



**Sierra – Sacramento Valley EMS Agency
Regional Emergency Medical Advisory Committee
(REMAC)**



MEETING MINUTES

Meeting Date

- **Tuesday, April 16, 2024**

A. Call to Order/Introductions

- Dr. Royer called the meeting to order at 9:00 am, all attendees introduced themselves.

B. Approval of Previous Minutes: January 16, 2024

- The minutes were unanimously approved by the committee with no changes.

C. Approval of Agenda

- The committee approved the agenda as written with no change.

D. Public Comment

- There will be a free, all-day, CE event in Nevada County on May 11. There is a flyer with the information on the S-SV EMS website.

E. GEMS Provider Member Appointments: 7/1/2024 – 6/30/2026 Term

- S-SV EMS asked for nominations before the meeting for every category. The Committee can also nominate members at the meeting.

- **S-SV EMS North Counties – Public (1 – Primary, 1 – Alternate)**

- Nominations: Richard Harrison (McCloud FD)
- Terri Arrwood said she would like to be considered for the alternate position.
- Jeremy Veldstra motioned to approve the North Counties Public, Gerald Gross seconded. Primary, Richard Harrison and Alternate, Terri Arrwood approved unanimously.

- **S-SV EMS North Counties – Private (1 – Primary, 1 – Alternate)**

- Nominations: Jason Swann, Rich Lemon (Dignity EMS)
- It was suggested that Rich Lemon serve as the primary, and Jason Swann serve as the alternate.
- Jeremy Veldstra motioned to approve the North Counties Private, Joe Morris seconded. Primary, Rich Lemon and Alternate, Jason Swann approved unanimously.

- **S-SV EMS South Counties – Public (1 – Primary, 1 – Alternate)**

- Nominations: Clayton Thomas (Penn Valley FPD)
- Alex Burk was also nominated.
- Clayton Thomas indicated he would like to remain the primary. Alex Burk will become the alternate member.

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- Jeremy Veldstra motioned to approve the South Counties Public; Joe Morris seconded. Primary, Clayton Thomas and Alternate, Alex Burk approved unanimously.

- **S-SV EMS South Counties – Private (1 – Primary, 1 – Alternate)**

- Nominations: Fred Gregory (AMR Placer)
- Matt Smith was also nominated.
- Fred Gregory will be the primary and Matt Smith will be the alternate.
- Jeremy Veldstra motioned to approve the South Counties Private, Debbie Madding seconded. Primary, Fred Gregory and Alternate, Matt Smith approved unanimously.

**F. HEMS Provider Member Appointments: 7/1/2024 – 6/30/2026 Term
All S-SV EMS Counties (1 – Primary, 1 – Alternate)**

- Nominations: Jimmy Garcia was nominated.
- Angela Hurlburt indicated she would be interested.
- Jimmy Garcia will be the primary and Angela Hurlburt will serve as the alternate.
- Jeremy Veldstra motioned to approve the HEMS All Counties members; Debbie Madding seconded. Primary, Jimmy Garcia and Alternate, Angela Hurlburt approved unanimously.

G. Officer Elections: 7/1/2024 – 6/30/2026 Term

The Chair and Vice-Chairperson positions are nominated/elected every 2 years.

- **Chairperson** – Dr. Royer was nominated for the Chair. There were no other nominations.
- Clayton Thomas motioned to approve Dr. Royer as the Chairperson. Debbie Madding seconded. Motion passed unanimously.
- **Vice-Chairperson** – Clayton Thomas was nominated as the Vice-Chairperson. There were no other nominations.
- Dr. Royer motioned to approve Clayton Thomas as the Vice-Chairperson. Debbie Madding seconded. Motion passed unanimously.

H. S-SV EMS Policy Actions

Policy Actions for Final Review & Approval:

Policy	Name	Motion	Second	Committee Vote
305	Base/Modified Base Hospital Program <ul style="list-style-type: none"> • There were no recommended changes to this policy. 	Jeremy Veldstra	Debbie Madding	Passed Unanimously
460	Tactical Emergency Medical Services (TEMS) <ul style="list-style-type: none"> • There were no recommended changes to this policy. 	Clayton Thomas	Jeremy Veldstra	Passed Unanimously

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505	<p>Patient Destination</p> <ul style="list-style-type: none"> • There were no recommended changes to this policy. • Tahoe Forest Hospital has recently applied to become a Stroke Receiving Center. This will be updated when appropriate. 	Clayton Thomas	Dr. Morris	Passed Unanimously
605	<p>EMS Documentation</p> <ul style="list-style-type: none"> • CEMSIS/NEMSIS moved from version 3.4 to 3.5. • In the process of finalizing the S-SV EMS schematron for ground providers only. • Information was recently sent out, by email, regarding the ePCR completion timeline. The State EMS Authority has gotten more aggressive with this lately. • Jeff will be making sure everyone is compliant. • There were some minor language changes in Item E, page 3, as well as at the top of page 4. This language is to stay compliant with the State's requirements. • It was suggested to remove Item 5, at the bottom of page 2. 	Clayton Thomas	Jeremy Veldstra	Passed Unanimously
701	<p>ALS Provider Agency Inventory Requirements</p> <ul style="list-style-type: none"> • Spit hood was added to page 2. • On page 4, added 'Sidestream EtCO₂ Disposable Capnography Circuit Pediatric'. • On page 7, added Acetaminophen – PO (960 mg/30 mL) under 'Medications'. • It was recommended to make the minimum 200 for Ketamine. • It was recommended to change the wording on the Acetaminophen to reflect the pediatric dosing. 	Clayton Thomas	Dr. Morris	Passed Unanimously

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705	<p>Prehospital Provider Agency Unit Inspections</p> <ul style="list-style-type: none"> • Under 'Procedure', added "Providers shall complete a S-SV EMS 705-A form prior to inspection". • Page 3, line 31, added 'an' and removed 'complete'. • Page 2, Item 4, line 1, removed 'will' and added 'may'. • Policies 705 (705-A), 706, and 715 were passed together. 	Jeremy Veldstra	Clayton Thomas	Passed Unanimously
706	<p>Equipment & Supply Shortages</p> <ul style="list-style-type: none"> • On page 2, Item D, added lines 29-32. • Policies 705 (705-A), 706, and 715 were passed together. 	Jeremy Veldstra	Clayton Thomas	Passed Unanimously
715	<p>Biomedical Equipment Maintenance</p> <ul style="list-style-type: none"> • On page 1, Item B, removed "Periodic" and added "Preventative", item E removed the first sentence and added lines 30-32. • On page 2, item 3, removed 'Reported' and added "To", line 7, added "or potential impact", line 8, added "remediation/corrective", and removed the end of that sentence. • Policies 705 (705-A), 706, and 715 were passed together. 	Jeremy Veldstra	Clayton Thomas	Passed Unanimously
852	<p>Patient Restraint Mechanisms</p> <ul style="list-style-type: none"> • On page 2, under "Physical Restraint", added lines 22-28 – which is 'spit hood' guidance. 	Clayton Thomas	Debbie Madding	Passed Unanimously
C-1P	<p>Pediatric Pulseless Arrest</p> <ul style="list-style-type: none"> • On page 2, in the yellow box, under Epinephrine 'repeat every 3-5 minutes'. • UC Davis requested that "If Opioid overdose suspected: Naloxone – 0.1 mg/kg IV/IO (max: 2 mg)" be added to the yellow box. • Policies C-1P, C-3P, and C-4P were discussed and passed together. 	Clayton Thomas	Debbie Madding	Passed Unanimously

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C-3P	<p>Pediatric Bradycardia – With Pulses</p> <ul style="list-style-type: none"> UC Davis requested that in the yellow BLS box, remove “High flow O²” and change it to “O² at appropriate rate if hypoxemic (SpO₂) <94%) or short of breath”. This will change in other policies as well. Policies C-1P, C-3P, and C-4P were discussed and passed together. 	Clayton Thomas	Debbie Madding	Passed Unanimously
C-4P	<p>Pediatric Tachycardia – With Pulses</p> <ul style="list-style-type: none"> UC Davis requested that in the yellow BLS box, remove “High flow O²” and change it to “O² at appropriate rate if hypoxemic (SpO₂) <94%) or short of breath”. This will change in other policies as well. Under ALS, added “and EtCo₂” – this should be added to the Bradycardia policy as well. Policies C-1P, C-3P, and C-4P were discussed and passed together. 	Clayton Thomas	Debbie Madding	Passed Unanimously
M-1P	<p>Pediatric Allergic Reaction/Anaphylaxis</p> <ul style="list-style-type: none"> All changes in the top, yellow box, were UC Davis recommendations. On page 2, UC Davis suggested that Epinephrine be removed totally. S-SV believes it should remain in the policy. It was suggested, on page 2, to remove “High risk” from the box, and insert “history of anaphylaxis, or significant exposure with worsening symptoms.” It was suggested, on page 2 in the hypotension box, to change ‘Hypotension’ to ‘Hypoperfusion’. It was suggested to add weights to the BLS box on page 1. 	Dr. Morris	Clayton Thomas	Passed Unanimously
M-5P	<p>Pediatric Ingestions & Overdoses</p> <ul style="list-style-type: none"> UC Davis requested that in the yellow BLS box, remove “High flow O²” and change it to “O² at appropriate rate if hypoxemic (SpO₂) <94%) or short of breath”. Added to the BLS box, last bullet point, “Contact Poison Control” with their phone number. Under ALS, added ‘and EtCo₂’. 	Clayton Thomas	Debbie Madding	Passed Unanimously

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<p>M-6P</p>	<p>General Pediatric Protocol</p> <ul style="list-style-type: none"> • This protocol was revamped and now includes BRUE, sepsis, shock, nausea and vomiting. • In the top box, the last bullet point was added. It was suggested to add “and weight of patient” after ‘sizes of equipment’ and remove the rest of the last bullet point. • In the hypotension chart, in the hypotension column, the SBP <70 should be $70 + (2 \times \text{age})$. • Page 3 is Shock/Sepsis and a few things were removed from the top green box that weren’t pertinent to pediatric care. • On page 3, under the ALS box, removed the third bullet point, and removed ‘if DNA suspected’ from the fourth bullet point. Acetaminophen was added to the bottom box on page 3. • Page 4 is Nausea/Vomiting, which is the same as the adult protocol. • On page 4, under the Zofran box, it was suggested to add a dose of 0.15mg/kg. • Due to concerns, this protocol will be brought back to the next meeting. It was suggested to send the protocol to OB’s for review/feedback as well as Pharmacists. 			<p>No vote – this policy will be brought back to the July meeting.</p>
<p>M-8P</p>	<p>Pediatric Pain Management</p> <ul style="list-style-type: none"> • Weights are weight based. • Under ‘Acute Injury’ – Midazolam requires a base consultation. • The updated hypotension chart was added to the bottom of page 2. • On page 2, in the bottom blue box, the last bullet point is new. • This will be updated to match the other UC Davis recommendations. 	<p>Clayton Thomas</p>	<p>Debbie Madding</p>	<p>Passed Unanimously</p>

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M-11P	Pediatric Behavioral Emergencies <ul style="list-style-type: none"> • This is a new protocol. • This was sent to UC Davis for review and there were no recommended changes. • EtCO₂ needs to be added under the ALS box. 	Clayton Thomas	Debbie Madding	Passed Unanimously
N-1P	Pediatric Altered Level of Consciousness <ul style="list-style-type: none"> • This has the same changes as the others - oxygen and EtCO₂. • No other recommended changes. 	Clayton Thomas	Debbie Madding	Passed Unanimously
N-2P	Pediatric Seizure <ul style="list-style-type: none"> • Under the ALS box, added 'and EtCO₂', and 'Obtain temperature. If temperature >100.4 consider 15 mg/kg acetaminophen PO (max: 1000mg) – single dose only'. • Under Midazolam, removed 'repeat same administer 2nd dose'. • It was suggested to add 'route appropriate' under the Midazolam box, after the second bullet point. • It was suggested to add "for active seizures when appropriate' after 'High flow O₂'. 	Clayton Thomas	Debbie Madding	Passed Unanimously
R-1P	Pediatric Foreign Body Airway Obstruction <ul style="list-style-type: none"> • The only change, which is a UC Davis suggestion, is in red in the top green box. • No other recommended changes. 	Clayton Thomas	Debbie Madding	Passed Unanimously
R-2P	Pediatric Respiratory Arrest <ul style="list-style-type: none"> • The only change is the addition of EtCo₂. • No other recommended changes. 	Clayton Thomas	Debbie Madding	Passed Unanimously

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R-3P	<p>Pediatric Acute Respiratory Distress</p> <ul style="list-style-type: none"> • The UC Davis suggested changes are under the Contraindications: suspected croup/epiglottitis, and ‘unable to protect airway’. • In the top yellow box, under Epinephrine Administration, it was suggested to remove the word ‘only’. • On page 2, under Croup/Epiglottitis, UC Davis suggested adding: Minimize pt stimulation, and Do Not Attempt I-Gel. • Under Base/Modified Base, UC Davis recommended adding “preferred 1st line treatment” after Racemic epinephrine. The Committee suggested removing the addition. • There was a lot of discussion and concern. • It was suggested to make 2 new boxes, one for cricothyrotomy - with the weight/age restriction, and one for modification route. • On page 1, in the Epinephrine box, it needs to read “EMT personnel only” after Epinephrine 1:1,000 IM. In the same box, it was suggested to change the 15kg weight to 7.5 kg. • This policy will be brought back to the July meeting. 			Not voted on. This will be brought back to the July meeting.
T-4	<p>Hemorrhage</p> <ul style="list-style-type: none"> • This is an adult protocol. • It was suggested to add some language regarding topical application for wounds/nosebleeds. 	Clayton Thomas	Dr. Morris	Passed Unanimously

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I. EMS Aircraft Provider Updates

- No updates were given.

J. Ground EMS Provider Updates

- AMR- They have a new Clinical Education Specialist named Chris Newsom.
- Penn Valley – they now have LUCAS devices on all of their ALS vehicles.

K. Hospital Provider Updates

- UC Davis Medical Center –
 - The new EMS entrance will officially open on either 5/13 or 5/14.
 - They should have 24 beds back online by the end of July.
- Kaiser Roseville Medical Center –
 - They have a new paramedic/nurse liaison Chris Britton. He's been with Kaiser Roseville for nearly 20 years.
 - No new construction updates.
 - Next month begins a new APOT project.
 - Kaiser Roseville has had a big policy change as far as security is concerned. Any patients that come on their campus will be screened, wanded, and their belongings will also be wanded.
 - They have increased armed security as well.
- Sutter Roseville Medical Center –
 - Just got a metal detector in the ED
 - Contracted with Imagetrend to be able to have real-time data
 - Had their first meeting with Growth Factory to use AI to improve business flow.

L. S-SV EMS Agency Reports

L-1. EMS Data System

- Modifying month-end reports on an interactive dashboard.
- PCR completion compliance – if you're with Imagetrend Jeff is happy to help you build a report to ensure you are compliant.
- Reach out to Jeff McManus with any questions/concerns concerning data.

L-2. EMS Quality Management

- Specialty centers: there is a STEMI dashboard that gets updated quarterly with the tracked STEMI metrics. These are available to EMS if they're interested. Eventually HEMS and Stroke will also be available.
- The Regional Training Module is done but will take a little bit to get on the website. It should be up early to mid-May.
- Pain management and airway management are a big audit focus this year.
- Brittany sent out a request for audit to ALS ground providers only – asking for their LMA and ET success rates. There will be more asked of the providers.
- There are a surprising number of LMAs being placed and then removed – per the data. Brittany did a 6-month audit of all LMAs and ETs. The majority didn't have a good reason to remove the LMAs. There are a lot of concerns regarding this.

L-3. Regional Committees

- The PAC Committee is working on some education modules.
- There was a STEMI meeting.
- The Trauma meeting is next month.
- Implementing new registries for all of the specialty centers.

L-4. Operations

- S-SV hired a new Certification Specialist – Whitney Sullivan.
- S-SV is going to get a new software program for all certifications.
- Provider transport permits are being sent out soon. They will not be approved until S-SV EMS has the full application and payment.

L-5. Regional Executive Director's Report

- Working on revising the MCI Protocol and Policy.
- S-SV's RDMHS, Patti Carter, will be retiring at the end of May. S-SV will be looking to refill the position and will send out notice.
- There are several bills that have been introduced that have to do with EMS matters. The EMS Authority has convened a E-Pack (a group of several EMS System stakeholders) to talk about a new chapter of regulations which will focus on EMS System design matters.

L-6. Medical Director's Report

- Gun/Weapon safety – there was recently a case in the S-SV system where an elderly patient was transported to the ED with a weapon and then committed suicide at the receiving facility. Please be careful when dealing with all patients.

M. Next Meeting Date & Adjournment

- July 16, 2024, at 9:00 am.
- The meeting was adjourned at 11:41 am.