

**Sacramento County Emergency Medical Services Agency (SCEMSA)
 Joint Medical Advisory (MAC)/Operational Advisory (OAC) Committees
 9616 Micron Ave. Suite 960
 Sacramento, CA. 95827**



Agency	Representative	Agency	Representative
American Medical Response	Mark Mendenhall	Sutter Medical Center, Roseville	Rose Colangelo
American Medical Response	Jared Gunter	Sutter Medical Center, Sacramento	Jen Denno
Cosumnes Fire Department	Tessa Naik M.D.	Sutter Medical Center, Roseville	Debbie Madding
Folsom Fire Department	Bryan Sloane M.D.	Versa Care	Renee Roberts
Kaiser Hospital, South	Wendin Gulbransen	UC Davis Medical Center	David Buettner
UC Davis Medical Center	Samantha Brown M.D.	UC Davis Medical Center	Jeremy Veldstra
Mercy San Juan/Alpha One	Nathan Beckerman M.D.		
NorCal Ambulance	Nic Scher		
Sacramento City Fire Department	Brian Pedro		
Sacramento City Fire Department	Kevin Mackey M.D.		
Sacramento Metropolitan Fire	John Rudnicki		
Sacramento Metropolitan Fire	David Sutton		
Sacramento Metropolitan Fire	Brian Gonsalves		
Sacramento Regional Fire/EMS Communication Center	Julee Todd		
SCEMSA Staff	All		

ITEM	DETAILS	ACTION
Welcome and Introductions		
Public Comment	NONE	NONE
Minutes Review	September 8, 2022 minutes	Approved by: John Rose MD and Tressa Naik MD.
SCEMA Updates	Dr. Garzon announced his retirement from SCEMSA effective January 31, 2023. Dave Magnino: Effective January 1, 2023, all meetings will be in person. 3 additional specialists have been hired by SCEMSA.	
Chairman's Report: Mobile Integrated Health Update:	A process has been developed to integrate the MIH program into the 911 system for a select number of stable patients. Paramedics that respond to the call make the decision to utilize MIH. EMSA has not	

<p>TeleHealth Update:</p> <p>RSV/Flu/COVID Update</p>	<p>approved these programs but has made the decision not to issue cease and desist orders to LEMSAs that have implemented similar programs. The utilization of MIH has been low.</p> <p>This program is not up and running at Cosumnes Fire due to Dr. Garzon not wanting to implement it. The program came after he received the information from EMSA that these types of programs are not approved and not allowed by statute. It was only approved by him for the MIH program because it began prior to EMSA's decision.</p> <p>The last two winters have mainly been COVID surges. The pediatric RSV and Flu surge has been historically high this year. D. Magnino states that in the near future, possibly in the next fiscal year, Sacramento County needs to begin implementing EMS for Children. All of our hospitals should be able to handle Pediatric patients.</p>	
<p>SCEMSA Quarterly Reports</p>		<p>All Reports Attached to Minutes</p>
<p>APOT/Wall Time Reports</p>	<p>Sacramento County is one of eight counties in California with the worst APOT times at an average of over 40 minutes.</p> <p>D. Magnino: Two bills have been introduced in the State Assembly to 1. implement a patient offload time of 20 minutes statewide and 2. for the 20 minutes to be mandatory and enforceable.</p> <p>Dr. Garzon: The wall times affect patient care. A two-tiered response may help the system out.</p> <p>Matt Burruel: I would like to see an initiative to help the employees affected by the wall time and the burn-out it ultimately creates and to let the field know that they are</p>	<p>All Reports Attached to Minutes</p>

appreciated for the work that they do.
 Dr. Garzon: An APOT committee has been formed, and a group will convene in January
 Julie Carrington: Call volume has dropped, and APOT times are up.

Old Business

PD # 2512 – Designation Requirements for Administration of Naloxone

Approved with Edits
 Under Policy:
 Added C.: *The procedure and name of the training officer/coordinator or other designated individual responsible for training as outlined in CCR, Title 22, Division 9, Chapter 1.5, Article 3, §100019, Optional Skills Administration of Naloxone for suspected narcotic overdose and SCEMSA PD# 2523 – Administration of Naloxone by First Responders.*
 Added D.: *Description of and documentation used to ensure maintenance of IN Naloxone Kits, per manufacturer recommendations, including expiration dates.*
 Removed E.: *A description of the training related to the administration of Naloxone by law enforcement first responders.*
 Added E.: *Proof of orientation of authorized personnel to the Agency IN Naloxone kit and policy.*
 Added F.: *Descriptive process used for initial training and continued competency of IN Naloxone authorized personnel.*
 Removed G.: *Name and procedure of training officer/coordinator or other designated individual responsible for:*
 1. *Training as outlined in California Code of Regulations, Title 22, Division 9, Chapter 1.5: First Aid and CPR Standards and Training for Public Safety Personnel, including the optional skill administration of Naloxone.*
 2. *Proper and efficient deployment of Naloxone.*

<p>Deep Trach Suctioning Follow-Up</p> <p>Ketamine Follow-Up</p>	<p>3. <i>Replacement of Naloxone after use.</i></p> <p>4. <i>Record of documented use, restocking, damaged and unusable or expired Naloxone.</i></p> <p>5. <i>Reporting the use of Naloxone administration to SCEMSA using the standard reporting form.</i></p> <p>Updated Language I. 2.: <i>*Quarterly reporting of the total number of utilizations of Naloxone to SCEMSA. *Quarterly is March-June-September-December.</i></p> <p>PowerPoint presented stating that Paramedics and Advanced EMT's can perform this skill.</p> <p>Dr. Garzon: A hospital brought up a concern regarding Ketamine use and that it is causing excessive sedation to some patients. A request was made for the cases to be sent to Dr. Garzon for review. After 2 emails were sent requesting this information, nothing was received back.</p>	<p>Attached to Minutes</p>
<p>New Business</p>		
<p>ITAC</p> <p>Needle Decompression Review</p> <p>PD# 8801 – Percutaneous Cricothyrotomy with Jet Ventilation</p> <p>PD# 2033 – Determination of Death</p> <p>PD# 4100 – EMT Certification</p>	<p>Deferred until March 2023.</p> <p>Dr. Shatz has 2 cases for review to show the wrong placement of the needles. One is from El Dorado County. He would like more training for crews on proper placement.</p> <p>Sundown effective May 1, 2023</p> <p>Approved with Edits Under Determination of Death – Paramedic Only: Removed in A.: <i>Rigor or Livor Mortis</i></p> <p>Approved with Edits Under Policy: Added 12: <i>Upon successful completion of 1-11 above, the current Sacramento County employer</i></p>	<p>Attached to Minutes.</p>

PD# 4150 – EMT
Certification Renewal

will receive an automated email for verification of employment. Once verified, SCEMSA shall certify the candidate as an EMT for a period of two (2) years from the last day of the month in which all the certification requirements are met. NOTE: If the applicant is not employed at the time of application, or is employed with a provider outside of Sacramento County, then the applicant shall pick N/A or Out of County on the application. Added 13: On the first Monday of every month, SCEMSA sends out an Employee to Employer report. The employer appointed liaison, or their designee, is responsible for notifying SCEMSA that the report is accurate and if termination/separation of an EMT has occurred within ten (10) calendar days of the report.

**Approved with Edits
Under Procedure for EMT
Certification Renewal:**

Added two (2) bullet points to f.:

- The EMT and/or their relatives are not permitted to sign any documentation of proof attesting to the skills, training or education of that candidate. It is the responsibility of the candidate to ensure impartiality and avoid potential conflicts of interest in any documentation.*
- Any falsification of documentation is grounds for losing certification for a period of at least twelve (12) months.*

Under 5.:
Added a.: Upon successful completion of 1-5 above, the current Sacramento County employer will receive an automated email for verification of employment. Once verified, SCEMSA shall certify the candidate as an EMT for a period of

two (2) years from the last day of the month in which all the certification requirements are met. Added NOTE: If the applicant is not employed at the time of renewal, or is employed with a provider outside of Sacramento County, then the applicant shall pick N/A or Out of County on the application. Added b.: On the first Monday of every month, SCEMSA sends out an Employee to Employer report. The employer appointed liaison, or their designee, is responsible for notifying SCEMSA that the report is accurate and if termination/separation of an EMT has occurred within ten (10) calendar days of the report.

Under Procedure for Reinstatement of Expired California EMT Certificate:

Under A. 1.: Added f.: Upon successful completion of 1. a-e above, the current Sacramento County employer will receive an automated email for verification of employment. Once verified, SCEMSA shall certify the candidate as an EMT for a period of two (2) years from the last day of the month in which all the certification requirements are met. Added NOTE: If the applicant is not employed at the time of application, , or is employed with a provider outside of Sacramento County, then the applicant shall pick N/A or Out of County on the application.

Added g.: On the first Monday of every month, SCEMSA sends out an Employee to Employer report. The employer appointed liaison, or their designee, is responsible for notifying SCEMSA that the report is accurate and if termination/separation of an

EMT has occurred within ten (10) calendar days of the report.

Under A. 2.:

Added f.: Upon successful completion of 2. a-e above, the current Sacramento County employer will receive an automated email for verification of employment. Once verified, SCEMSA shall certify the candidate as an EMT for a period of two (2) years from the last day of the month in which all the certification requirements are met.

Added g.: On the first Monday of every month, SCEMSA sends out an Employee to Employer report. The employer appointed liaison, or their designee, is responsible for notifying SCEMSA that the report is accurate and if termination/separation of an EMT has occurred within ten (10) calendar days of the report.

Under A 3.:

Added g: Upon successful completion of 13. a-f above, the current Sacramento County employer will receive an automated email for verification of employment. Once verified, SCEMSA shall certify the candidate as an EMT for a period of two (2) years from the last day of the month in which all the certification requirements are met.

Added NOTE: If the applicant is not employed at the time of application, or is employed with a provider outside of Sacramento County, then the applicant shall pick N/A or Out of County on the application.

Added h.: On the first Monday of every month, SCEMSA sends out an Employee to Employer report. The employer appointed liaison, or their designee, is responsible for notifying SCEMSA that the report is accurate

PD# 4400 – Paramedic Accreditation to Practice

and if termination/separation of an EMT has occurred within ten (10) calendar days of the report.

Approved with Edits

Under General:

Added D.: Upon meeting all initial and continuous requirements on the application, the current Sacramento County ALS employer will receive an automated email for verification of employment. Once verified, SCEMSA shall accredit the candidate.

Under Policy:

Removed 8.: Upload (front and back) of current ITLS/PHTLS card, or equivalent.

Scheduled Policy Updates

PD# 2521 – Ambulance Patient Offload Time (APOT)

Approved

PD# 2523 – Administration of Naloxone

Approved

PD# 4160 – EMR Initial Certification and Recertification

Approved with Edits

Under Procedure:

Language Added: Candidates and/or their near relatives are not permitted to sign any documentation of proof attesting to the skills, training, or education for that candidate. It is the responsibility of the candidate to ensure impartiality and avoid potential conflicts of interest in any documentation. Any falsification of documentation is grounds for losing certification for a period of at least twelve (12) months. All candidates will meet the following certification requirements:

PD# 4200 – Mobile Intensive Care Nurse (MICN) Certification

Approved

PD# 4201 – Mobile Intensive Care Nurse (MICN) Recertification

Push to next meeting

PD# 4305 – Public Safety EMT AED Service Provider Approval

Approved

PD# 4504 – AED Medical Control

Approved

PD# 8060 – Stroke

Approved with Edits

Under ALS:
Added language to 4.: *"Minimum 20g in AC when possible".*
Under Cross Reference:
Added: PD# 5050 – Destination

PD# 8810 – Transcutaneous Cardiac Pacing

Approved

PD# 8829 – Noninvasive Ventilation (NIV)

Approved with Edits

Under Contraindications:
Added Language to C.: *<80 mmHg*
Under Equipment:
Added E.: *ETCO2 detector (Optional).*

PD# 8830 – Supraglottic Airway (iGel)

Approved

PD# 8831 – Intranasal Medication Administration

Approved

PD# 9019 – Brief Resolved Unexplained Event (BRUE)

Approved

PD# 9020 – Pediatric Nausea and/or Vomiting

Approved with Edits

Under ALS:
Language Removed:
3 a. *Patients ≥ 40 kg: 4 mg PO/IV/IO; Max 4 mg.*
3 b. *Patients ≤ 40 kg: 0.1 mg/kg slow IV/IO push; Max 4 mg.*
Language Added:
3.:
[8-15 kg]
• *Dose: 2 mg PO x 1; Alt: 0.15 mg/kg/dose IV/IO x 1.*
[16-30 kg]:
• *Dose: 4 mg PO x 1*

Max: 8 mg/dose PO; Alt: 0.15 mg/kg/dose IV/IO x 1.
[> 31 kg]:
• Dose 8 mg PO x 1;
Max: 8 mg/dose PO; Alt: 0.15 mg/kg/dose IV/IO x 1

Round Table:

Wendin: Regionally, the Kaiser medical centers are going to re-establish Ebola ID alert readiness even though the WHO puts Ebola at a "Low Risk."
Matt Burrue: Alpha One has an Iso Pod with equipment to transport these patients if need be. The criteria for activation of this would need to be looked at.