

Sacramento County Emergency Medical Services Agency MAC/OAC Meeting Minutes



Date and Time: March 12, 2026, 9:00am-12:00pm
Location: EMS Conference Room, 9616 Micron Avenue, Suite 940
Sacramento, CA 95827
Facilitator(s): Greg Kann, MD FACEP, SCEMSA Medical Director

Welcome and Approval of Previous Minutes

- A. December meeting minutes reviewed and approved by Karen Scarpa and Lisa Curlee.

PD# 5011 – Paramedic/AEMT to EMT Transfer of Care - Approved

- A. Updated vital signs stability criteria to align with 5050 criteria to ensure consistency across all related policies.

PD# 8066 – Pain Management - Approved

- A. Contraindication text removed and consolidated into the Drug Reference Guide.
- B. Preparing policies for future flow chart format, which requires less narrative text.
- C. Discussion about adding hyperlinks in future policies for easier electronic navigation.
- D. Action:
 - 1. If [after 20 minutes and](#) pain remains at, or returns to, moderate or severe, you may administer a second dose of 0.3 mg/kg Ketamine (max dose=30 mg) in 50-100cc NSS or D5W and administer slow IV drip over ten (10) minutes.
 - 2. [NOTE: Ketamine may be administered in addition to Acetaminophen and Fentanyl for severe pain.](#)

PD# 9018 – Pediatric Pain Management – Approved

- A. Contraindication text removed and consolidated into the Drug Reference Guide.
- B. Updated dosing and defined age parameters.
- C. Action:
 - 1. Ketamine ([Ages ≥ 3 years old](#))

- a. Indications: Moderate-to-severe pain not relieved by ketorolac, ibuprofen, or BLS measures; also indicated if patient has a fentanyl allergy.
 - b. Dosing (all routes):
 - i) IV/IO: 0.25 mg/kg in 100 mL NS/D5W IV slow infusion over 10 minutes
 - ii) IM/IN: 0.25 mg/kg
 - iii) Max dose: 30 mg per dose
 - iv) Repeat: Every 20 minutes. Up to 2 doses (base hospital contact if further analgesia needed)
 - c. Monitoring: Continuous cardiac monitoring, SpO₂, EtCO₂, and level of consciousness.
2. Acetaminophen (~~Ages ≥ 4 years and/or~~ ≥ 10 kg).
 - a. 15 mg/kg IV/IO infusion over 15 minutes (maximum dose 1000 mg) or 15 mg/kg PO (maximum dose 1000 mg).
 - b. Do not repeat.
 3. Ketorolac (ages ≥ 4 years and/or ≥ 10 kg).
 - a. 0.5 mg/kg slow IV/IO push or IM.
 - b. Maximum single dose of 15 mg (by any route).
 - c. Do not repeat.

PD# 5203 – Transport Guidelines – Sobering Center – Approved

- A. BLS crews may now perform transports to sobering and mental health centers after a TAD paramedic determines patient eligibility.
- B. Expected to significantly increase utilization and reduce burden on TAD medics.
- C. Facilities are eager for increased referrals.
- D. Action:
 1. Patients who have been deemed eligible for triage to an alternate destination (TAD) by an accredited TAD Paramedic may be transported to a TAD receiving facility by a non-TAD BLS or ALS crew. The TAD-accredited Paramedic shall provide a detailed patient report by phone to the receiving facility prior to transport. The transporting crew shall document the Paramedic's TAD facility determination, the findings supporting TAD eligibility, and the patient's condition during transport.

PD# 5205 – Transport Guidelines – Mental Health Facility – Approved

A. Add language below.

B. Action:

1. Patients who have been deemed eligible for triage to an alternate destination (TAD) by an accredited TAD Paramedic may be transported to a TAD receiving facility by a non-TAD BLS or ALS crew. The TAD-accredited Paramedic shall provide a detailed patient report by phone to the receiving facility prior to transport. The transporting crew shall document the Paramedic's TAD facility determination, the findings supporting TAD eligibility, and the patient's condition during transport.

PD# 8032 – Traumatic Cardiac Arrest - Approved

A. Discussion on if the patient presents with any trauma, should they be transported to a trauma center? Yes, if a traumatic injury is present, transport should be to a trauma center, as all trauma centers can manage cardiac arrest but not vice versa.

1. Paramedic judgment remains essential, especially when mechanism is unclear.

B. Discussion on decreasing target systolic blood pressure to 70.

C. Action:

1. Post Resuscitation Considerations:
2. Any traumatic cardiac arrest patient who has a Return of Spontaneous Circulation (ROSC) during any part of the resuscitation and who is transported shall be transported to a Trauma Center.
3. Intravenous (IV) or Intraosseous (IO) fluids should be placed wide open with pressure bags.
4. If a palpable pulse becomes present:
5. Re-assess for and control external hemorrhage.
6. Administer TXA as indicated per PD# 8065 – Hemorrhage Control.
7. Titrate normal saline to SBP \geq ~~90~~ 70 mmHg or palpable peripheral pulses.
8. Consider pre-hospital blood if available.
9. External warming.
 - a. NOTE: Epinephrine shall not be given in the setting of traumatic arrest.

PD# 2033 – Determination of Death – Approved

- A. No changes other than confirmation that policy will move to new flow chart format in future updates.

PD# 2105 – Patient Elopement After Arrival to Hospital – Approved

- A. No changes.

PD# 2527 – STEMI System Data Elements - Approved

- A. Removed internal definitions not needed in policy.
- B. Action:

~~1. Definitions:~~

- ~~a. SCEMSA: Sacramento County Emergency Medical Services Agency.~~
- ~~b. STEMI Receiving Center (SRC): a licensed general acute care facility that meets the minimum hospital STEMI care requirements and is able to perform PCI.~~
- ~~c. STEMI Referring Hospital (SRH): A licensed general acute care facility that does not perform emergent Percutaneous Coronary Intervention (PCI) and, therefore, routinely transfers STEMI patients to SRCs for PCI.~~

- C. Quarterly data requirement clarified.

- D. Action:

- 1. SCEMSA will extract the EMS elements from the CEMSIS database, and hospitals shall submit their data elements ~~at least~~ quarterly. Hospital data shall be submitted to ImageTrend Patient Registry no later than 90 days following the end of the quarter.

PD# 2528 – Stroke System Data Elements - Approved

- A. Quarterly data requirement clarified.

- B. Action:

- 1. SCEMSA will extract the EMS elements from the CEMSIS database, and hospitals shall submit their data elements ~~at least~~ quarterly. Hospital data shall be submitted to ImageTrend Patient Registry no later than 90 days following the end of the quarter.

PD# 2530 – Trauma Center Designation – Approved

- A. Removed internal definitions not needed in policy.
- B. Action:

~~1. Definitions:~~

- ~~a. Immediately Available: unencumbered by conflicting duties or responsibilities; responding without delay when notified; and being physically available to the specified area of the Trauma Center when the patient is delivered in accordance with local EMS Agency's policies and procedures.~~
- ~~b. On-Call: agreeing to be available, according to a predetermined schedule, to respond to the Trauma Center in order to provide a defined service.~~
- ~~c. Promptly Available: responding without delay when notified and requested to respond to the Trauma Center; being physically available to the specified area of the Trauma Center (trauma receiving area, emergency department, operating room, or other specified area of the Trauma Center) within a period of time that is medically prudent and in accordance with local EMS agency policies and procedures~~
- ~~d. Trauma Base Hospital: A licensed general acute care hospital that has been designated as a Trauma Receiving Center by Sacramento County EMS Agency (SCEMSA) and functions as a base hospital.~~
- ~~e. Trauma Receiving Center: A hospital with trauma team resources designated by the SCEMSA to provide rapid intervention for trauma patients.~~

PD# 5010 – Transfer of Care: Non-Transporting Paramedic to Transporting EMT/Paramedic – Approved

- A. Add language below.
- B. Patients who have been deemed eligible for triage to alternative destination (TAD) by an accredited Paramedic may be transported to a TAD receiving facility by a BLS crew. The TAD-accredited Paramedic shall provide a detailed patient report to the receiving facility prior to transport. The transporting BLS (or EMT) crew shall document the Paramedic’s TAD determination, the findings supporting TAD eligibility, and the patient’s condition during transport.

PD# 5050 – Destination – Approved

- A. Discussion on adding MCI language to the patient destination criteria.
- B. Action:
 - 1. **NOTE:** During a declared Multi - Casualty Incident, follow the patient dispersal per MCI Plan.
- C. A request was made for reevaluation of 100% QI review for waiting room patients.
 - 1. Based on consistent strong performance, the 100% review requirement will be removed.
- D. Action:
 - 1. ~~It is the responsibility of the provider to QI 100% of ALL calls where it is determined by the paramedic that the patient is stable for the ED waiting room per this policy with a monthly summary report to SCEMSA.~~

PD# 5052 – Trauma Destination – Approved

- A. No changes.

PD# 5053 – Trauma Triage Criteria – Approved

- A. Discussion on whether taser barbs to the torso was considered trauma triage criteria. No. Language added to policy to clarify this.
- B. Action:
 - 1. Anatomic Criteria
 - a. All penetrating injuries to the head, neck, torso, and extremities proximal to the elbow and knees (not including taser barbs)
- C. Discussion on if mechanism of injury >12 hours old: rely on paramedic judgment—no rigid rule.
- D. Burns: Discussion on how burns trigger transport to UCDCMC (trauma center) but do all burns necessarily meet trauma activation?
 - 1. Crews will continue to transport burn patients to UCDCMC, and UCDCMC will handle how they internally activate after listening to crew's radio report.
- E. Discussion on how to avoid overcomplicating trauma triage criteria.
 - 1. Plan to improve flow chart readability in upcoming redesign.

PD# 5057 – MIH Buprenorphine - Approved

- A. Action: COWS threshold updated to 8.

PD# 6000 – Trauma Care System – General Provisions – Approved

A. No changes.

PD# 8007 – Abdominal Pain – Approved

A. No changes.

PD# 8015 – Trauma - Approved

A. Added “[prevention of hypothermia](#)” to trauma BLS management section.

PD# 8024 – Cardiac Dysrhythmias – Approved

A. Discussion on amiodarone route of administration. Current wording could be confusing to crews. Policies are moving to flowchart form which will decrease a lot of the excess wording from this policy.

B. Action:

1. Amiodarone dosing will be written as [150mg slow IVP](#).

C. “~~Documented by monitor~~” wording removed for bradycardia HR < 50 to avoid any confusion.

D. Discussion on what makes a patient unstable. Do they need to meet all the criteria listed in “Persistent Tachycardia”? NO, they need to meet just one.

E. Action:

1. Persistent Tachycardia Causing [any of the following](#):

- a. Hypotension
- b. Acutely altered mental status
- c. Signs of shock
- d. Ischemic chest discomfort
- e. Acute heart failure

PD# 8029 – Hazardous Materials – Approved

A. No changes.

PD# 8031 – Non-Traumatic Cardiac Arrest – Approved

A. Added pregnancy considerations and resuscitation modifications.

B. Action:

1. [CONSIDERATION IN PREGNANCY > 20 WEEKS GESTATION](#)

- a. [Place patient 25 deg left lateral on the backboard for CPR](#)

- b. IV/IO should be above the diaphragm
- c. Pregnant patients are more prone to hypoxia
- d. Consider early SGA or ET Intubation
- e. Prepare for early transport after 4 minutes of CPR

PD# 8062 – Behavioral Crisis – Restraint – Not Approved

- A. Discussion on adding language regarding law enforcement interaction and restraint practices. No changes will be made as the current policy, and memo have been approved by city council.
- B. Future addition of Olanzapine (Zyprexa)

PD# 8069 – Buprenorphine – Approved

- A. Moving from optional to countywide standard medication for opioid withdrawal after naloxone.
- B. COWS threshold updated to 8.
- C. County developing a dedicated clinical navigation program for follow up treatment (90 day navigation window).
- D. Discussion on packaging/storage. SCEMSA will follow up with Contra Costa County as they have Buprenorphine in policy.

PD# 9001 – Pediatric Airway/Respiratory Arrest – Approved

- A. No changes.

PD# 9021 – Pediatric Behavioral Crisis – Restraint – Approved

- A. No changes.

Roundtable

Next Meeting: June 11, 2026

Adjourn