

RIVERSIDE COUNTY



EMCC Members Per Board of Supervisors
Resolution No. 2013-052:

PMAC Physician Representative

1.a. Stephen Patterson, MD

Hospital Association Representative

1.b. Dimitrios Alexiou

Riverside County Medical Association

1.c. Deepak Chandwani, MD

County Contracted Emergency Ambulance

1.d. Peter Hubbard

Ambulance Association Representative

1e. Kelly Martinez

County Permitted Air Ambulance Provider

1.f. Vacant

Riverside County Fire Chiefs' Association

1.g. Jason Keeling

Coachella Valley Association of Governments

1.h. Randal Bynder

Western Riverside Council of Governments

1.i. Andy Takata

Riv Co Law Enforcement Agency Admin Assoc

1.j. Sean Hadden

PMAC Prehospital Representative

1.k. Jim Price

Riverside Co Fire Dept Rep

1.l. Phil Rawlings

Supervisorial District One

1.m. Robert Roy

Supervisorial District Two

1.m. Stan Grube

Supervisorial District Three

1.m. Vacant

Supervisorial District Four

1.k. Blake Goetz

Supervisorial District Five

1.m. Kent McCurdy

The next meeting of the EMCC is on:

Wednesday, July 16, 2014

9:00AM – 10:30AM

Riverside County Regional Medical Center

26520 Cactus Avenue, Moreno Valley

Rooms A1017 and A1019

1. CALL TO ORDER
Chair—Stan Grube
2. ROUNDTABLE INTRODUCTIONS (5 Minutes)
Chair—Stan Grube
3. APPROVAL OF MINUTES (5 Minutes)
April 2, 2014 Minutes (Attachment A)
4. EMS AGENCY REPORTS (30 Minutes)
 - 4.1 EMS Agency Office and Staffing Changes—Bruce Barton
 - 4.2 Offload Delay Report—Trevor Douville (Attachment B)
 - 4.3 EMS System Evaluation—Bruce Barton
5. OTHER REPORTS (30 Minutes)
 - 5.1 PMAC— Steven Patterson, MD / Jim Price
 - 5.2 PHEPR Branch—Kim Saruwatari
 - 5.3 CPR / AED Subcommittee—Robert Roy (Attachment C)
6. UNFINISHED BUSINESS (10 Minutes)
 - 6.1 Draft EMCC 2013 Report to the Board of Supervisors—Blake Goetz (Attachment D)
7. NEW BUSINESS (5 Minutes)
 - 7.1 Membership—Bruce Barton
 - 7.2 2015 Meeting Dates---Bruce Barton (Attachment E)
8. OPEN COMMENTS (5 Minutes)
9. NEXT MEETING / ADJOURNMENT (1 Minute)
October 1, 2014

NOTICE: Items on the agenda: Any member of the public may address this meeting of the Emergency Medical Care Committee or any items appearing on the agenda by raising their hand to be recognized by the Chair or acting Committee Chairperson. If a member of the public desires to speak, they must do this before or anytime during discussion of the item. All comments are to be directed to the Emergency Medical Care Committee and shall not consist of any personal attacks. Members of the public are expected to maintain a professional, courteous decorum during their comments. A three-minute limitation shall apply to each member of the public, unless the Chair extends such time. No member of the public shall be permitted to "share" his/her three minutes with any other member of the public.

Items not on the agenda: Any member of the public may address this meeting of the Emergency Medical Care Committee on any item that does not appear on the agenda, but is of interest to the general public and is an item upon which the Committee may act. All comments are to be directed to the Emergency Medical Care Committee and shall not consist of any personal attacks. Members of the public are expected to maintain a professional, courteous decorum during their comments. A three-minute limitation shall apply to each member of the public who wishes to address the Committee on a matter not on the agenda. No member of the public shall be permitted to "share" his/her three minutes with any other member of the public. (Usually, any items received under this heading are referred to the staff for further study, research, completion, and/or future Committee action.)

It is the responsibility of the members of the committee to disseminate information from EMCC meetings to the organizations they represent. Any questions regarding meeting or agenda items may be addressed to Brian MacGavin, Assistant EMS Director, Riverside County EMS Agency at (951) 358-5029. **Next meeting:** **Wednesday, July 16, 2014, 9:00 AM - 10:30 AM, Riverside County Regional Medical Center.** EMCC agendas with attachments are available online at www.rivcoems.org

The County of Riverside does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services or activities. It is committed to ensuring that its programs, services, and activities are fully accessible to and usable by people with disabilities. If you have a disability and need assistance, contact Brian MacGavin at (951) 358-5029.

Attachment A

TOPIC	DISCUSSION	ACTION
1. CALL TO ORDER		Chairperson Stan Grube commenced the meeting at 9:00 AM.
2. ROUNDTABLE INTRODUCTIONS		Self-introductions.
3. APPROVAL OF MINUTES		Meeting minutes from the January 27, 2014 EMCC meeting were reviewed and accepted without any changes.
4. EMS AGENCY REPORTS		
4.1 EMS Agency Office & Staffing Changes - Bruce Barton	<p>REMSA will be changing our office location sometime in June. The new location will be at 4210 Riverwalk Parkway. The credentialing staff will remain at the current Health Administration Building location. REMSA is now accepting credit card payments. Also we encourage re-certifying through the mail. County Fire Department is now batching their re-certifications. REMSA also encourages provider organizations to batch their employee re-certifications. Batching can be set up with Nysia at REMSA.</p> <p>REMSA has hired two new employees: An EMS Specialist assigned to Educational and Training staff and a Contracts and Grants Analyst.</p>	Information only.
4.2 Offload Delay Report – Patrice Shepherd	Ambulance offload delays increased in January 2014. However, for February there was significant improvement.	Information only.
4.3 EMS System Evaluation – Brian MacGavin	Phase I was completed with a presentation given to the Board of Supervisors on February 11. The Board of Supervisors gave direction to retain the County’s grandfathering rights and renew the County’s agreement with AMR. In Phase II The Abaris Group will work with EMS Stakeholders on the strategic planning process.	Information only.
5. OTHER REPORTS		
5.1 PMAC – Steven Patterson, MD	At the last PMAC meeting there was discussion about the 2014 Policy	Information only.

Attachment A

	<p>Manual going into effect as of April 1, 2014</p> <p>The month of May is Stroke Awareness month. REMSA will be presenting a proclamation to the Board of Supervisors on April 29.</p>	
5.2 PHEPR Branch – Kim Saruwatari	No presentation given.	Information only.
5.3 CPR / AED Subcommittee – Robert Roy	<p>There was discussion about EMCC recognizing Rob Roy for his efforts in promoting CPR and the use of AEDs.</p> <p>REMSA has been working with Rob Roy on a draft resolution and would like to submit this to the committee for review by July.</p> <p>Misty Plumley announced that June 5th is the Sidewalk CPR. The American Heart Association can be contacted for stickers and flyers.</p>	<p>EMCC recognizes Rob Roy for his efforts in promoting CPR and AED use.</p> <p>Information only.</p> <p>Information only.</p>
6. UNFINISHED BUSINESS		
7. NEW BUSINESS		
7.1 EMS Policy Manual Annual Update – Scott Moffatt	The 2014 EMS Policy Manual went into effect April 1, 2014. It can be reviewed at: www.remsa.us/policy/2014 .	Information only.
7.2 Membership – Brian MacGavin	Brian MacGavin reminded the EMCC committee members to always sign-in. This is the record of attendance.	Information only.
7.3 Chair & Vice-Chair Elections – Brian MacGavin		Stan Grube was re-elected as chair of EMCC. Blake Goetz was re-elected as vice-chair of EMCC.
8. OPEN COMMENT	<p>Laura Wallin announced that the following hospitals have been designated as Riverside County Stroke Centers:</p> <ul style="list-style-type: none"> Desert Regional (ISC) Eisenhower Medical Center (ISC) Kaiser Permanente Riverside Hospital (PSC) Kaiser Moreno Valley Community Hospital (PSC) Riverside Community Hospital (PSC) 	Information only.

Attachment A

	Riverside County Regional Medical Center (SRH) Temecula Valley Hospital (SRH) Dr. van Stralen announced that he is proud to be with REMSA.	
9. NEXT MEETING / ADJOURNMENT	July 16, 2014	Information only.

DRAFT



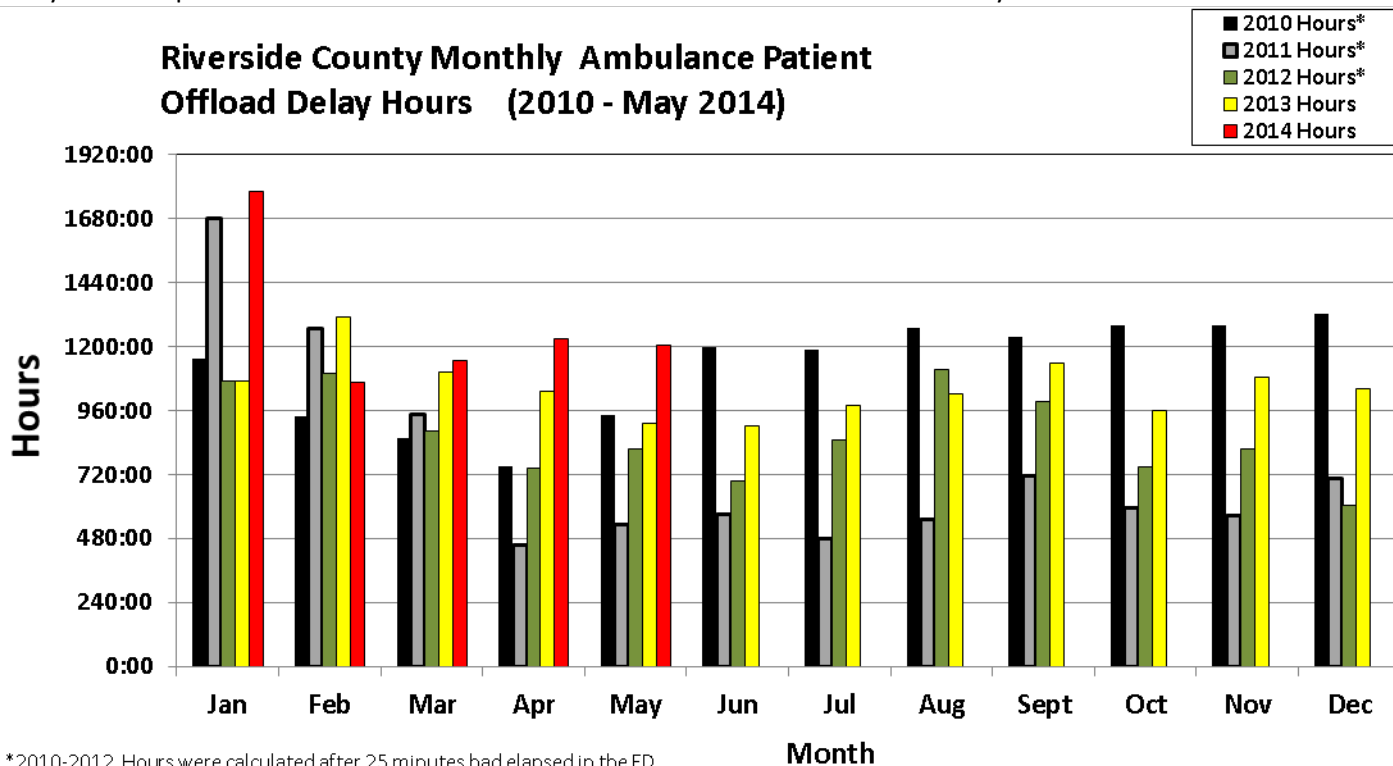
AMBULANCE PATIENT OFFLOAD DELAYS

June 9, 2014

RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD DELAYS

HISTORICAL COMPARISON

Data provided illustrates total ambulance patient offload delay time (hh:mm) by month for 2010-2014 by hospitals within Riverside County. To qualify for this chart, the duration of offload delay must be greater than 30 minutes (2013 and forward) and only the time period after the first 30 minutes is summed. 2010-2012 Offload delay data used a 25-minute standard.



*2010-2012 Hours were calculated after 25 minutes had elapsed in the ED

Total Annual Hours* and Ambulance Patient Offload Delays by hospital, 2010 to 2013

Hospital	2010		2011		2012		2013	
	Total Hours*	Offload Delays	Total Hours*	Offload Delays	Total Hours*	Offload Delays	Total Hours*	Offload Delays
RCH	4492:02:14	8936	1571:42:46	3352	2198:41:11	3953	2712:32:25	5978
Kaiser	228:13:15	779	173:06:25	559	151:16:22	472	196:02:59	496
Parkview	1408:19:41	2616	1371:19:18	2435	1881:03:47	2833	1171:41:25	2037
RCRM	459:22:28	1390	545:44:19	1535	892:20:22	2276	1107:06:11	2375
Corona	1649:46:36	2634	1539:56:42	2550	1694:56:09	2803	1717:47:56	2522
Moreno Valley	258:15:33	924	285:04:10	824	268:19:32	809	420:59:39	888
Menifee	621:54:58	1542	568:04:22	1210	322:28:21	791	725:38:26	1158
LLUMC- Murrieta	NA	NA	61:57:57	179	265:40:04	675	888:15:15	1411
Inland Valley	1772:47:13	3763	879:15:32	1671	949:05:59	2134	643:33:09	1307
Rancho Springs	1253:45:23	2908	577:15:19	1209	136:57:10	417	137:27:11	326
Temecula Valley							10:07:03	28
Hemet	939:40:28	2912	1060:21:22	2980	1081:16:55	2720	2535:17:35	4151
San Geronio	145:19:45	447	215:17:12	568	222:07:47	595	127:45:02	298
Eisenhower	23:06:49	114	33:56:41	171	64:56:15	320	54:56:39	241
Desert	102:38:56	412	122:26:14	562	233:06:47	788	68:47:04	347
JFK	63:07:19	310	65:48:08	296	81:16:43	337	58:37:55	252
Totals	13,418:20:38	29,687	9,071:16:27	20,101	10,443:33:24	21,923	12,576:35:54	23,815

*Total Hours do not include the first 25 minutes of each offload delay (2010-2012), or the first 30 minutes (2013-)

AMBULANCE PATIENT OFFLOAD DELAYS AND OVERALL COMPLIANCE

This data includes 2013 and 2014 Ambulance Patient Offload Delays, hours of delay, total time the ambulances and patients are delayed, ALS transports received by each hospital, compliance, and average delays per occurrence. "Delay Hours" include any time after the initial 30 minutes in the ED have passed; "Total Delay Time" sums both the delay and the initial 30 minutes. "Compliance" represents the percentage of ALS ambulance transports that were not held on Offload Delay.

Ambulance Patient Offload Delay Data, 2014 (January through May)

Hospital	Offload Delay Hours	Total Delay Time*	Total ALS Transports	Offload Delay Occurrence	Compliance%**	Avg Delay/Occurrence*
RCH	1375:32:41	2945:32:41	7140	3140	56.0%	0:56:17
Kaiser	81:04:14	225:04:14	2230	288	87.1%	0:46:53
Parkview	714:01:14	1317:31:14	2551	1207	52.7%	1:05:30
RCRMC	418:20:04	920:50:04	4990	1005	79.9%	0:54:59
Corona	867:03:36	1512:03:36	2875	1290	55.1%	1:10:20
Moreno Valley	228:43:00	484:43:00	1370	512	62.6%	0:56:48
Menifee	339:26:23	639:56:23	1829	601	67.1%	1:03:53
LLUMC –Murrieta	403:12:47	766:12:47	2206	726	67.1%	1:03:19
Inland Valley	189:10:15	420:40:15	3692	463	87.5%	0:54:31
Rancho Springs	36:12:20	92:12:20	1764	112	93.7%	0:49:24
Temecula Valley	41:22:56	105:22:56	1528	128	91.6%	0:49:24
Hemet	1601:33:57	2863:03:57	6221	2523	59.4%	1:08:05
San Geronio	67:40:05	170:10:05	2605	205	92.1%	0:49:48
Eisenhower	15:09:19	61:09:19	1711	92	94.6%	0:39:53
Desert	17:34:33	67:04:33	4316	99	97.7%	0:40:39
JFK	37:21:41	122:51:41	1597	171	89.3%	0:43:07
Totals	6,433:29:05	12,714:29:05	48,625	12,562	74.2%	1:00:44

* Includes the first 30 minutes of each Offload Delay.

** Compliance % represents the percentage of ALS ambulance transports not on Offload Delay (data includes only 9-1-1 contractual provider).

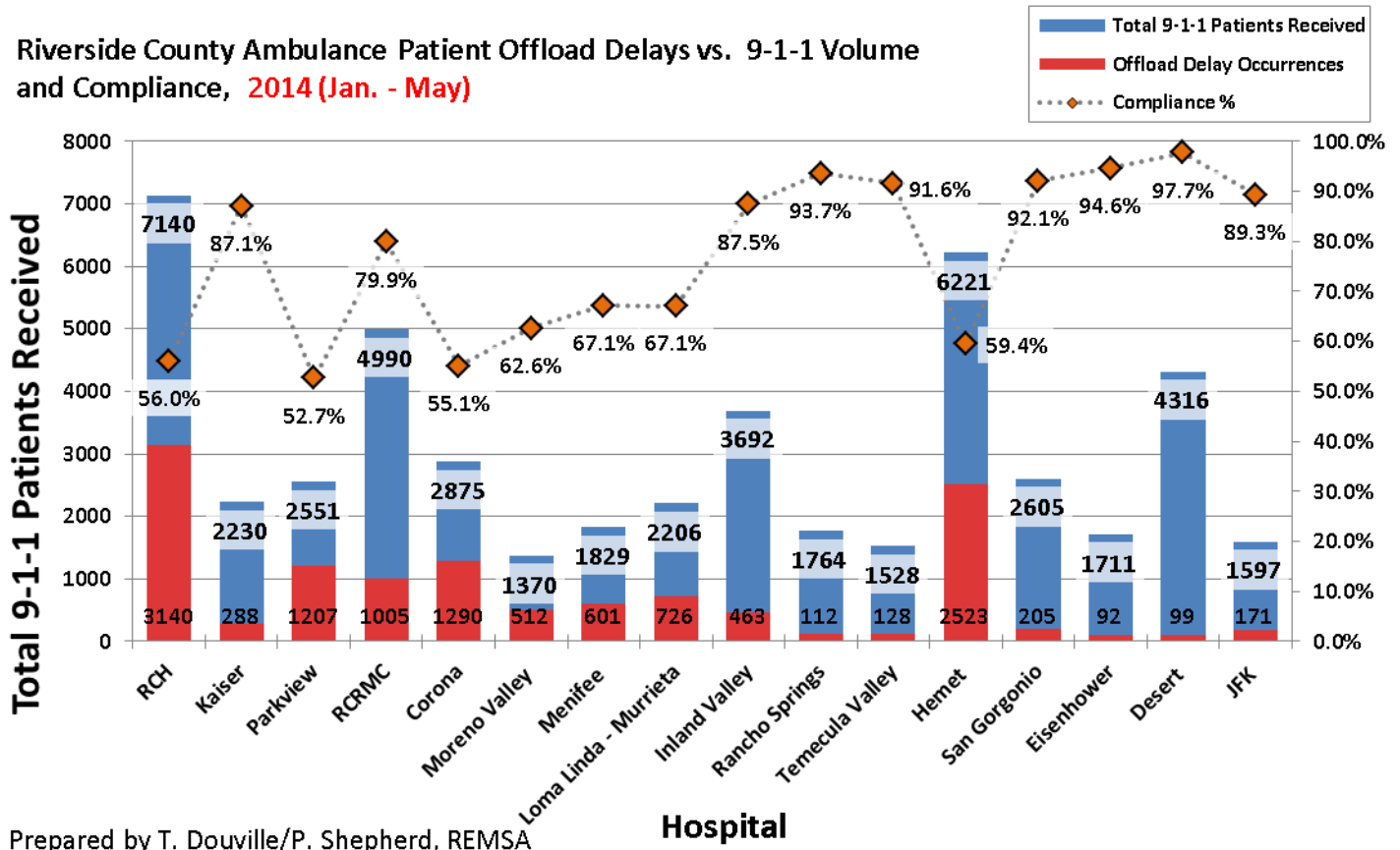
Ambulance Patient Offload Delay Data, 2013

Hospital	Offload Delay Hours	Total Delay Time*	Total ALS Transports	Offload Delay Occurrence	Compliance%**	Avg Delay/Occurrence*
RCH	2712:32:25	5701:32:25	19425	5978	69.2%	0:57:14
Kaiser	196:02:59	444:02:59	5591	496	91.1%	0:53:43
Parkview	1171:41:25	2190:11:25	6721	2037	69.7%	1:04:31
RCRMC	1107:06:11	2294:36:11	14113	2375	83.2%	0:57:58
Corona	1717:47:56	2978:47:56	7197	2522	65.0%	1:10:52
Moreno Valley	420:59:39	864:59:39	3069	888	71.1%	0:58:27
Menifee	725:38:26	1304:38:26	4581	1158	74.7%	1:07:36
LLUMC –Murrieta	888:15:15	1593:45:15	5079	1411	72.2%	1:07:46
Inland Valley	643:33:09	1297:03:09	9470	1307	86.2%	0:59:33
Rancho Springs	137:27:11	300:27:11	6667	326	95.1%	0:55:18
Temecula Valley	10:07:03	24:07:03	739	28	96.2%	0:51:41
Hemet	2535:17:35	4610:47:35	15599	4151	73.4%	1:06:39
San Geronio	127:45:02	276:45:02	6278	298	95.3%	0:55:43
Eisenhower	54:56:39	175:26:39	5108	241	95.3%	0:43:41
Desert	68:47:04	242:17:04	11406	347	97.0%	0:41:54
JFK	58:37:55	184:37:55	3714	252	93.2%	0:43:58
Totals	12,576:35:54	24,484:05:54	124,757	23,815	80.9%	1:01:41

* Includes the first 30 minutes of each Offload Delay.

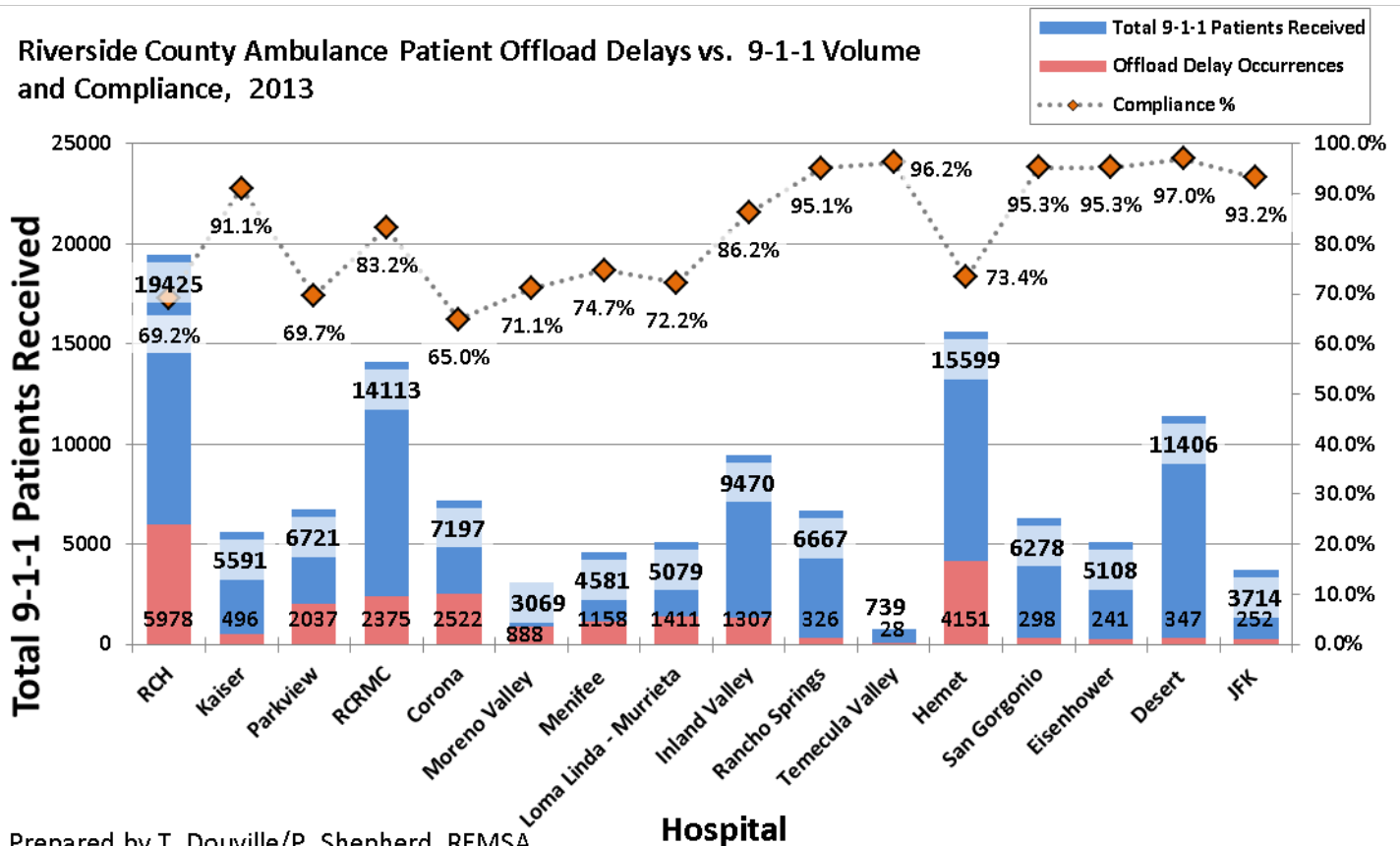
** Compliance % represents the percentage of ALS Ambulance transports not on Offload Delay (data includes only 9-1-1 contractual provider).

Riverside County Ambulance Patient Offload Delays vs. 9-1-1 Volume and Compliance, 2014 (Jan. - May)



Prepared by T. Douville/P. Shepherd, REMSA

Riverside County Ambulance Patient Offload Delays vs. 9-1-1 Volume and Compliance, 2013



Prepared by T. Douville/P. Shepherd, REMSA

**Ambulance Patient Offload Delays by Month: Delay Time and Occurrences by hospital* -
Mar. 2014 – May 2014**

Hospital	Mar. '14 Delay Hours	<i>Mar. '14 Offload Delays</i>	Apr. '14 Delay Hours	<i>Apr. '14 Offload Delays</i>	May '14 Delay Hours	<i>May '14 Offload Delays</i>
RCH	241:46:29	637	219:50:34	616	251:00:11	632
Kaiser	14:22:50	56	16:06:35	59	16:24:02	63
Parkview	134:43:23	229	178:51:48	276	124:24:00	238
RCRM	64:48:45	162	83:42:07	211	108:55:36	249
Corona	141:29:09	242	157:27:02	251	202:22:04	285
Moreno Valley	39:20:40	92	26:52:24	78	48:21:29	114
Menifee	57:54:41	96	96:12:03	163	41:01:12	94
LLUMC –Murrieta	80:17:39	158	70:59:17	123	59:48:11	112
Inland Valley	38:27:53	107	37:36:40	82	35:38:25	79
Rancho Springs	9:14:34	28	4:17:00	12	6:32:35	20
Temecula Valley	6:10:41	24	8:26:29	28	15:39:19	47
Hemet	295:08:56	496	298:05:40	500	275:27:17	470
San Geronio	12:26:00	35	9:31:29	36	14:29:28	45
Eisenhower	3:53:23	19	2:57:44	19	1:32:49	8
Desert	2:40:21	19	2:52:56	20	1:01:32	7
JFK	5:21:32	31	17:35:53	64	2:34:14	15
Totals	1,148:06:56	2,431	1,231:25:41	2,538	1,205:12:24	2,478

*Monthly Delay Time does not include the first 30 minutes of each Offload Delay occurrence.

Data for this report was provided by American Medical Response (AMR) to the Riverside County EMS Agency for review and analysis. The data represents only AMR 9-1-1 ALS resources and does not include any other ambulance companies.

4 Resolution of the Board of Supervisors of the County of Riverside providing for the requirement
5 of Automatic External Defibrillators (AEDs) in newly constructed commercial buildings in
6
7 Riverside County.

8 The Riverside County Board of Supervisors finds, determines, and declares that:

9 Whereas: Approximately 325,000 out-of-hospital, sudden cardiac arrests
10 (SCA) occur annually in the United States; and

11 Whereas: defibrillation or shock using an automated external defibrillator
12 (AED) in conjunction with CPR is the only effective layperson
13 therapy for SCA; and

14 Whereas: for each minute that passes without cardiopulmonary resuscitation
15 (CPR) and defibrillation, the chance of survival from SCA
16 decreases 7 percent – 10 percent; and

17 Whereas: permanent, irreversible brain damage begins to occur after only
18 four minutes without circulation and

19 Whereas: the survival rate from SCA in places where no CPR and
20 defibrillation program is in place is only about 5percent; and

21 Whereas: studies have shown that communities with AED programs that
22 provide immediate CPR and AED shock within the first three
23 minutes of collapse, associated with ventricular fibrillation, have
 survival rates from cardiac arrest as high as 74 percent; and

1 Whereas: requiring AEDs in certain buildings will reduce response times for
2 defibrillation, and thereby increase the chances of survival, and
3 safeguard the lives of persons who experience SCA; and

4 Whereas: California has enacted a Good Samaritan Law that, subject to
5 certain requirements, may limit the liability of one who renders
6 emergency care via an AED.

7 Whereas: California law indemnifies AED providers (Ca. Civil Code Health &
8 Safety Code § 1797.196). This law was amended in 2012 to remove
9 the sunset clause and make this indemnification permanent.

10
11 BE IT RESOLVED AND ORDERED by the Board of Supervisors of the County of Riverside,
12 State of California, in regular session assembled on (date), that effective, (date), Resolution No.
13 2014- establishing the following requirements providing for Automatic External Defibrillators
14 (AEDs) in newly constructed commercial buildings in Riverside County:

15
16 **Section 1 Findings, purpose and intent:**

17 A. It is the purpose and intent of the Riverside County Board of Supervisors
18 through the adoption of this Resolution, to promote public health, safety,
19 and welfare by improving defibrillation response times to those suffering
20 from sudden cardiac arrest (SCA), thereby improving chances of survival.

21 B. The requirements of this Resolution are intended to provide for faster
22 defibrillation response in large buildings, multi-story buildings, and/or
23 buildings with large numbers of occupants where first responder access
24 may be impeded due to building use, occupancy, location, layout,
25 construction, or other reasons.

1 **Section 2 Definitions:**

2 Except as otherwise provided, for the purposes of this Resolution: Automated External
3 Defibrillator or AED means "Automated External Defibrillator" or "AED" as defined in the
4 California Code of Regulations, Title 22, Division 9, Chapter 1.8., Section 100033, which
5 states "Automated External Defibrillator" or "AED" means an external defibrillator that
6 after user activation is capable of cardiac rhythm analysis and will charge and deliver a
7 shock, either automatically or by user interaction, after electronically detecting and
8 assessing ventricular fibrillation or rapid ventricular tachycardia. AED shall also have the
9 same meaning as "Automatic External Defibrillator" pursuant to Health and Safety Code
10 section 1797.196.

11
12 **Section 3 New Construction Requiring AEDs:**

13 A. Prior to issuance of a certificate of occupancy or approval of final
14 inspection by the Building and Safety Department, AEDs shall be placed
15 in all newly constructed buildings in the occupancy groups and with
16 occupant loads in excess of that shown in Table 1. The occupant load
17 shall be determined based on the occupant load factors in the California
18 Building Code. Occupancy groups shall be determined based on Chapter
19 3 of the California Building Code.

20 B. AEDs shall be conspicuously placed and readily accessible in the event of
21 an emergency. AEDs shall be mounted such that the top of the AED is no
22 more than five (5) feet above floor level.

1 **Section 4 Location of AEDs:**

2 A. When required pursuant to this Resolution, AEDs shall be located in
3 buildings to optimally achieve a three minute response time to the person
4 in need of emergency care using the AED.

5 B. When required on every floor of a building pursuant to Section 3A and
6 Table 1, AEDs shall be located as follows:

7 (1) One AED shall be placed at the main entrance of every floor;

8 (2) AEDs shall be located on each floor such that the maximum length of
9 travel measured from the most remote point on a floor to any AED, shall
10 not exceed 300 feet;

11 (3) AEDs shall be located on each floor such that the maximum length of
12 travel between any two AEDs shall not exceed 600 feet.

13 C. When not required on every floor of a building pursuant to Section 3A and
14 Table 1, AEDs shall be located as follows:

15 (1) One AED shall be placed at the main entrance of every floor required
16 to have one or more AEDs; and

17 (2) AEDs shall be located such that the maximum length of vertical travel
18 between any two AEDs on any two floors with an AED shall not exceed
19 450 feet.
20

21 **Section 5 Existing Building Owner/Tenant Improvement Change:**

22 For existing buildings that have new tenants and/or owners where the occupancy group
23 or occupant load changes resulting in occupancy exceeding the occupant load per
24 Table 1, AEDs shall be required as prescribed in Section 4. For multi-tenant buildings

1 an AED shall be placed in the common area on each floor when exceeding the
2 occupant load per Table 1 for the entire building. More than one AED may be required
3 per building based on Section 3A for spacing requirements.

4
5 **Section 6 AED Installation, Repair, and Training Requirements:**

6 For all newly constructed buildings that require AEDs pursuant to section 3A and Table
7 1, the building owner or principal (if in a K-12 school) shall ensure annual written
8 certification of the AED is provided to the Riverside County Emergency Medical Service
9 Agency (REMSA). The building owner or principal shall also ensure compliance with all
10 requirements under state and federal law relating to AEDs and may ensure that the
11 conditions for limits on liability under state law are met. Such requirements and
12 conditions may include, but may not be limited to, the following:

- 13
14 A. Registration of the AED, at the time it is acquired, with the REMSA
15 including the existence, location, and type of AED;
- 16 B. Written validation and prescription for use of the AED(s) is secured by
17 trained individuals from a prescribing physician, which may be arranged
18 through the American Heart Association;
- 19 C. Training of at least one employee per every AED for the first five acquired
20 and one employee for every five more AEDs acquired thereafter in
21 cardiopulmonary resuscitation and AED use that complies with the
22 California Code of Regulations and the American Heart Association or the
23 American Red Cross standards;

- 1 D. Trained employees made available to respond to an emergency during
2 normal operating hours;
- 3 E. Installation, maintenance, repair, testing, and readiness checks of each
4 AED in accordance with the manufacturer's operation and maintenance
5 guidelines, the American Heart Association, the American Red Cross, the
6 California Code of Regulations, and all other applicable rules and
7 regulations, including but not limited to, all regulations promulgated by the
8 Federal Food and Drug Administration;
- 9
- 10 F. Maintenance of records of employee training, installation, maintenance
11 (see AED Monthly Inspection Readiness Inventory Form - Appendix A-1),
12 repair, testing, and checking of the AED on the premises. These records
13 will be readily available upon request by the fire department, building
14 official or other enforcement designee or agency;
- 15 G. Upon rendering emergency care using the AED, activation of the 9-1-1
16 system as soon as possible and report of any use of the AED to the
17 prescribing physician;
- 18 H. Tenants annual receipt of an American Heart Association or American
19 Red Cross approved brochure on the proper use of an AED also posted
20 next to all AEDs, and tenant notification of the location of all AEDs in the
21 building;
- 22 I. School staff and administrators annual receipt of an American Heart
23 Association or American Red Cross approved brochure on the proper use
24 of an AED also posted next to all AEDs, and notification of the location of
25 all AEDs on campus; and

1 J. Development of a written internal emergency response system and plan
2 describing the procedures to be followed in the event of an emergency
3 that may involve the use of an AED, including but not limited to, immediate
4 notification of the fire department and trained personnel at the start of AED
5 procedures.

6
7 **Section 7 Exemption for AEDs Used Solely for Demonstration Purposes:**

8 Any AED used solely for demonstration or training purposes, which is not operational for
9 emergency use, shall be exempt from the provisions of this Resolution. Any AED used
10 solely for demonstration purposes shall be clearly marked on the exterior that it is for
11 "DEMONSTRATION USE ONLY" and is "NOT FOR USE TO RENDER EMERGENCY
12 CARE."

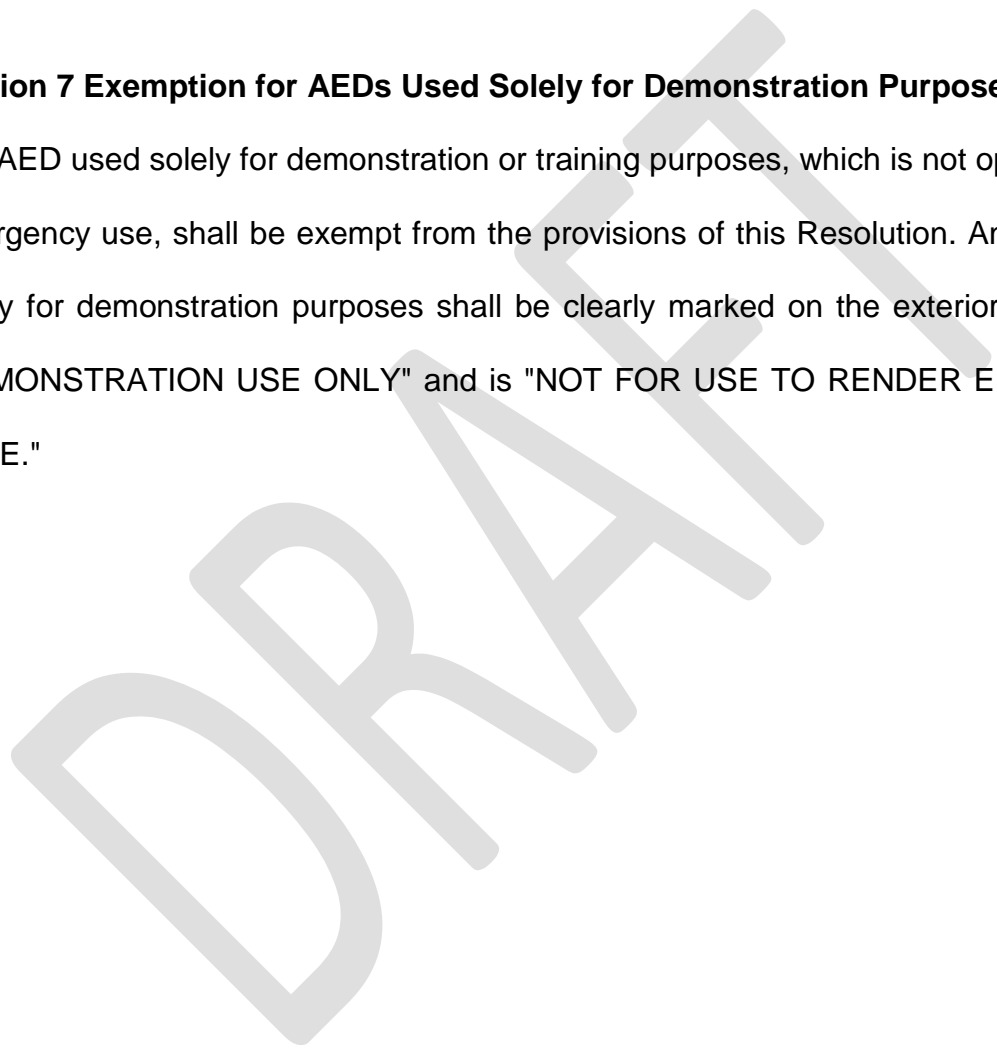


Table 1

Occupancy Group	Occupant Load
Group A "Assembly"	200
Group B "Business"	200
Group E "Educational"	200
Group H "High Hazard"	200
Group I "Institutional"	200
Group M "Mercantile"	200
Group R "Residential" ¹	200
Group S "Storage" ²	200
Group F "Factory"	200
All groups exclude single-family and multi-family dwelling units and parking garages	

Appendix A-1

AED Monthly Inspection Readiness Inventory

Name of Inspector(s): _____ Device Manufacturer: _____
 Company: _____ Device Location: _____
 Address: _____ Device Serial Number: _____

Instructions: Please complete and retain this checklist for each AED. It will serve as your maintenance record.

Date (monthly):																				
R=Routine, P=Post Event																				
Inventory Items																				
Storage cabinet/case intact																				
AED exterior intact																				
Battery light on/functioning																				
Spare battery available																				
AED Self-Test-operational																				
AED user guide available																				
CPR guide available																				
Adult/pediatric (2 ea) pads within date																				
Incident report form available																				
Pen																				
CPR barrier device																				
Razor																				
Scissors																				
Non-latex gloves (2 pr)																				
Gauze pads or towel																				
Initials of Inspector																				

Corrective Action Required and Completed

Date	Details	Initials

It is the responsibility of the AED owner to ensure all AED's are functioning properly.
 This page serves as a resource for documenting proper maintenance and care.



RIVERSIDE COUNTY
EMERGENCY MEDICAL CARE COMMITTEE

2013

Annual Report

RIVERSIDE COUNTY



INTRODUCTION

This report documents Riverside County Emergency Medical Care Committee's (EMCC's) observations of EMS matters in Riverside County. By virtue of the EMCC membership (pursuant to Board of Supervisors Resolution No. 2013-052), these observations are composed by a varied group of individuals that make up this EMS advisory group. Reporting these observations will help to reinforce positive changes within Riverside County's EMS system particularly with the implementation of the recommended changes from the EMS system evaluation and strategic planning. Each member of the EMCC has been advised and tasked with communicating the information and actions approved by the EMCC to their respective constituencies.

EMCC MEMBERSHIP

EMCC Membership has been established by Board of Supervisors Resolution No. 2013-052 which currently consists of the following individuals:

Air Ambulance Provider Representative—vacant
Ambulance Association of Riverside County—vacant
Prehospital Medical Advisory Committee (PMAC) Physician Representative—Stephen Patterson, MD
PMAC Prehospital Representative—Jim Price
Hospital Association Representative—Dimitrios Alexiou, FACHE
Majority EOA Ground Ambulance Provider Representative—Peter Hubbard
Riverside County Medical Association Representative—Deepak Chandwani, MD
Riverside County Fire Chiefs' Association Representative--Jason Keeling
Coachella Valley Association of Governments Representative—Randy Bynder
Western Riverside Council of Governments Representative—Vacant
Riverside County Law Enforcement Agency Administrators Assoc. Rep.—Sean Hadden
Riverside County Fire Department Representative—Phil Rawlings
Supervisorial District One Representative—Robert Roy
Supervisorial District Two Representative—Stanley M. Grube, FACHE (EMCC Chair)
Supervisorial District Three Representative—Vacant
Supervisorial District Four Representative—Blake Goetz (Vice Chair)
Supervisorial District Five Representative—Kent McCurdy

STAFFING AND TRAINING

Riverside County maintains an EMS staffing level of approximately 4,000 EMS personnel on a two-year credentialing renewal cycle. For the 2013 calendar year REMSA credentialed 1,488 EMTs, 629 paramedics and 135 MICNs.

For the 2013 calendar year there were 178,205 responses for 9-1-1 ambulance services and 86,920 responses for Interfacility retail ambulance services totaling 265,125 ambulance responses. During the 2013/2014 ambulance permit cycle there were 24 ambulance providers that received a Riverside County Ambulance Operator Permit to provide ambulance services in Riverside County. This decreased from 26 ambulance providers permitted to operate in Riverside County from the previous permit cycle.

In continuing with the established Policy and Procedures Manual's annual update cycle, the 2013 changes became effective April 1, 2014. REMSA and EMS stakeholders and participants work diligently to ensure the appropriate policies are addressed during each update cycle. Additionally, train-the-trainer classes are rolled out during each update cycle to ensure there is consistent training among EMS providers.

ALS AMBULANCE EXCLUSIVE OPERATING AGREEMENTS

In 2013, there were no changes to Exclusive Operating Agreements (EOA). However, REMSA has continued to monitor these agreements and holds semiannual EMS Administrative Zone meetings for each EOA to review compliance and refine and modify response time zone requirements. Discussions regarding changing contracts will be take place in 2014 following the EMS system evaluation project.

EMS SYSTEM EVALUATION PROJECT

Much work was done on the EMS System Evaluation Project during 2013. A Steering Committee was established representing a broad group of EMS system stakeholders. Several members of the Steering Committee are EMCC members as well. They have been tasked with providing advice on the EMS System Evaluation Project. For 2013, the EMS System Evaluation Steering Committee had bimonthly meetings in order to provide comments on The Abaris Group's detailed analysis of the current design and performance of Riverside County's EMS system. Later in the year the Steering Committee met monthly in order to provide feedback and give their approval on The Abaris Group's "As-Is" and Recommendations & Observations reports that were presented to the Board of Supervisors on February 11, 2014. All agendas, minutes and reports for the EMS system evaluation and strategic planning process can be accesses at: www.rivcoems.org.

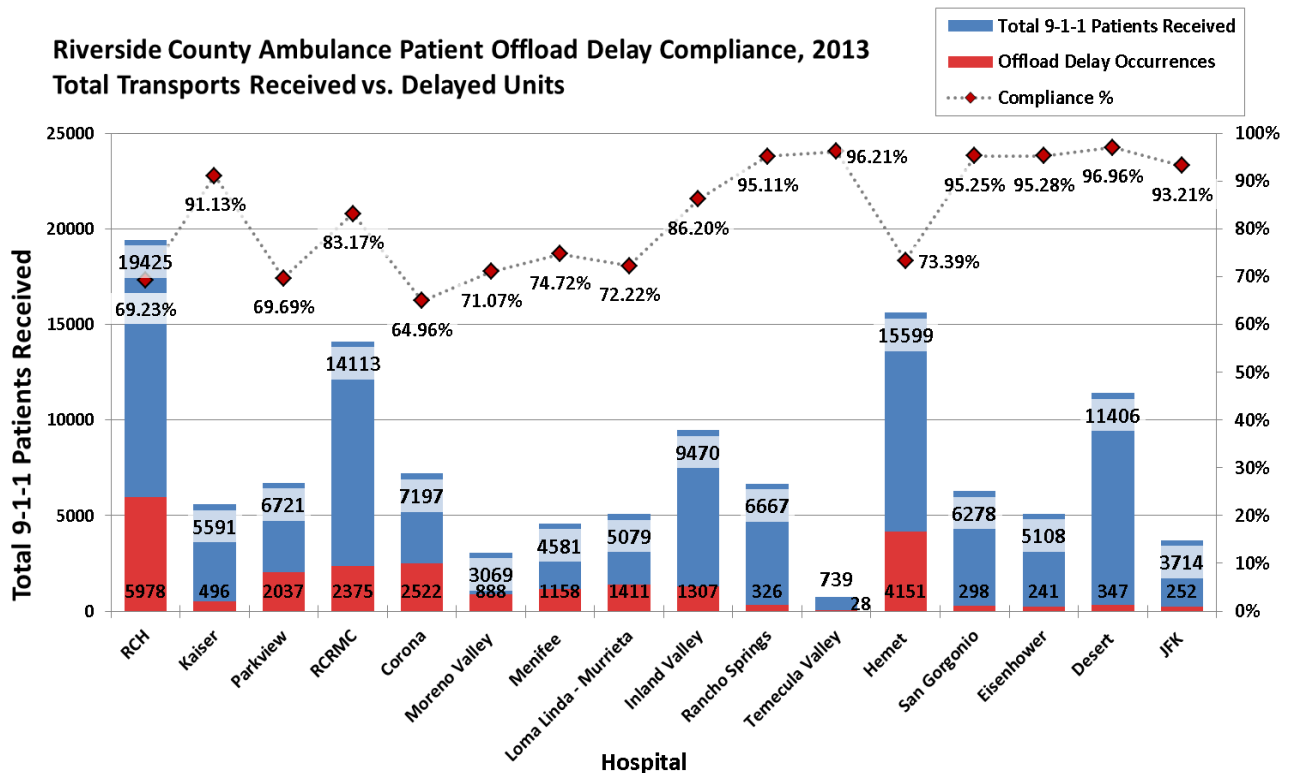
TRANSPORTATION PLAN

Since the last annual report, REMSA has received correspondence from the California Emergency Medical Services Authority (EMSA) regarding Riverside County's EMS Transportation Plan. In this correspondence, EMSA stated that the Riverside County Transportation Plan would not be approved unless the Mountain Plateau Zone and the Pass Zone were identified as non-exclusive. According to EMSA, these zones have gone through competitive bids more than 10 years ago and therefore are not eligible to be "grandfathered" as exclusive pursuant to Health and Safety Code Section 1797.224.

HOSPITALS

For the year 2013, REMSA and system participants have been working on implementing a Prehospital Stroke System by April 1, 2014. This system will allow prehospital 9-1-1 providers to transport patients suffering from strokes to designated Stroke Centers. Several hospitals in Riverside County have been working toward achieving one of the following levels of designation for a Stroke Center: Stroke Ready Hospital, Primary Stroke Center or Interventional Stroke Center. REMSA will recognize Stroke Ready Hospitals until April 1, 2015, by which time they must have achieved a Primary Stroke Center certification from a recognized accrediting organization.

As noted in the 2012 report, the standard for an Ambulance Patient Offload Delay (APOD) was modified from twenty-five minutes (25) up to thirty minutes (30) in 2013, giving the hospital Emergency Departments an additional five minutes (5) to assume care of the EMS patients. Data presented to EMCC shows that delays, delay hours and volume of transports have continued to rise since 2011. For the primary contracted 9-1-1 ALS provider, the 2013 occurrences of ambulance patient offload delays totaled 23,815, which amounts to approximately nineteen (19) percent of their total 9-1-1 transports to hospitals in 2013 which was one hundred twenty four thousand seven hundred fifty seven (124,757). The chart below shows total 9-1-1 transports from AMR ambulances to each of the hospitals, the APOD occurrences at each facility, and that relationship as a percentage. It is also important to note that transport volumes have also continued to increase during the same period with an increase of approximately ten (10) percent in the number of transports, which amounts to an additional ten thousand five hundred twenty one (10,521).



Prepared by T. Douville/P. Shepherd, REMSA

MEDICAL CONTROL

Medical control is maintained through REMSA's Policy Manual and through on-line medical direction with base hospitals. REMSA regularly updates their Policy Manual to keep the system abreast of new developments and improvements in the industry, with policy changes being revived and approved by PMAC and EMCC as appropriate. The 2013 Policy Manual reflected changes made by the Policy Review Forum throughout 2012, and two train-the-trainer sessions were held to ensure widespread consistent interpretation and application of the policy manual

changes. Additionally, Base Hospital physicians and MICNs are required to undergo training to ensure familiarity with Riverside County Prehospital protocols.

DATA COLLECTION AND EVALUATION

The Sansio data collection project continues to be adopted for use by EMS providers in Riverside County. Many of Riverside County's EMS providers are on Sansio HealthEMS Patient Care Report (ePCR) system. However, REMSA has mandated that all EMS first responders and ground ambulance providers must utilize the County contracted ePCR system by January 1, 2015.

In 2013, REMSA implemented a web-based trauma registry. As the central site, REMSA has developed a data dictionary and provides continued training and support to Trauma Centers in Riverside County.

REMSA has participated in the California EMS Authority's Core Measures project since it began in 2013, and has submitted data for the years 2010, 2011, 2012, and 2013. This data will allow Riverside County's EMS system to analyze and compare EMS related patient care outcomes for system-wide improvements.

PUBLIC INFORMATION AND EDUCATION

Due to the many organizations that train members of the public on first aid and CPR it is difficult to attain accurate numbers of laypersons trained in first aid and CPR. Several Riverside County prehospital provider agencies support American Heart Association (AHA) training centers for training the public in emergency cardiac care and cardiopulmonary resuscitation. The EMS system evaluation project has identified that a system-wide coordinated EMS public information and education program is needed.

DISASTER RESPONSE

Public Health Emergency Preparedness and Response (PHEPR) Branch representatives provide reports on disaster preparedness activities and actual events at EMCC's quarterly meetings. For 2013 there were reports given on the status of influenza outbreaks in Riverside County and the use of Urban Areas Security Initiative (UASI) Program funding to improve pediatric disaster surge capacities in Riverside and San Bernardino Counties. This was accomplished by surveying hospitals in Riverside and San Bernardino Counties and providing them with pediatric disaster plan recommendations and pediatric equipment.

CONCLUSION

The EMCC membership allows representatives from diverse EMS system stakeholder organizations to review and discuss Riverside County's EMS system; this thereby facilitates broad collaborative recommendations for system-wide improvement. The EMCC supports the EMS system-wide evaluation and strategic planning project and looks forward to reviewing and discussing the outcomes of this important process. We thank the Board of Supervisors for their continued support in improving Riverside County's EMS system.

FOR CONSIDERATION BY PMAC

Attachment E
Page 1 of 1

DATE: July 2, 2014

TO: EMCC

FROM: Brian MacGavin, REMSA Assistant Director

SUBJECT: Proposed EMCC 2015 Meeting Dates

Wednesday, January 7, 2015 9:00 AM – 10:30 AM

Wednesday, April 1, 2015, 9:00 AM – 10:30 AM

Wednesday, July 1, 2015, 9:00 AM – 10:30 AM

Wednesday, October 7, 2015, 9:00 AM – 10:30 AM

All meetings will be held at Riverside County Regional Medical Center, 26520 Cactus Avenue, Moreno Valley, Rooms A1017 and A1019

ACTION: To determine if the above meeting dates / times are satisfactory for the EMCC membership and direct REMSA staff to schedule these dates or any modifications as approved by the EMCC membership