trial study from providers in the West End involving four (4) EMS providers and two (2) hospitals (San Antonio Community and Pomona Valley), under the direction of Dr. Parkes. The study would begin sometime this summer, lasting approximately 18 months and be for hypothermia treatment of cardiac arrest patients after return of spontaneous circulation. There is only one other county in the State that has an EMS directed hypothermia treatment protocol. More information to come at a later date.

## **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

## **VI. OLD BUSINESS**

### **A. Utilization of PBC Trust Fund**

PBC Trust Fund Utilization Report is included in the EMCC packet. There were no questions nor concerns regarding the report.

### **B. 2010 Annual Report - Final Reading**

Jim Holbrook indicated that there were no comments received regarding the 2010 Annual Report. Stephen Miller motioned to approve report; Diana McCafferty seconded.

MSC:

Ayes - 6

Noes - 0

Abstaining - 0

### **C. EMCC Ordinance Change**

The ordinance will go to the Governing Board on April 5<sup>th</sup>.

### **D. EMS MISS Software RFP**

The RFP is in the final approval stages and will be reviewed by the County Executive Officer, Greg Devereaux, in the next few days. The RFP will not need to go to the Board until after a vendor has been selected and the contract completed. The Chief's provider group will be invited to attend the demonstration of products eligible for consideration.

### **E. EOA Contract Negotiations**

Virginia Hastings reported that discussions continue regarding the extension of EOA transport contracts. The discussions have been good and progress continues, with one (1) or two (2) significant items remaining.

**VII. NEW BUSINESS**

**A. 2010 PBC Annual Program Report**

The 2010 PBC Annual Program Report is available for review on the ICEMA website.

**VIII. COMMITTEE/TASK FORCE REPORTS**

**A. Documentation AD HOC Committee Report**

AD HOC Committee Report is included in the EMCC packet. Diana McCafferty reported that the committee is working on the last phase in standardization of abbreviations. A spreadsheet list with suggested abbreviations will be sent out to the committee members for their comments and suggestions. The list was created by using abbreviations for billing and from ICEMA, Ventura County EMS, Los Angeles County EMS, and Rancho Cucamonga Fire.

Questions/comments from EMCC members or the public:

Dr. Vaezazizi commented that there is an initiative on the hospital side for standardized abbreviations and suggested that it would be beneficial to synchronize with the hospitals to use the same abbreviations they are accustomed to when charting. Diana McCafferty stated that she would follow-up to make sure they were included on the spreadsheet.

**IX. OTHER/PUBLIC COMMENT**

**X. COMMITTEE MEMBER REQUESTS FOR NEXT MEETING**

- Documentation Ad Hoc Committee Report

**XI. NEXT MEETING DATE AND LOCATION**

**May 19, 2011  
City of Rancho Cucamonga  
Counsel Chambers  
10500 Civic Center Drive  
Rancho Cucamonga, CA 91730**

**XII. ADJOURNMENT**

EMCC Meeting was adjourned at 9:32 a.m.

# Staff Report - EMCC

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## **EMS Management Information & Surveillance System (MISS)**

### **ICEMA SERVER**

ICEMA has received the follow:

1. 2009 - 176,215 ePCR's
2. 2010 - 196,193 ePCR's
3. July - December 2010 - 107,855 ePCR's
4. March 2011 - 18,933 ePCR's

### **RFP - REPLACEMENT OF CURRENT EPCR SOFTWARE**

ICEMA released the RFP for new ePCR software on March 22, 2011. A Pre-Proposal meeting was held on April 5<sup>th</sup> at ICEMA in the main conference room. The meeting consisted of vendors in person, as well as by phone. Those vendors who attended the Pre-Proposal meeting had until April 25<sup>th</sup> at 5:00 p.m. to submit a bid to provide ePCR software. ICEMA is currently in the selection process and on schedule to announce a decision of award on May 13, 2011.

### **FIRSTWATCH EARLY EVENT DETECTION SYSTEM**

FIRSTWATCH software has been installed in a production environment at ICEMA. Staff has begun to work with FirstWatch and Public Health in development of triggers and notifications. Current Triggers include:

Gastrointestinal  
ILI  
Neurological  
Respiratory  
STEMI Patients who when to a NON-STEMI Facility

### **INYO/MONO**

All providers in Inyo County have been trained on the ePCR system and are doing dual entry of PCR's. Mammoth Lakes Fire Department received additional training in April 2011.

### **PENDING MOU's**

Sheriff's Search and Rescue (Goes to Governing Board for approval on May 17, 2011)

### **PENDING DEPLOYMENTS**

Symons Special Events - San Bernardino County

## **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 being received daily.
2. Mercy Air (emsCharts) - data is being 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 continues to work with ConFire to improve the import process.

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

We are receiving data from Confire and are in the validating process. The following departments are pending the outcome of Confire testing:

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

Mark Roberts  
05/19/11

# Staff Report - EMCC

## UTILIZATION OF PBC TRUST FUND (LIQUIDATED DAMAGES)

<i>Request for Additional Expenses FY 2010/11</i>	<i>\$12,500</i>
Sixteen (16) Printers for Hospitals: In September 2010, ICEMA replaced printers at ARMC, LLUMC, SACH, St. Bernardine, Kaiser Fontana, and Redlands. Due to excessive usage and age, ICEMA needs to replace the printers at the remaining hospitals and have two (2) spares.	

**Current Balance (April 30, 2011): \$879,851.36**

### *Incidental Expenses:*

During the October 2010 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. There are no expenditures during this period to date (January 1 to February 28):

<b>APPROVED INCIDENTAL BUDGET</b>			<b>\$5,000</b>
<b>Expenses:</b>			
<b>Item</b>	<b>Vendor</b>	<b>Date</b>	<b>Amount</b>
<b>Total Spent</b>			<b>\$0</b>
<b>Incidental Account Balance Remaining</b>			<b>\$5000</b>

### **Additional Expenses for FY 2010-11:**

At the January 2011 EMCC meeting, the committee approved the use of \$40,000 to cover the cost of printer paper and toner.

ICEMA spent \$27,388 during the first ten (10) months of this fiscal year.

<b>APPROVED INCIDENTAL BUDGET</b>	<b>Vendor</b>	<b>Amount</b>	<b>\$40,000</b>
<b>Expenses FY 2010:</b>			
Paper	Office Depot (7-10 to 12-10)/Staples (1-11)	\$8,157	\$8,157
Toner	Daisy Wheel	\$19,231	\$19,231
<b>Subtotal</b>			<b>\$27,388</b>
<b>Remaining Balance</b>			<b>\$12,612</b>

Trust Fund Expenditure History

September 2009	Printer Paper and Toner	\$28,000
January 2010	150 Ruggedized Flash Drives	\$5,000
May 2010	Printer Paper and Toner	\$25,000
July 2010	Additional Printers	\$5,177
January 2011	Printer Paper and Toner Increase	\$15,000

**Staff Recommendation:**

EMCC endorse expenditure of liquidated damages for the purchase of sixteen (16) printers.

Denise Wicker-Stiles  
5/19/11

# Staff Report - EMCC

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## Authorization to Provide ALS Service - MEDCOR

Over the next few years Molycorp Industries will be mining rare minerals at the Mountain Pass Mine, near the Nevada state line. Due to its remote location and the potential for serious injuries, Molycorp has contracted with MEDCOR Incorporated to provide emergency medical service to its employees pending arrival of the contracted 9-1-1 EMS transport provider (Baker EMS). Authorization to provide ALS service must be granted by the Local EMS Agency (ICEMA).

Staff has determined that MEDCOR satisfactorily meets the requirements as specified in statutes and the public health, safety, welfare, convenience and necessity requirement for the granting of authorization. MEDCOR EMT-Ps will meet ICEMA accreditation requirements prior to implementation of the services.

### **Staff Recommendation:**

EMCC recommend ALS authorization to MEDCOR.

Denice Wicker-Stiles  
5/19/11



# Inland Counties Emergency Medical Agency

*Serving San Bernardino, Inyo, and Mono Counties*

*Virginia Hastings, Executive Director  
Reza Vaezazizi, M.D., Medical Director*

**DATE:** May 4, 2011

**TO:** EMS Providers – ALS, BLS, EMS Aircraft  
Hospital CEOs, ED Directors, Nurse Managers and PLNs  
EMS Training Institutions and Continuing Education Providers  
Inyo, Mono and San Bernardino County EMCC Members  
Other Interested Parties

**FROM:** Virginia Hastings, ICEMA Executive Director  
Reza Vaezazizi, MD, ICEMA Medical Director

**SUBJECT:** CONTINUATION OF TRAUMA CARE - 14 DAY PUBLIC COMMENT

Attached is the public comment draft of the **CONTINUATION OF TRAUMA CARE** protocol. The protocol has been reviewed extensively by the Trauma System Advisory Committee (TSAC), the Protocol and Education Committee (PEC) and the Medical Advisory Committee (MAC). Due to the extensive committee reviews and the desire to implement this protocol prior to the summer months, we have shortened the comment period to 14 days.

ICEMA encourages all system participants to submit comments in writing to ICEMA during the 14-day comment period. **Written comments will be accepted until May 18, 2011 at noon.** Comments may be sent hardcopy, faxed to (909) 388-5825 or via email to Chris Yoshida-McMath, RN at [c.yoshida-mcmath@cao.sbcounty.gov](mailto:c.yoshida-mcmath@cao.sbcounty.gov). Comments will be compiled and presented at the Emergency Medical Care Committee (EMCC) meeting on May 19, 2011 at 9 a.m. The protocol will be placed on the Inyo and Mono County EMCC's the following week.

RV/VH/mae



## CONTINUATION OF TRAUMA CARE

**THIS POLICY IS FOR TRANSFER OF TRAUMA PATIENTS FROM A REFERRAL HOSPITAL (RH) TO A TRAUMA CENTER (TC) ONLY AND SHALL NOT BE USED FOR ANY OTHER FORM OF INTERFACILITY TRANSFER OF PATIENTS.**

### **PURPOSE:**

To support a system of trauma care that is consistent with ACS standards and ensures the minimal time from patient injury to receiving the most appropriate definitive trauma care.

### **DEFINITIONS:**

**Trauma Center (TC)** - a licensed general acute care hospital designated by ICEMA's Governing Board as a trauma hospital in accordance with State laws, regulations and ICEMA policies.

**Referral Hospital (RH):** any licensed general acute care hospital that is not an ICEMA designated TC.

### **INCLUSION CRITERIA:**

Any patient meeting ICEMA Trauma Triage Criteria, (Reference ICEMA Policy 15030) arriving at a non-trauma hospital by EMS or non-EMS transport.

### **INITIAL TREATMENT GOALS (at RH)**

1. Initiate resuscitative measures within the capabilities of the facility.
2. Ensure patient stabilization is adequate for subsequent transfer.
3. Transfer timeline goal is <30 minutes door-to-transfer out.
4. DO NOT DELAY TRANSFER by initiating any diagnostic procedures that do not have direct impact on IMMEDIATE resuscitative measures.
5. RH ED physician will make direct physician-to-physician contact with the ED physician at the TC.

6. The TC will accept all referred trauma patients unless they are on Internal Disaster as defined in ICEMA Policy# 8060.
7. The TC ED physician is the accepting physician at the TC and will activate the internal Trauma Team according to internal TC protocols.
8. RH ED physician will determine the appropriate mode of transportation for the patient. If ground transportation is >30 minutes consider the use of an air ambulance. Requests for air ambulance shall be made to 9-1-1 and normal dispatching procedures will be followed; however, the air ambulance continuation of trauma run patient will be transported to the TC identified by the RH.
9. Simultaneously call 9-1-1 and utilize the following script to dispatch:  
  
**“This is a Trauma Interfacility Transfer from \_\_\_\_hospital to \_\_\_\_Trauma Center”**  
  
*Dispatchers will only dispatch transporting paramedic units without any fire apparatus.*
10. RH must send all medical records, test results, radiologic evaluations to the TC. **DO NOT DELAY TRANSFER-** these documents may be FAXED to the TC.

**SPECIAL CONSIDERATIONS:**

1. If the patient has arrived at the RH via EMS, the RH ED physician may request that transporting team remain with patient and immediately transport them once the minimal stabilization is done at the RH.
2. The RH may consider sending one of its nurses with the transporting paramedic unit if deemed necessary due to the patient’s condition or scope of practice.
3. Nurse staffed critical care transport units maybe used; but may create a delay due to availability. Requests of nurse staffed critical care transport units must be made directly to the ambulance transporter by land line.

# Staff Report - EMCC

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## EMCC Ordinance and Bylaws

On April 5, 2011, the Board of Supervisors approved revisions to the EMCC Ordinance which included experience requirements and the addition of two (2) new members. The existing bylaws have been revised to reflect these changes as well as organizational changes to ICEMA.

**Staff Recommendation:**

EMCC adopt revised bylaws.

Denice Wicker-Stiles  
5/19/11

**REPORT/RECOMMENDATION TO THE BOARD OF DIRECTORS  
INLAND COUNTIES EMERGENCY MEDICAL AGENCY  
AND RECORD OF ACTION**

April 5, 2011

**FROM: VIRGINIA HASTINGS, Executive Director  
Inland Counties Emergency Medical Agency**

**SUBJECT: UPDATE OF EMERGENCY MEDICAL CARE COMMITTEE ORDINANCE  
31.1101-31.1106**

**RECOMMENDATION(S)**

Read title only of proposed ordinance amending the San Bernardino County Code 31.1101-31.1106 regarding the Emergency Medical Care Committee; waive reading of the entire text and **CONTINUE TO APRIL 19, 2011** for final adoption.

(Affected Districts: All)

(Presenter: Virginia Hastings, Executive Director, 388-5823)

**BOARD OF SUPERVISORS COUNTY GOALS AND OBJECTIVES**

**Provide for the Health and Social Services Needs of County Residents.**

**FINANCIAL IMPACT**

Approval of this item is non-financial in nature, and therefore, does not impact general fund financing (net County cost).

**BACKGROUND INFORMATION**

Approval of this item will allow the Clerk of the Board to read the title only of proposed Ordinance 31.1101-31.1106 amending the San Bernardino County Code regarding the Emergency Medical Care Committee (EMCC); waive reading of the entire text and continue to April 19, 2011 for final adoption.

By Ordinance, the EMCC acts in an advisory capacity to the Board of Supervisors and the local Emergency Medical Services Agency (Inland Counties Emergency Medical Agency) on all matters relating to emergency medical services, and performs other such duties as the Board of Supervisors may specify.

The proposed Ordinance change updates some definitions, expands the membership by two (2), from thirteen (13) to fifteen (15), and where possible, builds in experience requirements for members. The changes will result in an EMCC that is reflective of today's expanded emergency medical services system.

cc: ICEMA-Hastings  
LAFCO  
COB-Griffin  
County Counsel-Green  
County Counsel-Hardy  
CAO-Amis  
File -  
jr 4/6/11

**ITEM 78**

Record of Action of the Board of Directors

**CONTINUED TO TUES., APRIL 19, 2011, FOR  
ORDINANCE ADOPTION**

**COUNTY OF SAN BERNARDINO  
Inland Counties Emergency Medical Agency (ICEMA)**

MOTION	MOVE	NAY	SECOND	AYE	AYE
			3	4	5

LAURA WELCH, SECRETARY

BY \_\_\_\_\_

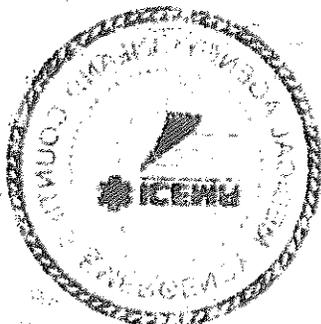
DATED: April 05, 2011

**BOARD OF DIRECTORS  
UPDATE OF EMERGENCY MEDICAL CARE COMMITTEE ORDINANCE  
31.1101-31.1106  
APRIL 5, 2011  
PAGE 2 OF 2**

This Ordinance was last reviewed in 1992 and revisions have been unanimously endorsed by the EMCC.

**REVIEW BY OTHERS**

This item has been reviewed by County Counsel (Alan Green [387-5288] and Ken Hardy [387-5401], Deputy County Counsels) on March 8, 2011 and March 15, 2011, respectively, and the County Administrative Office (Monique Amis, Administrative Analyst, 386-8393) on March 22, 2011.



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ORDINANCE NO.

AN ORDINANCE OF THE COUNTY OF SAN BERNARDINO, STATE OF CALIFORNIA, AMENDING CHAPTER 11 OF DIVISION 1 OF TITLE 3 OF THE SAN BERNARDINO COUNTY CODE RELATING TO THE SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE.

The Board of Supervisors of the County of San Bernardino, State of California, ordains as follows:

SECTION 1. Section 31.1101 of the San Bernardino County Code is amended, to read:

**31.1101 San Bernardino County Emergency Medical Care Committee.**

This Chapter shall be known and cited as the San Bernardino County Emergency Medical Care Committee Chapter.

SECTION 2. Section 31.1102 of the San Bernardino County Code is amended, to read:

**31.1102 Definitions.**

For the purpose of this Chapter, the following terms, phrases, words, and their derivations, shall have the meaning set forth herein. Words used in the present tense include the future tense, plural words include the singular, and singular words include the plural. All references to gender shall include both masculine and feminine. Words not specifically defined shall be given their common meaning. The word "shall" is mandatory and not directory.

**BOARD OF SUPERVISORS (BOARD).** The Board of Supervisors for the County of San Bernardino.

**COUNTY.** The County of San Bernardino.

**DIRECTOR.** The Executive Director of Inland Counties Emergency Medical Agency.

1           **EMCC.** The Emergency Medical Care Committee for the County of San  
2 Bernardino.

3           **EMS.** Emergency medical services.

4           **EMS AUTHORITY.** The Emergency Medical Services Authority of the  
5 State of California.

6           **ICEMA.** The Inland Counties Emergency Medical Agency, the local EMS  
7 Agency for San Bernardino County pursuant to Health and Safety Code section  
8 1797.200.

9           **Level I Trauma Hospital.** A hospital designated by the Governing Board  
10 of ICEMA as having complied with the requirements of California Code of Regulations  
11 (CCR), Division 9, Chapter 7, for a Level I Trauma Hospital.

12           **Level II Trauma Hospital.** A hospital designated by the governing board  
13 of ICEMA as having complied with the requirements of CCR, Division 9, Chapter 7, for  
14 a Level II Trauma Hospital.

15           SECTION 3. Section 31.1103 of the San Bernardino County Code is  
16 amended, to read:

17           **31.1103     Purpose and Scope.**

18           It is the purpose of this Chapter to establish the County's EMCC. It is the  
19 responsibility of the EMCC to act in an advisory capacity to the Board of Supervisors,  
20 and ICEMA on all matters relating to emergency medical services and to perform such  
21 other duties as the Board of Supervisors may specify.

22  
23           SECTION 4. Section 31.1104 of the San Bernardino County Code is  
24 amended, to read:

25           **31.1104     Membership, Appointment of Members.**

26           (a) *Appointment.* The members of the EMCC shall be appointed by  
27 the Board of Supervisors. The members of the EMCC serve at the pleasure of the  
28 Board of Supervisors. The EMCC shall consist of the following:

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- (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 city

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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.

(c) *Election of a 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

1 present. The Vice-Chairperson shall assume the responsibilities of the Chairperson in  
2 his or her absence.

3 (d) *Term of Appointment.* Appointment shall be for four years. Terms  
4 shall expire on January 31 of the appropriate years and subsequent new terms shall  
5 begin February 1 of that year. The terms shall be staggered so that no more than two-  
6 thirds of the terms of the total number of members of the EMCC shall expire in any  
7 one-year period. Committee members shall serve at the pleasure of the Board of  
8 Supervisors and may be removed from the EMCC at any time only by the Board of  
9 Supervisors.

10 (e) *Staff Support.* ICEMA shall provide staff support to the EMCC.

11 SECTION 5. Section 31.1105 of the San Bernardino County Code is  
12 amended, to read:

13 **31.1105 EMCC Meetings.**

14 The EMCC shall meet, at regular intervals necessary to fulfill its Board-approved  
15 scope of operations at a time and location to be determined by ICEMA.  
16

17 SECTION 6. Section 31.1106 of the San Bernardino County Code is  
18 amended, to read:

19 **31.1106 Review of Local Operations.**

20 The EMCC shall:

21 (a) Annually review the ambulance services operating within the  
22 County; and

23 (b) Annually review emergency medical care offered within the  
24 County; and

25 (c) Review and comment on proposed EMS legislation, EMS plans,  
26 protocols and policies to be adopted by ICEMA, and report its findings to the ICEMA  
27 Executive Director and the Board as appropriate.  
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(d) Perform additional duties and responsibilities as directed by state law, the Board of Supervisors or Sections 31.1101 through 31.1106 (or any successor sections) of the County Code.

(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 7. This ordinance shall take effect thirty (30) days from the date of adoption.

\_\_\_\_\_  
JOSIE GONZALES, Chair  
Board of Supervisors

SIGNED AND CERTIFIED THAT A COPY  
OF THIS DOCUMENT HAS BEEN DELIVERED  
TO THE CHAIR OF THE BOARD

LAURA H. WELCH, Clerk of the  
Board of Supervisors

\_\_\_\_\_

1 STATE OF CALIFORNIA )  
2 ) ss.  
3 COUNTY OF SAN BERNARDINO )

4 I, LAURA H. WELCH, Clerk of the Board of Supervisors of the County of  
5 San Bernardino, State of California, hereby certify that at a regular meeting of the Board  
6 of Supervisors of said County and State, held on the \_\_\_\_\_ day of \_\_\_\_\_,  
7 2010, at which meeting were present Supervisors: \_\_\_\_\_

8 \_\_\_\_\_,  
9 and the Clerk, the foregoing ordinance was passed and adopted by the following vote,  
10 to wit:

11 AYES: SUPERVISORS:  
12 NOES: SUPERVISORS:  
13 ABSENT: SUPERVISORS:

14 IN WITNESS WHEREOF, I have hereunto set my hand and affixed the  
15 official seal of the Board of Supervisors this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

16 LAURA H. WELCH, Clerk of the  
17 Board of Supervisors of the  
18 County of San Bernardino,  
19 State of California

20 \_\_\_\_\_  
21 Deputy

22 Approved as to Form:  
23 JEAN-RENE BASLE  
24 County Counsel

25 By:   
26 KENNETH C. HARDY  
27 Deputy County Counsel

28 Date: 3/23/11



BYLAWS OF  
SAN BERNARDINO COUNTY  
EMERGENCY MEDICAL CARE COMMITTEE

**May 28, 1998**

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 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 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 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.



BYLAWS OF  
SAN BERNARDINO COUNTY  
EMERGENCY MEDICAL CARE COMMITTEE

May 28, 1998

AMENDED: ~~SEPTEMBER 17, 1998~~ JULY 15, 2010 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~~ Section 1797.20, 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~~ 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 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, ~~Chapter 9, Sections 1765 and 1752~~, and San Bernardino County Ordinance No. ~~3495~~ 31.1101 - 31.1106.

ARTICLE II  
MEMBERSHIP

SECTION 1: Appointment and Representation

- a. The EMCC shall be composed of ~~fifteen~~ thirteen (13) members appointed by the County ~~Board~~ Board of Supervisors. The members of the EMCC shall serve at the pleasure of the ~~Board of~~ 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.

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~~

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~~Liaison Agency

- a. ~~— The San Bernardino County EMS Agency~~Inland Counties Emergency Medical Agency (ICEMA) shall be the Liaison Agency for this Ccommittee.
- b. ~~— The Liaison Agency~~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~~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 AgencyICEMA Executive Director shall act as “Liaison Officer” for the Ccommittee.
- e. ~~— The Liaison Agency~~ICEMA immediately shall report to the Clerk of the ~~Board~~Board of Supervisors any unscheduled vacancy.
- f. ~~— ICEMA~~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. ~~— ICEMA~~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~~Board of Supervisors of Supervisors and may be removed from the Ccommittee at any time only by the ~~Board~~Board of Supervisors of Supervisors.

## SECTION 4: Committee Vacancies

The members of the EMCC are appointed by the ~~Board~~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~~Board of Supervisors (COB). ~~The staff liaison agency ICEMA shall~~is responsible to notify immediately the COB Clerk of the Board of Supervisors of any unscheduled vacancies. ~~ICEMA The staff liaison~~ will provide the ~~Board~~Board of Supervisors with written notification of vacancies and the ~~Board of Supervisors~~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~~Board of Supervisors and recommend that the committee member be removed from the Committee. Committee members serve at the pleasure of the ~~Board~~Board of Supervisors and may be removed only by the ~~Board of Supervisors of Supervisors~~Board of Supervisors of Supervisors. Without good cause shall be defined as failure to notify ICEMA 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~~eight (78) 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.

~~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 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 ~~the administrative staff~~Liaison Officer~~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 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 outlined in~~ County Ordinance No. 31.1101-31.11063495 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 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.~~
  - ~~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~~Board of Supervisors 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 31.1101 through 31.11063495 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~~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 ~~Beard~~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 ~~Beard~~Board of Supervisors.



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## 2011-2012 PROPOSED FEE SCHEDULE

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### PURPOSE

To establish the ICEMA fee schedule for 2011/2012.

### FEE SCHEDULE

#### ADMINISTRATION

1. Transportation (annual)
  - A. EMS Pre-hospital Provider Permit/Authorization .....\$1,570.00
  - B. EMS Pre-hospital Provider Permit/Authorization -  
Late Penalty .....\$315.00
  - C. EMS Aircraft Provider .....\$15,000.00
  - D. EMS Drug and Equipment Inspection ..... \$315.00/unit
2. EMS Certification Fees (bi-annual)
  - A. Mobile Intensive Care Nurse (MICN)
    1. Certification .....\$90.00
    2. Recertification .....\$90.00
    3. Challenge .....\$225.00
  - B. Flight Nurse (FN)
    1. Authorization .....\$45.00
    2. Reauthorization .....\$45.00
  - C. Emergency Medical Technician - Paramedic (EMT-P)
    1. Accreditation .....\$90.00
    2. Re-verification .....\$50.00

3.	Failure to Complete EMT-P Continuing Education - Penalty Fee (per course) .....	\$100.00
D.	Emergency Medical Technician (EMT)	
1.	Certification .....	\$45.00
2.	Recertification .....	\$45.00
E.	Emergency Medical Services Dispatchers (EMSD)	
1.	Certification .....	\$45.00
2.	Recertification .....	\$45.00
3.	Challenge .....	\$60.00
F.	Emergency Medical Responders (EMR)	
1.	Certification .....	\$45.00
2.	Recertification .....	\$45.00
3.	Challenge .....	\$75.00
G.	Accreditation/Certification Re-test .....	\$55.00
H.	Certification/Accreditation Card Replacement .....	\$20.00
I.	Certification/Accreditation Card Name Change .....	\$20.00
3.	Training Program Approval Fees (every four years)	
A.	MICN .....	\$300.00
B.	EMR .....	\$575.00
C.	EMT .....	\$575.00
D.	EMT-P .....	\$1,000.00
E.	Annual Review Curriculum Instruction .....	\$400.00
F.	Continuing Education Provider .....	\$500.00

4. Hospitals
  - A. Base Hospital Application Fee.....\$5,000.00
  - B. Base Hospital Re-designation Fee (bi-annual) .....\$2,500.00
  - C. Trauma Hospital Application Fee .....\$5,000.00
  - D. Trauma Hospital Re-designation Fee (annual) .....\$25,000.00
  - E. ST Elevation Myocardial Infarction (STEMI) Receiving  
Center Designation Application Fee .....\$5,000.00
  - F. ST Elevation Myocardial Infarction (STEMI) Receiving  
Center Designation Fee (annual) .....\$20,560.00
  - G. Neurovascular Stroke Receiving Center Designation  
Application Fee.....\$2,500.00
  - H. Neurovascular Stroke Receiving Center Designation  
Fee (annual) .....\$20,560.00
  
5. EMS Temporary Special Events
  - A. Minor Event Application .....\$75.00
  - B. Major Event Application .....\$315.00
  
6. Protocol Manual
  - A. With Binder .....\$26.00
  - B. Inserts Only .....\$15.00
  - C. CD .....\$5.00
  
7. Equipment Rental
  - A. Standard Equipment ..... \$10.00/item
  - B. Deluxe Equipment ..... \$25.00/item
  
8. Statistical Research ..... \$50.00/hour

This rate schedule shall take effect July 1, 2011.



## STROKE “NSRC” RECEIVING CENTERS

### PURPOSE

To provide guidelines to rapidly transport stroke patients who access the 9-1-1 system to a designated Neurovascular Stroke Receiving Center (NSRC) when indicated. Patients transported to NSRC will benefit from rapid assessment, intervention and treatment at a dedicated stroke specialty center. Patients will meet the defined criteria for triage as an acute ischemic or hemorrhagic cerebral vascular event. At this present time, this policy is limited to the San Bernardino County area.

### DEFINITIONS

1. **Neurovascular Stroke Receiving Centers (NSRC):** ICEMA designated Level I or Level II receiving hospital for patients triaged as having a cerebral vascular event requiring hospitalization for treatment, evaluation and/or management of this event.
2. **NSRC Level I (NSRC-I):** A twenty-four (24) hours per day, seven (7) days per week acute care hospital that has successfully completed and maintains The Joint Commission (TJC) or Healthcare Facilities Accreditation Program (HFAP) accreditation as a Primary Stroke Center, **has interventional neuroradiologic and neurosurgical capabilities** and enters into a memorandum of understanding with ICEMA relative to being a Stroke Center.
3. **NSRC Level II (NSRC-II):** A twenty-four (24) hours per day, seven (7) days per week acute care hospital that has successfully completed and maintains The Joint Commission (TJC) or Healthcare Facilities Accreditation Program (HFAP) accreditation as a Primary Stroke Center and enters into a memorandum of understanding with ICEMA relative to being a Stroke Center.
4. **Neurovascular Stroke Referral Hospital(s) (NSRH):** General acute care hospitals that refer possible stroke patients to NSRC.
5. **Neurovascular Stroke Base Station(s):** Facilities that have TJC or HFAP Primary Stroke Center accreditation that also function as a Paramedic Base Station.
6. **TJC:** The Joint Commission
7. **HFAP:** Healthcare Facilities Accreditation Program
8. **Interventional Neuroradiologic capabilities:** Facilities with qualified interventional radiologists and/or neurosurgeons able to administer inter-arterial tissue plasminogen activator and/or perform mechanical clot retrieval.

9. **CQI:** Continuous Quality Improvement.
10. **EMS:** Emergency Medical Services.
11. **CE:** Continuous Education.
12. **mLAPSS:** Modified Los Angeles County Prehospital Stroke Screening Scale.

#### POLICY

The following requirements must be met for a hospital to be an ICEMA designated NSRC-I or NSRC-II:

1. An ICEMA approved paramedic receiving hospital which is a full service acute care facility.
2. Accreditation as a Primary Stroke Center by TJC or HFAP and proof of re-accreditation every two (2) years.
3. A facility alert system for incoming stroke patients available twenty-four (24) hours per day, seven (7) days per week (i.e. in-house paging system).
4. Provide CE opportunities for NSRC, NSRH and EMS personnel in areas of pathophysiology, assessment, triage and management for stroke patients and report annually to ICEMA.
5. Lead public stroke education efforts at the appropriate educational level and report annually to ICEMA.

#### STAFFING REQUIREMENTS

The hospital will have the following positions filled prior to becoming a NSRC-I or NSRC-II:

1. Medical Directors

The hospital shall designate two (2) physicians with hospital privileges as co-directors of its NSRC program. One (1) physician shall be Board-certified or Board-eligible by the American Board of Medical Specialties or American Osteopathic Association, neurology or neurosurgery board. The co-director shall be a Board-certified or Board-eligible emergency medicine physician.

2. Nursing Coordinator

The hospital shall designate a NSRC Nursing Coordinator who has experience in critical care or emergency nursing, and who has advanced education in stroke physiology or at least has two (2) years’ dedicated stroke patient management experience. Certification in critical care or emergency nursing is preferred.

3. On-Call Physicians Specialists / Consultants

A daily roster of the following on-call physician consultants and staff must be promptly available within thirty (30) minutes of notification of “Stroke Alert” twenty-four (24) hours per day, seven (7) days per week.

- a. Radiologist experienced in neuroradiologic interpretations.
- b. On-call Neurologist available twenty-four (24) hours per day; seven (7) days per week.
- c. Additional requirements for:

<p><b>NSRC-I</b></p> <p>1) Interventional Neuroradiologist or Interventional vascular neurosurgeon and an angiogram suite available twenty-four (24) hours per day; seven (7) days per week.</p> <p>2) Neurosurgeon available twenty-four (24) hours per day; seven (7) days per week.</p>
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<p><b>NSRC-II:</b></p> <p>1) For NSCR-II designation only, ICEMA may waive the on-call neurologist requirement, for tele-neurology, upon submission of the following written documentation:</p> <ul style="list-style-type: none"> <li>• Demonstration of geographic and/or population based need.</li> <li>• Demonstration of active planning to obtain a twenty-four (24) hours per day; seven (7) days per week call-panel of neurologists.</li> <li>• Assurance of an in-person neurologist’s evaluation of stroke patients within twelve (12) hours of hospital admission.</li> <li>• Assurance of 100% QI of all tele-neurology patients.</li> </ul> <p><i>Request for waiver must be re-submitted and re-evaluated by ICEMA every 12 months.</i></p>
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***NSRC-II Continued***

- 2) If neurosurgical services are not available in-house, the facility must have a rapid transfer agreement in place with a facility that provides this service. The agreement must be on file with the local EMS agency. NSRC-I’s must promptly accept rapid transfer requests from NSRC-II’s. Additionally, the facility must have a rapid transport agreement in place with an ICEMA permitted transport agency for that EOA.

**INTERNAL HOSPITAL POLICIES**

The hospital shall develop internal policies for the following situations:

1. Stroke Team alert response policy upon EMS notification of a “Stroke Alert”.
2. Rapid assessment of stroke patient by Emergency and Neurology teams
3. Prioritization of ancillary services including laboratory and pharmacy with notification of “Stroke Alert”.
4. Arrangement for priority bed availability in Acute Stroke Unit or Intensive Care Unit (ICU) for “Stroke Alert” patients.

Acknowledges that stroke patients may **only** be diverted during the times of Internal Disaster in accordance to protocol #8060 *Requests for Hospital Diversion*, (applies to physical plant breakdown threatening significant patient services or immediate patient safety issues i.e. bomb threat, earthquake damage, hazardous material or safety and security of the facility.) A written notification describing the event must be submitted to ICEMA within twenty-four (24) hours.

5. Additional requirements for:

**NSRC-I**

- a. Emergent thrombolytic and mechanical therapy protocol to be used by Neurology, Emergency, Pharmacy, Interventional and Critical Care teams.
- b. Maintaining readiness of diagnostic computed tomography (CT), magnetic resonance imaging (MRI) and therapeutic resources such as an interventional suite upon notification of Stroke Team.
- c. Prompt acceptance of stroke patients from any NSRH as well as referral from NSRC-II to NSRC-I when interventional skills are required.

**NSRC-II**

- a. Emergent thrombolytic and tele-neurology (if waiver is approved) protocol to be used by Neurology, Emergency, Pharmacy and Critical Care teams.
- b. Maintaining readiness of diagnostic computed tomography (CT), upon notification of Stroke Team.

**DATA COLLECTION**

Data will be reported to the ICEMA Medical Director on a monthly basis using an ICEMA approved registry.

**CONTINUOUS QUALITY IMPROVEMENT PROGRAM**

NSRC shall develop an on-going CQI program which monitors all aspects of treatment and management of stroke patients and identifies areas needing improvement. At a minimum, the program will monitor the following parameters:

1. Morbidity and mortality related to procedural complications.
2. Tracking door to intervention times and adherence to minimum performance standards.

ICEMA will utilize current Get with the Guidelines (GWTG) performance indicators. Any specific or additional performance indicators will be determined in collaboration with the Stroke CQI Committee.

3. Active participation in ICEMA Stroke CQI Committee activities.

**PERFORMANCE STANDARDS**

Compliance with the American Stroke Association Performance Measures as a Primary Stroke Center.

**DESIGNATION**

1. The NSRC applicant shall be designated by ICEMA after satisfactory review of written documentation, a potential site survey and completion of an agreement between the hospital and ICEMA.
2. Documentation of current accreditation as a Primary Stroke Center by TJC or HFAP shall be accepted in lieu of a formal site visit by ICEMA.
3. Initial designation as a NSRC shall be for a period of two (2) years. Thereafter, redesignation shall occur every two (2) years contingent upon satisfactory review.

4. Failure to comply with the agreement, criteria and performance standards outlined in this policy may result in probation, suspension or rescission of the NSRC designation.

#### PATIENT DESTINATION

1. The NSRC should be considered as the destination of choice if all of the following criteria are met:
  - a. Stroke patients eligible for transport to NSRC (identified stroke patients) will be identified using the mLAPSS triage criteria.
  - b. Identified acute stroke patients with "last seen normal" time plus transport time equaling greater than (8) eight hours or if "last seen normal" time is unknown, transport to the closest paramedic receiving hospital.
  - c. Identified stroke patients with "last seen normal" time plus transport time between (3) three to (8) eight hours will be transported to NSRC-I.
  - d. Identified stroke patients with "last seen normal" time plus transport time less than (3) hours will be transported to any closest NSRC-I or NSRC-II.
  - e. NSRC Base Station contact is **mandatory** for all patients identified as a possible stroke patient.
  - f. The NSRC base station is the only authority that can direct a patient to a NSRC. The destination may be changed at NSRC base station discretion.
  - g. The NSRC base station, if different from the NSRC will notify the NSRC of the patient's pending arrival as soon as possible, to allow timely notification of Stroke Team.
  - h. Air transport may be considered if ground transport is greater than thirty (30) minutes.
2. The following factors should be considered in determining choice of destination for acute stroke patients. NSRC base station contact and consultation is mandatory in these situations:
  - a. Patients with unmanageable airway, unstable cardiopulmonary condition or in cardiopulmonary arrest should be transported to the closest paramedic receiving hospital.
  - b. Patients with obvious contraindication to thrombolytic therapy should be strongly considered for transport to closest NSRC-I.

- c. Patients with hemodynamic instability and exhibiting signs of inadequate tissue perfusion should be transported to the closest paramedic receiving hospital.

DRAFT



## STROKE TREATMENT - ADULT

### FIELD ASSESSMENT/TREATMENT INDICATORS

Patient exhibiting signs/symptoms of a possible stroke. These signs may include: speech disturbances, altered level of consciousness, parasthesias, new onset seizures, dizziness unilateral weakness and visual disturbances.

### BLS INTERVENTIONS

1. Oxygen therapy as clinically indicated.
2. Position patient as tolerated. Consider left lateral position, if indicated.
3. Place patient in axial spinal stabilization, if trauma is suspected.
4. If patient history includes insulin or oral hypoglycemic medications, administer Glucose sublingual.

### ALS INTERVENTIONS

1. Obtain vascular access and place on monitor.
2. Obtain blood glucose. If hypoglycemic, refer to Altered Level of Consciousness/Seizures-Adult Protocol Reference #11080.
3. For tonic/clonic type seizure activity, refer to Altered Level of Consciousness /Seizures-Adult Protocol Reference #11080.

**Modified Los Angeles County Prehospital Stroke Screen (mLAPSS):** A screening tool used by prehospital care providers to assist in identifying patients who may be having a stroke.

### mLAPSS CRITERIA

1. Ask when “last seen normal” or without stroke symptoms. Refer to Stroke Decision Tree.
2. No history of seizures or epilepsy.

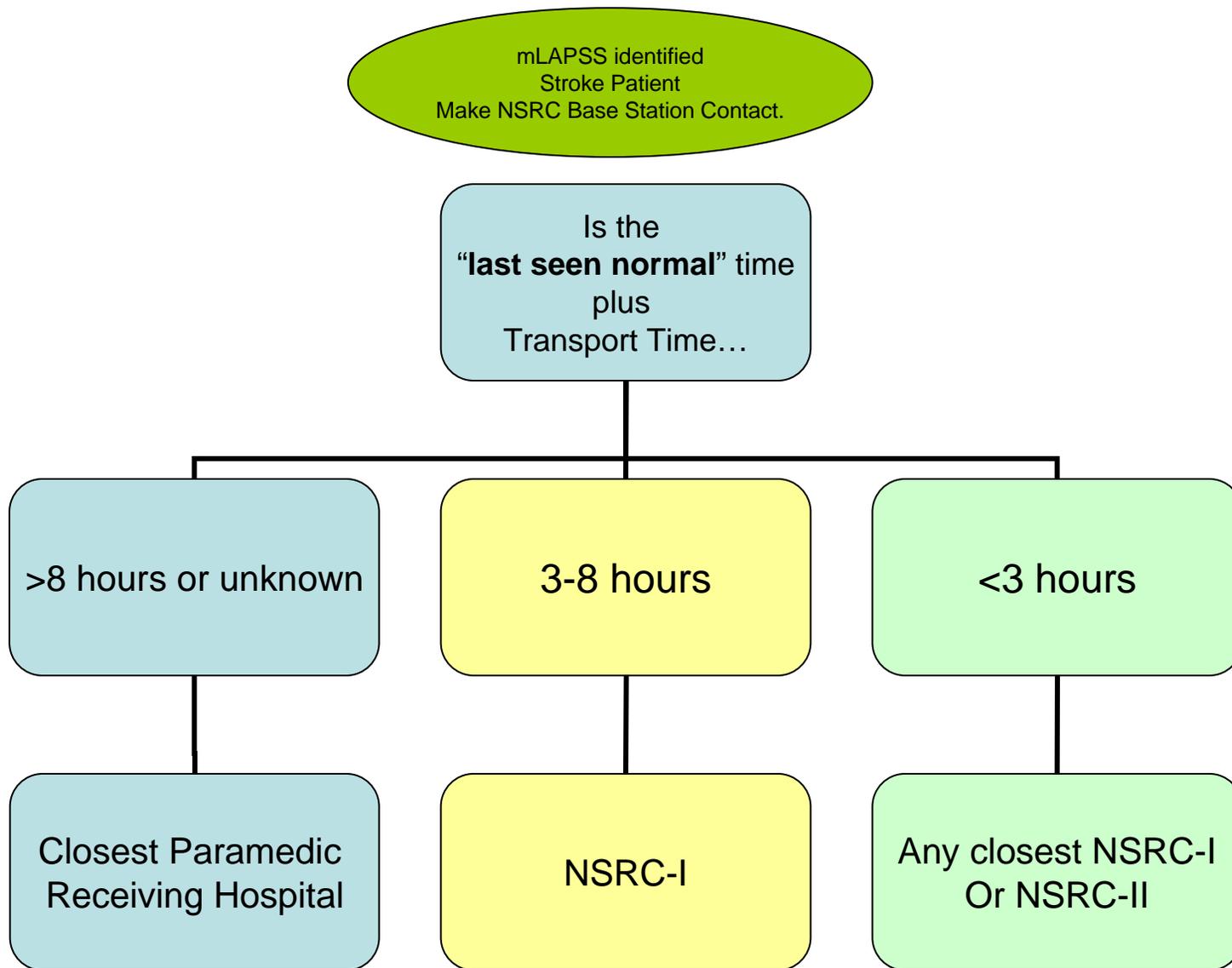
3. Age greater than or equal to 40. If less than 40, with suspected stroke, continue mLAPSS assessment, make NSRC base station contact for destination.
4. At baseline, patient is not wheelchair bound or bedridden.
5. Blood glucose between 60-400 mg/dl.
6. Motor Exam: Examine for obvious asymmetry-unilateral weakness (exam is positive, if one (1) or more of the following are present).
  - a. Facial smile/Grimace asymmetry.
  - b. Grip asymmetry.
  - c. Arm Strength asymmetry.

If Stroke Scale is positive, initiate “Stroke Alert”, contact NSRC base station and transport immediately.

If time is available, and the patient or family can provide the information, assess the patient using the criteria listed below and report to ED personnel:

### **THROMBOLYTIC ASSESSMENT**

Onset greater than 4 hours?	Yes	No
History of recent bleeding?	Yes	No
Use of anticoagulant?	Yes	No
Major surgery or serious trauma in the previous fourteen (14) days?	Yes	No
Sustained systolic blood pressure above 185mm Hg.?	Yes	No
Recent stroke or intracranial hemorrhage?	Yes	No



Stroke Decision Tree

14 Day Comment Period for Protocols  
April 20, 2011 to May 4, 2011

**Protocol Reference #'s XXXX & XXXX**

PROTOCOL #	AGENCY	COMMENT	RESPONSE
Stroke "NSRC" Receiving Center Policy	Redlands Community Hospital (RCH)	STAFFING REQUIRMENTS: <ul style="list-style-type: none"> <li>• "Medical Director- The protocol establishes the standard that the NSRC must have a board certified emergency room physician and board-certified neurologist as the medical director. All physicians at RCH who participate in the hospital's stroke program are board certified; the neurologist providing initial response are not only board certified but have a specialty focus in stroke, which is a higher level than that at our neighboring facilities."</li> </ul>	Policy revised. <ul style="list-style-type: none"> <li>• NSRC-II Tele-neurology waiver.</li> </ul>
	RCH	STAFFING REQUIRMENTS: <ul style="list-style-type: none"> <li>• "Nursing Coordinator-The protocol asserts that this position be certified in critical care nursing, Not only do the critical care nurses care for the acute stroke, so do the emergency care nurses, in fact, emergency care nurses see and care for more stroke patients than any critical care nurse. Experience and certification in either should be acceptable to ICEMA."</li> </ul>	Policy revised. <ul style="list-style-type: none"> <li>• CCRN/CEN preferred.</li> <li>• Critical care, emergency nursing experience and has advanced education in stroke physiology or at least 2 years of dedicate stroke patient management.</li> </ul>
	RCH	STAFFING REQUIREMENTS: <ul style="list-style-type: none"> <li>• "On-call Physicians Specialists/Consultants-According to the ICEMA stroke protocol, the NSRC must have a neurologist on call 24 hours/day, seven days per week. At RCH, <u>we do not have board-certified neurologists</u> available 24 hours/day, seven days per week. As stated about the neurologists are not only board certified but have <u>a specialty focus in</u></li> </ul>	Policy revised. <ul style="list-style-type: none"> <li>• NSRC-II Tele-neurology waiver.</li> </ul>

14 Day Comment Period for Protocols  
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PROTOCOL #	AGENCY	COMMENT	RESPONSE
		<p><u>stroke</u> which is a higher level than that at our neighboring facilities.”</p> <p><i>Several other documents and letters were submitted to ICEMA regarding the support of tele-neurology. Please contact ICEMA to view these letters.</i></p>	
Stroke “NSRC” Receiving Center Policy	St. Mary’s Medical Center (SMMC)	<p>PURPOSE</p> <ul style="list-style-type: none"> <li>“Last line should probably read Trauma related cranial cerebral events will be managed in the ICEMA “Trauma system” rather than the current ‘stroke system’</li> </ul>	<p>Policy revised.</p> <ul style="list-style-type: none"> <li>Statement removed.</li> </ul>
	SMMC	<p>STAFFING REQUIREMENTS</p> <ul style="list-style-type: none"> <li>“ Does neurologist need to be board certified? What about board eligible? Currently we have a BC neurologist but thinking of the future that might be too restrictive.</li> </ul>	<p>Policy revised.</p> <ul style="list-style-type: none"> <li>Added ‘board-eligible’.</li> </ul>
	SMMC	<p>STAFFING REQUIREMENTS</p> <ul style="list-style-type: none"> <li>On-call specialists: “No where does it exclude “teleneurology” service it just says ‘on call’ neurologist 24 hours a day. If I had not come to the meeting the other day, I would not have interpreted that to exclude on call teleneurology as they are often referred to</li> </ul>	<p>Policy revised.</p> <ul style="list-style-type: none"> <li>NSRC-II tele-neurology waiver.</li> </ul>
	SMMC	<p>INTERNAL HOSPITAL POLICIES</p> <ul style="list-style-type: none"> <li>Mechanical therapy protocol referenced in item # 1 should be level one centers only.</li> </ul>	<p>Policy revised.</p> <ul style="list-style-type: none"> <li>NSRC-I added.</li> </ul>
	SMMC	<p>STAFFING REQUIREMENTS</p> <ul style="list-style-type: none"> <li>Rapid transfer agreement please explain what rapid is. HFAP expects ICH transfer to take place in 2 hours as well as TJC may have similar requirements. We need accountability from the level one centers that they will accept these patients. What about</li> </ul>	<p>Policy revised.</p> <ul style="list-style-type: none"> <li>Will be monitored in CQI process.</li> </ul>

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PROTOCOL #	AGENCY	COMMENT	RESPONSE
		inpatient strokes? Will that be problematic or will level ones be expected to receive them also rapidly? There needs to be express transport through the usual bed control	
	SMMC	<ul style="list-style-type: none"> <li>What does item “e” mean “interventional team” is that the stroke team? Level II’s are not interventional maybe it should be referenced as stroke team if so</li> </ul>	Policy revised. <ul style="list-style-type: none"> <li>Clarified.</li> <li>Interventional Neuroradiologist or Interventional vascular surgeon and angiogram suite.</li> </ul>
	SMMC	<b>DATA COLLECTION</b> <ul style="list-style-type: none"> <li>Is the ICEMA approved registry the same as the ICEMA stroke database? If not we are using AHA get with the guidelines stroke</li> </ul>	No change. <ul style="list-style-type: none"> <li>Yes, the ICEMA approved registry is the same as the ICEMA stroke database.</li> <li>Clarified below.</li> </ul>
	SMMC	<b>CQI</b> <ul style="list-style-type: none"> <li>I am not sure what the national quality forum (NQF) measures are for stroke do you have them to share?</li> </ul>	Policy revised. <ul style="list-style-type: none"> <li>Clarified.</li> <li>GWTG &amp; Indicators selected by Stroke CQI committee.</li> </ul>
	SMMC	I love the stroke decision tree	
Stroke “NSRC” Receiving Center Policy	Barstow FD	“the protocol is good as written. we just have to train the guys to use the thrombolytic assessment, and the stroke decision tree. and we need only to emphasize that those who do not meet criteria go the closest hospital.”	

14 Day Comment Period for Protocols  
April 20, 2011 to May 4, 2011

PROTOCOL #	AGENCY	COMMENT	RESPONSE
Stroke "NSRC" Receiving Center Policy	Mammoth Hospital	<p>PATIENT DESTINATION</p> <ol style="list-style-type: none"> <li>1. The NSRC should be considered as the destination of choice if all of the following criteria are met:               <ol style="list-style-type: none"> <li>a. Stroke patients eligible for transport to NSRC (identified stroke patients) will be identified using the mLAPSS triage criteria.</li> <li>b. Identified stroke patients with "last seen normal" time plus transport time equaling greater than (8) eight hours or if "last seen normal" time is unknown, transport to the closest Paramedic Receiving Hospital.</li> <li>c. Identified stroke patients with "last seen normal" time plus transport time between (3) three to (8) eight hours will be transported to NSRC-I.</li> <li>d. Identified stroke patients with "last seen normal" time less than (3) hours will be transported to any closest NSRC-I or NSRC-II.</li> <li>e. NSRC Base Station contact is <b>mandatory</b> for all patients identified as a possible stroke patient.</li> <li>f. The NSRC Base Station is the only authority that can direct a patient to a</li> </ol> </li> </ol>	<p>Policy revised.</p> <ul style="list-style-type: none"> <li>• Limited policy to San Bernardino County area.</li> </ul>

14 Day Comment Period for Protocols  
April 20, 2011 to May 4, 2011

PROTOCOL #	AGENCY	COMMENT	RESPONSE
	Mammoth Hospital	<p>NSRC. The destination may be changed at Base Station discretion.</p> <p>g. The NSRC Base Station, if different from the NSRC will notify the NSRC of the patient's pending arrival as soon as possible, to allow timely notification of neurovascular team.</p> <p>h. Air transport may be considered if ground transport is greater than 30 minutes.</p> <p>By my reading of the guidelines, if one of our paramedic units picks up a patient in our town (which is four square miles in size), then that unit will need to contact an outside-the-county NSRC base station and transport the patient to an outside-the-county facility and will mandatorily bypass the only hospital in the county, one which is no further than 2 or 3 miles away. Aside from that, there are other problems: 1) The NSRC base station will not be able to provide adequate transportation direction as it is very difficult for helicopters to reach us—most of our transports are by fixed-wing. 2) Flights are often impossible due to adverse weather. 3) The paramedic unit that is being tied up by the NSRC base station is the only one in our town and must be free to take on new patients. 4) Our closest stroke referral center is in Reno, not in ICEMA territory.</p> <p>Patients close to our hospital should generally be transported to our facility, so that we can make an appropriate transfer as needed in a manner that</p>	

14 Day Comment Period for Protocols  
April 20, 2011 to May 4, 2011

PROTOCOL #	AGENCY	COMMENT	RESPONSE
		<p>would be far faster than anything the NSRC base station could do. Patients in Mono County who are not close to our facility may be transferred by air when possible to Reno, where there is a very good stroke center.</p>	
<p>Stroke "NSRC" Receiving Center Policy</p>	<p>Mammoth Hospital</p>	<p>Stroke patients are treated the same as our STEMIs in Mono County. Medic units north of Mammoth Hospital contact Careflight for these patients depending on our weather. From Mammoth Lakes toward the south county the patients will come to our facility to be evaluated and transferred. The STEMI receiving center protocol does not really address Mono and Inyo Counties either. It has been "assumed" that we do the best we can because of our very remote locations. The STEMIs our flown to Renown or St. Mary's in Reno Nevada, sometimes Carson Tahoe Regional Medical Center in Carson, Nevada. However we cannot predict the weather. We have kept STEMIs in our ED until there was a break in the weather sometimes 24 hours or more. There are times you cannot even ground a patient north or south of here because of severe weather conditions. Hope this helps to understand our situation</p>	<p>Policy revised.</p> <ul style="list-style-type: none"> <li>• Limited to San Bernardino County area.</li> </ul>
<p>Stroke "NSRC" Receiving Center Policy</p>	<p>CDCR/CPHCS</p>	<p>We believe that policy is well written. We look forward to it's implementation and the development Neurovascular Stroke Receiving Centers in the ICEMA Region.</p>	
<p>Stroke Treatment Protocol</p>	<p>AMR</p>	<p>Small minor question.....should we add make "<u>NSRC BASE CONTACT</u>" to top of tree? This is found - <i>Under Patient Destination</i></p>	<p>Policy revised.</p> <ul style="list-style-type: none"> <li>• NSRC base contact added</li> </ul>

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PROTOCOL #	AGENCY	COMMENT	RESPONSE
Stroke "NSRC" Receiving Center Policy	LLUMC	<p><b>Under stroke NSRC receiving center</b>, page 6:</p> <p><i>"Patients with obvious contraindication to thrombolytic therapy should be strongly considered for transport to closet paramedic receiving hospital".</i></p> <p>Recommendation: Even if patients have contraindications to thrombolytic therapy, they may be candidates for intra-arterial thrombolysis or clot retrieval. There are absolute and relative contraindications to IV thrombolytic therapy and not all are created equal. For instance, systolic blood pressure of &gt;185 mm Hg is considered a contraindication at the same level as a patient presenting with a seizure; however, BP may be reduced in the ED vs the field so that patients can receive IV TPA. We believe patients should be transferred to a level one NSRC receiving center despite a field assessment of 'contraindications', instead of closet paramedic receiving hospital. If they are transferred to the closest hospital, they may be denied other treatment modalities for acute stroke.</p>	<p>Policy revised.</p> <ul style="list-style-type: none"> <li>• NSRC-I</li> </ul>
	LLUMC	<p><i>Obvious contraindication" is a vague term.</i></p> <p>Recommendations: What's obvious to one EMS may not be obvious to another and what's obvious to one neurologist may not be obvious to another. We suggest changing the term or clearly defining subsets of contraindications instead of "Obvious contraindication".</p>	<p>No change.</p> <ul style="list-style-type: none"> <li>• Will be clarified via education.</li> </ul>

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	LLUMC	<p><b>Under stroke NSRC receiving center</b>, page 3:  <i>“Neurovascular team alert response policy upon EMS notification of a ‘Stroke alert’”.</i></p> <p>Question: We find that the rate of actual acute stroke patients to acute stroke activation is around 1:20. Our neurovascular team responds within minutes of acute stroke activation but if we have to respond when the EMS activation occurs, there will be significant downtime waiting for the patient to arrive and for the initial ED assessment. This affects the efficiency neurovascular team since they are often rounding on patients throughout the day. If we can show acceptable response and assessment times if the neurovascular responds not when EMS activates the stroke protocol but when our own ED activates the stroke protocol during their initial assessment, is that acceptable?</p> <p>We used to activate the stroke team each time EMS called in for a possible stroke but found that the rate of activations for non-stroke patients was inappropriately high. Our current policy is to have the ED attending assess the patient and activate the internal neurovascular team, which responds rapidly. The key is door to TPA infusion time and our times are &lt; 60 min on average.</p>	<p>No change.</p> <ul style="list-style-type: none"> <li>• ICEMA would like to see the internal hospital stroke alert policy.</li> </ul>

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	LLUMC	<p><b>Under the stroke decision tree, in the top blue box, page 10:</b></p> <p><i>“Is the Stroke Symptom Time (last seen normal) Plus Transport Time...”</i></p> <p>Recommendation: We suggest using one term i.e., “Last seen normal time” throughout the Stroke Center protocol. People may think of “stroke symptoms time” as the time patients are found rather than when their stroke symptoms began.</p>	<p>Policy revised.</p> <ul style="list-style-type: none"> <li>• “Stroke Symptom Time” removed.</li> <li>• Will be reinforced by education.</li> </ul>
Stroke Treatment Protocol	LLUMC	<p><b>Under Stroke Treatment-adult page 8:</b></p> <p><i>“mLAPSS criteria: age &gt; 40”</i></p> <p>Question: Since the medical literature includes patients over the age of 18 and does not specify a maximum age, what is the reason to contact the base station if a patient is &lt; 40 years old? We agree that the mLAPSS process should continue during that time but please describe why the additional call is necessary.</p>	<p>No change.</p> <ul style="list-style-type: none"> <li>• Statement is written to reinforce that EMS providers are to make NSRC base station contact, even if the patient is &lt;40 yrs. Old.</li> </ul>
Stroke Treatment Protocol	San Manuel FD	<p>1. BLS INTERVENTIONS #2 Re write sentence. It is unclear. Trauma is covered by #3, SUGGEST THE FOLLOWING SENTENCE; Position of comfort, consider left lateral position.</p> <p>2. mLAPSS CRITERIA #3 There is a cut off age of 40. Both options are either less than or equal or Greater than or equal. Only one option can include the age 40. Remove the “or equal sign” from one of the options.</p>	<p>Policy revised.</p> <ul style="list-style-type: none"> <li>• Language clarified.</li> </ul> <p>Policy revised.</p> <ul style="list-style-type: none"> <li>• “If &lt;40...”</li> <li>• Symbols removed, and spelled out.</li> </ul>

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	San Manuel F.D.	<p>Several of the criteria are unclear as to which is a positive (included) or negative (excluded) finding. Define the criteria to identify the result of the exam as (+) or (-). EG, #2 states” No history of seizures or epilepsy. Is “no history included or excluding criteria?</p> <p>#4 baseline wheelchair or bed ridden. Positive or negative? #5 Blood Glucose 60-400mg/Dl Is an included range? Outside this range is an excluding factor?</p> <p>Maybe include a (+) or (-) to help clarify the assessment results.</p> <p>3. THROMBOLITIC ASSESSMENT</p> <p>State that this assessment is to be delivered to the ED with the pt. For agencies not on EMS solutions, include an attachment, with the official ICEMA thrombolytic assessment.</p>	<p>No change.</p> <ul style="list-style-type: none"> <li>• Follows closely with the mLAPSS format.</li> <li>• Will be clarified with education.</li> </ul> <p>Policy revised.</p> <ul style="list-style-type: none"> <li>• Added...”and report to ED personnel.”</li> </ul>
Stroke “NSRC” Receiving Center Policy	Specialists On-Call	Letter summarizing support of Tele-neurology.	<p>Policy revised.</p> <ul style="list-style-type: none"> <li>• NSRC-II Tele-neurology waiver added.</li> </ul>
Stroke “NSRC” Receiving Center Policy	Crest Forest FPD	“Crest Forest Fire Protection Districts has no comments. Thank you!”	
Stroke “NSRC” Receiving Center Policy	LLUMC	<p>“INTRODUCTION”</p> <p style="text-align: center;"><i>Track changes in policy summarized. Original copy may be requested.</i></p>	<p>No change.</p> <ul style="list-style-type: none"> <li>• Does not fit ICEMA policy and protocol format.</li> </ul>
	LLUMC	JC: Joint Commission	<p>No change.</p> <ul style="list-style-type: none"> <li>• The Joint Commission (TJC)</li> </ul>

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	LLUMC	CME:	No change. <ul style="list-style-type: none"> <li>Continuous education (CE)</li> </ul>
	LLUMC	ACT F.A.S.T	No change, <ul style="list-style-type: none"> <li>The pre-hospital assessment tool will be the mLAPSS.</li> </ul>
	LLUMC	Medical Directors: <ul style="list-style-type: none"> <li>Delete Certified by ABMS or AOA</li> <li>Add board-eligible</li> <li>ED MD: active privileges</li> </ul>	Policy revised. <ul style="list-style-type: none"> <li>Added board eligible.</li> </ul> No other changes made.
	LLUMC	Nursing Coordinator: <ul style="list-style-type: none"> <li>CCRN</li> <li>Add: who will educate and gather data on stroke.</li> </ul>	Policy revised. <ul style="list-style-type: none"> <li>Changed CCRN requirement to "preferred".</li> </ul>
	LLUMC	On-Call Physicians Specialists/ Consultants <ul style="list-style-type: none"> <li>On-call neurologist available in-house neurology residents...</li> </ul>	Policy clarified. <ul style="list-style-type: none"> <li>NSRC-II Tele-neurology added.</li> </ul>
	LLUMC	Delete Neuro-radiologist avail 24/7...	Policy revised. <ul style="list-style-type: none"> <li>Clarified language.</li> </ul>
	LLUMC	Interventional team: description added.	Policy revised. Added: <ul style="list-style-type: none"> <li>Interventional neuroradiologist</li> <li>Interventional vascular radiologist</li> </ul>
	LLUMC	Internal Hospital Policies: <ul style="list-style-type: none"> <li>Deleted Critical care team</li> </ul>	Policy revised and language clarified. <ul style="list-style-type: none"> <li>No content change.</li> </ul>

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	LLUMC	Internal Hospital Policies: Prompt acceptance of stroke patients from NSRH and NSRC-II to NSRC I.	Policy language clarified. <ul style="list-style-type: none"> <li>No content change.</li> </ul>
	LLUMC	Internal Hospital Policies: Rapid assessment-reworded statement.	Policy language clarified. <ul style="list-style-type: none"> <li>No content change.</li> </ul>
	LLUMC	Internal Hospital Policies: Maintaining readiness of CT-reworded statement.	Policy language clarified. <ul style="list-style-type: none"> <li>No content change.</li> </ul>
	LLUMC	Internal Hospital Policies: Arrangement of bed availability-changed Interventional Team to Stroke Team.	Policy language clarified. <ul style="list-style-type: none"> <li>No content change.</li> </ul>
	LLUMC	Continuous Quality Improvement Program: Core Measures-added Joint Commission	Policy revised. <ul style="list-style-type: none"> <li>Added GWTG and Stroke CQI collaboration for performance indicators.</li> </ul>
	LLUMC	Patient Destination: Several changes made.	Policy language clarified. <ul style="list-style-type: none"> <li>No content change.</li> </ul>
Stroke Policy	ICEMA	Layout change.  Deleted statement: "An Emergency Medical Physician will be in the hospital at all times."	Policy language clarified. <ul style="list-style-type: none"> <li>To clearly define NSRC-I and NSRC-II requirements.</li> <li>No content change.</li> </ul> Deleted statement. <ul style="list-style-type: none"> <li>Addressed elsewhere.</li> </ul>