

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Board of Directors

Birgitta Corsello
Solano County Administrator
Chair, SEMSC

John Jansen
Health Care Consumer Rep.
Vice Chair, SEMSC

Joshua Chadwick, Fire Chief
Benicia Fire Department
Fire Chief Representative

Caesar Djavaherian, MD
Emergency Department
NorthBay Medical Center
Physicians' Forum Rep.

Greg Folsom, City Manager
City of Suisun
City Manager Representative

Thea Giboney, MHA
Medical Group Administrator
Kaiser Permanente
Medical Professional Rep.

David Piccinati, MD
Emergency Department
Sutter Solano Med. Center
Medical Professional Rep.

EMS Agency Staff

Bela Matyas, MD, MPH
Public Health Officer

Bryn E. Mumma, MD, MAS
Medical Director

Ted Selby
Agency Administrator

Counsel

JoAnn I. Parker
Deputy County Counsel

SPECIAL MEETING OF SEMSC Board of Directors

Thursday, June 11, 2020

9:00 – 10:30 AM

(via WebEx)

AGENDA

1. CALL TO ORDER - 9:00 a.m.

2. ROLL CALL

3. APPROVAL OF THE AGENDA

4. APPROVAL OF THE MINUTES OF JANUARY 9, 2020

5. ITEMS FROM THE PUBLIC

*This portion of the meeting is reserved for persons wishing to address the Board on any matter **not** included on the agenda. To submit public comments please see below:*

Email/Mail: Please submit comments in writing to the Clerk of the Board by US Mail or by email. The mailing address is SEMSC, 355 Tuolumne St., Suite 2400, MS 20-240, Vallejo, CA 94590. The email address for the clerk is:

RECanones@solanocounty.com. Written comments must be received no later than 5:00 p.m. on June 10, 2020. Copies of comments received will be provided to the Board and will be part of the official record but will not be read aloud during the meeting.

Phone: To submit comments verbally by phone during the meeting, you may do so by dialing 1-415-615-0001 and using Access Code 285 543 483 on your phone. No attendee ID number is required. Once entered into the meeting, you will be able to hear the meeting, and will be called upon to speak during the public speaking period.

6. REPORTS

- a. SEMSC Medical Director's Report
Attachments: A – List of Updated EMS Policies and Protocols
- b. EMS Administrator's Report
- c. Medic Ambulance Operator's Report

7. REGULAR CALENDAR

- a. Emergency Medical Dispatch Update
- b. ESO EMS/Healthcare Data Repository Presentation

Solano EMS Cooperative

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SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Special Board Meeting – Agenda – June 11, 2020

- c. Budget and Fee Increase Presentation
 - Attachments: A – Policy 3000
 - B – Fee Comparisons
 - C – Budget Comparison Table
- d. Consider Adoption of Resolution 20-001
 - Attachments: A – Resolution 20-001

8. BOARD MEMBER COMMENTS

- a. Chair
- b. Directors

9. ADJOURN

To the next regularly scheduled meeting of July 9, 2020 at 9:00 AM in the Suisun City Council Chambers, 701 Civic Center Blvd., Suisun City CA 94585.

**Solano Emergency Medical Services Cooperative (SEMSC)
Meeting Minutes
January 9, 2020; 9:00AM – 10:30AM
Suisun City Hall**

BOARD MEMBERS

- Birgitta Corsello, Chair, SEMSC Board
- Joshua Chadwick, Fire Chiefs Representative
- Caesar Djavaherian, Physicians’ Forum Representative
- Greg Folsom, City Managers Representative
- Thea Giboney, Medical Professional Representative
- John Jansen, Healthcare Consumer Representative
- David Piccinati, Medical Professional Representative

STAFF

- Ted Selby, EMS Administrator
- Bela Matyas, Public Health Officer
- Rachelle Canones, Administrative Secretary
- Keith Erickson, EMS Coordinator
- Benjamin Gammon, EMS Coordinator
- Colleen Hogan, Health Education Specialist

AGENDA ITEMS	DISCUSSION	ACTION	RESPONSIBLE
1. <u>Call to Order</u>		(none)	
2. <u>Introduction of New County Counsel Representative</u>	New County Counsel Representative Jo Ann Iwasaki Parker was introduced. Ms. Parker had previously been the County Counsel Representative to SEMSC and worked with Medic and Fairfield Fire on establishing the Public Private Partnership (PPP) Agreement with all the stakeholders.		
3. <u>Roll Call</u>	Meeting called to order with a quorum present. Board Member Piccinati was late.		
4. <u>Closed Session</u>	SEMSC Board went into closed session to consult with legal counsel regarding anticipated litigation (Gov’t Code section 54956.9(d)(2))		
5. <u>Report of Action in Closed Session</u>	County Counsel announced that by a vote of 6 AYES and 1 ABSTENTION , the SEMSC Board has authorized counsel to negotiate a resolution to the matter brought before the Board in closed session.		

<p>6. <u>Approval of Agenda</u></p>	<p>Board Member Chadwick recognized there is an update in the EMS Administrator’s report regarding Emergency Medical Dispatch (EMD), however a request was made at the last SEMSC Board Meeting to add EMD to the standing Agenda. Mr. Selby stated EMD will be added to the standing Agenda for future meetings.</p> <p>Board Member Chadwick moved to approve the agenda. Board Member Jansen seconded. AYES: 6; NAYS: 0; ABSENT: 0; ABSTAIN: 0;</p>		
<p>7. <u>Approval of the Minutes of April 11, 2019</u></p>	<p>Board Member Jansen moved to approve the Minutes of April 11, 2019. Board Chair Corsello seconded. Board Members Folsom and Piccinati abstained. AYES: 5; NAYS: 0; ABSENT: 0; ABSTAIN: 2;</p>		
<p>7. <u>Approval of the Minutes of the June 13, 2019 Special Meeting</u></p>	<p>Board Member Folsom moved to approve the Minutes of June 13, 2019 Special Meeting. Board Member Jansen seconded. AYES: 7; NAYS: 0; ABSENT: 0; ABSTAIN: 0;</p>		
<p>8. <u>Items from the Public</u></p>	<p>(None)</p>		
<p>9. <u>Reports</u> a. <u>Medical Director’s Report</u></p>	<p>a. Dr. Bryn Mumma, EMS Medical Director provided various reports:</p> <ol style="list-style-type: none"> 1. Discipline Actions – There are currently three (3) active Emergency Medical Technician (EMT) cases, and seven (7) EMT probations. Since the last SEMSC Meeting, one (1) probation was completed, one (1) certification surrendered, one (1) revocation, one (1) temporary suspension order (TSO) was issued, one (1) paramedic accreditation revoked, one (1) paramedic accreditation suspended and reinstated, and four (4) cases referred to the California Emergency Medical Services Authority (EMSA) for paramedic licensure investigation. 		

b. Administrator's Report

2. Policy and Protocol Changes – No new policies and protocols to report. A list of policy and protocol updates is included in the meeting packet.

b. Ted Selby, EMS Administrator, provided an update on the following:

1. General Update

- a. Hermie Zulueta, EMS Operations Supervisor, retired in December 2019.
- b. The Auditor-Controller has changed. This is mentioned because the audit for FY 2016/2017 was not performed during the required time frame. To rectify this, the Auditor-Controller's Office (ACO) completed a two-year audit for FY 2016/2017 and FY 2017/2018. A copy of the final report will be forwarded to the SEMSC Board shortly. No significant findings were recorded during this audit.
- c. Mr. Selby thanked Medic Ambulance, the local fire and police departments, the Sheriff's Office, the local schools, and the Solano County Fairgrounds for making this year's Statewide Medical and Health Exercise (SWMHE) a success

2. System Update

a. System Performance – Response time statistics for the first quarter of Fiscal Year (FY) 2019/2020 for Medic Ambulance are at an average of 99%. The PPP Fire Departments' response time averages are as follows:

1st Quarter FY 19/20

- Benicia – 98%
- Dixon – 96%
- Fairfield – 92%
- Vallejo – 92%

b. Emergency Medical Dispatch (EMD) – The meeting packet has a lengthy narrative covering the subject of EMD. Since the information is provided in writing Mr. Selby pointed out certain aspects of the report contained in the package.

There is a synopsis of Senate Bill (SB) 438 which came from the Legislative Counsel's Digest. This report also talks about the current status of EMD in Solano County, which presently has two (2) communication centers that provide some level of EMD, primarily Pre-Arrival Instruction (PAI). These are the Cities of Vacaville and Fairfield.

Mr. Selby also emphasized that the Physicians' Forum is working to finalize the necessary protocols to move forward with implementation.

Funding options are being explored, not only through generated revenue but also through grants and other funding sources that may be available. Lastly, the report provides a projected timeline that begins in March of 2020, and concludes at the end of 2022. The details are in the meeting packet. Board Member Djavaherian noted that this is great news.

- c. Many local EMS Agencies (LEMSA) have instituted stroke programs in their jurisdictions and are finding that the data collection, the tracking, trending, and standardized approach to managing stroke victims is contributing to improved outcomes. Furthermore, EMSA has been working on guidelines, encouraging LEMSAs to adopt and implement stroke programs. Physicians' Forum and the Process Improvement Committees are working on this, and looking at how this program can be implemented in Solano County. Mr. Selby added that this may come to fruition before the year ends.
- 3. Announcements – Mr. Selby announced that the EMS Agency is working on planning for EMS Week activities and Annual Summit. Information will be made available soon, as arrangements are still being finalized. The 46th Annual National EMS Week is on May 17-23, 2020.

Board Chair Corsello asked if there were any questions from the Board for the EMS Administrator. Board Member Jansen asked about EMS reporting to the State and the new software that he had previously inquired about directly.

Mr. Selby responded that Solano EMS has processed a contract with ESO Solutions, Inc. that will allow the EMS Agency to collect data associated with patient care reports (PCR), transportation information, etc. The system is capable of collecting outcome data and other data sets in partnership with healthcare organizations.

This vendor was selected in consultation with our healthcare partners who indicated that they are interested in seeing this information as well. The EMS Agency should have this software and data repository in place by the next Board Meeting. This software will allow Solano EMS to report both California Emergency Medical Services Information System (CEMSIS) and National Emergency Medical Services Information System (NEMSIS) required data to the State directly. Mr. Selby added that the EMS Agency is also working closely with Vacaville Fire Department.

Board Member Chadwick inquired as to whether ESO will be able to work with the software of the other providers in the County. Mr. Selby explained that ESO has the ability to extract the data from the PCRs of other providers.

Board Member Jansen further asked about expected implementation date, and whether the system will be able to extract and include past data. Mr. Selby explained that the County's Department of Information Technology (DoIT) is working with the EMS Agency on this process and there is no specific implementation date that has been set, but it may be implemented by April 2020.

	<p>Board Chair Corsello, stated that the Board expects an update with more specific information, including the status of the ESO contract and when ESO is anticipated to go live.</p> <p>Board Chair Corsello requested clarification on how far Board Member Jansen would like the data to go back. Board Member Jansen indicated it may be helpful if three to five years' worth of information could be collected. He further emphasized that there should be data available to back up EMS-related decision making, and even a year of past data would be good.</p> <p>Board Chair Corsello agreed that there should be more emphasis on getting the data moving forward, but it would be helpful if some of the history would be available as well.</p> <p>Board Member Djavaheerian asked about current data flow, and how effective the EMS Agency is at communicating this with the providers in the community. Mr. Selby explained that data is presented to the local providers at the EMS quarterly meetings, where high level data reports are presented. In regard to the collection methodology, some information is received electronically, but some, such as those from smaller providers, may only be scanned PCRs, which require staff to manually tally numbers. Providers like Medic Ambulance allow the EMS Agency to access their data, run reports, and audit or spot check, which allows the agency to report out more easily. Vacaville Fire is working closely with Solano EMS to provide requested information, and is working towards providing EMS staff full access to their data, similar to the access provided by Medic Ambulance.</p> <p>Board Member Djavaheerian observed that a lot of labor is expended responding to inquiries for data that come to the Agency. Mr. Selby affirmed that that is correct, and this is where ESO may prove helpful.</p> <p>Board Member Djavaheerian inquired if some of the budget increases are going towards these new projects, and if the Board can expect to see more robust information in the future.</p>	<p>Provide interim report to the Board prior to April meeting, on status of ESO, including expected time frame, inclusion of past data, and level of effort required; Agendize an update on ESO including these items as well as details on data collection, etc. at next Board Meeting.</p>	<p>EMS Staff</p>
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c. Medic Ambulance Operator's Report

Mr. Selby explained that the budget actually decreased from the previous year, but some of the proposed line item increases will indeed go towards sustaining these projects, and it is anticipated that vast improvements will be seen in the data that will be available in the coming year.

Board Member Djavaheerian also asked if the EMS Medical Director is familiar with the ESO software, to which it was explained that Dr. Mumma is familiar with ESO only in vague terms.

Board Chair Corsello reiterated that the Board expects an interim report on ESO, based on questions raised, as well as an item on the Agenda at the next Board Meeting to provide an update.

c. James Pierson, President and Chief Operating Officer (COO) of Medic Ambulance began by expounding on Board Member Jansen's question, and stated that adding past data to ESO would likely not be an issue, and the system can likely go back to at least 2017.

Mr. Pierson emphasized that ESO is a well-known product, and that it is exciting to imagine that ESO will allow them to more easily share data with partner hospitals Kaiser, NorthBay, and Sutter. Furthermore, it will allow them to obtain hospital outcome data. This software will also be useful when the county begins implementing EMD. The County will be able to see the resources being sent Code 3, how many intravenous lines are being started, how many patients are being transported Code 2 or Code 3, and how many of those are getting discharged 80% of the time.

In regard to implementation date, Mr. Pierson speculated that it will likely be January 2021 before it goes live, pointing out that Sacramento County took about nine to ten months to implement.

Mr. Pierson emphasized that ESO is the right purchase, and this software will bring the County ahead as far as technology in managing the local EMS data system.

Medic announced that 2019 was a good year for the company. This year saw Medic celebrate their 40th anniversary, and the retirement of their founder, Rudy Manfredi. Mr. Pierson expressed gratitude for everything that Mr. Manfredi has done for Medic Ambulance, which continues to be a family business. It was added that Helen Pierson is now the Chief Executive Officer (CEO), following his retirement.

This year, Medic went through their accreditation process with the Commission on Accreditation of Ambulance Service (CAAS). Medic Ambulance is proud to announce that in October 2019, they received a perfect score, with no deficiencies, and received the full three-year accreditation. Medic also passed their accreditation with the International Academies of Emergency Dispatch (IAED), where they are an Accredited Center of Excellence (ACE). It was noted that Medic continues to be one of 31 ambulance services in the world to hold both a CAAS and ACE accreditation.

Mr. Pierson shared that currently Medic has a ring-down line with their public safety access point (PSAP) partners. They are now working on establishing a computer-aided dispatch (CAD) link with the Solano County Sheriff's Office (SO), and have just gone live with the City of Suisun. The CAD link also provides a geo-code for better accuracy. This technology helps reduce response times.

Medic, Fairfield Fire, and NorthBay Healthcare also implemented use of the LUCAS© mechanical chest compression device (LUCAS© device) with the City of Fairfield and the City of Suisun. This coalition deployed a total of 11 devices in the community, with seven (7) in Fairfield, two (2) in Suisun, and two (2) in Medic supervisor's vehicles.

The coalition also conducts public outreach events teaching the general public hands-only CPR. Ryan LaRowe from Fairfield Fire created a hands-only CPR kiosk costing only \$2,500, a fraction of the cost of going through the American Heart Association (AHA) which would cost \$150,000 per year for three years. Now there are two such kiosks in the community that were built by Mr. LaRowe. Mr. Pierson thanked the Fairfield Fire Department for their help.

Furthermore, this program received the Community Impact of the Year award from the American Ambulance Association and the California Ambulance Association. Mr. Pierson gave kudos Fairfield Fire, NorthBay Healthcare, and Medic for their work on this project.

Medic deployed strike teams to the Kincaide Fire last year, sending ten ambulances, two strike team leaders, and their Disaster Medical Services Unit (DMSU). They have also created an “ambu-bus,” which is a medical ambulance bus with Advanced Life Support (ALS) and Basic Life Support (BLS) capabilities. It can transport over 24 patients (18 laying down). This resource has the potential to move a lot of patients quickly during an emergency. This ambulance bus is one of only three existing resources in California, two in San Francisco, and now one in Solano County.

Mr. Pierson also discussed the “Every 15 Minutes” Program which they will be conducting in March 2020, together with the Rotary Club of Fairfield and Suisun, NorthBay Healthcare, the City of Fairfield’s Fire and Police Departments, and the Solano County SO. This program is a drunk driver awareness training for high school students. They anticipate about 20-25 students from Armijo and Rodriguez High School will participate. It was noted that this program has not been done in the City of Fairfield for about 19 years. The two-day event will be held on March 16-17, 2020 at Armijo High School, including a night retreat. The next day there is a school assembly with a presentation that includes one from Mothers Against Drunk Driving (MADD). The same program will be repeated at Rodriguez High School on March 19-20, 2020.

This program is done regularly in the Cities of Dixon, Rio Vista, and Benicia. Mr. Pierson concluded the presentation by thanking the community partners who make programs like this possible.

<p>10. Regular Meeting Items:</p> <p>a. Select Vice Chair for 2020</p> <p>b. Approval of the 2020 Meeting Schedule</p>	<p>a. Board Chair Corsello stated that the Board needs to select a Vice Chair for the remainder of 2019, and asked for nominations or volunteers. Board Member Chadwick requested clarification since a Vice Chair was just nominated at the last meeting. Board Chair Corsello explained that the Bylaws require that a Vice Chair be elected annually. Board Member Chadwick nominated Board Member Jansen for Vice Chair.</p> <p>Board Member Chadwick moved to select Board Member Jansen as Vice Chair. Board Member Djavaherian seconded. AYES: 7; NAYS: 0; ABSENT: 0; ABSTAIN: 0;</p> <p>b. Board Chair Corsello stated that it might be helpful to get the meetings for the year on the Board Members’ calendars. Board Chair Corsello asked the EMS Administrator to speak on the matter of how the current meeting schedule was established.</p> <p>Mr. Selby stated that the SEMSC Board resolved in 2005 that the meetings are expected to occur on a quarterly basis on the first month of each quarter, choosing the second Thursday of the month as the standing meeting date. Adhering to this resolution, staff recommends approval of this meeting schedule as follows: January 9, April 9, July 9 and October 8 of 2020.</p> <p>Board Member Djavaherian moved to approve the 2020 meeting schedule. Board Member Jansen seconded. AYES: 7; NAYS: 0; ABSENT: 0; ABSTAIN: 0;</p>		
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<p>c. Review and Consider Approval of Annual SEMSC Budget/Revenue Allocation Plan for Fiscal Year (FY) 2020/2021, and Adoption of Resolution 20-001</p>	<p>c. The EMS Administrator gave an overview of the budget proposal for FY 2020/2021, and a stated that that a copy of the Budget/Revenue Allocation Plan is included in the Board Meeting packet. Mr. Selby discussed the SEMSC Reserves, explaining that these monies have historically been reserved for legal fees, other unanticipated expenses, and sometimes also used to balance the annual budget. At present, the reserves balance is \$217,369. These funds are reviewed annually at the end of the fiscal year, and used if needed to balance the SEMSC budget.</p> <p>In the last year, Mr. Selby explained that the Board had asked for a comparison between this year's proposed budget versus the projected allocation from the previous year. Under expenses, in FY 2019/2020, the budget for Salaries and Benefits was \$992,743; For FY 2020/2021 it was decreased to \$925,000.</p> <p>This is a net decrease of \$67,743 due to re-allocation of staff workloads, shifting some of the duties to the Emergency Preparedness and Response Program where there is some grant funding available, as long it would not conflict with the grant requirements.</p> <p>The budget for Services and Supplies was \$1,910,900 for FY 2019/2020. For FY 2020/2021, the proposed budget decreased by \$119,900 to \$1,791,000.</p> <p>This was attributed primarily to higher Pass-Through payments to the Private Public Partnership (PPP) Cities in the last year due to back-payments on behalf of a third party.</p> <p>Transfers outside Health and Social Services (H&SS), which includes monies paid to the Auditor-Controller's Office (ACO) for auditing SEMSC, County Counsel for their representation, etc. are almost identical from FY 2019/2020 and the proposed budget, with an increase of only \$2,000. The budget for FY 2019-2020 was \$32,000, and it is \$34,000 for FY 2020/2021.</p>		
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Transfers within H&SS increased \$1,000 from \$81,000 in FY 2019/2020 to \$82,000 in FY 2020/2021. This line item is for administrative overhead, which includes the facility fee, electricity, the support of payroll clerks in H&SS, etc.

The total expenses budgeted for FY 2019/2020, which ends June 30, 2020 was \$3,016,643. The total expenses in the proposed budget for FY 2020/2021 that the Board is being asked to review and approve today is \$2,832,000. The overall budgeted expenses decreased by \$184,643.

Under Revenue, in FY 2019/2020, the License, Permits & Franchise fees were projected to be \$1,190,500. In the proposed budget for FY 2020/2021, this was reduced to \$975,000, which represents a net decrease of \$215,500, primarily due to a projected decrease in designation fees collected, as well as a decrease to the anticipated ALS ambulance franchise fees to be collected, since it was previously projected that there will be a bid going out for a new exclusive operating area (EOA) provider .

The projected amount for Fines, Forfeitures, Penalties & Assessments in FY 2019/2020 was \$20,000. This has been decreased to \$16,000 for FY 2020/2021, with the BLS providers being more compliant with the EOA regulations resulting in reduced fines and penalties. Mr. Selby asked that the Board keep in mind that this is a projection for the next year.

The Pass-Through Revenue was kept consistent for this budget proposal, in the amount of \$1,700,000. The same as last year.

In regard to Grant Allocation and Designated Funding, where there is a decrease of \$35,903 from FY 2019/2020 to FY 2020/2021. In the previous fiscal year, it was projected at \$90,903; in the proposed budget for the next fiscal period, it was decreased to \$55,000 based on some of the requirements and guidelines for the grants from Public Health and Preparedness, Centers for Disease Control and Prevention (CDC), and the Office of the Assistant Secretary for Preparedness and Response (ASPR), and where work has to be done, which is why shifting some responsibilities of EMS staff is also being considered.

Regarding the Transfers from Reserves in FY 2019/2020 it was projected that \$9,240 from reserves would be used to balance the budget. For FY 2020/2021, it is projected that \$71,000 will be used to balance the budget. This is a projected increase of \$61,760, and is a worst-case scenario.

Revenue from Use of Money/Property was projected to be at \$6,000 in FY 2019/2020, and is projected to be at \$15,000 for FY 2020/2021 after discussions with the fiscal analyst. The \$9,000 increase reflects the anticipated revenue from interest earned.

The total revenue budgeted for FY 2019/2020 was \$3,016,643. The total revenue budgeted for FY 2020/2021 is \$2,832,000. This reflects a net decrease of \$184,643, which is the same amount that the projected expenses decreased.

Board Chair Corsello commented that in the future, the Board would like to see in writing a chart comparing the previous year's budget, the actual budget, and the proposed budget for the next fiscal period.

Board Member Piccinati asked if the reserve funds came from past budget surpluses. Mr. Selby confirmed that this is the case.

Board Member Piccinati further inquired as to whether there are any plans to increase the reserves in the future since the proposed budget is taking more money out of reserves in the next year.

The EMS Administrator explained that while the Agency budgets for a full staff, some salary savings will be recognized, which may mean less money will come from the reserves. However, there may also be some unexpected expenses, such as legal expenses, that may come up, at which time money may also be drawn from the reserves. There has been no plan developed to increase the reserves other than the salary savings and revenue that goes unspent.

Board Member Folsom wanted clarification on whether the reserves balance of \$217,369 quoted by Mr. Selby was before or after the proposed transfer of \$71,000 in the budget proposal. It was clarified that this amount is before the \$71,000 is taken out, leaving \$146,369 remaining reserves balance, provided that the full \$71,000 is utilized in the next fiscal period. Mr. Selby emphasized that while this amount is project to be withdrawn from the reserves, it is unlikely that it will be fully utilized, based on the salary savings that is expected with the current vacant positions.

Board Member Jansen wanted more information on the reason for the increase from the transfers from reserves from about \$10,000 to \$71,000.

Mr. Selby stated that the EMS Agency has not increased the revenue generated from designation fees, franchise fees, licenses, certificates, etc. in eight to ten years. However, the cost of labor, benefits, cost of living, services, goods and supplies have steadily increased. It was reiterated that the proposed budget already incorporates a 20% designation fee increase, as well as a 25% increase in EMT and Paramedic licensure and certificate fees, but the high-end projection for the Transfers from Reserves is still at \$71,000 to balance the budget.

The fees should have been adjusted accordingly over the course of time when there were increases in the cost of providing oversight and administration for the various programs.

Furthermore, EMS staff have surveyed fees charged by the agencies in neighboring counties, and even with the proposed rate hike, Solano County's fees are still below what many of the neighboring jurisdictions assess.

Board Member Folsom assumed that the proposed budget will begin on July 1, 2020, and with it being only January 2020, asked if the budget is normally approved this early, or if it would be more prudent to discuss this at the next Board Meeting. It was explained that the SEMSC Bylaws state that the budget must be approved at least 90 days prior to the start of the fiscal period, which would be April 1, and the next meeting is not until April 9, 2020.

Board Member Djavaherian requested clarification on the line item for Grant Allocation and Designated Funding, particularly the Maddy Funds. Mr. Selby explained that Maddy Funds is a very restricted fund. The monies redirected to physicians at hospitals for uncompensated emergency services provided are not part of the EMS Agency's budget. However, there is a small portion of Maddy Funds that can be used for program-specific needs. Included in the budget for this line item are the funds approved for use for these specific programs that relate to trauma and pediatric outreach, etc. that have traditionally been done by Solano EMS during National EMS Week events. In the past the EMS Agency has worked with Kaiser, Medic, NorthBay, and Sutter on outreach programs and created the ST Elevation Myocardial Infarction (STEMI), Trauma, Education, and Emergency Readiness (STEER) group for some collaborative outreach programs. It was reiterated that the Maddy Funds are highly restrictive, and can only be used as pre-determined by law.

Majority of the Maddy funds received are set aside for physicians and hospitals for emergency care for patients unable to pay for these services. The reimbursements for these are usually handled through Solano County Health & Social Services' fiscal department.

Board Chair Corsello inquired further if the \$55,000 is solely from Maddy Funds. Mr. Selby explained that this amount is primarily other funds from public health emergency preparedness programs, such as ASPR, CDC, etc. which can be used within the EMS Agency.

Board Member Djavaherian requested that this line item be broken down into what these grant fund revenues are being used for. Mr. Selby explained that these grant funds are mostly used for EMS Week activities, but it will be broken down into more detail in the future.

Board Member Giboney requested that the EMS Administrator elaborate on the Licenses, Permits & Franchise fees, specifically the hospital designation fees, which is \$337,000 for FY 2020/2021 versus \$550,000 in FY 2019/2020. Mr. Selby explained that the difference is primarily from John Muir Medical Center-Walnut Creek and some out-of-county STEMI Receiving Centers (SRC) who are no longer paying the designation fees.

Board Chair Corsello commented that she is personally not prepared to support the budget proposal as it is, and inquired of Counsel what the Board's options are, considering the 90-day requirement stated in the Bylaws. Counsel suggested either setting a special meeting to discuss the budget, and to pick a date 90-days prior to July 1, 2020; or to reschedule the April meeting to an earlier date. Counsel further clarified that it seems the Board is asking for additional information and written material that addresses the concerns being raised about the proposed budget.

Board Chair Corsello inquired as how comfortable the other Board Members are with the amount of information provided to make an informed decision about the budget for FY 2020/2021. Majority of the Board Members shook their head no.

Ms. Corsello then asked if there was an interest in a Special Meeting to tackle the budget, or if the April meeting should be moved back to the end of March to comply with the Bylaws.

Board Member Chadwick asked if the Board can vote on a special exception for this year to approve the budget short of the 90-day requirement. County Counsel was hesitant to go with this option, because there is not enough information on the interplay between this proposed budget and the financial obligations the EMS Agency currently has, and the safer choice would be to choose a date that falls 90-days prior to the implementation of the next fiscal year's budget; For example, advancing the next meeting to April 1, 2020 or earlier.

Board Chair Corsello queried Counsel if another solution would be for the Board to preliminarily approve the proposed budget to meet the legal requirement stipulated in the Bylaws, and amend it at the April meeting if they are dissatisfied with the information provided. County Counsel agreed that this is an acceptable solution.

Board Chair Corsello requested public comments from this agenda item before moving forward (Public Comment information is contained in Item 10.c on page 19).

Board Member Djavaheerian suggested that the hospital council take inflation into consideration, especially in view of the fact that the fees have not increased in nine years. However, it is quite clear that the hospitals would like to have more services in return, as well as a better understanding of how the funds from the designation fees are used by the EMS Agency.

	<p>Board Member Jansen requested NorthBay and the Hospital Council of the East Bay representative to communicate their questions directly with EMS staff in order to get clearer answers that will be information for the Board as well.</p> <p>Board Member Folsom inquired as to whether a public hearing is required in order to increase fees, considering that SEMSC is a public agency. County Counsel stated that generally, this Board Meeting could count as a public hearing.</p> <p>Board Chair Corsello agreed that there should be a lot more structure with fee increases. In light of the need to approve the budget for July 1, 2020, with the Board having some opportunity to revisit this matter, and allow staff to respond to the questions raised by the two hospital systems, it appears that the Board has noticed all parties that there will be final decisions that will be made at the April 2020 Board Meeting. Board Chair Corsello asked Counsel what the Board needs to do in order to be in compliance with the Bylaws. Ms. Iwasaki Parker restated that the Board wishes to pass the budget, reserving certain areas preliminarily approving the budget and then identify the areas that will be revisited at the next meeting. However, Board Member Jansen suggested that the entire budget be reserved for review at the next meeting, since the Board needs more details before they can make an informed decision. County Counsel affirmed that this is acceptable.</p> <p>Board Chair Corsello reiterated that while the Board has met the initial requirement, they are not done with the budget or the fee increases. Board Member Giboney made an additional comment regarding the fee increases, stating that from a process perspective, the fees for Solano EMS are stated in Policy 3000, and wanted to know if there was a process that would go hand-in-hand with the fee increases being discussed. She also indicated she would like to see fee comparisons with other counties.</p>	<p>Agendize fee increase</p> <p>Provide more detail on the budget; additional information on what services are provided for the designation fees, what is the staffing, and what the staff do</p> <p>Provide fee comparison with similar neighboring counties; Bring Policy 3000 for review</p>	<p>Staff</p> <p>EMS Staff</p> <p>EMS staff</p>
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	<p>Board Member Djavaheerian observed that a more detailed budget would be helpful to determine where accountability lays, and this is what the Board is asking for. It would likewise be helpful if the EMS Agency identify which staff member is in-charge of what area.</p> <p>Board Member Jansen moved to approve the preliminary SEMSC Budget/Revenue Allocation Plan for FY 2020/2021 for purposes of meeting the requirements of the Bylaws. The entire budget is subject to review and finalization at the April 2020 Board Meeting. Board Member Djavaheerian seconded. AYES: 7; NAYS: 0; ABSENT: 0; ABSTAIN: 0;</p>		
<p><u>Public Comments on Item 10.c</u></p>	<p>a. Steve Huddleston, Vice President of Public Affairs at NorthBay Healthcare addressed the Board regarding the proposed budget, stating that given the Board’s discussion and decision to go with a tentative budget with revisions in April, his comments may be slightly premature, but Mr. Huddleston wanted to make a couple of points. The proposed 20% increase in designation fees is not insignificant to NorthBay. However, they are willing to contribute to an EMS system that will focus on performance enhancement, helping with accreditation and survey readiness, and moving towards more evidence-based practice initiatives. In addition, it is heartening to hear that that the ESO contract is done so that a more robust data collection process may begin, which would be a great advancement. It was emphasized that the additional investment that they are going to make through the increase in fees, go not just to data collection and analysis, but also to some performance improvements, particularly in supporting the hospitals when they are surveyed by various accreditation and verification bodies.</p>		

Mr. Huddleston stated that his organization is interested in understanding where the monies from the designation fees go today. It was added that their organization has a long wish list of things that the County EMS system could help them with, such as preparing for surveys, facilitating the Trauma Advisory Committee (TAC) meetings making them more efficient and focused on program improvement. It is their understanding that currently there is not one individual in the EMS Agency that focuses specifically on trauma, STEMI, EDAP and stroke, while other counties have dedicated personnel who are tasked with this. While they would wholeheartedly support the fee increase, it is their hope that if the fee structure is being increased to be comparable with counties that have dedicated personnel, they would likewise receive comparable services. Mr. Huddleston stated that they will hold their questions and communicate with EMS staff so that when the budget is revisited there will be more specificity on where the money goes and what the new investment from the increased fees will be.

- b. Rebecca Rozen, Regional Vice President of the Hospital Council in the East Bay, a membership organization for hospitals in Alameda, Contra Costa, and Solano Counties. Ms. Rozen also expressed concern about the proposed 20% increase in designation fees. Given the Board's comments, she does support the idea of approving a preliminary budget and coming back to revisit the issue at the next meeting. Ms. Rozen added that the Board only heard from NorthBay, but Kaiser Permanente expressed similar concerns about the fees they are paying, versus the services they are receiving and the return on their investment. More importantly they are concerned on what they are getting in terms of quality and performance improvement for the system and for the benefit of the residents of Solano County with the fees they are paying.

Ms. Rozen further stated that the EMS Administrator's report contained a comment about the increase is to reflect the current economic reality and parity with neighboring counties in recouping staff costs. They would like to see more information in each of those areas, and see what it actually means. Additionally, Mr. Rozen stated that other counties that have dealt with designation fees have asked their auditor-controller to do an analysis, which might be beneficial in this case. Further, an independent analysis could look at who are the neighboring counties we are comparing ourselves to, what are the fees they are paying, what are those fees going toward, what services are they providing, what services we are providing in this county, and what will that look like. Reiterating that comparable fees should be getting comparable services. Ms. Rozen also stated that they would like the hospitals to be consulted in this process, adding that they were not aware of the fee increases until the meeting packet was released. As the hospitals are the ones providing in partnership around the service, this should be done in a consultative manner as well.

Board Member Djavaheerian restated it appears the hospitals are okay with the fee increases proposed by the EMS Agency that seem reasonable considering the increase in cost of living expenses, rate parity with other counties etc. the hospitals are requesting more services and detailed reporting.

Ms. Rozen explained that they have not seen a chart comparing the current fees to what they would be with the 20% increase, and it would be another piece of information the Board should have before deciding. Further, while NorthBay has stated that they support the fee increase, they, as a hospital group have not yet discussed this matter. This would all be dependent on what they learn from all the information gathering that must be done.

<p>11. <u>Board Comments:</u></p> <p>a. Chairperson</p> <p>b. Directors</p>	<p>a. Board Chair Corsello had no comments.</p> <p>b. Board Member Jansen congratulated Mr. Pierson on his recognition at the state level for his work in EMS, and recognized the Vacaville City Firefighters Charity Fund for purchasing an additional eight Automatic External Defibrillators (AED) for their AED Program at the Vacaville Unified School District (VUSD), as well as additional supplies.</p> <p>Board Member Folsom announced that the City of Suisun has been working to increase personnel at their Fire Department, and thanked Fire Chief Vincent, NorthBay, and Medic Ambulance for their support and donations.</p> <p>Board Member Djavaherian added that these AED programs do make a difference, as he recently witnessed in the City of Berkeley a patient resuscitated by an AED after suffering a heart attack.</p>		
<p>12. <u>Adjournment</u></p>	<p>Meeting adjourned to the next regularly scheduled Meeting on April 9, 2020.</p>	<p>(None)</p>	

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

Meeting Date: 6/11/2020

6. REPORTS

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

Attachments: A – List of Updated EMS Policies and Protocols

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

Board of Directors

Birgitta Corsello
Solano County Administrator
Chair, SEMSC

John Jansen
Health Care Consumer Rep.
Vice Chair, SEMSC

Joshua Chadwick, Fire Chief
Benicia Fire Department
Fire Chief Representative

Caesar Djavaherian, MD
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NorthBay Medical Center
Physicians' Forum Rep.

Greg Folsom, City Manager
City of Suisun
City Manager Representative

Thea Giboney, MHA
Medical Group Administrator
Kaiser Permanente
Medical Professional Rep.

David Piccinati, MD
Emergency Department
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Medical Professional Rep.

EMS Agency Staff

Bela Matyas, MD, MPH
Public Health Officer

Bryn E. Mumma, MD, MAS
EMS Agency
Medical Director

Ted Selby
Agency Administrator

Counsel

Jo Ann Iwasaki Parker
Deputy County Counsel

May 28, 2020

To: Advanced Life Support (ALS) Providers
ALS Medical Directors
Basic Life Support (BLS) Providers
Non-exclusive Transport Providers
Emergency Department (ED) Managers

From: Bryn Mumma, MD, MAS, EMS Agency Medical Director

RE: Extension of Modifications to Emergency Medical Technician (EMT)
Certifications/Registrations, Paramedic Accreditation, and Mobile
Intensive Care Nurse (MICN) Authorizations

On March 20, 2020, the Solano County Emergency Medical Services (EMS) Agency issued memoranda extending the expiration dates of all EMT certification/registrations, Paramedic accreditations, and MICN authorizations to May 31, 2020.

To keep in line with the California State emergency declaration, Solano County EMS is extending all expiration dates of the aforementioned certifications/registrations, accreditations, and authorizations to July 31, 2020.

All other modifications stated in the March 20, 2020 memoranda are also extended to July 31, 2020.

Thank you,



Bryn Mumma, MD, MAS
EMS Agency Medical Director

cc: Ted Selby, EMS Agency Administrator
Keith Erickson, EMT-P, EMS Coordinator
Benjamin Gammon, EMT-P, EMS Coordinator
Sylvia Ozuna, Certification Specialist

DEPARTMENT OF HEALTH & SOCIAL SERVICES
Medical Services Division

GERALD HUBER
Director

BRYN MUMMA, MD, MAS
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EMS Agency Administrator

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POLICY MEMORANDUM 3400

Implementation Date: September 28, 2008

Revised Date: March 1, 2020

Review Date: March 1, 2022

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: PARAMEDIC ACCREDITATION/REACCREDITATION PROCESS

AUTHORITY: California Code of Regulations Title 22, Division 9, Chapter 4, Article 1, Section 100142 and Article 2, Section 100146 and Article 5, Section 100165, 100166 California Health & Safety Code Division 2.5, §1797.7, 1797.84, 1797.178, 1797.185, 1797.194, 1797.214, & 1797.220

PURPOSE/POLICY:

Accreditation is a process by which the Solano County Emergency Medical Services (EMS) Agency and its Medical Director can be assured that all Paramedics functioning in the EMS system are oriented to local policies, procedures, and EMS system features as well as possess those skills necessary to perform any optional scope of practice skills and procedures currently being used in Solano County.

Nothing in this policy prohibits an employer from imposing stricter requirements for the employment or orientation of Paramedic personnel.

I. INITIAL ACCREDITATION

A. To be eligible for accreditation in Solano County, an individual must:

1. Provide evidence of possession of a valid California Statewide Paramedic license which is current. State Licensure means that the individual has met specified training and education standards and has been deemed competent to practice throughout the State of California in the Paramedic scope of practice, as defined in Title 22 of the California Code of Regulations (CCR).

2. Provide proof of employment with an authorized Solano County Advanced Life Support (ALS) Provider.
 - a. A Paramedic may become accredited as a Paramedic in Solano County if they are a volunteer firefighter for an authorized Solano County ALS Provider. The ALS fire department employing the Volunteer Firefighter/Paramedic must provide employment verification.
3. Provide evidence of a valid, current certification card in the following:
 - a. Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR) for Healthcare Provider or equivalent; **and**
 - b. Advanced Cardiac Life Support (ACLS) card issued in accordance with the guidelines of the Journal of the American Medical Association (JAMA); **and**
 - c. Pediatric Advanced Life Support (PALS) **OR** Pediatric Education for Prehospital Professionals (PEPP); **and**
 - d. Prehospital Trauma Life Support (PHTLS) **OR** Basic Trauma Life Support (BTLS) **OR** International Trauma Life Support (ITLS).
4. Apply to Solano County EMS Agency. Application includes the following:
 - a. Completion of an on-line application form; and
 - b. Check or money order payable to "Solano County EMS" for the amount specified in Solano County EMS Policy Memo #3000.
5. Attend an EMS Agency orientation not to exceed eight (8) classroom hours, and submit orientation forms as specified in Solano County Policy #3600.
6. An application that has not had any activity in 120 days from creation will be considered abandoned. If the application is abandoned, the Paramedic must restart the accreditation process.

B. EMS Agency Orientation

1. Paramedics will be oriented to the local EMS system including EMS Agency organization, function, staff, policies, procedures, treatment protocols, base and receiving hospital protocols, specialty care center protocols, EMS Quarterly Meeting requirements, and other unique system features.
2. The orientation should not repeat items within the Paramedic scope of practice which are already covered in the State's written and skills examinations.
3. The orientation may not exceed eight (8) hours, excluding any necessary testing in the optional scope of practice.
4. The orientation shall be completed within 120 days of receipt of a completed application.

C. Pre-Accreditation Field Evaluation

1. The purpose of the field evaluation is to validate that the applicant is knowledgeable to begin functioning under local policies and protocols.

2. The performance of skills and procedures by the accreditation applicant will be done in the presence of a field preceptor designated by the Solano County EMS Agency. Although the applicant may be licensed as a Paramedic in California, the preceptor has the ultimate responsibility for patient care rendered by the Paramedic during the evaluation period.
3. It is the responsibility of the field preceptor to determine if the applicant is ready to begin functioning within Solano County; practicing optional scope in accordance with local policies and procedures.
4. The pre-accreditation field evaluation is limited to a minimum of five (5) but no more than ten (10) ALS calls. An ALS call is defined as at least one (1) invasive skill performed or one (1) medication administered.
 - a. This requirement may be waived by providing documentation of a minimum of five (5) but no more than ten (10) ALS calls during a Paramedic education program field internship with a Solano County ALS Provider within the previous six (6) months.
5. The EMS Medical Director, or EMS Agency designee, shall evaluate the calls submitted to the EMS Agency to ensure that EMS Agency policy and protocol were followed and to evaluate the quality of patient care given. If it is demonstrated in this evaluation that the Paramedic applicant did not perform treatment as outlined in policy/protocol, the Paramedic applicant may be required to report back to his preceptor for further instruction or calls. The call documentation will also be submitted back to the Paramedic's precepting provider for further Quality Improvement review.
6. The EMS Medical Director shall evaluate any Paramedic applicant who fails to successfully complete the field evaluation and may recommend further evaluation or training. If, in the course of the field evaluation, the applicant's proficiency in the scope of practice comes into question, then the qualification of the individual to hold a license becomes an issue and the Solano County EMS Agency shall evaluate the situation for appropriate action including, but not limited to, forwarding to the State EMS Authority for further review.

D. Accreditation Procedure

1. Upon completion of an application, verification of employment with a Solano County ALS provider, submission of required documentation, and issuance of an "A-Number" identifier, the licensed Paramedic may practice the Solano County EMS scope of Paramedic practice as a second Paramedic on a unit. A designated preceptor need not be present at this time.
2. After issuance of the "A-Number" identifier, the Paramedic applicant may only utilize the optional scope of practice in the presence of a Solano County Designated Paramedic Preceptor during the pre-accreditation field evaluation.
3. The applicant may work as a single Paramedic once the pre-accreditation field evaluation, base hospital orientation, and provider employer orientations have been completed and reviewed by the EMS Agency and a Solano County Paramedic Number has been issued.

4. The applicant shall complete the EMS Agency orientation within 120 days of initiating the accreditation process.
 - a. If a Paramedic is issued a Solano County Paramedic Number prior to attending the EMS Agency orientation and fails to attend the next scheduled orientation, the Paramedic will be issued a mandatory notice to attend the next orientation. If the Paramedic fails to attend a second scheduled orientation, the Paramedic's accreditation will be suspended until the orientation until the orientation is attended.
 - b. If the EMS Agency cancels an EMS Agency orientation Paramedics will not be penalized.
 5. An applicant who fails to complete the accreditation process may not practice as a Paramedic in Solano County.
 6. The local EMS Agency accredits individuals to practice in Solano County. Accreditation to practice shall be continuous as long as State of California Paramedic license is maintained and local requirements are met.
 7. Accreditation is indicated by the issuance of a Solano County Accreditation Card bearing the date of issuance, date of expiration, and the signature of the EMS Agency Medical Director.
 8. The EMS Agency shall notify individuals applying for accreditation of the decision to accredit within ten (10) working days of completion of the above requirements.
 9. Every attempt will be made to mail the Solano County Accreditation Card to the applicant within ten (10) working days of completion of the above requirements.
- E. Paramedics Employed by Solano County EMS Agency
1. Paramedics that are employed by the Solano County EMS Agency are eligible for initial Solano County Paramedic Accreditation so long as requirements of Section I(A)(1), (3), and (4)(a) of this policy are met. All other accreditation requirements may be waived at the discretion of the EMS Agency Medical Director.

II. MAINTAINING ACCREDITATION

- A. Requirements to maintain accreditation:
1. Maintenance of a valid State of California Paramedic license;
 2. Maintenance of a valid, current certification card in the following:
 - a. BLS CPR for Healthcare Provider or equivalent; **and**
 - b. ACLS card issued in accordance with the guidelines of the Journal of the American Medical Association; **and**
 - c. PALS **or** PEPP; **and**
 - d. PHTLS **or** BTLS **OR** ITLS
 3. Employment with an authorized ALS Provider or volunteer fire department within Solano County;

4. Compliance with the following requirements:
 - a. Maintenance of Continuing Education Requirements as specified in Policy #3700;
 - b. Completion of four (4) hours Advanced/Difficult Airway Management Course and manipulative skills as specified in Policy #6608;
 - i. If the Advanced/Difficult Airway Management Course is a portion of another Continuing Education (CE) Course, only the hours for Advanced/Difficult Airway Management will be used for reaccreditation and not the total hours of the course.
 - ii. One hour of AHA ACLS may be used to satisfy this requirement.
 - iii. One hour of AHA PALS may be used to satisfy this requirement.
 - c. Completion of four (4) hours, two (2) hours annually, of STEMI/12 Lead EKG training as specified in Policy #6609;
 - i. If the time from an initial accreditation to the date of renewal is less than one (1) year, two (2) hours of STEMI/12 Lead EKG training will satisfy this requirement.
 - ii. If the STEMI/12 Lead EKG course is including in another Continuing Education (CE) Course, only the hours required for STEMI/12 Lead will be credited toward reaccreditation (not the total hours for the course).
 - d. Paramedics may, at the discretion of the EMS Agency Medical Director, be required to:
 - i. Complete training courses on revised policies and procedures, treatment protocols, and/or optional scopes of practice.
 - ii. Obtain education aimed at specific clinical conditions or problems identified in the quality improvement program, which may include specialized training or certification in pre-established courses.
 - iii. Demonstrate competency of infrequently used skills.
 - e. All required reaccreditation documentation shall be turned into Solano County EMS 30 days prior to the current accreditation expiration date to allow adequate time for processing.
 - i. Failure to turn in reaccreditation documentation 30 days prior to the current accreditation expiration will result in a late fee as set forth in Solano County EMS Policy 3000. Reaccreditation will not be processed until the late fee is received.
- B. Paramedics Employed by Solano County EMS Agency
 1. Paramedics that are employed by the Solano County EMS Agency are eligible for Solano County Paramedic Reaccreditation provided the requirements of Section II(A)(1), (2), and (4) of this policy are met. All other reaccreditation requirements may be waived at the discretion of the EMS Agency Medical Director.

III. ADVERSE ACTIONS ON ACCREDITATION

- A. Accreditation may be denied or suspended by the Solano County EMS Agency for cause.
- B. If a Paramedic does not meet ALL local reaccreditation requirements by close of business (5:00pm) on the date of accreditation expiration, the Paramedic's accreditation will be considered expired and therefore Paramedic accreditation will be suspended.
 - 1. If the Paramedic accreditation is set to expire on a weekend or holiday, all reaccreditation documentation shall be submitted by close of business (5:00 pm) on the Friday prior to the weekend or the day prior to the holiday or the reaccreditation will be considered expired.
 - 2. If the EMS Agency has not received the Paramedic's completed reaccreditation documentation by 2:00pm on the day of, Friday prior to the weekend, or day prior to the holiday of expiration, a letter of eminent suspension will be sent to the Paramedic.
- C. Suspension of accreditation means that the Paramedic cannot work as a Paramedic in Solano County. If a Paramedic's accreditation is suspended, a letter explaining the circumstances will be sent to the Paramedic. Copies of this letter may also be sent to all EMS Agency staff, the Paramedic's immediate supervisor/employer, and the California State EMS Authority.
- D. If a California State Licensed Paramedic allows their Solano County Paramedic accreditation to lapse, Paramedic accreditation may be reinstated if ALL requirements for reaccreditation are met **AND** the appropriate late and reinstatement fees as stated in Policy 3000 are paid within 60 days of expiration.
- E. If a California State Licensed Paramedic allows their Paramedic accreditation to lapse for longer than 60 days, the California State Licensed Paramedic will be required to perform the initial requirements for Solano County Paramedic Accreditation.
- F. Accreditation will not be denied based on a Paramedic's accreditation history with another EMS Agency or their provider affiliation.
- G. Any circumstances and actions against a Paramedic's accreditation may be forwarded to the California State EMS Authority for further investigation and Paramedic Licensure action.

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POLICY MEMORANDUM 3420

Implementation Date: August 1, 1991

Revised Date: March 1, 2020

Review Date: March 1, 2022

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: PARAMEDIC PRECEPTOR – ROLES & RESPONSIBILITIES

AUTHORITY: HEALTH AND SAFETY CODE, DIVISION 2.5, SECTION 1797.220 and CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 9, ARTICLE 2, CHAPTER 4, SECTION 100150.

PURPOSE/POLICY:

To establish a means for designating Paramedic Preceptors and criteria for evaluation of interns, candidates, and paramedics that require monitoring.

I. ROLE OF PARAMEDIC PRECEPTOR

- A. Solano County Emergency Medical Services (EMS) Agency shall designate Paramedics as preceptors who shall monitor and evaluate:
 1. The performance of Paramedic students performing internship requirements of their Paramedic program.
 2. Paramedics undergoing pre-accreditation evaluation to be able to become a Solano County Accredited Paramedic.
 3. Solano County Accredited Paramedics identified by the Quality Assurance (QA) process as needing in-service education and/or probationary monitoring as required by the EMS Agency Medical Director.

- B. Paramedic Preceptors perform their functions within a two tiered system that outlines which level of monitoring is required.

TIER 1

Paramedic Preceptor I – A Solano County EMS Accredited Paramedic that has two (2) years of experience as a Paramedic in Solano County. A Designated Paramedic Preceptor I shall only be assigned to monitor the criteria outlined in Section (I)(A)(2) and/or (3) of this policy.

TIER 2

Paramedic Preceptor II – A Solano County EMS Accredited Paramedic that has four (4) years of experience as a Paramedic in Solano County. A Designated Paramedic Preceptor II can be assigned to monitor the criteria outlined in Section (I)(A)(1), (2), and (3) of this policy.

- C. Upon the implementation of this policy, all current Designated Paramedic Preceptors will keep their current status until the expiration of their current Solano County EMS Paramedic Accreditation. Upon Paramedic reaccreditation, the Designated Preceptor will be given the proper level of Paramedic Preceptor Designation in accordance with the years of service within Solano County as outlined in Section (I)(B) of this policy, if they so choose.

II. PREREQUISITES FOR DESIGNATION OF PRECEPTOR

- A. Applicant must be currently accredited in Solano County as a Paramedic and be in good standing with Advanced Life Support (ALS) Provider and EMS Agency current audit review mechanisms;
- B. Applicant shall demonstrate field experience in Solano County as an Accredited Paramedic as outlined in Section (I)(B) of this policy;
- C. Applicant must have a course completion certificate for a basic Preceptor Training Workshop from a preceptor program approved by Solano County EMS within the last three months;
- D. Applicant must have a written recommendation from **BOTH** his/her employer and ALS Provider Medical Director. This letter should speak to the Paramedic's abilities, knowledge, and potential leadership skills.
- E. A Tier II Applicant must have completed formal training in education or adult education (e.g. college courses, teaching credentials, American Heart Association Instructor, California State Fire Marshal Fire Instructor 1A and 1B, etc.).
 - 1. This requirement may also be satisfied by completion of an in-depth, provider-based, training program, approved by the EMS Agency Medical Director, focused on the topics of precepting a Paramedic student intern and instruction techniques of adult education.
- F. Applicant must fill out an Initial Paramedic Preceptor Application (Attachment A) and submit with copies of all recommendations and certificates required in (B), (C), and (D) for Tier I or (B), (C), (D), and (E) for Tier II
 - 1. A current Designated Tier I Preceptor that wishes to upgrade to Tier II will only be required to file documentation of adult education training when applying for change of status.

III. DESIGNATION

- A. After approval of all required documentation, applicants shall be granted Paramedic Preceptor Status by the Solano County EMS Agency for a period that runs concurrent with their Solano County Paramedic Accreditation.
- B. Preceptor status may be revoked by the EMS Medical Director at any time, after formally reviewing a written request from Base Hospital Liaison personnel, training institutes, ALS Providers, Physician's Forum, EMS Agency Staff, the Preceptor, or after review of the annual Designated Paramedic Preceptor Quality Improvement Review.
- C. Revocation of Paramedic Preceptor status shall follow due process, to include:
 - 1. Revocation recommendation with reason for revocation clearly identified by the petitioner, AND
 - 2. Preceptor interview with final outcome status to be under the purview of the EMS Agency Medical Director.

IV. REDESIGNATION

- A. An approved Paramedic Preceptor may redesignate by completing a Renewal Paramedic Preceptor Redesignation Application (Attachment B) when reaccrediting as a Paramedic for Solano County as outlined in Policy 3400, Paramedic Accreditation/Reaccreditation Process Section II.
 - 1. If a Paramedic fails to meet the Paramedic reaccreditation criteria and Paramedic accreditation expires, the Paramedic's Preceptor Designation shall be forfeited and the Paramedic must reapply for Preceptor Designation using the initial designation process.
- B. An approved Paramedic Preceptor shall perform preceptor duties for at least one (1) Paramedic (accrediting Paramedic or Paramedic under review) or a paramedic student OR be a lead instructor for an EMS related educational endeavor per two-year period. The names of Paramedics or paramedic students and time periods of monitoring or name of educational endeavor shall be documented on the renewal application.
 - 1. If a Paramedic Preceptor is unable to perform instructional duties for at least one Paramedic (accrediting Paramedic or Paramedic under review) or a paramedic student or be lead instructor per two-year period, the Paramedic Preceptor shall do the following:
 - a. Submit a Renewal Paramedic Preceptor Redesignation Application (Attachment B) as outlined in Section (IV)(A) of this policy; AND
 - b. Retake a Preceptor Training Workshop from a preceptor program approved by Solano County EMS
- C. By not filing this application, the Paramedic Preceptor will forfeit Paramedic Preceptor Designation. The former Paramedic Preceptor may reapply at a later time using the initial designation process.
- D. A Designated Paramedic Preceptor may voluntarily request at any time to surrender his/her designation status. This request shall be submitted in writing to the EMS Agency and the Paramedic Preceptor's employer will be notified.

- E. For any reason, if an ALS Provider removes Designated Paramedic Preceptor status from a preceptor, the ALS Provider shall notify Solano County EMS Agency and provide written documentation and supporting evidence as to why this is occurring.

V. DESIGNATED PARAMEDIC PRECEPTOR QUALITY IMPROVEMENT REVIEW

- A. The ALS Provider shall conduct a quality improvement review annually, during the month of June, including a critique of each Paramedic Preceptor's activities during the preceding year with special attention to:
 - 1. Review of all audits completed involving Paramedic Preceptor being reviewed;
 - 2. Review of all counseling sessions documented;
 - 3. Review of any Field Advisory Reports;
- B. The ALS Provider, after the annual Preceptor review, shall provide a summary of findings to Solano County EMS Agency. This summary is to include, but not be limited to:
 - 1. Number of times Preceptors were used and how many Paramedic field interns or Accrediting Paramedics each Paramedic Preceptor had in the preceding year;
 - 2. A sampling of feedback from Paramedic field interns and Accrediting Paramedics on each Paramedic Preceptor;
 - 3. Any issues with patient care witnessed by Paramedic Preceptors by the Paramedics being precepted;
 - 4. Any Field Advisory Reports (FAR) involving the Paramedic Preceptor;
 - 5. Any action taken against the Paramedic Preceptor by the ALS Provider.
- C. Any adverse action reported to the Solano County EMS Agency stemming from the Preceptor annual review may affect the Paramedic's Designated Preceptor status, including but not limited to: reeducation, suspension of the Preceptor Designation, and/or notification of action to the California State EMS Authority for further investigation.

VI. DOCUMENTATION

- A. Documentation of performance for Paramedic field interns shall be recorded on forms provided by the Paramedic training institutes and approved by Solano County.
- B. Documentation of performance for Paramedics awaiting accreditation, or probationary Paramedics, shall be recorded on Solano County Paramedic Performance Evaluation Form (see attached).
- C. Patient Care Reports (PCR) shall be utilized, as set forth in Solano County Policy 6100, Instructions for Completion of Patient Care Record. Both the Paramedic Preceptor and/or the Paramedic field intern shall sign and review the PCR prior to submission at the receiving hospital.
- D. Skills verification reports generated and documented through Electronic PCRs will be made available upon written request by the Paramedic Trainee. These will be mailed directly to the Training Instructor responsible for the requesting Paramedic field intern within 60 days of completion of the Paramedic Field Internship.

VII. RESPONSIBILITY OF THE PARAMEDIC PRECEPTOR

- A. It shall be the responsibility of the Paramedic Preceptor to allow or disallow patient contact and EMS intervention based on his/her perceptions as to the ability of the Paramedic (accrediting Paramedic or Paramedic under review) or paramedic student. The health and safety of the patient is always the paramount issue.
 - 1. If an incident should occur while performing patient care, the Paramedic Preceptor, as well as the Paramedic (accrediting Paramedic or Paramedic under review) or paramedic student, shall be reviewed under the QI processes of the ALS Provider Agency and the EMS Agency. The EMS Agency shall be notified of an incident through the FAR process within 48 hours of the incident.
 - a. If a paramedic student is involved with the incident, the paramedic student's Instructional Institution shall be notified of the incident for possible reeducation.

VIII. MINIMUM NUMBER OF PARAMEDIC PRECEPTORS PER PROVIDER SERVICE

- A. Each provider service shall maintain a minimum of one (1) Paramedic Preceptor for every ten (10) Paramedics employed so as to adequately provide for Paramedic preceptor responsibilities.
- B. ALS Providers shall submit to Solano County EMS Agency a list of active/approved Paramedic Preceptors by June 1st annually, or upon request.
 - 1. Failure by the ALS Provider to submit a list of active/approved Paramedic Preceptors may result in the suspension of **ALL** Paramedic Preceptors until this documentation is received.

IX. ASSIGNMENT OF PRECEPTORS

- A. Assignment of Paramedic Preceptors to persons being monitored must be approved by the EMS Medical Director, or their designee (written verification to be provided from EMS Agency).

////////////////////

DEPARTMENT OF HEALTH & SOCIAL SERVICES
Public Health Division

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Director

BRYN MUMMA, MD, MEd
EMS Agency Medical Director

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**POLICY 3420 ATTACHMENT A
INITIAL PARAMEDIC PRECEPTOR APPLICATION**

FOR _____ through _____
(Start date) (Accreditation expiration date)

NAME: _____

SOLANO COUNTY PARAMEDIC #: _____

DATE: _____

EMPLOYER: _____

Years as an Accredited Paramedic in Solano County: _____

Preceptor Tier Level Applying For: TIER I TIER II

Checklist for required preceptor prerequisite documentation:

- Verification of Solano County Paramedic accreditation in good standing **AND** years of service within Solano County in accordance of Tier Level applying for;
- For Tier II ONLY: Documentation of successful completion of any formal adult education training programs (AHA certified instructor, teaching credentials, transcripts, Fire Instructor 1A and 1B, etc.) **OR** documentation of provider based training program on precepting a Paramedic student intern and instruction techniques of adult education;
- Written recommendations from my employer **AND** ALS Provider Medical Director;
- Written verification of course completion of a Paramedic Preceptor Training Workshop or equivalent within the last three months as approved by the EMS Agency Medical Director.

I hereby attest that all statements above and attachments are true.

Applicant Signature

DEPARTMENT OF HEALTH & SOCIAL SERVICES
Public Health Division

GERALD HUBER
Director

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**POLICY 3420 ATTACHMENT B
PARAMEDIC PRECEPTOR APPLICATION RENEWAL**

FOR: _____ through _____
(Start date) (Accreditation expiration date)

DATE: _____

NAME: _____

CALIFORNIA STATE PARAMEDIC LICENSE #: _____

SOLANO COUNTY PARAMEDIC #: _____

EMPLOYER: _____

Years as an accredited Paramedic in Solano County: _____

Years as an approved Paramedic Preceptor in Solano County: _____

Renewing Paramedic Preceptor Tier Level: TIER I TIER II

Upgrading from TIER I to TIER II: YES NO

If yes, submit documentation of formal education training as outlined in Policy 3420 Section II(E) or II(E)(1).

Name of Paramedics/Paramedic Interns Precepted OR EMS Instruction	Dates Precepted or Instructed

*If more room is needed, continue on the back of this application.

I hereby attest that all statements above are true.

Applicant Signature

DEPARTMENT OF HEALTH & SOCIAL SERVICES
Public Health Division

GERALD HUBER
Director

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EMS Agency Medical Director

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POLICY MEMORANDUM 5530

Implementation Date: May 12, 2020
Review Date: May 12, 2022

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: FIRE DEPARTMENT/DISTRICT ADVANCED LIFE SUPPORT NON-TRANSPORT DESIGNATION PROCESS

AUTHORITY:

California Health and Safety Code Sections 1797.206, 1797.212, 1797.218, 1797.220, and 1797.227

PURPOSE:

To establish guidelines for Solano County Basic Life Support (BLS) fire department/district(s) to transition to Advanced Life Support (ALS) non-transport fire department/district(s).

I. ALS NON-TRANSPORT PROVIDER DESIGNATION PROCESS

- A. Solano County Fire Departments/Districts seeking designation as an ALS Non-Transport Provider, to provide Paramedic services for the residents and visitors in their respective jurisdictional service area(s), must have on file, or submit, the following:
 1. Current Solano County Basic Life Support Provider status.
 2. A letter of intent to be designated as an ALS Non-Transport Provider signed by the Fire Chief.
 3. Appointing documents associated with a Medical Director as per the requirements set forth in Solano County EMS Policy 1705, Provider Agency Medical Director Requirements & Responsibilities, Section II.

- a. Supporting documentation demonstrating how the Medical Director meets the requirements in Policy 1705, Section II shall also be provided.
 4. A copy of the Medical Director's current DEA license.
 5. A copy of an agreement exhibiting the use of an ePCR system that is compliant with the most current version of NEMESIS. (CA H&S 1797.227)
 6. A Quality Improvement (QI) Plan, including provisions for restocking and rotation of equipment and supplies, that conforms with Solano County EMS Policy 2203, QI Plan – EMT-P Service Provider; as well as identification and appointment of a liaison to be the direct point of contact between the Provider and the EMS Agency.
 7. A plan to have all prospective Paramedics accredited by the Solano County EMS Agency within 30 days of ALS Provider approval.
 - a. If a Paramedic is currently accredited by the Solano County EMS Agency, they may respond to ALS calls and use the ALS scope of practice.
 - b. Paramedics MAY NOT use the ALS scope of practice until they are accredited by the Solano County EMS Agency.
 8. A Staffing Plan ensuring each ALS unit is staffed with at least one Paramedic and one EMT at all times.
 9. A list of units that will be used for ALS response that includes vehicle registration, proof of insurance, and current CHP inspection forms.
 10. The one-time payment as set forth in Policy 3000, EMS Fees, to cover the cost of application review, unit inspections, technical assistance, and EMS Agency support during the designation process.
 - B. All intended ALS units will undergo an inspection by Solano County EMS Agency staff prior to going in-service.
 1. ALS units will be stocked per Policy 5700, Equipment, Supplies, & Medications – ALS Units.
 - C. Documentation/files associated with the above requirements are to be submitted to the Solano County EMS Agency for review prior to scheduling unit inspections. The approximate time for review is 30 days.
 - D. Upon completion of the documentation review and unit inspection process, the ALS Non-Transport Fire Department/District Applicant will enter into an agreement with the Solano EMS Agency to provide ALS non-transport services and adhere to the terms of the agreement. The final ALS Non-transport Fire Department/District Designation will be memorialized in writing within 14 days of executing the agreement.
-

DEPARTMENT OF HEALTH & SOCIAL SERVICES
Medical Services Division

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POLICY MEMORANDUM 6155

Implementation Date: November 30, 2012

Revised Date: March 1, 2020

Review Date: March 1, 2022

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: RESUSCITATION PARAMETERS

AUTHORITY: CALIFORNIA HEALTH & SAFETY CODE § DIVISION 2.5; § 1797.220

PURPOSE/POLICY:

Defines obvious death and when Emergency Medical Technicians (EMTs) and Paramedics can declare deceased patients. Defines probable death and when Paramedics can declare deceased patients and terminate resuscitation. Defines when EMTs and Paramedics should not initiate resuscitation due to a "Do Not Resuscitate" (DNR) Order or an End of Life Option Act Attestation.

I. DETERMINATION OF OBVIOUS DEATH (EMTs and PARAMEDICS)

- A. EMTs and Paramedics may determine death if any one of the following criteria is met:
 1. Decapitation (separation of the head at the neck)
 2. Total incineration of the body;
 3. Decomposition of the body;
 4. Rigor mortis in two or more joints or signs of lividity.
 5. Total separation of the heart or brain from the body or destruction of these organs accompanied by no detectable pulse or respirations.

6. During a Multi Casualty Incident, a patient that has no pulse and is apneic may be declared dead using triage guidelines and/or when sufficient resources are not available to provide resuscitation.
- B. If any of the above criteria are met, the EMT or Paramedic will:
1. Cancel the Advanced Life Support (ALS) response, if applicable;
 2. Report the death to the appropriate public safety agency with the jurisdiction for the decedent's location and the county coroner. Follow the instructions regarding the decedent from the county coroner.
 - a. Provide appropriate comfort and care to bystanders and family.
 - b. The decedent will be attended by a responsible party such as family, funeral home personnel, or law enforcement. Do not leave the decedent unattended.

II. DETERMINATION OF PROBABLE DEATH (PARAMEDICS)

- A. Paramedics may determine death using the obvious death criteria in Section I of this policy.
- B. Paramedics may determine probable death in medical adult or pediatric patients if the patient meets the following criteria:
1. Patient has been observed to be not breathing with no CPR in progress and the patient exhibits all of the following:
 - a. Asystole in two leads on a cardiac monitor;
 - b. Fixed and dilated pupils.
- C. Paramedics may determine probable death in adult and pediatric trauma patients (blunt or penetrating) if the patient meets both of the following:
1. Pulseless and apneic upon arrival of paramedic;
 2. Asystole or Pulseless Electrical Activity (PEA) with a heart rate of <40 in two leads on a cardiac monitor (any other rhythm is transported according to trauma treatment and transport policies).
- D. After determining probable death, the Paramedic will use the steps outlined in Section I(B) for reporting the death.

III. DO NOT RESUSCITATE (DNR) AND SIMILAR ORDERS

- A. Solano County EMS personnel may encounter several types of directives in the prehospital setting. Any one of the following are approved DNR orders by the Solano County EMS Agency:
1. A fully executed original or photocopy of the California Emergency Medical Services/California Medical Association Prehospital DNR form;

2. A fully executed original or photocopy of the Physicians' Order for Life-Sustaining Treatment (POLST) form;
 3. A written or electronic DNR order by a physician;
 4. A medical alert necklace or bracelet stating DNR.
- B. Other forms of documentation stating patient wishes such as, but not limited to, an Advance Health Care Directive (AHCD), Durable Power of Attorney for Healthcare (DPAHC), Living Will, or Declaration under the California Natural Death Act, will result in a Base Hospital Physician consult for direction.

IV. DNR PROCEDURES

- A. Once the EMS system has been activated, Solano County's policy is to require the presentation of a valid DNR/DNI (Do Not Intubate) authorization to the field personnel before any resuscitation can be withheld.
- B. **DNR** means that no chest compressions, defibrillation, endotracheal intubation assisted ventilation or cardiac drugs will be utilized.
- C. The patient should receive full palliative treatment for pain, dyspnea, major hemorrhage or other medical condition.
- D. Relief of choking caused by a foreign body is usually appropriate, although if breathing has stopped and the patient is unconscious, ventilation should not be assisted. Oral suctioning is permissible for patient comfort.
- E. **DNI** means that no means of invasive ventilation or advanced airway will be used.
 1. The use of oxygen administration without invasive ventilation is authorized, including the use of CPAP.
 2. Use of methods of relieving airway obstruction such as nasal airways or maneuvers to open the airway such as abdominal thrusts are still to be used if indicated.
- F. If upon presentation of the DNR/DNI authorization there exists a discrepancy as to the wishes of the patient, **full resuscitation will commence**. If the patient is unconscious and the family directs that resuscitation be done then EMS personnel will do so, and bring the DNR/DNI authorization form to the receiving facility.
 1. If the validity of the DNR request is questioned (e.g., form signed by the patient but not by the physician; a family member strongly objecting to the withholding of resuscitative measures), EMS personnel may temporarily disregard the DNR request and institute resuscitative measures until paramedics consult with a Base Hospital physician.

2. If the DNR order is issued verbally over the phone to EMS personnel by the patient's physician, institute resuscitative measures until Paramedics consult with a Base Hospital physician. Obtain a call back number from the patient's physician in case the Base Hospital physician wishes to contact the patient's physician
- G. All cases of application of a DNR/DNI in the field will be reviewed by the ALS Provider Agencies as part of their routine quality assurance activities and any problems reported to the EMS office.

V. AB15 END OF LIFE OPTION ACT

AB15 End of Life Option Act is a California State law that authorizes an adult who meets certain qualifications and who has been determined by his/her attending physician to be suffering from a terminal disease to make a request for an "aid-in-dying drug" prescribed for the purpose of ending his/her life in a humane manner. The following guidelines are provided for EMS personnel when responding to a patient who has self-administered an aid-in-dying drug.

- A. Within 48 hours prior to self-administering the aid-in-dying drug, the patient is required to complete a "Final Attestation for an Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner." However, there is no mandate for the patient to maintain the final attestation in close proximity. If a copy of the final attestation is available, EMS personnel should confirm the patient is the person named in the final attestation. This will normally require either the presence of a witness who can reliably identify the patient or the presence of a form of identification.
- B. There are no standardized "Final Attestation for an Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner" forms. If available, EMS personnel should make a good faith effort to review and verify that the document is identified as a "Final Attestation for an Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner" and includes the patient's name, signature and date.
- C. Provide comfort measures (airway positioning, suctioning) when applicable.
- D. Withhold resuscitative measures if patient is in cardiopulmonary arrest. If a POLST or EMSA DNR form is present, follow the directive as appropriate for the clinical situation.
- E. The patient may at any time withdraw or rescind his or her request for an aid-in-dying drug regardless of their mental state. In this instance, EMS personnel shall provide medical care according to standard treatment protocols. EMS personnel are encouraged to consult with a Base Hospital Physician in these situations.

- F. Family members may be at the scene of a patient who has self-administered an aid-in-dying drug. If there is objection to the End of Life Option Act, inform the family that comfort measures will be provided and consider Base Hospital Physician consultation for further direction.

VI. TERMINATION OF RESUSCITATION

- A. Termination of resuscitation should be considered for those patients without Return of Spontaneous Circulation (ROSC) if one of the following applies:
 - 1. 20 minutes of ALS resuscitation if the patient's cardiac rhythm is asystole, PEA, or any other agonal rhythm per the American Heart Association (AHA) ACLS algorithm;
 - 2. The arrest was not witnessed, had no CPR administered prior to EMS arrival, and an Automatic External Defibrillator (AED) was not used OR used but "no shock advised" after three rounds of CPR.
- B. If a patient meets the criteria stated in Section VI(A)(1) or (2), the paramedic may terminate resuscitation efforts only after consulting a Base Hospital Physician. The Base Hospital Physician may elect to terminate resuscitation by voice contact with the paramedics on scene of a field resuscitation prior to and/or after initiating ALS measures where it is determined that further ACLS measures are futile. The decision to terminate resuscitative efforts will be a consensus between the paramedic and the base hospital physician.

VII. RESUSCITATION AND TRANSPORT

- A. Transportation of adult patient should be initiated in the following circumstances:
 - 1. ROSC.
 - 2. Refractory ventricular tachycardia.
 - 3. Scene factors preclude declaration of death (public places), or in the opinion of the team leaders, the immediate grief response may endanger field personnel and declaration of death may be better handled at the receiving hospital.
- B. Pediatric cardiac arrests that do not fit the criteria stated in Sections I and II should be transported to the hospital as soon as reasonably possible.

VIII. DOCUMENTATION FOR TERMINATION OR RESUSCITATION

- A. In each instance where the Base Hospital physician has determined further ALS measures are futile and has elected to terminate resuscitation, the paramedic shall:
1. Note in the narrative section of the Patient Care Report (PCR) the name of the physician who orders termination of resuscitative effort AND time of the medical order to terminate resuscitation.
 2. Complete a PCR and forward the "Base Hospital Copy" with appropriate ECG strips to the appropriate Base Hospital.

IX. CAUTION

Hypothermia - A patient who has drowned, has a history consistent with hypothermia, or there is any likelihood that resuscitation is in the patient's best medical interest should have resuscitative efforts started and be transported to the closest appropriate facility as soon as possible.

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POLICY MEMORANDUM 6605

Implementation Date: November 30, 2009
Revised Date: January 20, 2020
Review Date: January 20, 2022

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)

AUTHORITY:

California Health and Safety Code Sections 1797.220 and 1797.221
California Code of Regulations Sections 100063 and 100146

PURPOSE:

To improve ventilation and oxygenation and avoid intubation for patients suffering from Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), asthma, pneumonia, generalized Shortness of Breath (SOB), or near drowning and are at risk for acute pulmonary edema or bronchospasm.

I. INDICATIONS

- A. For patients ≥12 years old in severe respiratory distress from the following conditions:
 1. Acute pulmonary edema and CHF;
 2. Near drowning;
 3. Asthma;
 4. Bronchospasm;
 5. COPD;
 6. Pneumonia;
 7. Non-traumatic SOB;

II. CONTRAINDICATIONS

- A. CPAP is contraindicated with any of the following:
1. Patient ≤ 11 years old;
 2. Respiratory or cardiac arrest;
 3. Agonal respirations;
 4. Severely depressed level of consciousness with a Glasgow Coma Scale of ≤ 8 ;
 5. Systolic blood pressure < 90 mmHg;
 6. Pneumothorax;
 7. Inability to maintain airway patency;
 8. Major trauma, especially with head and/or chest trauma;
 9. Facial abnormalities;
 10. Vomiting;

III. COMPLICATIONS FROM CPAP

- A. Complications from CPAP are any of the following:
1. Hypotension;
 2. Pneumothorax;
 3. Corneal drying;
 4. Patient agitation or inability to tolerate CPAP;

IV. CPAP PROCEDURE

- A. Evaluate the following prior to applying CPAP:
1. Heart rate;
 2. Respiratory Rate;
 3. Blood Pressure;
 4. Pulse Oximetry;
 5. Mental status;
 6. Lung sounds;
 7. Work of breathing;
- B. Explain the procedure to the patient.
- C. Set up the CPAP per manufacturer's recommendations and set to 10cmH₂O pressure.
- D. Apply CPAP and encourage patient to breathe normally. Check mask seal to ensure that no air is leaking.
- E. Reassess patient every five minutes using the criteria in Section IV(A).

- F. Notify the receiving hospital as soon as possible that CPAP has been utilized.
- G. Do not remove CPAP until the receiving hospital is prepared to switch the patient to the hospital CPAP or unless ordered by the Base Hospital Physician.

V. GOALS OF CPAP

- A. To improve the patient's respiratory status by reducing the work of breathing or improving suspected hypercapnia/hypoxemia to avoid more invasive airway management.
 - 1. If the patient fails to improve, consider bag-valve mask ventilation and endotracheal intubation for adult patients and Basic Life Support (BLS) airways for pediatric patients.
-

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POLICY MEMORANDUM 6608

Implementation Date: August 18, 2014

Revised Date: March 1, 2020

Review Date: March 1, 2022

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: ADVANCED AIRWAY MANAGEMENT

AUTHORITY:

California Health & Safety Code §1797.220

PURPOSE/POLICY:

Airway management is a critical and potentially lifesaving skill for paramedics to master and maintain proficiency. This policy is written to address both training and authorization requirements, as well as, audit outcome expectations for advanced airway management by Solano County Accredited Paramedics.

This policy encompasses the use of all advanced airway techniques authorized in Solano County: adult oral endotracheal intubation, adult King Airway™ utilization, and the Endotracheal Tube Introducer (Gum-Elastic Bougie).

DEFINITIONS:

Endotracheal Intubation Attempt – An attempt at endotracheal intubation is defined as the insertion of a laryngoscope (i.e. past the teeth/gums) with the intention of intubation.

I. INITIAL ADVANCED AIRWAY AUTHORIZATION

- A. Adult endotracheal (ET) intubation is within the basic Emergency Medical Technician-Paramedic (EMT-P) scope of practice for the State of California, therefore, an EMT-P licensed by the State of California will be considered authorized to perform adult endotracheal intubation in Solano County for the purpose of initial accreditation.
- B. Use of use of perilaryngeal airways for adults are a part of the basic EMT-P scope of practice and Local Optional Scope of Practice (LOSOP) for EMTs in the State of California, therefore, an EMT-P licensed by the State of California or a California certified EMT that has undergone training, as outlined in Solano County EMS Policy 6300, will be authorized to use perilaryngeal airways for adults in Solano County.
- C. Solano County Accredited Paramedics, with proper training, are authorized to use the endotracheal tube introducer (gum-elastic Bougie), for all ET intubations.
- D. Re-Accrediting Paramedics will demonstrate skills competency by attending a Continuing Education Course in advanced airway management for a minimum length of four (4) hours. AHA ACLS and/or PALS courses may be used to satisfy one (1) hour of this requirement for each certification. Refer to Policy 3400, Paramedic Accreditation/Reaccreditation Process, Section II(A)(4)(b).

II. KING AIRWAY™

The King Airway™ is available in three sizes; cuff inflation varies by model:

- Size 3 – Adult patient between 4 and 5 feet tall (50 ml air)
- Size 4 – Adult patient between 5 and 6 feet tall (70 ml air)
- Size 5 – Adult patient over 6 feet tall (80 ml air)

A. INDICATIONS FOR USE:

1. Cardiac and/or respiratory arrest and one of the following:
 - a. Prior failed (maximum of two (2)) attempts at endotracheal intubation.
 - b. Situations where the airway cannot be visualized for intubation:
 - i. Trauma, blood, vomit, or other secretions.
 - ii. Entrapment of the patient with limited access to the patient.

B. CONTRAINDICATIONS FOR USE:

1. Intact gag reflex.
2. Ingestion of caustic substances.
3. Known disruption of esophageal anatomy.
4. Presence of a tracheostomy or stoma.
5. Pediatric patients.

C. EQUIPMENT:

1. King Airway™ LTS-D kit (adult sizes 3, 4 and 5);
2. Water soluble lubricant;
3. Syringe 50 – 100 ml varies by size;
4. Stethoscope;
5. Portable suction;
6. Bag Valve Mask (BVM) device;
7. PPE (Personal Protective Equipment).

D. INSERTION PROCEDURE:

1. Assure an adequate BLS airway;
2. Oxygenate with 100% oxygen;
3. Select appropriately sized King Airway™;
4. Check the King Airway™ cuffs to ensure patency. Deflate tube cuffs. Leave syringe attached. Lubricate the tip of the tube;
5. Position the head. The ideal position is the “sniffing position.” A neutral position should be used if traumatic injury to the cervical spine is suspected;
6. Without exerting excessive force, advance tube until the base of connector is aligned with teeth or gums;
7. Inflate cuffs based on size and recommended volume;
8. Attach bag-valve to King Airway™. While gently bagging the patient to assess ventilation, withdraw the airway until ventilation is easy and free flowing;
9. If breath sounds are present, continue to ventilate. If air leak is noted, up to 10 ml of air can be added to the cuff;
10. Secure the tube with tape. Note depth marking on tube;
11. Continue to monitor the patient for proper tube placement throughout pre-hospital treatment and transport (e.g. lung sounds, waveform capnography). Waveform capnography should be used on all patients with such an extraglottic airway. Do not use an esophageal detector device with extraglottic airways;
12. Document King Airway™ placement times and results of tube placement checks performed throughout the resuscitation and transport.

E. TROUBLESHOOTING AND ADDITIONAL INFORMATION

1. If placement is unsuccessful, remove tube, ventilate via BVM and repeat sequence of steps.
2. If unsuccessful on second attempt, Basic Life Support (BLS) airway management should be resumed.
3. Most unsuccessful placements relate to failure to keep tube in midline during placement.
4. Cuffs can be lacerated by broken teeth or dentures. Remove dentures before placing tube.
5. Do not force tube, as airway trauma may occur.

III. ENDOTRACHEAL TUBE INTRODUCER OR GUM-ELASTIC BOUGIE

The endotracheal tube introducer (gum-elastic bougie), is a flexible intubating stylet with a bent distal tip. The introducer can be bent or straightened as needed.

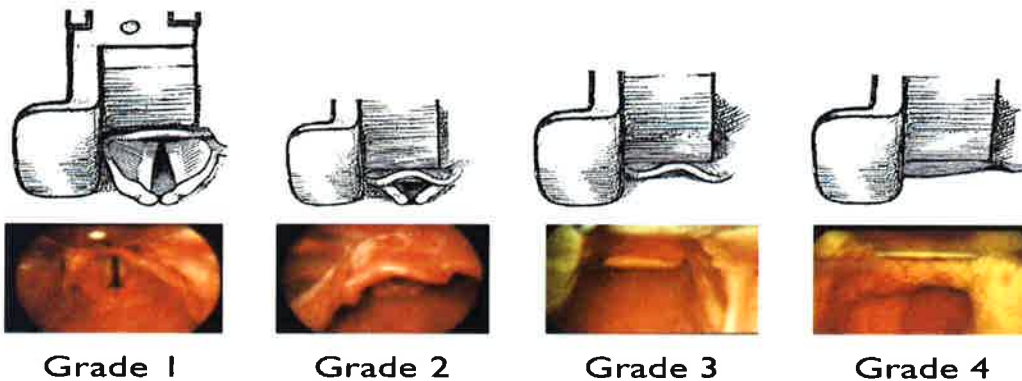
Newly Accredited Solano County Paramedics shall be trained on use of the introducer upon initial hiring. The Advanced Life Support (ALS) Provider will submit proof of training to the EMS Agency within thirty (30) days of class completion.

A. INDICATIONS FOR USE

The introducer was developed to assist with endotracheal intubation on patients with difficult airway anatomy where the vocal cords cannot be visualized.

However, Solano County Accredited Paramedics are encouraged to use the introducer on all intubation attempts.

Airways can be graded on scale of one to four using the Cormack-Lehane Scale. Grade one = full view of cords, grade two = partial view of cords, grade three = epiglottis only, grade four = no airway structures identifiable.



B. CONTRAINDICATIONS

1. ET tube size < 6.5mm.

C. EQUIPMENT

1. Endotracheal Tube Introducer (Gum-Elastic Bougie), adult size;
2. Water soluble lubricant;
3. Laryngoscope and blade appropriately sized for patient;
4. ET tube, appropriately sized for the patient;
5. 10 mL syringe for ET tube cuff inflation;
6. Device to secure the ET tube;
7. Bag-Valve-Mask Device.

D. INSERTION PROCEDURE

1. Oxygenation of the patient should be ongoing during the set up for intubation;
2. Select and assemble ET tube as standard procedure. Do not use a metal standard endotracheal tube stylette.
3. Lubricate the distal end of the ET tube using water soluble lubricant;
4. Select and assemble laryngoscope and blade per standard procedure;
5. Insert the laryngoscope into the patient's mouth and identify the airway noting the Airway Grade using the Cormack-Lehane Scale as described above;
6. Insert the introducer into the airway with the tip oriented anteriorly. A "clicking" may be felt as the bent tip passes over the rings of the trachea. Upon further passage of the introducer, a "hold up" or increased resistance may be noted. This implies that the tip is in the lower airway. Take care not to forcefully advance the introducer as it can cause trauma to the lower airways. A lack of "hold up" suggests that the introducer is in the esophagus.
7. Thread the ET tube over the introducer while maintaining the laryngoscope in place to displace the tongue;
8. Insert the ET to standard depth based on the size of the patient;
9. Remove the introducer;
10. Ventilate the patient using the BVM;
11. Confirm ET placement by using a waveform capnography device and confirm equal breath sounds by auscultation. Alternatively, in a patient without a pulse, the esophageal intubation detection (EID) device may also be used to confirm placement;

12. Secure ET Tube;
13. Continue to monitor the patient for proper tube placement throughout pre-hospital treatment and transport (e.g. lung sounds, waveform capnography, or esophageal intubation detection device). Waveform capnography should be used on all patients with an advanced airway;
14. Document on the PCR the Airway Scale Grade (1 to 4), depth of ET tube placement, and ET tube securing device.

E. TROUBLESHOOTING AND ADDITIONAL INFORMATION

1. If you are unable to advance the ET tube into the trachea, withdraw the ET tube several centimeters and rotate the ET tube 90 degrees COUNTER clockwise to turn the bevel of the ET tube posteriorly and re-advance the tube.

IV. EDUCATION AND CONTINUOUS QUALITY IMPROVEMENT

To maintain paramedic competency with advanced airway maneuvers, the ALS Provider will provide annual training. The training will be a minimum of two (2) hours in duration annually. The training must provide both didactic instruction and include a skills portion showing proficiency in all relevant airway tools. At a minimum the following topics will need to be addressed:

- Anatomical features of the airway;
- The use of the Cormack-Lehane Scale to identify the classifications of patients with difficult airways;
- Patient preparation for, and the use of, BLS and ALS airway adjuncts include, but is not limited to, oropharyngeal (OPA) and nasopharyngeal (NPA) airways, adult endotracheal intubation, use of the King Airway™, and the intubation of difficult airways using the endotracheal tube inducer (bougie).

The Advanced Life Support (ALS) Provider will submit proof of training to the EMS Agency within thirty (30) days of class completion.

The ALS provider will also perform an airway management skill proficiency evaluation on all paramedics to be held on a semi-annual basis. The skill proficiency evaluation will include all airway adjuncts to include but not limited to: OPA insertion, NPA insertion, an intubation on an adult mannequin, use of the ET tube introducer, and use of the King Airway™. The ALS Provider will, upon request, submit proof of training to the EMS Agency within thirty (30) days of class completion.

- A. The ALS Provider Medical Director shall construct airway training curriculum using the information above for their Agency. Prior to any training the educational material will be submitted to the EMS Agency for review and approval.

- B. Any adverse outcomes will be reported via Field Advisory Report (FAR) to the Medical Director of the Program, the Program CQI Coordinator, and the EMS Agency within 24 hours. These calls will be investigated and the outcome of the investigation will be reported to the Process Improvement Committee. The information to be reported is: Date of occurrence, the nature of the adverse outcome, what can be done to prevent the problem again.
- C. ALS Providers may be requested to report the number of uses of Advanced Airway Maneuvers for the quarter during the quarterly Process Improvement Committee Meeting. The report will include (at a minimum) the total number of intubations attempted and completed, clinical indications for intubation, type of airway management and proportion of first pass success (i.e. % of patients intubated successfully on first attempt). Additionally, compliance of documentation in relation to Policy 8100, Respiratory-2, Verification of Out-of-Hospital ET Tube Placement will be tracked and reported.
- D. ALS Providers will track individual paramedic statistics for use of the Advanced Airway Maneuvers. This information will be available for the EMS Agency and the Process Improvement Committee to review when requested.
- E. ALS Providers will maintain records to document training in the use of Advanced Airway Maneuvers. These records will be sent to the EMS Agency within 30 days upon request.

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DEPARTMENT OF HEALTH & SOCIAL SERVICES

Public Health Division

GERALD HUBER
Director

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EMS Agency Medical Director

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POLICY MEMORANDUM 6609

Implementation Date: September 1, 2013

Revised Date: March 1, 2020

Review Date: March 1, 2022

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: S-T SEGMENT ELEVATION MYOCARDIAL INFARCTION (STEMI)

AUTHORITY:

California Health and Safety Code Sections 1797.220

PURPOSE:

This policy is intended to provide paramedics guidance on the treatment and transport of patients suffering from a ST Segment Elevation Myocardial Infarction (STEMI). The purpose of this policy is to decrease morbidity and mortality through patient education and public recognition of cardiac problems, a systemic approach by Emergency Medical Services (EMS), and a coordinated effort by local hospitals to intervene with Percutaneous Coronary Intervention.

I. DEFINITIONS

- A. Acute Coronary Syndrome (ACS) – This is an umbrella term used to cover any group of clinical symptoms compatible with acute myocardial ischemia.
- B. Percutaneous Coronary Intervention (PCI) – Otherwise known as angioplasty. This is the use of a small flexible balloon catheter to open a blockage in a coronary artery.
- C. Reperfusion – The reestablishment of blood flow to cardiac tissue after suffering from a coronary artery occlusion.

- D. STEMI Receiving Center (SRC) – A hospital designated by the EMS Agency that is capable of appropriately treating a patient having a STEMI with PCI and other interventional cardiology procedures to restore circulation to a blocked artery.
- E. STEMI Referral Facility (SRF) – A hospital that refers patients with a STEMI to a SRC for advanced therapeutic intervention such as, but not limited to, PCI.
- F. Thrombolytic – A medication to dissolve blood clots in the body.

II. FIELD CARE OF STEMI PATIENTS

- A. Paramedics are to evaluate patients and provide treatment according to protocol.
- B. Paramedics will complete a 12 Lead EKG as soon as possible.
- C. If the 12 Lead EKG reading indicates STEMI or suspected STEMI, the paramedic will follow Protocol C-14.
- D. For unstable patients, contact base hospital physician and consider transport to the closest facility.

III. STEMI PATIENT TRANSPORT DESTINATION

- A. If the field 12 Lead EKG indicates STEMI or suspected STEMI, the paramedic will use Protocol C-14 to make a hospital destination decision.
- B. Paramedics will leave the 12 Lead EKG electrodes on the patient's chest, arms, and legs so the hospital can quickly obtain their own 12 Lead EKG.
- C. Based on geographic location, the paramedic will transport the patient to a designated SRC that will be reached in the shortest length of time.
- D. Solano County EMS will identify in and out-of-county SRCs authorized to receive STEMI patients from Solano County.
- E. Patients suffering from cardiac arrest with Return of Spontaneous Circulation (ROSC) will be transported to the closest SRC for the appropriate clinical therapy.

IV. SRC DESIGNATION REQUIREMENTS

The requirements for a hospital to become a SRC are as follows:

- A. Complete a Solano County EMS Agency SRC application and pay the appropriate annual fee as set forth in Policy 3000, EMS Fees.
- B. Meet the current SRC criteria of the American College of Cardiology and the American Heart Association (AHA).

- C. Appoint co-medical directors consisting of the following:
1. An emergency medicine physician **AND**
 2. An interventional cardiologist **OR** a physician who has completed a fellowship in interventional cardiology and preparing to take the board exam **OR** a physician who meets the following criteria:
 - a. Completed post graduate training prior to July 1, 2002; and
 - b. Has seven to ten years of primary operator experience in therapeutic PCI; and
 - c. Has current hospital staff privileges in at least one hospital for the last five years; and
 - d. Has completed at least 150 therapeutic cardiac catheterizations in the past two years.
- D. Appoint a SRC Program Manager or SRC Program Coordinator.
- E. Undergo a pass/fail SRC site survey by a committee consisting of, but not limited to, the following:
1. Solano County EMS Agency Medical Director;
 2. Solano County EMS Agency Administrator;
 3. Solano County EMS Agency Quality Assurance Representative; and
 4. A subject matter expert with experience in designation and oversight of SRCs in California.
- The SRC Site Visit and Evaluation Tool will be provided upon request or upon receipt of the Solano County SRC Designation Application. The cost of the survey will be paid for by the applicant facility.
- F. Agree to submit data to the following registries:
1. National Cardiac Data Registry (NCDR);
 2. CathPCI;
 3. ACTION;
 4. Cardiac Arrest Registry to Enhance Survival (CARES).
- G. Provide Solano County EMS Agency with formatted data as set forth in Attachment A.
- H. Agree to receive any patient designated as a STEMI patient from the field and provide the appropriate level of care based on the patient's condition.

V. STEMI QUALITY IMPROVEMENT

- A. For STEMI Quality Improvement (QI), Advanced Life Support (ALS) Field Providers must:
1. Upon request, submit to the EMS Agency all Patient Care Reports (PCR) and 12 Lead EKGs for patients who had a STEMI activation for the previous month.
 2. Upon request, submit a list of all patients treated with ALS Protocol C-14 for the previous month.
 3. Appoint a QI Representative to attend the Solano County EMS Quarterly STEMI Committee Meeting.
 4. Comply with all policies and protocols concerning STEMIs.
 5. Provide Paramedics with two hours of annual training on ACS care, 12 Lead EKG, and associated policies and protocols.
 - a. This training will be verified as a part of the Paramedic Reccreditation process.
- B. For STEMI QI, SRFs must:
1. Provide data to the EMS agency on the number of patients treated in their Emergency Department (ED) for STEMI, the mode of arrival, and whether the patient was treated with thrombolytics or transferred to a SRC for PCI.
 2. Submit data to the CARES Registry.
 3. Appoint a QI Representative to attend the Solano County EMS Quarterly STEMI Committee Meeting.
 4. Adopt a plan to treat STEMI patients with either thrombolytics or transfer to a SRC for PCI.
- C. For STEMI QI, County Designated SRCs must:
1. Appoint a QI Representative to attend the Solano County EMS Quarterly STEMI Committee Meeting and attend all meetings.
 2. By the 10th of each month, submit the Solano County EMS STEMI report to the EMS Agency. Data elements are to include, but not limited to:
 - a. Time STEMI alert called;
 - b. ED EKG and time;
 - c. ED arrival date and time;
 - d. Interventions performed with dates and times;
 - e. Summary of cardiac catheter findings.

3. Provide to the EMS Agency formatted quarterly data including, but not limited to:
 - a. Number of STEMI patients;
 - b. Number of confirmed STEMIs;
 - c. Number of interventions and type;
 - d. Door-to-intervention (median) by type (in minutes);
 - e. Percentile of door-to-intervention.
 - i. 90 minutes or less for PCI.
 - ii. 30 minutes or less for thrombolytics.
 4. Provide to the EMS Agency formatted annual data including, but not limited to:
 - a. EMS Data Report;
 - b. NCDR Data Elements and report from CathPCI, ACTION, and CARES Registries;
 - c. Primary total PCI volume/year for each cardiologist treating EMS transported STEMI patients;
 - d. Total time and number of cardiac catheterizations and episodes per year that the catheterization lab was unable to perform.
- D. Solano County SRCs and SRFs are to be prepared to discuss the following at the Quarterly STEMI Committee Meeting:
1. Data on system performance for the entire system;
 2. Cases that failed to meet door-to-balloon time of 90 minutes, that did not follow protocols, and other outlying cases;
 3. EMS performance on STEMI cases to identify opportunities for improvement and to recognize outstanding performance.

Attachment A – STEMI Data Format

<p>Participation in American College of Cardiology National Cardiovascular Data Registry (NCDR®)</p>	<p>NCDR® Aggregate Data to be reported: Quarterly (raw) with adjusted data from NCDR® when available to include all primary PCI interventions (EMS and non-EMS)</p> <ul style="list-style-type: none"> • Number of patients with primary PCI intervention • Median door-to-intervention interval (minutes) <p>Percentage and numerator/denominator of patient counts for the following:</p> <ul style="list-style-type: none"> • STEMI Mortality • PCI Mortality • Procedural Success • Vascular Complications • ASA upon arrival within 24 hours • Beta-blockers upon arrival within 24 hours • ASA on discharge • Beta-Blockers on discharge • ACE Inhibitors or ARM in patients with Ejection Fraction <40% on discharge. 	<p>Data shall be submitted within 3 months of completion of calendar quarter.</p> <p>(Data elements may evolve over time.)</p>
<p>Participation in Solano County EMS Data Collection</p>	<p>EMS Data Elements:</p> <ul style="list-style-type: none"> • STEMI Alert called by EMS (Yes/No/Unknown) • ED ECG STEMI (Yes/No/Unknown) • ED Arrival Time and Date • Intervention Done (PCI, thrombolysis, or no intervention) • Intervention Time and Date • STEMI patient transfers to another STEMI Receiving Center and reason for transfer 	<p>Data shall be submitted within 10 days of date of patient arrival.</p> <p>(Data elements may evolve over time.)</p>
<p>Quarterly STEMI QI Committee Data Reports</p>	<p>EMS Data Report to include:</p> <ul style="list-style-type: none"> • Number of STEMI Alerts • Number of confirmed STEMIs (of those with alert) • Number of Interventions and Type (PCI or thrombolysis) • Door-to-Intervention Interval (median) by type (in minutes) • Percentile of Door-to-Intervention 90 minutes or less (PCI), 30 minutes or less (thrombolysis) – (numerator and denominator of both categories) • Number of times and reason cath lab was unavailable, (e.g. another patient on table, cardiologist unavailable, cath lab staff unavailable, or equipment failure.) • Number of times a STEMI Patient had to be transferred from one STEMI Receiving Facility to another 	<p>Data shall be submitted within 3 months of completion of calendar quarter.</p> <p>(Reports may evolve based on QI findings and data element change.)</p>
<p>Annual STEMI QI Report</p>	<p>Annual STEMI QI Report</p> <ul style="list-style-type: none"> • EMS Data Report • NCDR Data Elements • Cardiologist Primary and Total PCI volume/year for those treating EMS-transported patients • Total time and number of episodes per year that catheterization lab not able to function. 	<p>Data shall be submitted within 3 months of completion of calendar year.</p>

DEPARTMENT OF HEALTH & SOCIAL SERVICES

Public Health Division

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POLICY MEMORANDUM 6701

Implementation Date: March 17, 2020
Revised Date: April 30, 2020
Review Date: April 30, 2022

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: TREATMENT AND REFERAL FOR ILL PATIENTS DURING THE COVID-2019 OUTBREAK

AUTHORITY:

California Health and Safety Code Sections 1797.94 and 1797.153
California Code of Regulations Sections 101310

PURPOSE:

To guide the evaluation and transport decisions for patients experiencing mild respiratory illness possibly related to COVID-19.

I. PRINCIPLES AND BACKGROUND

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and its associated clinical syndrome known as COVID-19 is circulating worldwide and adversely impacting EMS everywhere, including in Solano County.

Based on the available data, most infected persons experience mild illness and fully recover. Those at high risk for severe illness and/or complications are patients who are elderly or have underlying medical conditions.

The Centers for Disease Control and Prevention (CDC) recommends that low risk patients potentially infected with COVID-19 experiencing mild disease symptoms self-isolate at home unless symptoms worsen.

II. DEFINITIONS

A. Low risk potential COVID-19 patients: Patients greater than 12 months of age and less than 65 years of age with fever and/or respiratory complaints with NONE of the following complaints:

1. Shortness of breath or chest pain or syncope;
2. Abnormal vital signs for age except fever;
 - a. Normal vital signs are as follows:
 - i. Adult
 - SBP 100 – 199mm/Hg / DBP 60 – 90mm/Hg
 - Heart rate 60 – 100 beats per minute
 - Respiratory rate 12 – 20 breaths per minute
 - Oxygen saturation ≥95%
 - Temperature 96.8° – 100.2° F or 36° – 37.9° C
 - ii. Pediatric

Age Range	HR beats/min	RR breaths/min	BP Systolic	BP Diastolic
Newborn 0-1 month	100-180	30-60	73-92	52-65
Infant 1-12 months	80-150	30-60	90-109	53-67
Toddler 1-3 years	75-130	25-35	95-105	56-68
Pre-School 3-5 years	75-120	22-32	99-110	55-70
School Age 5-12 years	70-110	20-30	97-118	60-76
Adolescent 13-18 years	65-105	16-22	110-133	63-83

- Oxygen saturation ≥95%
 - Temperature 96.8° – 100.2° F or 36° – 37.9° C
3. History of significant comorbid disease including chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), cardiac disease, renal failure immunodeficiency, critically ill appearing, or emergency medical condition per paramedic judgement.

B. Emergency Medical Condition: A condition or situation in which an individual has an immediate need for medical attention.

C. Self-isolation: The practice of a symptomatic person isolating themselves and completely avoiding contact with other people, in an effort to prevent transmitting an infection to other people.

III. PROCEDURE WHEN ENCOUNTERING POTENTIAL LOW RISK COVID-19 PATIENTS

- A. Low-risk patients with mild symptoms or respiratory infection (e.g., fever, cough, upper respiratory illness) who appear non-critical should be advised that their current condition does not require transport to the Emergency Department (ED).
 - B. EMS personnel shall advise the patient or the patient's legal representative to:
 - 1. Self-isolate at home, avoid having guests to the home, apply appropriate social distancing, avoid contact with high-risk persons, and self-monitor their condition for worsening symptoms.
 - 2. Cover the nose and mouth when coughing and sneezing and practice frequent hand hygiene.
 - 3. Seek follow-up treatment as needed with their physician if their symptoms worsen.
 - 4. Continue isolation at home until patient is symptom free and cleared by the patient's physician based on current guidelines from the CDC and Solano County Public Health.
 - C. The advice given will be documented on the Patient Care Report (PCR). The following statement is recommended for use in documentation and patient advisement:

“It appears that you do not require immediate care in the emergency department. You should seek care with your regular healthcare provider or a doctor’s office or clinic if symptoms worsen. If you develop shortness of breath or other severe symptoms, recontact 9-1-1.”
 - D. If the patient or the patient's legal representative requests the patient be transported after assurance that transport is not needed, EMS personnel should honor the request and transport per Solano County EMS Policy 6700, Destination Protocols for Ambulances.
 - 1. EMS personnel transporting patients with suspected COVID-19 shall notify the receiving facility in advance prior to arrival and may be directed to a screening area other than the ED.
 - 2. EMS personnel who are assessing, treating or transporting a patient with suspected COVID-19 shall use appropriate PPE at all times to including gown, gloves, mask, and eye protection.

Patients with suspected COVID-19 should wear a surgical mask at all times during transport.
 - 3. Upon arrival at the ED and after transfer of care, EMS personnel should follow PPE doffing and hand hygiene procedures.
-

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

March 20, 2020

Board of Directors

Birgitta Corsello
Solano County Administrator
Chair, SEMSC

John Jansen
Health Care Consumer Rep.
Vice Chair, SEMSC

Joshua Chadwick, Fire Chief
Benicia Fire Department
Fire Chief Representative

Caesar Djavaherian, MD
Emergency Department
NorthBay Medical Center
Physicians' Forum Rep.

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EMS Agency
Medical Director

Ted Selby
Agency Administrator

Counsel

Jo Ann Iwasaki Parker
Deputy County Counsel

To: Advanced Life Support (ALS) Providers
Solano County Medical Directors

From: Bryn Mumma, MD, MAS, EMS Agency Medical Director

RE: Modification of Paramedic Initial Accreditations and Recreditations
During the COVID-19 Pandemic

The Solano County Emergency Medical Services (EMS) Agency realizes that Paramedics may have difficulty meeting the requirements for initial accreditation and reaccreditation during the COVID-19 pandemic. This memorandum outlines how exemptions will be made in these processes.

Effective immediately, all Paramedic accreditations set to expire in March and April 2020 will now have an expiration date of May 31, 2020.

Solano County EMS is also granting extensions to International Trauma Life Support (ITLS) certifications for the next 90 days in accordance with ITLS guidelines.

Modified Paramedic Initial Accreditation

During this period, the modified process is as follows:

- Complete on-line application with the EMS Agency
- Submit copies of:
 - Valid identification
 - Valid California Paramedic License
 - Valid Basic Life Support (BLS) Healthcare Provider CPR card
 - Valid Advanced Cardiac Life Support (ACLS) card
 - Valid Pediatric Advanced Life Support card
 - Valid ITLS card
- Proof of employment with a Solano County ALS Provider
- Pay the accreditation fee in-person or via mail
- Proof of a National Registry type skills scenario testing, performed by the employer, with an endorsement from an Authorized Paramedic Preceptor

The requirements for ALS 5-call orientation, hospital orientation, and EMS Agency orientation will be suspended until May 31, 2020. With this process, no "A numbers" will be issued and the Paramedic will be issued a "P number" after submission of documentation. Expiration date extensions of all certifications will be honored by the Agency.

All documentation may be submitted via email to the Certification Specialist, Sylvia Ozuna. Fees must be submitted in-person or via US mail.

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Modified Paramedic Reccreditation

During this period, the modified process is as follows:

- Complete on-line application with the EMS Agency
- Submit copies of:
 - Valid identification
 - Valid California Paramedic License
 - Valid Basic Life Support (BLS) Healthcare Provider CPR card
 - Valid Advanced Cardiac Life Support (ACLS) card
 - Valid Pediatric Advanced Life Support card
 - Valid ITLS card

All requirements for STEM/12 Lead EKG Continuing Education (CE), advanced airway CE, late fees, and reinstatement fees will be waived until May 31, 2020. Expiration date extensions of all certifications will be honored by the Agency.

All documentation may be submitted via email to the Certification Specialist, Sylvia Ozuna.

The modifications in this memorandum expire on May 31, 2020.

Thank you,



Bryn Mumma, MD, MAS
EMS Agency Medical Director

cc: Ted Selby, EMS Agency Administrator
Keith Erickson, EMT-P, EMS Coordinator
Benjamin Gammon, EMT-P, EMS Coordinator
Sylvia Ozuna, Certification Specialist

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 6/11/2020

6. REPORTS

b. EMS Administrator's Report

b.1. General Update

- SARS-CoV-2 (COVID-19) Update
Beginning in late January 2020, Solano EMS began working with the US Health and Human Services Agency's Assistant Secretary for Preparedness and Response to plan for support of medical transportation and specialty emergency care for repatriated Americans who would spend 14 days in quarantine at Travis Air Force Base upon their return from Wuhan, China. In February, the mission expanded, and Solano EMS Agency coordinated the same services for Diamond Princess repatriates being held in quarantine at Travis. The third leg of the mission involved the more local evacuation of Grand Princess passengers, most of whom were California residents, that disembarked the cruise ship in Oakland. Solano County was also home to the first human-to-human transmission of nCoV2019 during this timeframe. Many lessons were learned from this experience, not only by the EMS Agency, but by our ambulance providers, hospitals, and allied healthcare professionals.

- Medical Health Operational Area Coordinator (MHOAC) Program Update

b.2. System Performance

- Response time Percentages (EOA Provider)
 - Medic: 99%

- Response time Percentages (PPP Providers)
 - Benicia: 96%
 - Dixon: 96%
 - Fairfield: 91%
 - Vallejo: 91%

b.3. System Updates

- Trauma Plan Update

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

Meeting Date: 6/11/2020

6. REPORTS

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

Solano Emergency Medical Services Cooperative
Board of Directors Meeting

Meeting Date: 6/11/2020

7. REGULAR CALENDAR

a. Emergency Medical Dispatch (EMD) Update

BACKGROUND:

As requested by the SEMSC Board, EMS will provide an update on the status of EMD in Solano County at each Board Meeting, until EMD is implemented county-wide.

Benjamin Gammon, EMS Coordinator, is working closely with Priority Dispatch Corporation to gather data associated with the requirements and costs of implementing Emergency Medical Dispatch, including Pre-Arrival Instruction, throughout Solano County.

The presentation addresses acquisition, installation, and implementation of the EMD program on a per Public Safety Answering Point (PSAP) basis. This will address software, training, certifications, and costs associated with the program.

At present, three dispatch centers within the county possess the ProQA medical software distributed and maintained by Priority Dispatch Corporation. The City of Vacaville uses the Pre-Arrival Instruction component of the software, as does Medic Ambulance. The Solano County Sheriff's Department acquired the software but has been unable to implement due to staffing ratios. The City of Fairfield reports that they utilize Orange County Fire EMD Flip Cards to provide Pre-Arrival instruction.

Lastly, estimated time requirements associated with various aspects of system rollout will be discussed.

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

Solano Emergency Medical Services Cooperative
Board of Directors Meeting

Meeting Date: 6/11/2020

7. REGULAR CALENDAR

b. ESO EMS/Healthcare Data Repository Presentation

BACKGROUND:

The SEMSC Board requested at the January 9, 2020 Board Meeting, that EMS staff provide an update and presentation on ESO, the new software that was acquired by the EMS Agency to use as data repository for the county's EMS data.

Colleen Hogan, EMS Data Specialist, has been working with ESO Solutions to address the questions raised in January. Specifically, it has been confirmed that the ESO software is compatible with both W.A.T.E.R and ImageTrend, the systems used by other EMS providers in Solano County. Furthermore, it was determined that it is possible to import historic data covering calendar years 2017 through 2019 into the system. Lastly, since the contract has been executed and is expected to go live very soon, Brad Cottrell, Director of Business Development and Healthcare Interoperability, and Jennifer Wilson, Project Manager, with ESO Solutions have been invited to present to the Board and to answer any further questions about the product.

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

Solano Emergency Medical Services Cooperative
Board of Directors Meeting

Meeting Date: 6/11/2020

7. REGULAR CALENDAR

c. Budget and Fee Increase Presentation

- Attachments: A – Policy 3000**
- B – Fee Comparisons**
- C – Budget Comparison Table**

BACKGROUND:

At the January 2020 SEMSC Board Meeting, during discussions on the proposed Budget/Revenue Allocation Plan for FY 2020/2021, the Board instructed staff to agendize the proposed EMS fee increases at the next meeting.

Policy 3000 details all the fees that the EMS Agency collects. The Board has requested that a copy of the policy be provided for reference

Solano EMS has not increased hospital designation fees since 2010, around the time the Agency began implementing various programs for which designation fees are collected. The same holds true for the exclusive operating area (EOA) franchise fee and Paramedic and Emergency Medical Technician (EMT) licensure and certification fees. To reflect the current economic reality, as well as to recoup staff costs for monitoring these programs, it is necessary to increase designation fees.

A chart comparing designation fees collected by neighboring counties and SEMSC has been assembled to show the similarities and differences between the fees assessed by SEMSC and nearby EMS Agencies.

A table highlighting the differences between this Fiscal Year’s approved budget, actual budget, and the proposed 2020/2021 Fiscal Year budget has also been assembled in an effort to simplify comparing the numbers.

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

BOARD ACTION:

Motion:

By: _____

2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

Solano County Health & Social Services Department



Gerald Huber, Director

Bryn Mumma, MD, MAS
EMS Agency Medical Director

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Ted Selby
EMS Agency Administrator

POLICY MEMORANDUM 3000

DATE: December 1, 2016

REVIEWED/APPROVED BY:

Handwritten signature of Bryn Mumma in black ink.

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR

Handwritten signature of Ted Selby in blue ink.

TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: Emergency Medical Services (EMS) FEES

AUTHORITY:

CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, 1797.212; CHAPTER 4, ARTICLE 1

PURPOSE/POLICY:

To establish basic Emergency Medical Services (EMS) fees. EMS fees are due upon submission of application for service, accreditation, or certification.

EMS FEES:

- Fees shall accompany applications for certification, recertification, accreditation, authorization, and reauthorization and may be paid by check or money order.
 - Current fees are provided in Attachment A.
 - An exemption from Emergency Medical Technician (EMT) fees can be requested by those volunteers or public safety personnel who are not required to have an EMT certification or a Paramedic license. The form requesting a fee exemption is attached (Attachment B).
- Local Fees are payable to "SOLANO COUNTY EMS." **Cash will not be accepted.**
- California State EMSA EMT Fees are payable to "EMSA." These fees are collected for the EMS Authority and submitted monthly. Payment must be either check or money order. **Cash will not be accepted.**

Item 7-C
Attachment A - Policy 3000

SOLANO COUNTY EMERGENCY MEDICAL SERVICE
TABLE OF FEES:

PERSONNEL FEES

Description	Amount
Solano County EMT Initial Certification, Recertification, and Registration (payable to Solano County EMS)	\$50.00
Solano County EMT Late Fee – Recertification/Reregistration (assessed if recertifying during month of card expiration or later)	\$25.00
California State EMSA Initial EMT Certification Fee (payable to EMSA)	\$75.00
California State EMSA EMT Recertification Fee (payable to EMSA)	\$37.00
Initial Paramedic Accreditation or Initial MICN Authorization OR Expired Reinstatement Fee	\$75.00
Paramedic Reaccreditation or MICN Reauthorization Late Fee	\$50.00
Replacement Card Fee	\$15.00

SYSTEM FEES

Description	Amount
Non-Emergency Ambulance Transport application/renewal Fee	\$1,500.00
Non-Emergency CCT Provider Permit (Biennial) (eff. April 12, 2013)	\$7,500.00
Ambulance Inspection Fee (BLS) (Annual, per vehicle)	\$100.00
Ambulance Inspection Fee (CCT) (Annual, per vehicle)	\$200.00
Air Ambulance Permit/Renewal Fee	\$3,500.00
STEMI Center (In-County) Application Fee/Designation Fee	\$10,000.00
STEMI Center (Out-of-County) Designation Fee (Annual)	\$4,000.00
TRAUMA Center Application Fee - Level III	\$25,000.00
TRAUMA Center Application Fee - Level II	\$30,000.00
TRAUMA Center Designation Fee (In-County) (Annual) Level III	\$50,000.00
TRAUMA Center Designation Fee (Out-of-County) (Annual) Level II	\$75,000.00
TRAUMA Center Designation Fee (In-County) (Annual) Level II	\$150,000.00
Continuing Education (CE) Provider (Biennial)	\$500.00
Emergency Department Approved for Pediatrics (EDAP) Designation Fee (Annual)	\$5,000.00
EMT Training Program Application Fee	\$3,000.00
EMT Training Program Annual Accreditation Fee	\$1,500.00
Base Hospital Designation Fee (Annual)	\$5,000.00

SOLANO COUNTY EMERGENCY MEDICAL SERVICES AGENCY
355 Tuolumne St., Suite 2400, MS 20-240
Vallejo, CA 94590
(707) 784-8155

EXEMPTION FROM EMERGENCY MEDICAL TECHNICIAN (EMT-1) CERTIFICATION FEES

On October 13, 1981 the Solano County Board of Supervisors approved a resolution to exempt volunteer or public safety personnel who are not required to have an EMT-1 or Paramedic Certificate from paying EMT-1 certification fees.

I, _____ request an exemption from the Solano County EMT-1 Certification fee.

- I certify that I am currently an active member of the _____
(A Solano County Fire Department or Public Safety Agency).
- I certify that I am not currently employed by a private or public organization which requires that I must have an EMT Certificate as a condition of employment.
- I certify that all information on this request for exemption is true and correct to the best of my knowledge.

Signature of Applicant

Date

VERIFICATION OF AFFILIATION WITH A SOLANO COUNTY PUBLIC SAFETY AGENCY

I certify that the individual identified above is: *(Check all that apply)*

- An active member of a Solano County Fire Department providing First Responder EMS Service.
- An employee of a Solano County Public Safety Agency not required to have an EMT Certificate as a condition of employment.

Signed by: _____ Date _____

Title: _____

Item 7-C
Attachment B - Fee Comparisons

FEE COMPARISON TABLE

Solano Current Fees (as of June 1, 2020)

TRAUMA	STEMI	EDAP	BASE
\$50k – \$150k	\$10,000	\$5,000	\$5,000

Solano Proposed Fees

TRAUMA	STEMI	EDAP	BASE
\$60k – \$180k	\$12,000	\$6,000	\$6,000

Neighboring County Comparison Fees (as of July 1, 2019)

	TRAUMA	STEMI	EDAP	BASE
Contra Costa	\$350,000	\$7,500	\$7,500	N/A
Sacramento	\$73k – \$133k	\$14,000	\$6,000	N/A
San Joaquin	\$217,000	\$25,000	N/A	N/A
Yolo	\$50k – \$75k	\$7,000	N/A	\$5,000

Item 7-C
Attachment C - Budget Comparison Table

Solano Emergency Medical Services Cooperative
FY 2020/2021 Budget Comparison Table

EXPENSES						
Category	Description	Board Approved FY 2019/2020		Actual FY 2019/2020	Proposed FY 2020/21	Δ for FY 2020/2021 from Board Approved FY 2019/2020
SALARIES & BENEFITS	Administrator	(1.0)	\$216,862	(0.8) \$155,000	(0.75) \$153,000	Some functions and duties shifted to other programs, along with percentages of FTEs.
	EMS Coord.	(2.0)	\$274,863	(2.0) \$295,000	(2.0) \$296,000	
	Nurse Supervisor	(1.0)	\$141,964	(0.8) \$120,000	(0.75) \$114,000	
	Health Educator	(1.0)	\$112,964	(0.8) \$107,000	(0.8) \$105,000	
	Health Assistant	(1.0)	\$86,863	(1.0) \$110,000	(1.0) \$112,000	
	Admin Secretary	(1.0)	\$92,663	(1.0) \$115,000	(1.0) \$116,000	
	Project Manager	(0.5)	\$66,564	(0.3) \$33,000	(0.2) \$29,000	
SUBTOTAL:			\$992,743	\$935,000	\$925,000	Net Reduction of \$67,743
SERVICES, SUPPLIES, & CONTRACTS	PPP Pass-through		\$1,700,000	\$1,700,000	\$1,700,000	Payback in arrears for PPP cities Approx \$720k was satisfied between 2018/19 and 2019/2020; decrease in operating expenses where possible
	Medical Director		\$32,400	\$32,400	\$35,000	
	County Counsel		\$10,000	\$10,000	\$21,000	
	Auditor Controller		\$13,500	\$13,500	\$12,000	
	Service/IT Contracts		\$115,000	\$115,000	\$14,000	
	Operating Expenses		\$40,000	\$40,000	\$9,000	
SUBTOTAL			\$1,910,900	\$1,910,900	\$1,791,000	Net Reduction of \$119,900
COUNTYWIDE OVERHEAD (TRANSFERS OUTSIDE H&SS FUND)	Countywide overhead					Some increase in costs is anticipated
SUBTOTAL				\$32,000	\$34,000	Net Increase of \$2,000
DEPARTMENTAL OVERHEAD (TRANSFERS WITHIN H&SS FUND)	H&SS overhead					Minimal increase is anticipated
SUBTOTAL				\$81,000	\$82,000	Net Increase of \$1,000
TOTAL			\$3,016,643	\$2,958,900	\$2,832,000	Net Reduction of \$184,643

Item 7-C
Attachment C - Budget Comparison Table

Solano Emergency Medical Services Cooperative
FY 2020/2021 Budget Comparison Table

REVENUE				
Source	Description	Adopted FY 2019/2020	Actual FY 2019/2020	Proposed FY 2020/21
LICENSES, PERMITS & FRANCHISE	EOA Franchise Fee;	\$562,500	\$500,000	\$550,000
	LII Trauma Designation Fees	\$200,000	\$150,000	\$180,000
	LIII Trauma Designation Fees	\$ 75,000	\$ 50,000	\$ 60,000
	STEMI Designation Fees (x2)	\$ 20,000	\$ 20,000	\$ 24,000
	EDAP Designation Fees (x3)	\$ 15,000	\$ 15,000	\$ 18,000
	Stroke Designation Fees (x4)	\$ 40,000	\$ - - -	\$ 24,000
	Base Station Designation (x4)	\$ 20,000	\$ 20,000	\$ 24,000
	BLS Ambulance/Provider Fees	\$ 13,000	\$ 13,000	\$ 15,000
	CCT Ambulance Provider Fees	\$ 37,500	\$ 37,500	\$ 45,000
	Air Ambulance Permit	\$ 3,500	\$ 3,500	\$ 4,200
	Paramedic Accreditation			
	EMT Certification/Registration	\$ 17,500	\$ 17,500	\$ 30,000
	Mobile Intensive Care Nurse			
	Ambulance Inspection	\$ 10,000	\$ 10,000	\$ 11,000
RFP Award Fee	\$100,000	\$ - - -		
Out-of-County Trauma Fee	\$ 75,000	\$ - - -		
SUBTOTAL:		\$1,189,000	\$836,500	\$985,200
FINES, FORFEITURES, PENALTIES & ASSESSMENTS	Anticipated fines for violations	\$20,000	\$20,000	\$16,000
PASS THROUGH REVENUE	PPP Pass-Through	\$1,700,000	\$1,700,000	\$1,700,000
GRANT ALLOCATIONS & DESIGNATED FUNDING	Maddy Fund Admin. *COVID-19	\$90,903	\$90,900 \$250,000	\$55,000
TRANSFERS FROM RESERVES	Carryover from previous years	\$9,240	\$51,500	\$60,800
REVENUE FROM USE OF MONEY/PROPERTY	Interest earned on allocations and reserves	\$7,500	\$10,000	\$15,000
TOTAL		\$3,016,643	\$2,958,900	\$2,832,000

Item 7-C
Attachment C - Budget Comparison Table

Solano Emergency Medical Services Cooperative
FY 2020/2021 Budget Comparison Table

HISTORICAL RESERVE BALANCE								
2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
\$86,535	\$114,896	\$110,020	\$102,925	\$348,761	\$592,702	\$575,045	\$543,284	\$217,369

STAFFING ASSIGNMENTS		
Classification	# FTEs	Programs/Projects/Assignments
Health Assistant	1.0	Personnel Certification/Accreditation
Health Education Specialist	0.8	Specialty System Data Management
Administrative Secretary	1.0	Clerk of the Board/Agency Administration
EMS Coordinator	2.0	Policy, Procedure, Protocol, Investigations
Project Manager	0.2	Fiscal Functions
Clinic Registered Nurse, Sr.	0.75	Trauma, STEMI, EDAP, Liaison, etc.
Health Services Administrator	0.75	Agency Oversight and Administration
EMS Medical Director	Contractor	Medical Control and Oversight
Total:	6.5	

AGENCY PROGRAM CONTACTS		
Name	Title	Assignments
Sylvia Ozuna	Certification Specialist	Process EMT certifications and Paramedic accreditations
Colleen Hogan	Data Specialist	EMS, STEMI, Stroke, and Trauma data analysis, trending
Rachelle Canones	Clerk of the Board	Maintain SEMSC materials, schedules, correspondence
Keith Erickson	EMS Coordinator	Develop policies, procedures, protocols; investigations, etc
Ben Gammon	EMS Coordinator	EOA enforcement, monitoring, resource requesting, etc.
Dawn Boggs	Finance Manager	Develop budget, contract oversight, process purchases
Rebecca Cronk	EMS Specialty Care Supervisor	Oversight of select EMS staff, Trauma, STEMI liaison, etc.
Ted Selby	EMS Administrator	Oversight of Agency, MHOAC Duties, Liaison w/Hospitals
Bryn Mumma, MD	EMS Medical Director	Medical control, policy approval, protocol approval, etc.

Solano Emergency Medical Services Cooperative
Board of Directors Meeting

Meeting Date: 6/11/2020

7. REGULAR CALENDAR

d. Consider Adoption of Resolution 20-001

Attachments: A – 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 presented for Board approval and adoption the Annual SEMSC Budget/Revenue Allocation Plan for FY 2020/2021 at the January 9, 2020 meeting. 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 Board preliminarily approved the SEMSC Budget/Revenue Allocation Plan for FY 2020/2021, with the entire proposed budget subject to review and adoption at the April 9, 2020 Meeting, which was cancelled due to the COVID-19 pandemic. Staff is now presenting a detailed version of the Budget/Revenue Allocation Plan for Board review and approval, together with Resolution 20-001.

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

BOARD ACTION:

Motion:

By: _____

2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

RESOLUTION NO. 20-001

RESOLUTION OF THE SOLANO COUNTY
EMERGENCY MEDICAL SERVICES COOPERATIVE
SUBMISSION OF ANNUAL BUDGET AND REVENUE ALLOCATION PLAN

WHEREAS, the Solano Emergency Medical Services Cooperative (SEMSC) was established under the authority of Government Code §6500, and through a Joint Powers Agreement initially executed in February 1996 and is recognized as an Emergency Medical Services Agency under Health and Safety Code §1797.50, and is named as such for Solano County by Solano County Board of Supervisors Ordinance No. 1527; and

WHEREAS, the SEMSC in its role as the Emergency Medical Services Agency has the primary responsibility for the administration and implementation of an emergency medical services system in Solano County; and

WHEREAS, the SEMSC has entered into a Memorandum of Understanding (MOU) with the Solano County Health and Social Services (H&SS) Department to establish the scope of services between SEMSC and H&SS relative to Emergency Medical Services (EMS) in Solano County; and

WHEREAS, under the SEMSC Bylaws, the annual budget for the coming fiscal year must be presented to the SEMSC Board for review and acceptance prior to the end of the current fiscal year, and

WHEREAS the SEMSC Board provisionally adopted the Annual SEMSC Budget/Revenue Allocation Plan for the FY 2020/2021 at its quarterly meeting on January 9, 2020 subject to amendments following further budget presentations including fee increases and fee revenue and allocations; and

WHEREAS the SEMSC Board was provided with additional budget information including fee increases and fee revenue and allocations on June 9, 2020;

NOW, THEREFORE, BE IT RESOLVED that the SEMSC Board adopts the attached Annual SEMSC Budget/Revenue Allocation Plan for the FY 2020/2021.

Passed and adopted by the Board of Directors of the Solano County Emergency Medical Services Cooperative on June 11, 2020 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Birgitta Corsello
Chair of the SEMSC Board

Attest:

Rachelle Canones
Clerk of the SEMSC Board

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	985,200
<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	60,800
Revenue from Use of Money/Property	15,000
Total Revenues	\$2,832,000