

RIVERSIDE COUNTY



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

PMAC Physician Representative

I.a. Stephen Patterson, MD

Hospital Association Representative

I.b. Megan Barajas

Riverside County Medical Association

I.c. James Rhee, MD

County Contracted Emergency Ambulance

I.d. Jeremy Shumaker

Ambulance Association Representative

I.e. Dawn Downs

County Permitted Air Ambulance Provider

I.f. Sarah Lassiter
Brian Harrison

Riverside County Fire Chiefs' Association

I.g. Bernard Molloy

Coachella Valley Association of Governments

I.h. Mark Scott

Western Riverside Council of Governments

I.i. Jason Simpson (primary)
Vacant

Riv. Co Law Enforcement Agency Admin Assoc

I.j. Donald Sharp

PMAC Prehospital Representative

I.k. Magdalena Robles

Riverside Co Fire Dept Rep

I.l. Scott Philippbar

Supervisorial District One

I.m. David McCarthy

Supervisorial District Two

I.m. Stan Grube

Supervisorial District Three

I.m. Jerry Holldber

Supervisorial District Four

I.k. Claudia Galvez

Supervisorial District Five

I.m. Vacant

Public Conference Information:

Wednesday, June 28th, 2023

9:00 AM – 10:30 AM

Ben Clark Public Safety Training Center

16902 Bundy Ave, Riverside, CA 92518

Classroom/Module B

1. CALL TO ORDER

Chair—Stan Grube

2. ROUNDTABLE INTRODUCTIONS (5 Minutes)

Chair—Stan Grube

3. APPROVAL OF MINUTES (5 Minutes)

March 22nd, 2023 – Draft Minutes – Stan Grube (Attachment A)
October 5th, 2022 – Draft Minutes

4. UNFINISHED / NEW BUSINESS (20 Minutes)

4.1 EMCC Membership – David Gibson (Attachment B)

4.2 EMCC Election (Chair and Vice Chair)

4.3 EMCC Presentation (Why it's important) – David Gibson

5. EMS AGENCY (40 Minutes)

5.1 Administrative/Operational– David Gibson

- Strategic Plan RFP Update
- AMR Annual Report - Performance Period FY22/23
- Zonehaven Updates
- Status on Tele Health Roll out for the OA

5.2 Clinical Unit Updates – Dustin Rascon

- Specialty Care Updates – Stroke, STEMI, Trauma
- 2023/2024 Policy Update (System Implications)
- Education/CQI Updates
- RUHS Narcan Presentation (Facilitators Dustin Rascon and Sean Hakam)
 - Questions or action items for increased outreach regarding presentation

5.3 Data Unit Updates – Catherine Borna Farrokhi, Ph.D.

- Riverside County Overdose Data to Action, Update
- Community Assessment and Transport Team Pilot Program, Update

6. LEGISLATIVE ACTIVITY

6.1 Legislative Report – AB 296 Public Education 911 Campaign – David Gibson

7. OTHER REPORTS (20 Minutes)

6.1 PMAC - Steven Patterson, MD / Magdalena Robles

6.2 EMS Officers – Scott Philippbar

6.3 Health Care Coalition – Jan Merrick

6.4 Guest Report Outs

8. OPEN COMMENTS (5 Minutes)

9. NEXT MEETING / ADJOURNMENT (1 Minute)

Wednesday, September 27th, 9AM – 10:30AM

*Conversation to move EMCC to an alternative date that is more in line with most of voting members schedule.

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 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 David Gibson, Riverside County EMS Agency at (951) 358-5029.

Next meeting (Tentative):

Riverside University Health Systems Main Campus

Wednesday, September 27, 2023 9:00 AM-12:00 PM.

Location: 26520 Cactus Ave, Moreno Valley, CA 92555

Room: Magnolia A-B, 9-12pm

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 David Gibson at (951) 358-5029.

EMCC meetings are audio recorded to facilitate dictation for minutes.

March 22, 2023

TOPIC	DISCUSSION	ACTION
1. CALL TO ORDER Stan Grube	Called to order at 9:00am	
2. ROUNDTABLE INTRODUCTIONS(5 minutes) Stan Grube	Roll call conducted by Mary Hall	
3. APPROVAL OF MINUTES (5 Minutes)	Did not meet a quorum	
4. UNFINISHED /NEW BUSINESS (20 minutes)		
4.1 EMCC Membership – David Gibson (Attachment B)	<p>David went over the EMCC Membership roster. The EMCC committee currently presently have some membership openings going forward. Planning to meet with every one of the voting members individually, hopefully before the next meeting scheduled in June. There are a few term dates coming up towards the middle of this year. The goal of EMCC is to have a better turn out.</p> <p>David took a moment to introduce himself as the Emergency Medical Services Coordinator, working directly under Dan Bates, primary role is overseeing the discipline enforcement program for the county He primary role as EMS specialist to coordinator.</p> <p>We are re-energizing vamping EMCC and have it be more of a powerhouse committee meeting. And reiterate the importance of EMCC and the committee brings to the table.</p>	
4.2 COVID-19 Situation Update – Misty Plumley	<p>Misty Plumley is not present</p> <p>David gave an update on the COVID 19 report.</p> <ul style="list-style-type: none"> No major updates related to covid 19. This will more than likely be the last update or report out on COVID 19 business for EMCC going forward, especially with the recent ending of the declaration from Public Health going into effect. 	
4.3 RUHS Public Health Report – Marie Weller	Marie Weller is not present	

5. EMS AGENCY REPORTS (30 Minutes)	
<p>5.1 Administrative/Operational Updates – David Gibson</p> <ul style="list-style-type: none"> • Strategic Plan RFP Update • EMS Plan Submission Updates • AMR Annual Report - Performance Period FY21/22 • Administrative Zone Meetings Dates • EMS System Enhancements • Emergency Medical Dispatch/ Ambulance Permitting/HEMS • Credentialing Program Updates 	<p>Promotions and Recruits: - Dan Bates</p> <ul style="list-style-type: none"> • Dan Bates was promoted to the EMS Administrator, which encompass new responsibilities. So he has delegated some of the roles from his former position onto David Gibson who was recently promoted to EMS Coordinator, and is now the new EMCC coordinator. • James Lee, has been promoted to senior EMS specialists, still overseeing the same programs, but is now in the senior category. • Karlene Wade was also promoted from EMS Specialist to Emergency Management Program Supervisor. • New recruit - Anita Newland is our new Administrative Service Analyst. She will oversee some contracts and grants, as well as some of the credentialing roles as well. • Nick Ritchie also was promoted to senior EMS specialist. He is now kind of overseeing a lot of the contract compliance overseeing AMR. So with that comes with the added benefit of having administrative zone meetings. <p>Strategic Plan RFP Update: David Gibson</p> <ul style="list-style-type: none"> • The final RFP process is coming to an end. The next EMCC meeting. The goal is to hopefully have a presentation by the person selected to have the RFP completed by then for the strategic plan. The next EMCC I think will be definitely a lot. Some more in depth to kind of go over the strategic plan and the findings. <p>EMS Plan Submission Updates: - David Gibson</p> <ul style="list-style-type: none"> • We have submitted our plans for the 2019 or 2020 and 2021 calendar year. I believe we got one or two of those plans are approved and I think we're still waiting on our current EMS plans, mission review and approval. • Dan is also going to be giving an update at the upcoming Board of Supervisors meeting regarding the AMR annual report for the performance period of the fiscal year 21-22 <p>Administrative Zone Meetings Dates – Nicholas Ritchie</p> <ul style="list-style-type: none"> • The 21/22 AMR annual report receive and file is going to the Board of Supervisors on 3/28/2023

	<ul style="list-style-type: none">• The AMR administrative zone meetings were scheduled for April 11,13,18,20 with the location TBD. <p>EMS System Enhancements – David Gibson</p> <ul style="list-style-type: none">• We are working to bring on other enhancements such as, integrative health. Dan Bates will have an update on this for the next EMCC meeting. <p>Emergency Medical Dispatch/ Ambulance Permitting/HEMS – James Lee</p> <ul style="list-style-type: none">• We currently have 4 PSAPs centers that are approved as the Emergency Medical Dispatch Center. Cathedral City is in line to be the next center to go live as an EMD center, their tentative go-live date is June 1st of this year. We are anticipating submitting their application for approval within the next few weeks. Also, hopefully by June 1st, we'll be able to push out a system advisory note letting everyone know that they've become active as an EMT center.• The city of Palm Spring is also exploring of becoming an EMT center as well. So we're hoping and crossing our fingers that they'll eventually jump on board, which will only leave city of Hemet• The city of Blythe as the non EMD Center going forward city of Hemet is in the process of trying to become an EMT center. However it has been delayed so far. <p>Ambulance Permitting/HEMS -Henry Olson</p> <ul style="list-style-type: none">• Mission Ambulance has given the EMS agency notice that they will cease operations April 1st. Their sister company Advantage Ambulance is going to absorb most of their units and employees. So we are not losing any number of ambulances to the system, just one less provider.• Morongo Fire added an ambulance to their services in collaboration with AMR also getting a new helicopter with in collaboration with REACH AIR. So that one starts start date April 4th. They are also getting a new helicopter within collaboration with REACH AIR. So that one starts start date April 4th.• Last, we are currently working on the revisions of the ambulance ordinance, so stay tuned for more of that. <p>EMCC Meeting Questions –</p> <ul style="list-style-type: none">• EMCC. Yes, it is a brown act. The plan is the next meeting upcoming in June is to be in person right now. We wanted to have this one in person, but there was some, I guess, location concerns of trying to actually procure a place to actually hold it. So going forward, the goal is to actually have a location nailed down for the late June EMCC meeting.	
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	<p>Credentialing Program – Karleen Wade</p> <ul style="list-style-type: none"> • Karleen is under the Administrative Branch as the Emergency Management Program Supervisor. • Lizette Cisneros is now the Administrative Services Assistant. She is the primary lead of the credentialing division, along with Anita Newland assisting as the technical lead. • Jan Merrick is also under the administrative branch as our Healthcare Coalition Coordinator along with Steve Jensen who is our training and education lead with the Hospital preparedness program. • We're in the process of recruiting an additional administrative services assistant that will also complement the credentialing staff. • Update on credentialing: February 28th is the effective date for the latest EMSA policy update that rescinded utilization of out of state medical personnel. Had 20 come through the county from out of state in 2021. We no longer have any out of state personnel that applies to Riverside, but no further out of state personnel will be utilized if they wish to practice in California, they'll have to go through the California licensure process through EMSA. • The termination of this governor's executive order also terminates waivers associated with CALMAT utilization teams beyond the 60 days and terminates personal EMS personnel, licensing, certification and training scope of practice waivers. If you need additional information on that, we can make sure to include that EMSA policy update on those terminations. 	
<p>5.2. Clinical Unit Updates – Shanna Kissel</p> <ul style="list-style-type: none"> • Specialty Care Updates – Stroke, STEMI, Trauma • 2023/2024 Policy Update • Education/CQI Updates 	<p>Specialty Care Updates – Stroke, STEMI, Trauma – Shanna Kissel</p> <p><i>Trauma:</i></p> <ul style="list-style-type: none"> • we are updating the critical trauma patient criteria to include Pediatrics. So that change will happen in July. There are a few physicians from our trauma audit committee that are working together to possibly build out a hospital emergency response team here in Riverside County. So we're in the beginning stages of that. Hopefully we'll be able to bring that service down to our county. • About two weeks ago, a desert regional was designated as a Level 1 trauma center, so that puts our trauma centers as three level ones. We have RCHRUHS and DRMC. We have one level 2, which is Inland Valley in the South end and out in the desert, We also have JJ, JFK and Eisenhower as level 4 trauma centers. All of them are on the image trend patient registry, which is a great thing. 	

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- Where we are allowed to give the feedback back to the field providers, kind of closing the loop.
- one last thing for trauma is our trauma plan was submit to EMSA along with our stroke and STEMI plans. So those went up a couple weeks ago. So we're just waiting for final approval on that. Once we get the approval, we will post that on our website so everyone can see.

Stroke:

- We have contracts coming up, this meeting, 4 stroke managers and the committee meeting are going back in person as well as STEMI.

STEMI:

- Again, the plans were submitted to EMSA. We're just kind of moving along with that. one thing that Dan, myself and the entire clinical team is doing is we're going out to the hospitals. We're reeducating on the policies. We're working with our PLN, and then Dan and I are sitting with the CEO and the CNO and the whole C-Suite just to continue to maintain that relationship that we have pretty, pretty much support our hospitals. So that's when one thing that we have just started to do, This will take place on an annual basis because there's a lot of turnover at the hospital levels.

CQI Updates - Shanna Kissel

- We are still reports from providers were collected. There's a few agencies that still need to submit their 22 data reports.
- The CQI plan that we have for the state to accompany the trauma, stroke, STEMI and EMS plan we are currently in the process of finalizing that and getting that up to the state for approval, otherwise, we do have CQI, a new CQI EMS specialist that is now with REMSA which is one thing clinically that we're going to try to really focus on and see how we can do improvements throughout the system, both prehospital and hospital.

2023 & 2024 Policy Updates – Dustin Rascon

- We are currently in the final few days of putting together the slide deck for our train. The trainer meetings, which are going to take place the I believe the 27th through the 30th, which is next Monday through next Thursday. We're doing 2 sessions a day. The AM session on Mondays pretty packed that one's going to take a little bit longer than the rest of them, but we're not anticipating anything more than 2 1/2 to 3 hours for those, at which point the EMS coordinators can go back to their respective agencies and start educating their folks for the policy and protocol updates that are going to take place on July 1. For those of you

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	<p>that are in attendance that we're at SQLT, the slide deck is really not much different than what we went over in the 1st place. We're just adding a couple of extra slides that are Mainly housekeeping stuff and just making it nice and pretty so that you can take it out to your folks. No real major shake ups to the policy and protocol manual.</p>	
<p>5.3. Data Unit Updates: Catherine Borna Farrokhi, Ph.D.</p> <ul style="list-style-type: none"> • Riverside County Overdose Data to Action, Update • Community Assessment and Transport Team Pilot Program, Update 	<p>Riverside County Overdose Data to Action, Update – Catherine Farrokhi</p> <ul style="list-style-type: none"> • We have our 2022 annual reports and process we should expect to see those toward the end of April. • The weekly and monthly APOD reporting continues in terms of response, APOD has pretty much stabilized following the fluctuations and impact that we normally see during flu season. We've stabilized it approximately. 75 to 76%, which is it's slightly lower than where we were, you know 2 1/2 years ago prior to COVID, but it seems to me fairly stable. Our steady state outside of flu season currently. • The documentation of APOD and we've been working closely with our UHRS and Lori Maddox and identifying and addressing some consistencies in terms of how prehospital documents, the transfer of care, as well as, you know what, what comes first in terms of signatures and when that process takes place. So one of the goals that we have over the next few months. • In working with clinical is to really try to address some of those discrepancies that we know both the prehospital and hospital site are kind of grappling with and each one is seeing potentially the impact of the others differences I the documentation practices. • Another update that I think will be relevant to this group will be related to the overdose to action project. That grant is a still in process, but I'm set to close out in September of 2023. We do have word that the grant will likely be extended for another year. I know at the county level many, many of the groups here are involved as well with the fentanyl task force activities. <p>CAT Team Pilot Program, Update: Sean Hakam</p> <ul style="list-style-type: none"> • Update on RODA, we had our one-year anniversary for our leave behind Naloxone program. There are two agencies currently participating Versa County. 115 kits were handed out in the first year and we did have 8 reversals from those kits. For year two, our goals are to expand the program we're working on also creating a label to add to the lead behind the naloxone kits. This label would include the crisis hotline for behavioral health. So they called a cares hotline not to be confused of course cardiac arrest. it's going to include their hotline 	

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	<p>number as well as the QR code with the public health resources. The label would be provided by public health, so it would not cost the agencies anything to add to the kits.</p> <ul style="list-style-type: none"> • We're also would like to work on creating a feedback loop to providers, so anytime a kit is used that they receive some kind of notification that the kit was used and now they'll help achieve I think more buy in from the providers and also just give them I guess the sense of the accomplishment that they know that what they're doing is actually making a difference. • Community Assessment and Transport Team – Which is a partnership between AMR and RHS and it's currently only in the Hemet Senior Center zone. EMT paired with paired with a behavioral health clinician, they respond to patients in crisis. So behavioral health, mental health, substance use related calls. They were able to do referrals and the transports. Some of the destinations include the mental health urgent care, Somerset County. Psychiatric hospitals veteran affairs and sobering centers. • Here's some quick stats to about the requests and patients that they've seen so far. There's been 82 requests for the CAT team, 85% of the patients encountered by CAT. Had a EMS encounter in the past two years. • We did a deep dive on 42 individuals and that top ten or is on the table on the right here. One individual had in past years 329 encounters. I also think there is an un-met-need with these individuals that they're calling 911 because they need help, right, but they're not getting the help they need when they get the traditional now one service, the traditional amounts response and transports emergency department. So this is what we're trying to work on with this is how a program is to address that that unmet need. 85% of the patients had previous encounters. So and there's a lot of opportunity here. 	
<p>6. Other Reports (20 Minutes)</p>		
<p>6.1 PMAC - Steven Patterson, MD / Magdalena Robles</p>	<p>PMAC Updates – Shanna Kissel</p> <ul style="list-style-type: none"> • One of the biggest is the Tower 911 that was presented by Doctor Epstein. I believe that we're working on an agreement as a few providers that are wanting to be part of this phase roll in of the Teller 911. 	

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	<ul style="list-style-type: none"> • So what they do is patient calls, low acuity, they will contact the provider through tell and 911 and triage that patient out of the 911 system. The provider then will be able to provide prescriptions and then they have a care coordinator that will follow up with the patient. • So I know Doctor Vaezazizi originally had a goal of April 1. I don't think that that is going to happen, but it should be happening in the next couple months. 	
<p>6.2 EMS Officers – Scott Philipbar</p>	<ul style="list-style-type: none"> • EMS Officers Group did meet two weeks ago and we went over a highlight some of the major topics that we went over. • First one, the ongoing topic of system sustainability, the runs of Team was able to give us an update on the current APOC situations with our amaze patient offload delays. They've overall kind of seemed to appear to kind of stabilize a little bit. We still have our offenders out there. • Administrators at the hospitals and reviewing best practices and doing site visits and really trying to address the APOD issues in the county. We discussed the increase utilization of BLS ambulance as utilization and the effects that that's causing on our first response agencies doing follow-ups to the hospitals and also discuss some of our paramedic shortages and what we're doing with our college partners and trying to increase that recruitment and get people through A pathway through EMS or fire to get qualified individual hired. • We've discussed some certification requirements that REMSA has required. Paramedics have when they first begin working in this county and those effects that it takes for some of our smaller agencies to get those certifications in place. So, we were able to work collaboratively with the Riverside County EMS agency and come up with some resolution on that. • We discussed the hantavirus adoption and that's a application for pediatric drug dosing and that was part of a system and yes, that's going to occur across the county. I was able to take that presentation to the Riverside County Fire Chiefs Association and collectively a vision out of the Riverside County Fire Chiefs is to enhance the system across the board that all agencies are contributing. Fire Chiefs Group are taking that vision and applying system enhancements across all agencies rather than agencies working within silos and providing enhancements or specific enhancements to their specific agencies 	

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	<ul style="list-style-type: none"> • Collectively as a as a system as a whole, we're going to start working together and doing things collaboratively as all agencies working together last piece, I'll go over and. • EPC R platform, our electronic Patient care reporting. There will be a data set upgrade that has to occur that go live date is October 1st. It's a NEMSIS, which is the national EMS information system that's mandated reporting that needs to get done. And the Riverside County EMS agencies is the one that overseas all that data reporting and we're going to have to upgrade from a 3.4 compliance to 3.5 compliance. We're working diligently with Nick Ritchie and his team over there at the Riverside County EMS Agency to ensure that we're going to be good in compliant along with the training for all our first response agencies to ensure that we're going to be being able to roll out with the everything on time. 	
<p>6.3 Health Care Coalition – Jan Merrick (Not available)</p>	<p>Karlene Wade</p> <ul style="list-style-type: none"> • The team really improved collaboration and coordination throughout the healthcare coalition. So, on that note, I'm just a couple of updates that Jan provided. The coalition's going to be hosting or purchasing rather in a meet and greet at Kaiser next month in April. Hopefully get a little tour and actually be able to come together in person coming out of what have been virtual meetings for a couple of years now. So that is occurring next month • The renewal of life process is actually life. Process was acquired by Jabari, so life process is going to be going away effective September 1 of this year. The Jabari contract is going to be year to year from what I understand it's going to be integrated with our web EOC. Radiation Surge Draft is complete and the mercy the medical response search exercise was also completed using a real world event. We use the respiratory surge at RHS to complete that. Mercy workbook for the state. • We did have a site survey last week with CDPH. It's an annual survey, just ensuring that the HP is meeting us for requirements. The survey went very well and it seems all components of the program are on target for that grant. 	
<p>6.4 EMD Emergency Planning Division – Brian Tisdale</p>		
<p>6.5 EMD Emergency Services Division - Mark Bassett</p>		

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Open Comments (5 Minutes)		
<p>Bernard Malloy, Fire Chief for Murray at a Fire and Rescue, Representative for the Riverside County Fire Chiefs Association placed on EMCC.</p>	<p>Introduction/ History: Served on EMCC in San Diego County for the past five years before I came to Murrieta year ago, so I have some experience in the MCC world.</p> <ul style="list-style-type: none"> • I'm happy to be joining here. I think it's a really vital group that we do at our mission tells us that we're supposed to do and keep our county Board of Supervisors informed and provide them some guidance on how we feel as the operators of EMS that EMS goes in our county. • One thing I would like to see Since it seems like the EMCC has been on pause for quite some time: <ul style="list-style-type: none"> ○ If our if they're county staff If we could do a presentation to EMCC on the next agenda item about what EMCC is ○ What's the structure and purpose, why do we have it? ○ It lives in the health and Safety Code 1797 two, 74 and 276. ○ So I want to make sure that we know why we're here, what the purpose of VMC is. ○ And then I think we also need to look at the fact that we've had some recent legislation...changes with the adoption of AB1544 and the Community PARAMEDICINE, which does have impacts on EMCC and the people that need to be included on EMCC. ○ There've been some revisions to the health and Safety code as part of that, so we need to look at that and make sure that our current policy. I think it's 802, the administrative policy in the county want to make sure 802 is accurate and in line with the regulations and the health and Safety Code. 	<p>Suggestion: A presentation to EMCC on the next agenda item about what EMCC is, what's the structure and purpose, why do we have it? It lives in the health and Safety Code 1797 two, 74 and 276. It is defined</p>
<p>David Gibson – EMS</p>	<p>I just wanted to kind of ECHO Chief Moy here... this is obviously my first-time taking this over from Dan Bates in the past going forward with some upcoming with upcoming EMC meeting like I had mentioned earlier, we do plan on actually going out and talking one-on-one with all of the members of EMCC to make sure that we are getting them to participate and show up. It is vital this committee group, I do like that idea that Chief Malloy presented. To give some type of a you know high level overview of what EMCC really is about. Obviously there has been a big pause, you know because of COVID and some other reasons. The last couple of years. But the goal of I think especially coming from REMSA is to reinvigorate EMCC to what it was prior to COVID, so just kind of keep that in mind going forward. We will be reaching out and looking to fill some of those other additional vacancies as well.</p>	

EMCC Meeting Minutes
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Stan Grube - Chair	<p>I look forward to having quorum so we can get some of the business that we have on hold, on, adjudicated and moved on.</p> <p>Here is just a statement or the responsibility the members of the committee is to disseminate the information from its EMCC meetings to the organizations they represent in any questions or comments on the agenda. They should refer those to you David.</p>	
8. NEXT MEETING / ADJOURNMENT (1 Minute) March 22, 2023	<p>Meeting adjourned at 9:46 am</p> <p>The next EMCC Meeting will take place on June 28, 2023</p>	

EMCC Meeting Minutes
October 5, 2022

TOPIC	DISCUSSION	ACTION
1. CALL TO ORDER Stan Grube	Called to order at 9:00am	
2. ROUNDTABLE INTRODUCTIONS(5 minutes) Stan Grube		
3. APPROVAL OF MINUTES (5 Minutes) March 23, 2022 – Draft Minutes – Stan Grube (Attachment A) June 29, 2022 - Draft Minutes - Stan Grube (Attachment B)	Minutes from March 23, 2022, and June 29, 2022 were approved.	
4. UNFINISHED /NEW BUSINESS (20 minutes)		
4.1 Emergency Management Department Expansion – Dan Bates	<p>EMD has been restructured and expanded due to COVID medical response activity. EMD has created a Medical and Health Operations division. Dan will step away from REMSA to lead the new division</p> <p>The new division has taken on operational components from several other divisions to focusing on EMS and hospital serge and to focus on any gaps or issues.</p> <p>From EMS we are taking on: Emergency Medical Dispatch, Ambulance permitting. All tactical / operational components of EMS, MCI, ALS first responders’ agreements</p> <p>From the Planning division we are now taking: Healthcare coalition, hospital preparedness programs, operational components of CHOG. Countywide HAZMAT operations group, MOAC program supporting the med-health branch of the EOC.</p> <p>There will be new standing items for EMCC meetings: Health Care Coalition, EMS Officers, and Emergency Medical Dispatch.</p>	
4.2 EMCC Membership – (Attachment C) Dan Bates	All of the new EMCC membership appointments have been completed with the exception of District 5 and RCOPS which are still pending. Chief Malloy of Riverside County Fire /Murietta Fire has being appointed through June 30, 2025. Fire Chief Jason Simpson of Lake Elsinore has been appointed to WR COG.	
4.3 COVID-19 Situation Update Misty Plumley	The Mass Vax for influenza exercise is currently being conducted today. As well as informing the community about the availability of the COVID bivalent booster. Location: the California Family Life Center.	

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	<p>That's a partnership exercise with EMD and Public Health to evaluate our mass vaccination protocols and plans. Our hosts and conductors are Marie Weller, multiple members of the EMD team, as well as Doctor Christopher Dahl from our public health side are there conducting that exercise.</p> <p>The flu vaccine is available at no cost, as well as COVID bivalent boosters. We as we move into flu season, Marie and all of us at the public health team would want to make sure to encourage the group to get their flu vaccine the as well as the COVID bivalent booster, for your age group over 12 or over 18, depending on whether you're looking at Pfizer or Moderna product.</p> <p>We do see bivalent boosters on the horizon for patients aged 5 and older, but we wanted to make sure and remind everyone that both flu vaccine and COVID vaccine are available for everyone six months of age and older.</p> <p>Also, we continue to navigate the COVID-19 response as well as the monkey pox or MPX response. Riverside County currently have 294 cases of MPX . There has been one death in California related to MPX. We continue to have some significant case impacts in the Coachella Valley. We're navigating vaccine response for MPX as well as health, education and similar outreach events, especially as Riverside County and moves through its celebratory pride events, including Pride upcoming in the Eastern Coachella Valley, Leather pride at the end of October and Palm Springs Pride at the beginning of November.</p> <p>But MPX is becoming a couple disease that impacts much more than the LGBTQ community, and it has significant potential risks for multiple other members of the Riverside County community. So we would encourage just general awareness. Appropriate hand washing and for those of us working in clinical healthcare, standard precautions and extra attention to contact-based precautions when patients have coughs, sneezes or rashes of unknown origin.</p>	
<p>4.4 RUHS Public Health Report Marie Weller</p>		
<p>5 EMS AGENCY REPORTS (30 Minutes)</p>		
<p>5.1 Administrative/Operational Updates – Dan Bates</p> <ul style="list-style-type: none"> • Strategic Plan Update (Attachment D) • Ambulance Permitting/HEMS Dan Bates • Emergency Medical Dispatch – James Lee 	<p>Administrative /Operational Updates We are currently in the process of back filling-Misty Plumley’s former position. The Senior EMS position. The role will be focused on contract compliance/Compliance Officer/coordinator.</p>	

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We are also back filling Misty Heyden's former position. Administrative Services Analyst II. We currently have an offer out and has been accepted. This person will be the support behind the Senior EMS Specialist.

Strategic Plan Update

Revising our scope of work as we are close to the 10-year renewal of the strategic plan. Will hire a consultant to modify the strategic plan. Focusing on the future of EMS. Community outreach, education, community paramedicine emergency medical dispatch. So these are all components that are in the previous trap plan That will focus on community outreach as riverside county being the 2nd most populated county in California. EMCC will be the forum where we report out on the strategic plan. And really, we're looking to hear from all of our stakeholders on what our system needs and how we can build a sustainable pre hospital and healthcare community for the future. We are hoping to finalize the scope of work today and the finalize that RFP,

Ambulance Permitting/HEMS

Dan B. is reporting on behalf of Henry Olsen who has been deployed to hurricane Ian.

Regarding the Unified regional scope for HEMS agreement. (Helicopter EMS), we recently received feedback from our county councils. We are in the final stages of getting the contracts and the agreements solidified. This will allow us to work with mercy air and REACH to get their ALS agreements in place and then that would also bring them the capabilities for the unified scope of practice. So that would be an enhancement to our system.

Ambulance Permitting/HEMS:

We have a new provider in our system advantage ambulance is joining our system as a BLS and critical care transport. They also have the capabilities of doing ECMO transport. It will be our first provider that has the capabilities to do ECMO. A need type of transport that was identified during COVID. So, we now have a new provider in our county who can provide that service.

The ALS IFT policy is in our Policies & Procedures manual. Also, we will be rolling out the ALS IFT agreement here at the same time as the HEMS agreements. So those providers that are interested in doing ALS, IFT, we will have an application out there so they can apply and do so.

We're also looking at some other the ambulance ordinance. So we'll be restructuring the ambulance ordinance and making it a little bit more robust and up to date. One of the things we are considering is how do we really maximize

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	<p>the number of resources in our system. We realized that we have limited providers in our system and the demand is exceeding the available resources. So one of the things we're looking at is possibly the station requirement within Riverside County temporarily postponing, like giving them a 12 month waiver potentially to allow some of the other providers to come in to provide services. We've had several providers leave our county because we put that into place. So looking at what are our options to really add more resources to our system. So we have them available to us.</p> <p>Emergency Medical Dispatch: Nothing significant to report. The end of August, early September, we did update our CMD policy 2101 to more reflect on what's currently going on within the EM D realm. The original policy was largely based on MSA Guideline 132, which has been sunsetted. It was to make it more current and more in line with how the EMD environment is today,</p>	
<p>5.2. Clinical Unit Updates – Shanna Kissel</p> <ul style="list-style-type: none"> • Specialty Care Updates – Stroke, STEMI, Trauma • 2022 Policy Update 	<p>Stroke and Stemi: Not much to report. The continuing to update and report out the dashboards. The continuation of care policies have been updated. We have our quarterly meetings coming up. A four quarter four for both of those,</p> <p>Trauma: We have had three trauma centers that will have their ECS surveys coming up in the next month. The committee decided to change some of the components for the critical trauma patient criteria, which will go into effect during the next cycle, which will be July</p> <p>Eisenhower is almost to the point of designating for a Level 4 trauma center sometime this week. Again, that does not change the field triage for the prehospital providers just adds additional resources to our system</p> <p>Trauma, Sroke and STEMI plans have been submitted to MSA. We're still pending approval from that. Once that gets approved, we will go ahead and post that on the website.</p> <p>Meeting dates for 2023, which covers all of the clinical meetings we'll be vetted through the committees in quarter four of this year and then finalized once we lock in the dates, we will send out to the system the 2023 calendar.</p> <p>We have a CQUILT coming up. It's in person on October 20,2022.</p> <p>And EMSA trauma summit place tomorrow, October 6th 2022. So for those who have registered begins at, I believe 8:00 AM. That is all.</p>	

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	<p>2023 Policy Update: Our fall update cycle was implemented. We started with the train, the trainer stuff around the beginning of August. And on October 1, 2022, Saturday was the go live date for all of the changes.</p> <p>There are some In-house changes in terms of updating the drug and equipment list for par levels of ketamine, there was a change to our atropine dosing to align with HA guidelines for symptomatic bradycardia.</p> <p>A big changes that we pushed out for implementation on the first were the addition of two new skills for our ALS providers. That was the introduction of the Igel supraglottic airway as well as the oral gastric tube to a company that as well as orotracheal innovation</p> <p>We introduced a few new policies as well recently, just to recap they're little bit older, but it's only been a couple of months. Our interfacility transfer policy remain the same, but the identifier changed so we could make room for our tactical EMS policy which was implemented I believe around June or so. Additionally, about three or four days ago we also introduced a new discipline and enforcement policy. It aligns with everything required by Title 22 by health and safety codes and it was also vetted by a Riverside County Council, so everything in there is enforceable and accurate in terms of administrative logos which was added to the policy manual as well, that is policy 1301.</p> <p>The next big change in terms of policy is concerned is the retiring of police 301. It will be retired on December 31st and on January 1 of 2023, we will bring in a new policy to replace it, which is basically the same thing, but will just change the way in which we approach our policy management and our policy review process, so.</p> <p>We have, I think discussed it multiple times, but basically what we're going to be doing is decreasing the number of educational events during the calendar year from 2/1 in April 1 and one in October 1 to a single July 1 implementation where the first six months of the year are spent reviewing things that need to be added, possibly vetting them and then creating the education for distribution to our providers.</p>	
<p>5.3 Data Unit Updates: Catherine Borna Farrokhi, Ph.D.</p> <ul style="list-style-type: none"> • Riverside County Overdose Data to Action, Update • Community Assessment and Transport Team Pilot Program, Update 	<p>The EMS system manual reports are in final draft and will be published in the next two weeks. So those can all be found on the RIVCO EMS website. This week marks Week 40 of flu season. So the system is currently stable but will continue to monitor the EMS volume as well as ILI and APODS</p> <p>We generally will stay stable for the first few weeks of flu season, but we expect to see that those increasing numbers in November and December, specifically because we're already seeing an uptick and we know that the cases are out there in addition to COVID, which is still lingering in the background. So that is</p>	

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something that our system will continue to monitor and make sure we have the right resources in place if we see any unusual surge activity.

the Riverside County Overdose to Action Partnership project with Public Health. Grant will be ending in less than a year now it started in September 2019, right on the heels of COVID. and we're three years into it. This final year is an extension that was granted by the CDC and from that we've been able to realize a lot of valuable programs within the EMS system to help move that initiative forward. We have several sustainable EMS programs which have evolved from that and this will go beyond the grant period itself. One was the lady behind the Loxone program, which was integrated with our EMS system less than a year ago. Are we currently have Cathedral City and AMR participating. On our surveillance dashboards, there is some information on just how many Narcan administrations are provided by EMS. In addition to that, now we report out how many kits have been left behind. This is either with patients or family members, and we're also working with AMR to see how we can better track and report, not necessarily the tracking. But I think the efficacy and value of the integration of the program is in the ability to not necessarily even if you're not seeing someone as a patient for our first responders system.

To be able to provide kits if there are people in the community who seem like they would benefit from it.

And in addition to that, we've got a one fire agency who has.

Who's in the later process of joining? So they're either in currently participating or they're in process. So the goal of that, I think, is if we can see the benefit of it, that may be additional agencies will participate. But the fact is it's out there now and we're seeing a lot of those kits being distributed and we've also seen within the system.

That we can identify where these there were kids that were left behind and were actually used as reversals for patient that it that were subsequently encountered. Umm, we know that within our system where we have just within the last year, we've had about 1900 Narcan administrations that have been done by EMS 544 have been reported to have been administered prior to EMS arrival. Many of those by law enforcement. But also there's a bystander component to that as well. And if anyone's interested in in seeing more of that, it's on the dashboards. I'll provide a link at the end of this.

And along with another sustainable program that's evolved from, this is the ongoing surveillance and the surveillance piece of it. Which is helping us identify the efficacy of the programs that we've got in place, whether the EMS system has enough resources and encountered these patient encounters and identifying possible outbreaks. This is whether it's fentanyl coming into the spotlight more or

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it's just becoming an increasing problem. And we know from the overdose death reports that was part of this road, a program that overdose deaths are generally encountered by the EMS system more than any other public safety agency and. And so ensuring that they have the right tools in place and have resources if they need them. It is critically a program which is beneficial to the system, not only for overdose, but beyond going issue of 5150 is the evolution of the crisis response team which Sean is here and Dan mentioned it briefly. Sean will give us an update with that. It's pretty good news on that front and we'll see. We'll see how that evolves. It can the goal of the crisis response team is to be able to address. Presenting more with a either an substance abuse or a behavioral health component that requires intervention so it can help relieve some of that impact on the EMS system as it is, as well as the Ed.

Pilot Updates:
 Hakam, Sean
 Our our go live date will be in 2 weeks on the October 18, 2022.
 Currently the clinical therapist and EMT is assigned to the pilot program are undergoing the initial training. So today for example, I believe they're going through EMS training specifically for the clinical therapists to become more familiar with our system and operations .
 Again, 2 weeks we'll be launching with that and the pilot program area will be in the Hemet and Central Zone
 We will hear at PMAC about some of the buprenorphine and administration projects are happening throughout the state.
 Several counties are involved with this. This power program at this point, Contra Costa, ALCO, San Francisco and then there's a handful of other counties are looking at getting more involved with buprenorphine as well to help patients with opioid withdrawal. So we'll be hearing more about that at the PMAC coming up..

And then it sounds like there's funding available to counties on participate through CDPH as well as through care star.
 In addition to that too, there's the medication administration side of that that you'll hear more about, but there's also the connections to care. And I bring that up because we're trying to achieve that connection to care with this, this cat pilot program. connecting patients are in crisis-to-crisis resources.

6. Other Reports (20 Minutes)

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6.1 PMAC - Steven Patterson, MD / Magdalena Robles	<p>Shanna will report for Steven Patterson PMAC coming up in November 2022. Still working on items on the agenda. We still have the outstanding position of EMT at large Looking to finalize policy 3308 which is set to expire and will discuss it at PMAC Will vote on a new chair of PMAC for the 23-24 year .</p>	
6.2 EMS Officers – Scott Philipbar	<p>Covering four big items that came out of the meeting we had with the EMS Officers on September 14th : during the Fairview Fire. (1) we'll be working on a draft protocol to expand the assessment, referred to allow for first response agencies. Trying to brainstorm ways for system sustainability.</p> <p>We've been working with Dan on on the iPod, the ambulance patient offload delays with REMSA preparation for Week 40. Significant call volume increases for first response agencies during that time frame and just really trying to pin down how we're going to respond with the shortage of resources that are available.</p> <p>Uh, we're looking based on the last PMAC, under Dr. Vaezazizi's direction was to try to look at more long term protocols that were created during the COVID pandemic that we're kind of hastily put out and trying to look at some long term language.</p> <p>And so EMS officers will be reporting some recommendations to the Riverside County EMS agencies on some draft proposals that they would like to see added into the 3308 which is the ALS to BLS downgrade. All agencies are also providing some data feedback to the Riverside County EMS agencies on that exact topic to try to see how we could make a protocol as sustaining protocol that could last through just more than just the pandemic as dust and talked about earlier. The puck training dates October 1st rolled out the new Igel Supraglottic airway device that went live on the 1st as well as orogastric tubes for innovation. And then we also worked with the Riverside County EMS Agency and all first response agencies to come up with a good time frame to start rolling out our next following years. Protocol update classes and we were able to get that solidified and Shane had talked about those dates have all been posted and everything's up next. The EMS officers meeting will be November 9th, 2022 at the Corona Fire Training Center.</p>	
6.3 Health Care Coalition – Jan Merrick	<p>Dan Bates is reporting on behalf of Jan Merrick Regarding the healthcare coalition. Really. Right now a lot of it is is kind of getting back to the new normal. They've been working on a lot of the response plan annexes. So they've been doing some updates to the infectious disease</p>	

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	<p>response plan, Annex the pediatric surge, burn surge just got completed on June 30th and they are currently now working on.</p> <p>Radiation surge? They're hoping, hoping to have that completed by January of 23 They are also working on a chemical surge plan. Some of the things that did come out of the Fairview incident that is back on the table, which was also presented at the CHA conference is looking at a family reunification. So reading net does have a family reunification module. So we'll be taking a look at that and see if there's any utility that might benefit our system during the Fairview incident. There was an assisted living facility that needed to evacuate.</p> <p>We worked with the Department of Social Services Community Care licensing, RTA as far as mass transit and American Medical response, so we were successful in relocating all the individuals from an assisted living facility to sister facilities with the use of only two ambulances. We moved about 40 patients, and a bus took all those that were able to ambulate and sit on a bus. So good news there. We didn't have to impact the acute care facilities, but it also brought up some of the information that we need to start working on so.</p> <p>We will work to try to bring some of these other agencies and community care licensing into our healthcare coalition and then that's pretty much it. They are evaluating the mass vaccine exercise today but will be supporting the Rancho Springs Medical Center. They are going to be conducting an active shooter tabletop on October 27th. So they'll be evaluating that exercise and then they did support the full scale exercise over at.</p>	
<p>6.3a Lori Maddox</p>	<p>Regarding the Mass Vaccine exercise conducted on 27th, which was a success. We also incorporated obviously our partners at MD that were a whole lot of help we couldn't have done it with without both of them. Jan and Steve, we did it in conjunction with all of our so partners as well as our safety team, our CHC's and our school district. The Riverside County Office of Education allowed us to provide students from their public health and EMT courses over at Vista del Lago to participate in the event. They were some of our moulage patients. We also had some of our Marino Valley paramedic and EMT students.</p> <p>As well as our CU nursing students participating not only as some of the concerned family members showing up for an active shooter that happened at their child's school, but also helped us with all of the Moonbeam Molash patients and even being chaperones for some of our high school students to make sure nobody got lost and was safe during the event, we definitely learned a lot. We opened up the hospital wide Hicks EOC in order to kind of evaluate some of the learning things that we needed to do. We've been working heavily on some of our inpatient areas to make sure that all of our plans are cohesive and allow for patient</p>	

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	<p>throughput. We did only focus on three main elements, which was obviously communication. That's always the big one, patient throughput and movement as well as safety. So we were able to lock down the facility and still keep normal operations running. So I can't thank everybody enough for your guys' support. We're planning on doing it again very soon. We also identified the need to have a full-time position that is clinical for a disaster coordinator.</p> <p>We have filled that position and we will be announcing that shortly, but we can't wait to have them on board to assist us in the future. So thank you everybody for helping. We also had Dave Rodriguez, one of our local battalion chiefs from Riverside County Fire Department come and he was part of what we want to start, which is a unified command within our Hicks system as well just like they do on scene. So he served a vital role within our actual command center and I don't think we could have done that without him as well. We're going to continue with that model.</p>	
6.3a Fire Chief Phillip Rawlings	<p>The Marina Valley College School of Public Safety Building dedication will occur on Friday this Friday, November, or October 7th from 4:00 PM to 5:30 PM this building is the 2nd building that the college has constructed here on site at the Bing Clark Public Safety training facility.</p> <p>And it's our ongoing support to support public education, training, and education. As far as all the specific trainings that we do here, including EMS, which includes our EMT and paramedic programs, our adj programs, which includes the Correctional Academy Police Academy, modular academies, as well as additional fit or administration of justice courses.</p> <p>Academy, we've been working diligently with Riverside County Workforce development, and they have provided our students with scholarship funding or funding through WEOA, UH Workforce initiative program to support our students and our efforts to get more trained individuals out there in the field. This building is a 14,000 square foot building and to be our administration offices, we have four classrooms and four labs. One of our classrooms can be opened to accommodate 110 students. Two more classrooms are 40 classrooms each. We're looking forward to having this facility.</p>	
6.4 EMD Emergency Planning Division – Brian Tisdale	<p>We're at the beginning of our new grant cycle, which is a five-year cycle. So that's a good thing. So once they get approved, we pretty much know we have funding for all of our grants that includes our Feb, our city readiness and some of our other grants. Also, since the last time we talked, we had our Homeland Security grant 22 has been approved. So that continues to point to fund our programs such as Cert.</p>	

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	<p>We are still working on our mountain top project. That's the surveillance project up in the Ottawa Senior Central Mountain area and that's for an early alert warning system. So that's going. We've done the first phase of it, which was sort of the research identifying sites and a proven site. So now we're, we can start building once we get money. So we're looking for funding for anywhere between 4:00 and \$6 million to put sirens and other things on the mountaintop. So we're actively seeking grants for that project and that's a very important project up on the mountain side.</p> <p>Public health received some money back earlier in the year or in the last year. And so that allowed us to hire five additional ESC's to work with public health. So they hired program coordinators. We have ECS and they go out and community and do community outreach. We're looking at all of the underserved communities. The Health department looks at the areas in which there are some health concerns like high diabetes and some of the other things.</p> <p>But we look at it again for the underserved communities, for better preparedness. So this is really a force magnifier with us. And I work closely with Mark's division and we, you know, to make sure that we have coverage and that we reach all the folks that we can reach. And then finally, we do have a Seahawk exercise coming up that's on the 13th. This one is hosted by the Sheriff's Department. There hazardous materials team or branch and again that's October 13th and that goes. So I think from eight to three or nine to three.</p>	
6.5 EMD Emergency Services Division - Mark Bassett	<p>Dan Bates will report for Mark Bassett</p> <p>The first is on the Fairview incident. They are currently working on the two phases that have been identified. Phase one is asbestos testing and removal of house hazardous waste. The second phase will get into the debris removal and these teams that are currently out there, it's, you know, Emergency Management department, environmental health, Waste resources. They're currently working with Calorias in the State Department of Toxic Substance Control and AQMD. The team is trying to get a Small Business Administration declaration for homeowners, renters, and businesses, and then the other thing that they are looking at is the remnants of Hurricane Kay that came up through the Gulf of Mexico. It's looking at approximately \$40 million. The state preliminary damage assessment, it should be out in the next couple of weeks and those are the updates from the Emergency Services division.</p>	
7. Open Comments (5 Minutes)		

EMCC Meeting Minutes
October 5, 2022

	None	
8. NEXT MEETING / ADJOURNMENT (1 Minute) December 7, 2022	Meeting adjourned at 10:10am	

FOR CONSIDERATION BY EMCC

Attachment B

Page 1 of 1

DATE: June 28th, 2023

TO: EMCC

FROM: David Gibson, NRP Emergency Services Coordinator

SUBJECT: 2023 Membership

ACTION: Review of Term Dates

Sec.	#	Representing	Current Membership	2022-2023 Term Dates
1.a	1	PMAC Physician	Stephen Patterson	07/01/21—06/30/24
1.b	2	HASC	Megan Barajas	NA
1.c	3	RCMA	James Rhee	07/01/21—06/30/24
1.d	4	AMR	Jeremey Shumaker	NA
1.e	5	Ambulance Association	Dawn Downs	07/01/22—06/30/25
1.f	6	Air Ambulance Provider	Stephanie Zimmerman Brian Harrison	07/01/22—06/30/25
1.g	7	RCFCA	Bernie Molloy	07/01/22—06/30/25
1.h	8	CVAG	TBD.	07/01/22—06/30/25
1.i	9	WRCOG	Jason Simpson Chris Mann	07/01/22—06/30/25
1.j	10	RCLEAA	Donald Sharp	07/01/22—06/30/25
1.k	11	PMAC Prehospital	TBD.	07/01/22—06/30/25
1.l	12	Riverside Co Fire Dept.	Scott Philippbar	NA
1.m	13	District One	David McCarthy	06/30/20 - 06/20/23
1.m	14	District Two	Stan Grube	06/30/20 - 06/30/23
1.m	15	District Three	Jerry Holldber	07/01/20—06/30/23
1.m	16	District Four	Claudia Galvez	07/01/20—06/30/23
1.m	17	District Five	Vacant	07/01/21—06/30/24



8201	Emergency Medical Care Committee
Administrative Policy	



Last Reviewed: October 4, 2022	Last Revised: December 2, 2022
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PURPOSE

The purpose of this policy is to define the membership, rules of operation, and functions of the local Emergency Medical Care Committee (EMCC).

AUTHORITY

[California Health and Safety Code - Division 2.5, Chapter 4, Article 3, Sections 1797.270 - 1797.276](#)
[Resolution 2013-052 of the Board of Supervisors of the County of Riverside](#)

Emergency Medical Care Committee

The Board of Supervisors of the County of Riverside originally established the local EMCC on October 15, 1985. The composition of the EMCC was last amended by Resolution 2013-052, dated March 12, 2013.

The Riverside County EMCC shall consist of seventeen (17) members. All nominated members are to be appointed by the Board of Supervisors and the composition of this committee is as follows:

1. One (1) Emergency Department physician, practicing in a hospital located within Riverside County, nominated by the Prehospital Medical Advisory Committee (PMAC);
2. One (1) representative from the [Hospital Association of Southern California \(HASC\)](#) to be the Vice President of the Inland Regional Office;
3. One (1) physician representative of the [Riverside County Medical Association \(RCMA\)](#), nominated by that organization;
4. One (1) representative from the county contracted emergency ground ambulance provider that serves a majority of the county’s Exclusive Operating Areas (EOAs);
5. One (1) representative from the Ambulance Association of Riverside County, nominated by that organization;
6. One (1) representative from the county’s permitted air ambulance providers, nominated by the air ambulance permitted providers;
7. One (1) Fire Chief representing the [Riverside County Fire Chiefs Association \(RCFCA\)](#), nominated by that organization;
8. One (1) city manager from the [Coachella Valley Association of Governments \(CVAG\)](#), nominated by that organization;
9. One (1) city manager from the [Western Riverside Council of Governments \(WRCOG\)](#), nominated by that organization;
10. One (1) representative of the Riverside County Law Enforcement Agency Administrators’ Association (RCLEAAA), nominated by that organization;
11. One (1) prehospital representative of PMAC, nominated by that committee;
12. One (1) representative of the [Riverside County Fire Department](#), appointed by the Riverside County Fire Chief;
and
13. One (1) member-at-large from Riverside County Supervisorial [District 1](#);
14. One (1) member-at-large from Riverside County Supervisorial [District 2](#);
15. One (1) member-at-large from Riverside County Supervisorial [District 3](#);
16. One (1) member-at-large from Riverside County Supervisorial [District 4](#);
17. One (1) member-at-large from Riverside County Supervisorial [District 5](#).

Nominated members, and members-at-large, shall serve a three (3) year term with staggered expiration dates so that no more than one-third (1/3) of the membership may require replacement or reappointment at any one time. The Committee shall choose its chairperson and vice-chairperson annually and shall determine the time and place for regular meetings of the Committee.

A quorum shall consist of one more than half the number of filled committee positions. Action taken shall require the affirmative vote of a majority of those present. The Chairman votes only in case of a tie.

The Committee shall perform the functions of an Emergency Medical Care Committee defined by the California Health and Safety Code, Division 2.5, Chapter 4, Article 3, Sections 1797.274 and 1797.276:

The emergency medical care committee shall, at least annually, review the operations of each of the following:

- a. Ambulance services operating within the county.*
- b. Emergency medical care offered within the county, including programs for training large numbers of people in cardiopulmonary resuscitation and lifesaving first aid techniques.*
- c. First aid practices in the county.*

Every emergency medical care committee shall, at least annually, report to the authority, and the local EMS agency its observations and recommendations relative to its review of the ambulance services, emergency medical care, and first aid practices, and programs for training people in cardiopulmonary resuscitation and lifesaving first aid techniques, and public participation in such programs in that county. The emergency medical care committee shall submit its observations and recommendations to the county board or boards of supervisors which it serves and shall act in an advisory capacity to the county board or boards of supervisors which it serves, and to the local EMS agency, on all matters relating to emergency medical services as directed by the board or boards of supervisors.

The Committee shall serve in an advisory capacity for the Board of Supervisors concerning all aspects of emergency medical care within the county and report to the Board in conjunction with its review of the various aspects of the emergency medical care within the county. The Committee shall report to the Board of Supervisors its observations and recommendations concerning the feasibility and content of emergency medical care programs within the county in conjunction with cities within the county, other counties, the state and the United States.

Except for supervisorial appointees, each organization may designate an alternate to serve in the event of an absence by that organization's primary member.

The EMCC shall prepare an annual report to the Board of Supervisors on the current and anticipated condition of Emergency Medical Services (EMS) and EMS system operation within the county.

AMENDED IN SENATE JUNE 15, 2023

AMENDED IN ASSEMBLY MAY 18, 2023

AMENDED IN ASSEMBLY APRIL 26, 2023

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

ASSEMBLY BILL

No. 296

Introduced by Assembly Member Rodriguez

January 26, 2023

An act to add Article 6.1 (commencing with Section 53123) to Chapter 1 of Part 1 of Division 2 of Title 5 of the Government Code, relating to emergency services.

LEGISLATIVE COUNSEL'S DIGEST

AB 296, as amended, Rodriguez. Office of Emergency Services: 9-1-1 Public Education Campaign.

Existing law establishes the Office of Emergency Services within the office of the Governor. Existing law makes the office responsible for the state's emergency and disaster response services for natural, technological, or man-made disasters and emergencies, including responsibility for activities necessary to prevent, respond to, recover from, and mitigate the effects of emergencies and disasters to people and property.

Existing law, the Warren-911-Emergency Assistance Act, requires every local public agency, as defined, to have an emergency communication system and requires the digits "911" to be the primary emergency telephone number within the system. Existing law requires the office, with the advice and assistance of the Attorney General, to coordinate the implementation of systems, to assist local public agencies and local public safety agencies in obtaining financial help to establish

emergency telephone service, and to aid agencies in the formulation of concepts, methods, and procedures that will improve the operation of those systems and that will increase cooperation between public safety agencies.

This bill would establish the 911 Public Education Campaign, to be administered by the ~~office~~, *office in collaboration with the State 911 Advisory Board, as specified*, for the purpose of educating the public on when it is appropriate to call 911 for assistance. The bill would include in the goals of the campaign, among others, reducing the number of unnecessary calls to 911 call centers and reducing delays in the 911 system caused by nonemergency calls being placed. *The bill would require the campaign to give local public agencies the ability to tailor the message of the campaign, focus on social media, and be distributed to the public via local public agency channels.*

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares as follows:

2 (a) Knowing when to call and when not to call 911 for
3 emergency services can possibly save someone’s life.

4 (b) Emergency resources are valuable, and knowing how to
5 properly use the 911 emergency service is extremely important.

6 SEC. 2. Article 6.1 (commencing with Section 53123) is added
7 to Chapter 1 of Part 1 of Division 2 of Title 5 of the Government
8 Code, to read:

9

10 Article 6.1. 911 Public Education Campaign

11

12 53123. (a) The 911 Public Education Campaign is hereby
13 established, to be administered by the Office of Emergency
14 Services, for the purpose of educating the public on when it is
15 appropriate to call 911 for assistance.

16 (b) The goals of the 911 Public Education Campaign include
17 all of the following:

18 (1) Raise public awareness of when to call and when not to call
19 911.

20 (2) Reduce the number of unnecessary calls to 911 call centers.

1 (3) Reduce delays in the 911 system caused by nonemergency
2 911 calls being placed.

3 (4) Reduce the frequency of first responder resources being held
4 or delayed at hospital emergency departments as a result of
5 inappropriate 911 calls.

6 ~~(5) Inform the public about alternatives to 911, including, but~~
7 ~~not limited to, the 988 hotline.~~

8 (c) *The 911 Public Education Campaign shall do all of the*
9 *following:*

10 (1) *Give local public safety agencies the ability to tailor a*
11 *message that fits their parameters for distribution.*

12 (2) *Focus on social media over radio and to the exclusion of*
13 *television.*

14 (3) *Be distributed to the public via local public agency channels*
15 *as determined by the local public agency.*

16 (d) (1) *The Office of Emergency Services shall collaborate with*
17 *the State 911 Advisory Board in overseeing the campaign.*

18 (2) *The State 911 Advisory Board shall assist the Office of*
19 *Emergency Services in creating messaging about the campaign.*