

**Solano Emergency Medical Services Cooperative
Board of Directors Meeting**

Meeting Date: 1/9/2020

9. REPORTS

a. SEMSC Medical Director's Report (verbal update, no action)

No new policies were enacted since the last Board Meeting. A list of updated and discontinued policies and protocols is attached as Exhibit 9-A for your reference.

Solano EMS policies and protocols are available on the internet at
<http://www.co.solano.ca.us/depts/ems/>

Updated Policies and Protocols

- Policy 4700 Emergency Medical Technician (EMT) & Law Enforcement Initial Training Guidelines: Naloxone
- Policy 6105 Attachment A Trauma Triage Algorithm
- Policy 6190 Duty to Report Abuse
- Policy 6400 Paramedic Scope of Practice
- Policy 6612 Tranexamic Acid (TXA)
- Policy 6605 Continuous Positive Airway Pressure (CPAP)
- C-10 Chest Pain-Cardiac
- C-14 Chest Pain-STEMI
- M-2 General Medical
- M-6 Poisons
- M-7 Subacute and Chronic Chest Pain
- N-1 Altered Level of Consciousness
- P-1 Pediatric Cardiac Arrest
- P-2 Neonate Resuscitation
- P-3 Pediatric Respiratory Distress
- P-4 Pediatric Bradycardia
- P-5 Pediatric Tachycardia with Pulses
- P-6 Pediatric Non-traumatic Shock
- P-8 Pediatric Seizure
- P-9 Pediatric Altered Level of Consciousness
- P-10 Pediatric Toxic Exposure/Ingestion/Opioid Overdose
- P-11 Pediatric Burns
- R-2 Respiratory Failure and Arrest
- T-1 Traumatic Shock
- T-2 – 4 Traumatic Arrest, Head/Spinal/Chest Injuries
- Trauma General

Discontinued Policies

- Pediatric Emergencies – Interpretation of Pediatric Protocols and Basic Principles
- Policy 3600, Prehospital Care Personnel Orientation
- Policy 3700, Continuing Education For Pre-hospital Personnel
- Policy 5500, Requirements For Approval As Ground Ambulance Service Provider Agency
- Policy 6115, Required Base Hospital Medical Records for EMS Care
- Policy 6800, Zone A, Code 3 Medical Ambulance Diversion

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b. EMS Administrator's Report

b.1. General Update

- i. Emergency Medical Dispatch (EMD) Update – Governor Newsom approved, and filed with the Secretary of State, Senate Bill 438 on October 1, 2019. Following is a brief synopsis of the legislation as published in the Legislative Counsel's Digest:

SB 438, Hertzberg. Emergency medical services: dispatch.

Existing law, the Warren-911-Emergency Assistance Act, requires every local public agency to establish within its jurisdiction a basic emergency telephone system that includes, at a minimum, police, firefighting, and emergency medical and ambulance services. Existing law authorizes a public agency to incorporate private ambulance service into the system.

This bill would prohibit a public agency from delegating, assigning, or contracting for "911" emergency call processing services for the dispatch of emergency response resources unless the delegation or assignment is to, or the contract or agreement is with, another public agency. The bill would exempt from that prohibition a public agency that is a joint powers authority that delegated, assigned, or contracted for "911" call processing services on or before January 1, 2019, under certain conditions. The bill would also authorize a public agency that delegated, assigned, or contracted for "911" call processing services on or before January 1, 2019, to continue to do so with the concurrence of the public safety agencies that provide prehospital emergency medical services. If a public safety agency does not concur with the public agency to continue to delegate, assign, or contract for those services, the bill would authorize the public agency to continue to delegate, assign, or contract for those services for the remaining concurring public safety agencies. The bill would state the Legislature's intent to affirm and clarify a public agency's duty and authority to develop emergency communication procedures and respond quickly to a person seeking emergency services through the "911" emergency telephone system.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, authorizes each county to develop an emergency medical services (EMS) program and designate a local EMS agency. Existing law delegates responsibility over the medical direction and management of an EMS system to the medical director of the local EMS agency, and requires the local EMS agency to maintain medical control over the EMS system in accordance with minimum standards established by the Emergency Medical Services Authority.

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b. EMS Administrator's Report

b.1. General Update (continued)

This bill would require a public safety agency that provides "911" call processing services for medical response to make a connection available from the public safety agency dispatch center to an EMS provider's dispatch center, as specified. The bill would provide that the public safety agency is entitled to recover from an EMS provider the actual costs incurred in establishing and maintaining the connection. The bill would require the local EMS-agency-authorized EMS providers and the EMS system providers within the jurisdiction of the incident, to be simultaneously notified and dispatched at the same response mode. The bill would require a local EMS agency to review and approve or deny a public safety agency's plan to implement an emergency medical dispatcher or advanced life support program within 90 days of submission of the plan.

This bill would provide that medical control by a local EMS agency medical director, or medical direction and management of an EMS system, may not be construed to, among other things, limit the authority of a public safety agency to directly receive and process "911" emergency requests originating within the agency's territorial jurisdiction or authorize a local EMS agency to unilaterally reduce a public safety agency's response mode below that of the EMS transport provider, prevent a public safety response, or alter the deployment of emergency response resources within the agency's territorial jurisdiction. The bill would also clarify that a public safety agency does not transfer its authority to administer emergency medical services to a local EMS agency by adhering to the policies, procedures, and protocols adopted by a local EMS agency.

- ii. The staff report below has been prepared in an effort to keep the SEMSC Board of Directors updated as to the projected steps and timeline associated with adopting and implementing Pre-Arrival Instruction (PAI) and EMD policies, procedures, and protocols on a countywide basis.

At present, the City of Vacaville's Communications Center is the only Public Safety Answering Point (PSAP) utilizing the International Academies of Emergency Dispatch (IAED) "ProQA" software to provide 9-1-1 callers with emergency medical pre-arrival instructions. This software also supports priority dispatch, which could be implemented by Vacaville Fire Department to pilot tiered response at some point in time.

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b. EMS Administrator's Report

b.1. General Update (continued)

The City of Fairfield Communications Center uses an Orange County Fire Department developed flip-file card set to provide 9-1-1 callers with emergency medical pre-arrival instructions. Vacaville and Fairfield Communications Centers are the only PSAPs providing 9-1-1 callers with PAI at this time.

The Cooperative's Board of Directors instructed staff to proceed with development of a plan to implement EMD, to include PAI procedures, countywide. There are several aspects to the plan that must be addressed in order to implement the various components of EMD within Solano County. These include, but are not limited to:

- Development and adoption of medical protocols for PAI
- Procurement of software to enable provision of consistent PAI countywide
- Determination of staffing requirements associated with the newly imposed program
- Identification of funding sources to support implementation of program
- Adoption of timeline and phases to implement program countywide

It is anticipated that Physician's Forum will finalize the medical protocols necessary to implement PAI by April 1, 2020.

Mr. Brian Dale from IEAD has presented on two occasions information associated with their software and Medical Priority Dispatch System (MPDS) program, which is currently used by both the City of Vacaville and Medic Ambulance, Inc., the County's Exclusive Operating Area Emergency Ambulance provider, which coincidentally is one of only 16 ACE Accredited medical dispatch centers in the State of California. It is the recommendation of staff that the County follow suit and engage IEAD to implement MPDS throughout Solano County.

In order to ensure all Solano County residents receive consistent medical PAI when necessary, it is imperative that all call centers providing medical PAI be equipped with the appropriate software and personnel to provide the service. In the event there are jurisdictions choosing not to provide this level of service, it is anticipated the County Communications Center would be responsible for provision of medical PAI in those areas, in addition to the unincorporated areas within Solano County. To be capable of this the Sheriff's Office anticipates additional personnel would be needed.

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b. EMS Administrator's Report

b.1. General Update (continued)

The costs associated with implementing and supporting this program, including software, equipment, and personnel, continue to be evaluated. Various grant opportunities are being explored as well as one-time and ongoing allocations to support the program.

Staff suggests the following projected timeline be used for planning purposes:

- March 2020 – Development of a plan for provision of PAI in unincorporated areas for subsequent consideration by Solano County Board of Supervisors
- April 2020 – Adoption of PAI related protocols, procedures, and policies by EMS Medical Director and Administrator and presentation to SEMSC Board of Directors
- April 2020 – Begin surveying existing PSAPs regarding capacity to provide PAI
- May 2020 - June 2020 – Discussion/negotiations begin with IEAD
- July 2020 – Prepare analysis of staffing requirements associated with PAI implementation
- April 2021 - October 2021 – Implementation of PAI requirements by all Solano PSAPs
- April 2021 - October 2021 – Implementation of pilot project for full MPDS
- January 2021 - April 2022 – Assess MPDS Pilot and consider expansion
- October 2022 - December 2022 – Implement MPDS countywide

b.2. System Performance

- Response time Percentages (EOA Provider)
- Response time Percentages (PPP Providers)

b.3. System Updates

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- c. Medic Ambulance Operator Report (verbal update, no action)**

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10. REGULAR CALENDAR

a. Selection of Vice Chair for 2020

BACKGROUND:

In accordance with the SEMSC Bylaws, the SEMSC Board shall be comprised of seven members: the Solano County Administrator; one City Manager selected by the Solano County City Managers; one Fire Chief selected by the Solano-Napa Counties Fire Chiefs organization; two Medical Professional Representatives selected by the Solano County hospitals with emergency rooms; one Physicians' Forum Representative selected by the Physicians' Forum; and one Healthcare Consumer Representative selected by the other six members of the Board. Each Board Member appointment is for a term of four years, with the exception of the Chair, which is a permanent appointment. The Bylaws provide for the annual election of the Vice Chair.

As indicated above, the Board must elect a Vice Chair annually. Pursuant to Article V, Section C, of the Solano Emergency Medical Services Cooperative (SEMSC) Bylaws, "The Board, at its regular January meeting, shall elect the Vice Chair, who shall hold office for a term of one (1) year unless the Vice Chair resigns. Should the Vice Chair resign, the Board shall elect a new Vice Chair who shall hold office for the remainder of the term." Richard Watson occupied the position from 2014-2018. Mr. John Jansen was appointed in 2019. The Board should appoint a Vice Chair for 2020 at this meeting.

LEGAL REVIEW SUFFICIENCY: This item has been reviewed as to form by County Counsel.

BOARD ACTION:

Motion:

By: _____ 2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

Solano Emergency Medical Services Cooperative
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10. REGULAR CALENDAR

b. Approval of the 2020 Meeting Schedule

BACKGROUND:

Article VI Section B of the SEMSC Bylaws, "The Board shall hold regular meetings at such dates, hours and place as shall be fixed by resolution of the Board." Resolution 5-0001 states that "the regular meeting schedule of the SEMSC Board of Directors shall be quarterly, occurring on the first month of each quarter, beginning with the Annual Meeting of the Parties scheduled for January 12, 2006."

In accordance with Resolution 5-0001, the Regular SEMSC Board Meetings for this year fall on the following dates:

- January 9, 2020
- April 9, 2020
- July 9, 2020
- October 8, 2020.

The Board should approve the above meeting schedule.

LEGAL REVIEW SUFFICIENCY: This item has been reviewed as to form by County Counsel.

BOARD ACTION:

Motion:

By: _____ 2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

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10. REGULAR CALENDAR

c. Discuss and Consider Approval of the SEMSC Budget/Revenue Allocation Plan for FY 2020/2021 and Adoption of Resolution 20-001

BACKGROUND:

The SEMSC was established as a Joint Powers Authority in February 1996. In accordance with Article VIII of the Joint Powers Authority Bylaws, adopted on June 26, 2002, staff is presenting for Board approval and adoption the Annual SEMSC Budget/Revenue Allocation Plan for FY 2020/2021, in the amount \$2,832,000, along with Resolution Number 20-001 (Exhibit I0-C). The Budget/Revenue Allocation Plan provides appropriate staffing and supplies for the work of SEMSC to be carried-out during the coming fiscal year and allocates sufficient funds for expenses related to SEMSC operations.

The following changes were made to the Licenses, Permits and Franchise Fees revenue stream:

- The out-of-County designation fee for the John Muir Medical Center was removed. This fee is no longer being collected.
- Base Hospital, Emergency Departments Approved for Pediatrics (EDAP), ST-Elevation Myocardial Infarction (STEMI), and trauma designation fees were increased by 20%. Paramedic and EMT fees were increased by 25%. These fee increases are being implemented to reflect the current economic reality, parity with neighboring Counties' Fee Schedules, as well as to recoup staff costs for monitoring these programs.

Transfers from Reserves may be increased to cover operational costs that exceed the projected revenue estimates.

LEGAL REVIEW SUFFICIENCY: This item has been reviewed as to form by County Counsel.

BOARD ACTION:

Motion:

By: _____

2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

Recommended Budget & Revenue Allocation Plan for FY 2020/21

Salaries & Benefits	925,000
<i>Includes net wages, employer-paid payroll and benefit expenses for 6.5 FTEs</i>	
Services & Supplies	1,791,000
<i>\$1,700,000 in Public/Private Partnership (PPP) pass-through payments to City of Benicia, City of Dixon, City of Fairfield, and City of Vallejo; \$48,000 for Medical Director, subject matter experts, ambulance services contracts, CARES contract; \$43,000 operational expenses, etc.</i>	
Transfers outside H&SS fund	
<i>\$29,000 SEMSC share of County-wide overhead Charges; \$5,000 postage charges, custodial from other County departments; records storage</i>	34,000
Transfers within H&SS fund	82,000
<i>H&SS overhead (administration, facility, etc.)</i>	
Total Expenses	\$2,832,000
Licenses, Permits & Franchise	975,000
<i>\$550,000 ALS EOA ambulance franchise fee; \$337,000 Trauma Center, STEMI Center, Stroke Center, EDAP, etc., business licenses; \$30,000 Paramedic and EMT Personnel certification; \$58,000 Ambulance Operating Permits, CCT</i>	
Fines, Forfeitures, Penalties & Assessments	16,000
<i>\$16,000 penalties</i>	
Pass-Through Revenue	1,700,000
<i>\$1,700,000 in Public/Private Partnership (PPP) Pass-through revenue for City of Benicia, City of Dixon, City of Fairfield, and City of Vallejo</i>	
Grant Allocations and Designated Funding	55,000
<i>Cooperative Agreements, Maddy funds, etc.</i>	
Transfers from Reserves	71,000
Revenue from Use of Money/Property	15,000
Total Revenues	\$2,832,000