

Sacramento County Emergency Medical Services Agency MAC/OAC Meeting Minutes – September 2026



Date and Time: September 10, 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. June MAC minutes approved by Tressa Naik and Jeremy Veldstra.

Prehospital Sepsis Screening (PRESS) Presentation by Jeremy Veldstra

- A. Jeremy presented results from a pilot program studying the PRESS tool (Prehospital Sepsis Screen) used by Alpha One and later expanded to other EMS agencies and hospitals. PRESS aims to improve early detection of sepsis in the field.
- B. Key Points
1. Sepsis is a major cause of mortality; early detection improves outcomes
 2. Current SIRS-based EMS criteria are overly broad and often identify non-septic patients.
 3. PRESS is a simple, data-driven tool with higher sensitivity for true sepsis.
 4. Pilot findings showed increased EMS-ED agreement on sepsis identification.
 5. Door-to-provider time and door-to-antibiotics time significantly decreased under PRESS.
 6. EMS-identified sepsis increased notably; ED-only identification dropped sharply.
- C. Group Discussion
1. Opportunities exist to refine sepsis alerts and reduce unnecessary SIRS-based alerts.
 2. Consideration of incorporating PRESS or a variant into countywide protocol.
 3. Possible inclusion of additional risk factors
 4. The goal is to better target true sepsis patients without overwhelming ED resources.
 5. General agreement that a system change is warranted to improve early identification.
 6. PD# 8067 – Sepsis will be brought to the December MAC with proposed edits/updates

Old Business

Policy 8018 – Overdose and /or Poison Ingestion – Approved

- A. Updated treatment arms based on clinical presentation (bradycardia vs. wide QRS).
- B. No public comments; group agreed changes were appropriate.
- C. Discussion reaffirmed that calcium channel and beta blocker overdoses are difficult to treat prehospital.

Policy 8065 – Hemorrhage – Approved

- A. TXA moved out of base-order requirement for head/neck bleeding.
- B. Epistaxis and oral hemorrhage pathway split for clarity
- C. Recommendation to use packing materials that retain TXA rather than absorb it.

New Business

Policy 2220 – EMT Scope of Practice – Approved

- A. Zofran now approved for EMT use following state-level changes.
 - 1. Update existing policies to include BLS Zofran.
- B. EMTs are allowed to use drawn-up epinephrine rather than just auto-injectors (cost savings for small agencies).

Policy 2209 – Public Safety First Aid – Approved

- A. New policy established to ensure compliance with Title 22 requirements. Created in response to gaps identified during regulatory oversight reviews.

Policy 2525 – Prehospital Notification – Approved

- A. Updated to include LAMS score for stroke notifications.
- B. Discussion on whether DSCD (double sequential defibrillation) should be included as a notification item; hospitals stated this is not necessary.

Policy 5056 – MIH – Not Approved

- A. MIH programs (Metro, Cosumnes, Sacramento City) proposed operational changes
 - 1. Response window increased from 30 to 60 minutes.
 - 2. Telemedicine allowed for evaluation.

3. Ability to queue low-acuity patients (initial “three patient queue” modified to department-specific operational limits).
4. Will bring revised language to December MAC.

Policy 8031 – Non-Traumatic Cardiac Arrest – Approved

- A. Public comments reviewed regarding the proposed Double Sequential External Defibrillation (DSED) algorithm, mainly regarding clarity and operational feasibility.
- B. Adjusted terminology from persistent/refractory VF/VT to “shock-resistant” VF/VT rhythms.
- C. Reinforced that DSED is scenario-dependent, and must not interrupt high-quality CPR.
- D. Ongoing discussion about magnesium use in torsades; no changes made.

Flow Charts and ADA Compliance – Presentation by Tom McGinnis

- A. Key points
 1. All county-published documents must meet ADA accessibility requirements by April 2027.
 2. Current EMS flowcharts do not meet ADA guidelines due to color, structure, and formatting.
 3. Converting flowcharts is technically complex and costly (\$10k–\$100k+).
 4. Options discussed include:
 - a. Maintaining ADA text-only versions on the website.
 - b. Separately distributing non-ADA flowcharts to field providers.
 - c. Exploring app-based private-access platforms.
- B. Group feedback:
 1. Strong desire to retain flowcharts due to ease of use for paramedics.
- C. SCEMSA will publish ADA text for November 1st updates but will continue updating the flowcharts as well until a final decision is made.

Scheduled Updates

Policy 2512 – Administration of Naloxone by Law Enforcement First Responder – Approved

A. No changes.

Policy 4202 – MICN Course – Approved

A. MICN course requirements adjusted (ride-along, patient contact/scenario guidance).

Policy 5060 – Hospital Status Change – Approved

A. No changes.

Policy 5070 – Hospital Transfer Agreements – Approved

- A. Group discussion on paramedic scope of practice in regard to IFTs.
1. Paramedics must stay within their scope of practice and call base for further direction/clarification if needed.

Policy 7501 – MCI Plan – Approved

A. No changes.

Policy 7508 – SALT – Approved

A. No changes.

Policy 7509 – Out of County Response – Approved

A. No changes.

Policy 8020 – Respiratory Distress: Airway Management – Approved

- A. Removed I-Gel branding name and replaced with supraglottic airway.
- B. Changed wording in flowchart to “Abdominal thrusts and follow AHA guidelines”. Removed “Epiglottitis” from Infection box.

Policy 8026 – Respiratory Distress – Approved

A. Removed “NIV” boxes from flowchart for clarity, no other changes.

Policy 8027 – Symptomatic Nerve Agent Exposure – Approved

A. No changes.

Policy 8030 – Discomfort Pain of Suspected Cardiac Origin – Approved

- A. Updated flowchart to included PDE5 inhibitor caution box to synchronize with other polies.
- B. Added “Include patient initials on transmitted 12-lead”.

Policy 8067 – Sepsis – Not Approved

- A. Hospitals requested EMS PCR documentation changes to meet CMS sepsis bundle reporting.
- B. County clarified that PCR systems cannot reliably capture bolus-specific timing or volume due to state/national data dictionary limitations.
- C. Topic to be revisited in future regulatory discussions; no immediate protocol change.
- D. Policy will be brought back to the December MAC to incorporate PRESS.

Policy 8805 – Intubation Stomal – Not Approved

- A. Metro and other agencies requested guidance for managing respiratory distress in patients with tracheostomies.
- B. SCEMSA agreed and a full tracheostomy management protocol will be drafted for December MAC meeting.

Policy 8830 – Supraglottic Airway – Approved

- A. Removed I-Gel branding name and replaced with supraglottic airway.
 - 1. Air-Q is an approved SGA.

Policy 8833 – Ventricular Assist Device (VAD) – Approved

- A. Updated reference link.

Policy 9005 – Pediatric Traumatic Cardiac Arrest – Approved

- A. Updated to include hypothermia prevention language.

Round Table

- A. A question was raised regarding Zyprexa downgrades for BLS: current policy requires cardiac and SpO2 monitoring, making downgrades incompatible.
 - 1. SCEMSA has updated the Zyprexa monitoring requirements and sent a memo out on 9/16/26. Zyprexa administration does not require cardiac

monitoring and is eligible for ALS to BLS downgrade and transport to TAD facilities.

Next Meeting

A. December 10, 2026

Adjourn