

AGENDA
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING
THURSDAY – August 8th, 2019
4:00 P.M.
Location: Kern County Public Health Services Department
San Joaquin Room – 1st Floor
1800 Mount Vernon Avenue - Bakersfield, California 93306
(661) 321-3000

I. Call to Order

II. Flag Salute

III. Roll Call

IV. Consent Agenda (CA): Consideration of the consent agenda.

All items listed with a “CA” are considered by Division staff to be routine and non-controversial. Consent items may be considered first and approved in one motion if no member of the Board or audience wishes to comment or discuss an item. If comment or discussion is desired, the item will be removed from consent and heard in its listed sequence with an opportunity for any member of the public to address the Board concerning the item before action is taken.

V. (CA) Approval of Minutes: EMCAB Meeting May 9th, 2019– approve

VI. Subcommittee Reports: None

VII. Public Comments:

This portion of the meeting is reserved for persons desiring to address the Board on any matter not on this Agenda and over which the Board has jurisdiction. Members of the public will also have the opportunity to comment as agenda items are discussed.

VIII. Public Requests:

IX. Unfinished Business:

Maddy Fund Request Process

X. New Business:

- a) Maddy Fund Quarterly Report
- b) Maddy Fund Request Recommendations
- c) Legislation Affecting EMS
- d) Behavioral Health Symposium
- e) ImageTrend Licensing and Certification
- f) Ambulance Patient Offload Times

XI. Manager's Report: - Receive and File

XII. Miscellaneous Documents for Information:

XIII. Board Member Announcements or Reports:

On their own initiative, Board members may make a brief announcement or a brief report on their own activities. They may ask a question for clarification, make a referral to staff, or take action to have staff place a matter of business on a future agenda. (Government Code Section 54954.2 [a.])

XIV. Announcements:

- A. Next regularly scheduled meeting: Thursday, November 14th, 2019, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.
- B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, October 31st, 2019, 5:00 p.m., to the Kern County EMS Program Manager.

XV. Adjournment

Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Emergency Medical Care Advisory Board (EMCAB) may request assistance at the Kern County Public Health Services Department located at 1800 Mount Vernon Avenue, Bakersfield, 93306 or by calling (661) 321-3000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made at least three (3) working days in advance whenever possible.

EMERGENCY MEDICAL CARE ADVISORY BOARD
Membership Roster

<i>Name and Address</i>	<i>Representing</i>
Mike Maggard, Supervisor Third District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3670	Board of Supervisors
<u>Alternate</u> Mick Gleason, Supervisor First District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3651	
Donny Youngblood, Sheriff Kern County Sheriff's Department 1350 Norris Road Bakersfield, CA 93308 (661) 391-7500	Police Chief's Association
<u>Alternate</u> Vacant	
<u>Vacant</u>	Fire Chief's Association
<u>Alternate</u> Vacant	
James Miller 14113 Wellington Court Bakersfield, CA 93314 (817) 832-2263	Urban Consumer
<u>Alternate</u> John Sizemore 10709 Lindalee Ln., Bakersfield, CA 93312 (661) 623-3452	
Leslie Wilmer 1110 Bell Ave., Taft, CA 93268 (661) 304-1106	Rural Consumer
<u>Alternate</u> Vacant	

Orchel Krier
Mayor Pro Tem, City of Taft
209 E. Kern Street
Taft, CA 93268
661-763-1222

City Selection Committee

Alternate
Cathy Prout
Councilmember, City of Shafter
435 Maple Street
Shafter, CA 93263
(661) 746-6409

Scott Hurlbert
City of Shafter
336 Pacific Avenue
Shafter, CA 93263

Kern Mayors and City Managers Group

Alternate
Greg Garrett
City of Tehachapi
115 S. Robinson Street
Tehachapi, CA 93561

Earl Canson, M.D.
1400 Easton Drive Ste. 139B
Bakersfield, CA 93309

Kern County Medical Society

Alternate
Nadeem Goraya, M.D.
1400 Easton Drive Ste. 139B
Bakersfield, CA 93309

Bruce Peters, Chief Executive Officer
Mercy and Mercy Southwest Hospitals
2215 Truxtun Avenue
P.O. Box 119
Bakersfield, CA 93302
(661) 632-5000

Kern County Hospital Administrators

Alternate
Jared Leavitt, Chief Operating Officer
Kern Medical
1700 Mount Vernon Avenue
Bakersfield, CA 93306
(661) 326-2000

Name and Address**Representing**

John Surface
Hall Ambulance Inc.
1001 21st Street
Bakersfield, CA 93301
(661) 322-8741

Kern County Ambulance Association

Alternate

Aaron Moses
Delano Ambulance Service
P.O. Box 280
Delano, CA 93216
(661) 725-3499

Kristopher Lyon, M.D.
1800 Mount Vernon Avenue, 2nd floor
Bakersfield, CA 93306
(661) 321-3000

EMS Medical Director

Support Staff

Jeff Fariss, EMS Program Manager
1800 Mount Vernon Avenue, 2nd floor
Bakersfield, CA 93306
(661) 321-3000

EMS Division

Gurujodha Khalsa, Chief Deputy
1115 Truxtun Avenue, 4th Floor
Bakersfield, CA 93301
(661) 868-3800

County Counsel

Alex Alva
1115 Truxtun Avenue, 5th Floor
Bakersfield, CA 93301
(661) 868-3164

County Administrative Office

V. Approval of Minutes

May 9th, 2019

MINUTES
EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)
REGULAR MEETING
THURSDAY – May 9, 2019
4:00 P.M.

Location: Kern County Public Health Services Department
San Joaquin Room – 1st Floor
1800 Mount Vernon Avenue - Bakersfield, California 93306
(661) 321-3000

I. Call to Order

II. Flag Salute
Led By: Krier

III. Roll Call: Maggard, Wilmer, Krier, *Canson, Peters, Surface, Lyon
*Member arrived later after roll call.

IV. Consent Agenda (CA): Consideration of the consent agenda.

All items listed with a “CA” are considered by Program staff to be routine and non-controversial. Consent items may be considered first and approved in one motion if no member of the Board or audience wishes to comment or discuss an item. If comment or discussion is desired, the item will be removed from consent and heard in its listed sequence with an opportunity for any member of the public to address the Board concerning the item before action is taken.

V. (CA) Approval of Minutes: EMCAB Meeting February 14, 2019 – approve
Krier-Lyon: All Ayes

VI. Subcommittee Reports: None

VII. Public Comments:

This portion of the meeting is reserved for persons desiring to address the Board on any matter not on this Agenda and over which the Board has jurisdiction. Members of the public will also have the opportunity to comment as agenda items are discussed.

NO ONE HEARD

VIII. Public Requests: None

IX. Unfinished Business: None

X. New Business:

- A. Available Maddy Funds – receive and file

Peters-Lyon: All Ayes

- B. Legislation Affecting Maddy Fund – receive and file

The approval was contingent upon an agreement with GK (County Counsel) for specific criteria for what the term benefiting the County at large

Surface-Peters: All Ayes

- C. Maddy Fund Request Process - approve

Surface-Krier: All Ayes

- D. C.A.R.E.S. – approve

Canson-Lyon: All Ayes

- E. EMCAB Members – receive and file

Lyon-Peters: All Ayes

- F. Annual Provider Performance Reports – receive and file

Lyon-Wilmer: All Ayes

- G. Annual EMS System Activity Report – receive and file

Canson-Surface: All Ayes

XI. Manager's Report: Hear presentation – receive and file

Krier-Surface: All Ayes

XII. Miscellaneous Documents for Information:

- A. (CA) EMS Fund Annual Report – receive and file

Krier-Lyon: All Ayes

XIII. Board Member Announcements or Reports:

On their own initiative, Board members may make a brief announcement or a brief report on their own activities. They may ask a question for clarification, make a referral to staff, or take action to have staff place a matter of business on a future agenda. (Government Code Section 54954.2 [a.]

Peters stated he had met with Assemblyman Fong regarding a bill to make it illegal to file a false active shooter report. Unfortunately it was defeated.

Maggard stated he would like to have a report on what effect homelessness is having on the EMS system.

XIV. Announcements:

- A. Next regularly scheduled meeting: Thursday, August 8, 2019, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.
- B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, July 25, 2019, 5:00 p.m., to the Kern County EMS Program Manager.

**XV. Adjournment
Surface**

Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Emergency Medical Care Advisory Board (EMCAB) may request assistance at the Kern County Public Health Services Department located at 1800 Mount Vernon Avenue, Bakersfield, CA 93306, or by calling (661) 321-3000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made at least three (3) working days in advance whenever possible.

IX. Unfinished Business

Maddy Fund Request Process

EMS Division Staff Report for EMCAB - August 8th, 2019

MADDY FUND REQUESTS

Background

As reported by Brynn Carrigan, Assistant Director of Public Health, at the February EMCAB meeting, changes have occurred that allow for the release of Maddy funds for the enhancement of the EMS system. The intended use of these funds is for the enhancement of the EMS system, at large.

The Dilemma

During the May EMCAB meeting your board approved the Maddy Fund Request Process and form contingent on the approval of language, by county council, that defines the intent of the release of the Maddy Funds.

The EMS Division Plan of Action

On July 9th, 2019, county council approved the following language defining the intent for the release of the discretionary Maddy funds:

“On February 14th, 2019, the Assistant Director of Public Health reported to the Emergency Medical Care Advisory Board that EMS was releasing the discretionary portion of the MADDY Fund for, “Enhancements in the EMS system, as approved by your board.” Merriam-Webster dictionary defines Enhancement as, “Heighten, Increase – Especially to increase or improve in value, quality, desirability, or attractiveness.”

The intent of releasing the discretionary MADDY funds by the county is to heighten, increase and improve, from the normal and customary base operations, the delivery of prehospital care to the people of Kern County. This would include programs, services, training, equipment and/or learning materials that would have a high likely hood to improve the Kern County EMS System of care from its normal and customary base operations. The requested item, service or training must benefit all EMS stakeholders, especially the community at large, in such a way that it improves the quality and delivery of prehospital care.”

This language along with the form approved by this board was placed on the Kern County Public Health/EMS website and is currently available to the public for submission of fund requests.

Therefore IT IS RECOMMENDED, the Board receive and file the Updated Maddy Fund Request Form and submission process.

X. New Business

a. Available Maddy Funds

EMS DIVISION
KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT
MADDY EMS FUND

FISCAL YEAR 2018-19 ACTIVITY

	MADDY Deposits + Interest	RICHIE'S Deposits + Interest	Admin 10% of Each Fund	Richie's Fund (15%) Distribution	Total Physician Claims Submitted In Quarter	Physicians 58% both funds Balance	Physician Payments in Quarter	Percent Paid to Physicians	Hospitals 25% of Both Fund Balance	Hospital Payments in Quarter	Other EMS 17% MADDY Balance	Other EMS 17% RICHIE'S Balance
JULY 2018	112,599.84	113,583.90	22,618.37	17,037.59		108,675.64			46,631.95		17,227.78	14,481.95
AUGUST 2018	109,498.56	101,991.28	21,148.99	15,298.69		102,294.69			43,760.54		16,753.28	13,003.89
SEPTEMBER 2018	113,771.67	103,913.64	21,768.53	15,587.05		105,343.49			45,082.43		17,407.07	13,248.99
Total for Quarter 1	335,870.07	319,488.82	65,535.89	47,923.33	298,025.27	316,313.82	149,029.38	50%	135,474.92	224,133.08	51,388.13	40,734.83
OCTOBER 2018	101,249.50	92,597.52	19,384.70	13,889.63		93,786.94			40,143.17		15,491.17	11,806.18
NOVEMBER 2018	114,636.16	109,680.12	22,431.63	16,452.02		107,849.49			46,358.16		17,539.33	13,984.22
DECEMBER 2018	96,630.34	87,921.75	18,455.21	13,188.26		88,776.27			38,227.16		14,784.44	11,210.02
Total for Quarter 2	312,516.00	290,199.39	60,271.54	43,529.91	268,076.60	290,412.70	134,052.28	50%	124,728.49	205,258.82	47,814.94	37,000.42
JANUARY 2019	92,778.99	86,125.25	17,890.43	12,918.79		86,813.28			37,023.76		14,195.19	10,980.97
FEBRUARY 2019	109,667.03	106,407.80	21,607.48	15,961.17		104,006.40			44,626.55		16,779.06	13,566.99
MARCH 2019	115,942.33	101,600.52	21,754.28	15,240.08		104,934.63			45,137.12		17,739.18	12,954.07
Total for Quarter 3	318,388.35	294,133.57	61,252.19	44,120.04	394,103.36	295,754.31	197,072.56	50%	126,787.43	208,409.50	48,713.43	37,502.03
APRIL 2019	122,533.53	114,873.43	23,740.69	17,231.01		115,006.24			49,108.82		18,747.63	14,646.36
MAY 2019	103,169.71	99,222.70	20,239.24	14,883.41		41,817.44			41,817.44		15,784.97	12,650.89
JUNE 2019	131,644.80	111,227.35	24,287.22	16,684.10		50,475.21			50,475.21		20,141.65	14,181.49
Total for Quarter 4	357,348.04	325,323.48	68,267.15	48,798.52	323,783.77	207,298.89	161,909.13	50%	141,401.47	231,395.92	54,674.25	41,478.74
YEAR-END SUP.		-	-								-	
YEAR TO DATE	1,324,122.46	1,229,145.26	255,326.77	184,371.80	1,283,989.00	1,109,779.72	642,063.35	50%	528,392.31	869,197.32	202,590.75	156,716.02

X. New Business

b. Maddy Fund Request Recommendations

EMS Program Staff Report for EMCAB-August 8th, 2019

MADDY FUND REQUEST REPORT – CPAP

Background

During the February 14th, 2019, EMCAB meeting, Battalion Chief, Kevin Albertson from the Bakersfield Fire Department requested the release of Maddy funds for the purchase of Continuous Positive Airway Pressure (CPAP) devices for his department. On April 25th, 2019, EMS received a follow up letter from Chief Albertson, outlining his request and adding Kern County Fire to the request as well. The requested funds are as follows:

Polmydine GO-PAP	
CPAP	\$39.85
Additional Mask	\$22.65
Total	\$67.66
KCFD required #	200
BFD required #	38
KCFD Cost	\$13,531.25
BFD Cost	\$2,570.94
Total cost w/ tax	\$16,102.19

CPAP devices provide a continuous pressurized delivery of oxygen to the patient throughout the breathing cycle. These devices are used among lay people who have diagnosed breathing problems such as sleep apnea. In the prehospital setting these devices are used to treat patients who are suffering from pulmonary edema, asthma, chronic obstructive pulmonary disease, congestive heart failure and general respiratory distress. CPAP devices are important and necessary in the field of prehospital care and when used correctly can prevent a patient from being placed on a ventilator.

Title 22, Division 9, Chapter 2, Section 100063, defines “Basic Scope of Practice” for Emergency Medical Technicians and subsection (E) states, “Manual and mechanical ventilating devices designed for prehospital use including continuous positive airway pressure.” The inclusion of CPAP in the Basic scope of practice for EMTs mandates that these devices be purchased and maintained by ALL EMT providers as part of their normal and customary base level equipment.

Intent of Release of Maddy Funds

As approved by county council, “The intent for releasing the discretionary Maddy funds by the county is to heighten, increase and improve, from the normal and customary base operations, the delivery of

prehospital care to the people of Kern County. This would include programs, services, training, equipment and/or learning materials that would have a high likely hood to improve the Kern County EMS System of care from its normal and customary base operations. The requested item, service or training must benefit all EMS stakeholders, especially the community at large, in such a way that it improves the quality and delivery of prehospital care.”

Recommendation

The request for purchase of Continuous Positive Airway Pressure devices for Bakersfield City Fire and Kern County Fire does not appear to meet the intended use of the discretionary Maddy funds as this piece of equipment is mandated by the state for ALL EMT level providers and is part of the normal and customary base operations.

Therefore, IT IS RECOMMENDED, the Board deny this request for release of discretionary Maddy Funds.



EMCAB Board Submittal

Anthony Galagaza

■ Fire Chief ■

**Deputy Chief Trevor
Martinusen**

Operations/Training/Arson
661-326-3655

Deputy Chief John Frando

Special Services
661-326-3652

Fire Department Headquarters

2101 H Street, Floor 1
Bakersfield, CA 93301
(661) 326-3911 (main)
(661) 852-2170 (fax)

**Fire Department Community
Services / Public Information**

2101 H Street, Floor 1
Bakersfield, CA 93301
(661) 326-3688 (office)
(661) 852-2170 (fax)

Fire Prevention Division

2101 H Street, Floor 2
Bakersfield, CA 93301
(661) 326-3979 (main)
(661) 852-2171 (fax)

Fire Training Division

5642 Victor Street (ODFTF)
Bakersfield, CA 93308
(661) 399-4697 (main)
(661) 399-5763 (fax)

Live Fire Training

106 E. White Lane (FS 5)
Bakersfield, CA 93307
(661) 397-6305 (main)
(661) 852-2170 (fax)

Arson Division

2101 H Street, Floor 2
Bakersfield, CA 93301
(661) 326-3911 (main)
(661) 852-2172 (fax)

MADDY Fund CPAP Proposal

Airway management is one of the most important interventions provided by emergency medical service personnel. According to Section 100063(a)(6)(E) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows an EMT to provide both manual and mechanical ventilation. CPAP reduces the work of breathing, reinflates collapsed alveoli and improves pulmonary compliance. CPAP helps provide additional benefits to patients suffering from the effects of pulmonary edema by reducing both the preload and afterload, thereby improving the oxygenation and survivability of the patient. The Bakersfield Fire Department and Kern County Fire Department are the largest providers of the prehospital medical care in Kern County. By purchasing CPAP units and regulators for all BFD and KCFD apparatus a system wide improvement in medical care would be implemented. Patients would benefit from improved Respiratory therapy and in turn improve patient outcomes. The Bakersfield Fire Department and Kern County Fire Department would be able to train and implement the program during its quarterly EMT training.

The cost of purchasing the units are listed below.

Kern County CPAP Cost

Polmydine GO-PAP	
CPAP	\$39.85
Additional Mask	\$22.65
Total	\$67.66
KCFD required #	200
BFD required #	38
KCFD Cost	\$13,531.25
BFD Cost	\$2,570.94
Total cost w/ tax	\$16,102.19

Kevin Albertson
Bakersfield Fire Department
661 496-0410
kalberts@bakersfieldfire.us

CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE



[Home](#) [Table of Contents](#)**§ 100063. Basic Scope of Practice of Emergency Medical Technician.**

22 CA ADC § 100063

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations [Currentness](#)

Title 22. Social Security

Division 9. Prehospital Emergency Medical Services

Chapter 2. Emergency Medical Technician

Article 2. General Provisions (Refs & Annos)

22 CCR § 100063

§ 100063. Basic Scope of Practice of Emergency Medical Technician.

(a) During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, a certified EMT or supervised EMT student is authorized to do any of the following:

- (1) Evaluate the ill and injured.
- (2) Render basic life support, rescue and emergency medical care to patients.
- (3) Obtain diagnostic signs to include, but not be limited to, temperature, blood pressure, pulse and respiration rates, pulse oximetry, level of consciousness, and pupil status.
- (4) Perform cardiopulmonary resuscitation (CPR), including the use of mechanical adjuncts to basic cardiopulmonary resuscitation.
- (5) Administer oxygen.
- (6) Use the following adjunctive airway and breathing aids:
 - (A) Oropharyngeal airway;
 - (B) Nasopharyngeal airway;
 - (C) Suction devices;
 - (D) Basic oxygen delivery devices for supplemental oxygen therapy including, but not limited to, humidifiers, partial rebreathers, and venturi masks; and
 - (E) Manual and mechanical ventilating devices designed for prehospital use including continuous positive airway pressure.
- (7) Use various types of stretchers and spinal motion restriction or immobilization devices.
- (8) Provide initial prehospital emergency care to patients, including, but not limited to:
 - (A) Bleeding control through the application of tourniquets;
 - (B) Use of hemostatic dressings from a list approved by the Authority;
 - (C) Spinal motion restriction or immobilization;
 - (D) Seated spinal motion restriction or immobilization;
 - (E) Extremity splinting; and
 - (F) Traction splinting.
- (G) Administer oral glucose or sugar solutions.
- (H) Extricate entrapped persons.

(I) Perform field triage.

(J) Transport patients.

(K) Apply mechanical patient restraint.

(L) Set up for ALS procedures, under the direction of an Advanced EMT or Paramedic.

(M) Perform automated external defibrillation.

(N) Assist patients with the administration of physician-prescribed devices including, but not limited to, patient-operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices.

(b) In addition to the activities authorized by subdivision (a) of this Section, the medical director of the LEMSA may also establish policies and procedures to allow a certified EMT or a supervised EMT student who is part of the organized EMS system and in the prehospital setting and/or during interfacility transport to:

(1) Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement. Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid;

(2) Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines;

(3) Administer naloxone or other opioid antagonist by intranasal and/or intramuscular routes for suspected narcotic overdose;

(4) Administer epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma;

(5) Perform finger stick blood glucose testing; and

(6) Administer over the counter medications, when approved by the medical director, including, but not limited to:

(A) Aspirin.

(c) The scope of practice of an EMT shall not exceed those activities authorized in this Section, Section 100064, and Section 100064.1.

(d) During a mutual aid response into another jurisdiction, an EMT may utilize the scope of practice for which s/he is trained and authorized according to the policies and procedures established by the LEMSA within the jurisdiction where the EMT is employed as part of an organized EMS system.

Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.8, 1797.170, 1797.197 and 1797.221, Health and Safety Code.

HISTORY

1. Renumbering and amendment of former section 100015 to section 100063 filed 2-6-87; effective thirtieth day thereafter (Register 87, No. 10). For prior history, see Register 82, Nos. 39 and 36.

2. Amendment of section and Note filed 6-13-94; operative 7-13-94 (Register 94, No. 24).

3. New subsection (a)(14) filed 1-11-2000; operative 2-10-2000 (Register 2000, No. 2).

4. Amendment filed 9-10-2004; operative 10-10-2004 (Register 2004, No. 37).

5. Amendment of section heading and section filed 5-18-2010; operative 6-17-2010 (Register 2010, No. 21).

6. Amendment filed 1-25-2013; operative 4-1-2013 (Register 2013, No. 4).

7. Amendment of section heading, section and Note filed 5-11-2017; operative 7-1-2017 (Register 2017, No. 19).

This database is current through 7/19/19 Register 2019, No. 29

22 CCR § 100063, 22 CA ADC § 100063

END OF DOCUMENT

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EMS Program Staff Report for EMCAB-August 8th, 2019

MADDY FUND REQUEST REPORT - HANDTEVY

Background

During the February 14th EMCAB meeting, the Medical Director for Kern County EMS requested the release of Maddy funds for the purchase, implementation and maintenance of the HandTevy System. This system standardizes pediatric and adult drug administration across all providers and drastically reduces medication administration errors.

The HandTevy System has been shown in many studies to decrease medication errors in pediatric patients. One such study from the San Antonio Fire Department showed a decrease in cumulative medication error rate by 38% for fentanyl and versed after implementation of HandTevy. Additionally, several studies indicate improvements in medication errors for other life-saving drugs, such as dextrose and epinephrine. These studies not only show that HandTevy can decrease medication error, but they also indicate that the use of HandTevy decreases the time needed for medics to administer these drugs and increases use of these drugs in pediatric patients. In short, HandTevy increases the accuracy and timely administration of life-saving medication for pediatric patients.

The requested funds are \$32,074.56 for the initial implementation and an annual fee of \$13000 for maintenance.

Training will be provided by EMS staff during a mandatory paramedic update.

Intent of Release of Maddy Funds

As approved by county council, "The intent for releasing the discretionary Maddy funds by the county is to heighten, increase and improve, from the normal and customary base operations, the delivery of prehospital care to the people of Kern County. This would include programs, services, training, equipment and/or learning materials that would have a high likely hood to improve the Kern County EMS System of care from its normal and customary base operations. The requested item, service or training must benefit all EMS stakeholders, especially the community at large, in such a way that it improves the quality and delivery of prehospital care."

Recommendation

The request for the purchase of HandTevy System appears to meet the intended use of the discretionary Maddy funds in that it will enhance and improve our paramedics ability to accurately administer medications county wide. This will benefit the community at large assuring that medications are administered accurately across the county.

Therefore, IT IS RECOMMENDED, the Board approve this request for the release of discretionary Maddy Funds.



Age and Length-Based

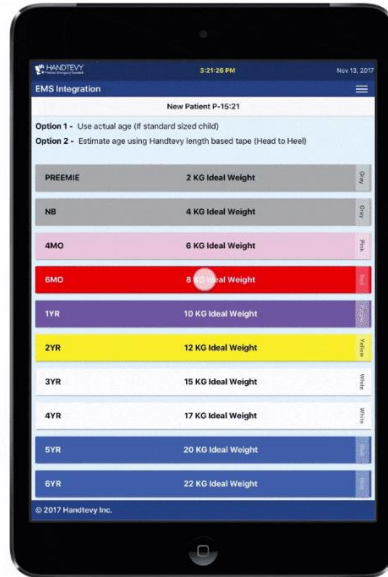
Start to treat kids as proficiently as you treat adults. The Handtevy System uses age first and length second in order to determine drug dosing and equipment sizing PRIOR to arrival.

Dosing in Volume

No more math in front of Mom and Dad. Handtevy Mobile is custom to your protocol and ready to give you the medication dosing for each and every drug you carry. So go ahead... stay on scene, perform confidently and save more lives. Plus you look good doing it!

Drips and Infusions

Drips come with a high degree of complexity – and anxiety. Stop the madness – Customize your drips to ensure they are mixed according to your exact specifications every time.



Equipment Sizing

Do you remember this formula – $\text{Age}/4 + 4 \text{ mm} = \text{internal diameter (ID)}$? We don't either. Handtevy will display the size of every piece of equipment required for any sized child and turn this confidence and proficiency into results. You deserve it...and they do too.

Electrical Dosing

Defibrillators have limited energy settings, and every monitor is different. Handtevy removes the guesswork and will only show the energy dose for your monitor, customized to the child's age/weight

Review the Call

This is the fastest you'll ever document a drug, its route and dose (in mL & mg), drips and equipment all with a single tap! After the call, review the list and seamlessly integrate with your ePCR.

X. New Business

c. Legislation Affecting EMS

EMS Division Staff Report for EMCAB - August 8th, 2019

Legislation Affecting EMS

AB 453 (Chau D) Emergency medical services: training.

An act to amend Sections 1797.170, and 17973172 of the Health and Safety Code, relating to Emergency Medical Services

Status: Approved by Governor July 12, 2019. Filed with Secretary of State July 12, 2019.

Summary: Under existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, the Emergency Medical Services Authority is responsible for establishing minimum standards and promulgating regulations for the training and scope of practice for an Emergency Medical Technician-I (EMT-I), Emergency Medical Technician-II (EMT-II), and Emergency Medical Technician-Paramedic (EMT-P).

This bill would require EMT-I, EMT-II, and EMT-P standards established pursuant to the above provision to include a training component on how to interact effectively with persons with dementia and their caregivers. The bill would specify that the authority is authorized to consult with community organizations advocating on behalf of Californians with dementia or Alzheimer's disease in developing the component.

County Impact

Addition of mandated curriculum to each EMT and Paramedic training program. Additionally, retroactively training all EMTs and Paramedics throughout the county would result in an outlay of funds by providers.

IT IS RECOMMENDED, the Board receive and file this legislative report.

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Date Published: 07/15/2019 09:00 PM

Assembly Bill No. 453

CHAPTER 88

An act to amend Sections 1797.170, 1797.171, and 1797.172 of the Health and Safety Code, relating to emergency medical services.

[Approved by Governor July 12, 2019. Filed with Secretary of State July 12, 2019.]

LEGISLATIVE COUNSEL'S DIGEST

AB 453, Chau. Emergency medical services: training.

Under existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, the Emergency Medical Services Authority is responsible for establishing minimum standards and promulgating regulations for the training and scope of practice for an Emergency Medical Technician-I (EMT-I), Emergency Medical Technician-II (EMT-II), and Emergency Medical Technician-Paramedic (EMT-P).

This bill would require EMT-I, EMT-II, and EMT-P standards established pursuant to the above provision to include a training component on how to interact effectively with persons with dementia and their caregivers. The bill would specify that the authority is authorized to consult with community organizations advocating on behalf of Californians with dementia or Alzheimer's disease in developing the component.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1797.170 of the Health and Safety Code is amended to read:

1797.170. (a) The authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt regulations for the training and scope of practice for EMT-I certification.

(b) (1) No later than July 1, 2019, the authority, local EMS agency, and certifying entity shall require an applicant to provide either the individual taxpayer identification number or social security number for purposes of applying for a certificate or the renewal of a certificate.

(2) If the authority, local EMS agency, or certifying entity utilizes a national examination to issue a certificate, and if a reciprocity agreement or comity exists between the State of California and the state requesting release of the individual taxpayer identification number or social security number, any deputy, agent, clerk, officer, or employee of the authority or agency may release an individual's taxpayer identification number or social security number to an examination or certifying entity, only for the purpose of verification of certification or examination status.

(3) The individual taxpayer identification or the social security number shall serve to establish the identification of persons affected by state tax laws and for purposes of establishing compliance with subsection (a) of Section

666 of Title 42 of the United States Code, Section 60.15 of Title 45 of the Code of Federal Regulations, Section 17520 of the Family Code, and Section 11105 of the Penal Code, and to that end, the information furnished pursuant to this section shall be used exclusively for those purposes.

(4) The authority, local EMS agency, and certifying entity shall not do either of the following:

(A) Require an applicant to disclose citizenship status or immigration status for purposes of the application or renewal of a certificate.

(B) Deny certification to an otherwise qualified and eligible applicant based solely on the applicant's citizenship status or immigration status.

(c) Any individual certified as an EMT-I pursuant to this division shall be recognized as an EMT-I on a statewide basis, and recertification shall be based on statewide standards.

(d) Effective July 1, 1990, any individual certified as an EMT-I pursuant to this act shall complete a course of training on the nature of sudden infant death syndrome which is developed by the California SIDS program in the State Department of Public Health in consultation with experts in the field of sudden infant death syndrome.

(e) On or before July 1, 2016, the authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt regulations to include the administration of naloxone hydrochloride in the training and scope of practice of EMT-I certification. These regulations shall be substantially similar to existing regulations set forth in Chapter 3 (commencing with Section 100101) of Division 9 of Title 22 of the California Code of Regulations that authorize an EMT-I to receive EMT-II training in the administration of naloxone hydrochloride without having to complete the entire EMT-II certification course. This subdivision shall be implemented in accordance with Chapter 5 (commencing with Section 1798).

(f) To ensure that EMT-Is licensed in this state are able to assist individuals living with cognitive impairment, the authority shall, as part of EMT-I basic training, include a component within the dementia-specific training hours on how to interact effectively with persons with dementia and their caregivers. In developing this component, the authority may consult with community organizations advocating on behalf of Californians with dementia or Alzheimer's disease.

SEC. 2. Section 1797.171 of the Health and Safety Code is amended to read:

1797.171. (a) The authority shall develop, and after approval of the commission pursuant to Section 1799.50, shall adopt, minimum standards for the training and scope of practice for EMT-II.

(b) (1) No later than July 1, 2019, the authority, local EMS agency, and certifying entity shall require an applicant to provide either the individual taxpayer identification number or social security number for purposes of applying for a certificate or the renewal of a certificate.

(2) If the authority, local EMS agency, or certifying entity utilizes a national examination to issue a certificate, and if a reciprocity agreement or comity exists between the State of California and the state requesting release of the individual taxpayer identification number or social security number, any deputy, agent, clerk, officer, or employee of the authority or agency may release an individual's taxpayer identification number or social security number to an examination or certifying entity, only for the purpose of verification of certification or examination status.

(3) The individual taxpayer identification or the social security number shall serve to establish the identification of persons affected by state tax laws and for purposes of establishing compliance with subsection (a) of Section 666 of Title 42 of the United States Code, Section 60.15 of Title 45 of the Code of Federal Regulations, Section 17520 of the Family Code, and Section 11105 of the Penal Code, and to that end, the information furnished pursuant to this section shall be used exclusively for those purposes.

(4) The authority, local EMS agency, and certifying entity shall not do either of the following:

(A) Require an applicant to disclose citizenship status or immigration status for purposes of the application or renewal of a certificate.

(B) Deny certification to an otherwise qualified and eligible applicant based solely on the applicant's citizenship status or immigration status.

(c) An EMT-II shall complete a course of training on the nature of sudden infant death syndrome in accordance with subdivision (d) of Section 1797.170.

(d) In rural or remote areas of the state where patient transport times are particularly long and where local resources are inadequate to support an EMT-P program for EMS responses, the director may approve additions to the scope of practice of EMT-IIs serving the local system, if requested by the medical director of the local EMS agency, and if the EMT-II has received training equivalent to that of an EMT-P. The approval of the director, in consultation with a committee of local EMS medical directors named by the Emergency Medical Directors Association of California, is required prior to implementation of any addition to a local optional scope of practice for EMT-IIs proposed by the medical director of a local EMS agency. No drug or procedure that is not part of the basic EMT-P scope of practice, including, but not limited to, any approved local options, shall be added to any EMT-II scope of practice pursuant to this subdivision.

Approval of additions to the scope of practices pursuant to this subdivision may be given only for EMT-II programs in effect on January 1, 1994.

(e) To ensure that EMT-IIs licensed in this state are able to assist individuals living with cognitive impairment, the authority shall, as part of EMT-II basic training, include a component within the dementia-specific training hours on how to interact effectively with persons with dementia and their caregivers. In developing this component, the authority may consult with community organizations advocating on behalf of Californians with dementia or Alzheimer's disease.

SEC. 3. Section 1797.172 of the Health and Safety Code is amended to read:

1797.172. (a) The authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt minimum standards for the training and scope of practice for EMT-P.

(b) The approval of the director, in consultation with a committee of local EMS medical directors named by the EMS Medical Directors Association of California, is required prior to implementation of any addition to a local optional scope of practice for EMT-Ps proposed by the medical director of a local EMS agency.

(c) (1) Notwithstanding any other provision of law, the authority shall be the agency solely responsible for licensure and licensure renewal of EMT-Ps who meet the standards and are not precluded from licensure because of any of the reasons listed in subdivision (c) of Section 1798.200. No later than July 1, 2019, the authority shall require an applicant to provide an individual taxpayer identification number or the social security number in order to establish the identity of the applicant. The information obtained as a result of a state and federal level criminal offender record information search shall be used in accordance with Section 11105 of the Penal Code, and to determine whether the applicant is subject to denial of licensure or licensure renewal pursuant to this division. Submission of fingerprint images to the Department of Justice may not be required for licensure renewal upon determination by the authority that fingerprint images have previously been submitted to the Department of Justice during initial licensure, or a previous licensure renewal, provided that the license has not lapsed and the applicant has resided continuously in the state since the initial licensure.

(2) The individual taxpayer identification or the social security number shall serve to establish the identification of persons affected by state tax laws and for purposes of establishing compliance with subsection (a) of Section 666 of Title 42 of the United States Code, Section 60.15 of Title 45 of the Code of Federal Regulations, Section 17520 of the Family Code, and Section 11105 of the Penal Code, and to that end, the information furnished pursuant to this section shall be used exclusively for those purposes.

(3) If the authority utilizes a national examination to issue a certificate, and if a reciprocity agreement or comity exists between the State of California and the state requesting release of the individual taxpayer identification number or social security number, any deputy, agent, clerk, officer, or employee of the authority may release an individual's taxpayer identification number or social security number to an examination or certifying entity, only for the purpose of verification of certification or examination status.

(4) The authority shall not do either of the following:

(A) Require an applicant to disclose citizenship status or immigration status for purposes of the application or renewal of a certificate.

(B) Deny certification to an applicant based solely on the applicant's citizenship status or immigration status.

(d) The authority shall charge fees for the licensure and licensure renewal of EMT-Ps in an amount sufficient to support the authority's licensure program at a level that ensures the qualifications of the individuals licensed to provide quality care. The basic fee for licensure or licensure renewal of an EMT-P shall not exceed one hundred twenty-five dollars (\$125) until the adoption of regulations that specify a different amount that does not exceed the authority's EMT-P licensure, license renewal, and enforcement programs. The authority shall annually evaluate fees to determine if the fee is sufficient to fund the actual costs of the authority's licensure, licensure renewal, and enforcement programs. If the evaluation shows that the fees are excessive or are insufficient to fund the actual costs of the authority's EMT-P licensure, licensure renewal, and enforcement programs, then the fees shall be adjusted accordingly through the rulemaking process described in the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). Separate additional fees may be charged, at the option of the authority, for services that are not shared by all applicants for licensure and licensure renewal, including, but not limited to, any of the following services:

(1) Initial application for licensure as an EMT-P.

(2) Competency testing, the fee for which shall not exceed thirty dollars (\$30), except that an additional fee may be charged for the cost of any services that provide enhanced availability of the exam for the convenience of the EMT-P, such as on-demand electronic testing.

(3) Fingerprint and criminal record check. The applicant shall, if applicable according to subdivision (c), submit fingerprint images and related information for criminal offender record information searches with the Department of Justice and the Federal Bureau of Investigation.

(4) Out-of-state training equivalency determination.

(5) Verification of continuing education for a lapse in licensure.

(6) Replacement of a lost licensure card. The fees charged for individual services shall be set so that the total fees charged to EMT-Ps shall not exceed the authority's actual total cost for the EMT-P licensure program.

(e) The authority may provide nonconfidential, nonpersonal information relating to EMS programs to interested persons upon request, and may establish and assess fees for the provision of this information. These fees shall not exceed the costs of providing the information.

(f) At the option of the authority, fees may be collected for the authority by an entity that contracts with the authority to provide any of the services associated with the EMT-P program. All fees collected for the authority in a calendar month by any entity designated by the authority pursuant to this section to collect fees for the authority shall be transmitted to the authority for deposit into the Emergency Medical Services Personnel Fund within 30 calendar days following the last day of the calendar month in which the fees were received by the designated entity, unless the contract between the entity and the authority specifies a different timeframe.

(g) To ensure that EMT-Ps licensed in this state are able to assist individuals living with cognitive impairment, the authority shall, as part of EMT-P basic training, include a component within the dementia-specific training hours on how to interact effectively with persons with dementia and their caregivers. In developing this component, the authority may consult with community organizations advocating on behalf of Californians with dementia or Alzheimer's disease.

EMS Division Staff Report for EMCAB - August 8th, 2019

Legislation Affecting EMS

AB 1168 (Mullin D) Emergency services: text to 911.

An act to amend Section 531112 of the Government Code, relating to Emergency Services.

Last Amend: 7/2/2019

Status: 7/9/2019-Read second time. Ordered to third reading.

Location: 7/9/2019-S. THIRD READING

Desk Policy Fiscal Floor Desk Policy Fiscal **Floor** Conf. Conc. Enrolled Vetoed Chaptered
1st House 2nd House

Calendar: 7/11/2019 #168 SENATE ASSEMBLY BILLS - THIRD READING FILE

Summary: Existing law, the Warren-911-Emergency Assistance Act, provides that each local public agency within its respective jurisdiction establish a basic system that automatically connects a person dialing 911 to an established public safety answering point through normal telephone service facilities, or to be part of such a system. The act requires the Office of Emergency Services to develop a plan and timeline of target dates for the testing, implementation and operation of a Next Generation 911 emergency coordination system, that includes a text to 911 service, throughout California.

This bill would require each public safety answering point to deploy a text to 911 service, no later than January 1, 2021, that is capable of accepting Short Message Service (SMS) messages and Real-Time Text (RTT) messages.

County Impact

Kern County recently implemented a smart 911 system which has text to 911 capabilities. Our dispatchers use this option if disconnected from the reporting party as well as 911 hang ups and texting during exigent circumstances.

IT IS RECOMMENDED, the Board receive and file this legislative report.

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Date Published: 07/02/2019 09:00 PM

AMENDED IN SENATE JULY 02, 2019

AMENDED IN SENATE JUNE 11, 2019

CALIFORNIA LEGISLATURE— 2019–2020 REGULAR SESSION

ASSEMBLY BILL**NO. 1168**

Introduced by Assembly Member Mullin
(Coauthor: [Senator Stone](#))

February 21, 2019

An act to amend Section 53112 of the Government Code, relating to emergency services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1168, as amended, Mullin. Emergency services: text to 911.

Existing law, the Warren-911-Emergency Assistance Act, provides that each local public agency within its respective jurisdiction establish a basic system that automatically connects a person dialing 911 to an established public safety answering point through normal telephone service facilities, or to be part of such a system. The act requires the Office of Emergency Services to develop a plan and timeline of target dates for the testing, implementation and operation of a Next Generation 911 emergency coordination system, that includes a text to 911 service, throughout California.

This bill would require each public safety answering point to deploy a text to 911 service, no later than January 1, 2021, that is capable of accepting Short Message Service ([SMS](#)) messages and Real-Time Text ([RTT](#)) messages.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 53112 of the Government Code is amended to read:

53112. (a) All systems shall be designed to meet the specific requirements of each community and public agency served by the system. Every system, whether basic or sophisticated, shall be designed to have the capability of using at least three of the methods specified in Sections 53103 to 53106, inclusive, in response to emergency calls. The Legislature finds and declares that the most critical aspect of the design of any system is the procedure established for handling a telephone request for emergency services.

(b) To maximize efficiency and use of the system, all pay telephones within each system shall enable a caller to dial "911" for emergency services, and to reach an operator by dialing "0," without the necessity of inserting a coin. At those "911" public safety answering points serving an area where 5 percent or more of the population, in accordance with the latest United States census information, speak a specific primary language other than English, operators who speak that other language, in addition to English, shall be on duty or available through interagency telephone conference procedures at all times for "911" emergency services.

(c) Each system shall require installation of a telecommunications device capable of servicing the needs of the deaf or severely hard of hearing at the "911" public safety answering point or points. The device shall be compatible with devices furnished by telephone corporations pursuant to Section 2881 of the Public Utilities Code.

(d) By January 1, 2021, each public safety answering point shall deploy a text to 911 service that enables an individual to text "911" for emergency services that is capable of accepting Short Message Service ([SMS](#)) messages and Real-Time Text ([RTT](#)) messages.

X. New Business

d. Mental Health Symposium

EMS Program Staff Report for EMCAB-August 8th, 2019

MENTAL HEALTH SYMPOSIUM

Background

The topic of mental health in the prehospital setting has been taboo for many years. The stigma of witnessing significant trauma and having an emotional response was viewed as a sign of weakness in the pre-hospital world. Unfortunately, this culture has caused pre-hospital care providers to suppress their feelings and not seek the proper mental health therapy that is required to combat Post Traumatic Stress Disorder (PTSD). In April 2018, the Ruderman White Paper on Mental Health and Suicide of First Responders reported:

“First responders are more likely to die by suicide than in the line of duty. In 2017, there were at least 103 firefighter suicides and 140 police officer suicides. In contrast, 93 firefighters and 129 police officers died in the line of duty. Suicide is a result of mental illness, including depression and PTSD, which stems from constant exposure to death and destruction.”

[\(https://rudermanfoundation.org/white_papers/police-officers-and-firefighters-are-more-likely-to-die-by-suicide-than-in-line-of-duty/\)](https://rudermanfoundation.org/white_papers/police-officers-and-firefighters-are-more-likely-to-die-by-suicide-than-in-line-of-duty/)

First responders are exposed to more significant trauma and high stress/high anxiety situations than any other job in the world. The lack of proper mental health evaluation and the stigma of weakness has to be changed in order to allow for long term careers as well as the continuation of proper patient care.

Mental Health Symposium

In order to help change that culture Kern County EMS has been working with our stakeholders to instill a culture of promoting mental health care and proper stress management. To that end, EMS is working with local stakeholders to host an event that will highlight PTSD in First responders and will provide knowledge, training, and techniques on how to self-identify and treat this behavioral health issue. The event will be held on October 22nd, 2019 at the Bakersfield College Auditorium. This event will feature three keynote speakers including a San Diego firefighter/paramedic Ben Vernon, who will present on “Unexpected Nightmares”, his story of being stabbed multiple times in the line of duty and his struggles with overcoming his PTSD stemming from the event.

Attendees of this event will also receive training in psychological first aid from Capt. Daniel Burns of the National Guard as well as see a presentation by Courtney Rayne, who is a licensed social worker and therapist working for Aspire, on the physical changes of PTSD on the brain. The event will be offered to all Kern County EMS stakeholders and includes partnerships with all stake holders.

Kern County EMS hopes to make this an annual event.

Recommendation

Therefore, IT IS RECOMMENDED, the Board receive and file the Mental Health Symposium report.

X. New Business

e. ImageTrend Licensing Management System

EMS Program Staff Report for EMCAB-August 8th, 2019

ImageTrend Licensing Management System

Background

Historically, EMS has had very few options when it came to completing the certification and accreditation processes. Our applicants have been forced to personally deliver their applications and payments which has created a steady stream of traffic into the office. Once certified and or accredited we have accepted mailed paper documents for recertification purposes. As a result we have filing cabinets full of paper certification and accreditation documents taking up space within the office.

Dilemma

Keeping an updated database of all of the Emergency Medical Technicians, Paramedics, Emergency Medical Dispatchers and Mobile Intensive Care Nurses has proven to be challenging over the years and makes it difficult to run reports on these certifications. This antiquated practice has also proven to be costly, time consuming as well as cumbersome as the space needed to house the many paper documents of certified individuals grows every year. This practice takes staff time away from other important duties in order to process paper documents, receive payments, and issue certification and accreditation cards.

The EMS Program Plan of Action

As a result of these issues, EMS has investigated numerous, third party, software systems and have decided to use ImageTrends Licensing Management software for all of our certification and accreditation processing. This system provides an online, paperless, method for completing the certification and application process. The applicant will be able to upload all documents following a provided check list and once complete they will be able to pay their fee online. This system will modernize our licensing, certification and accreditation process minimizing administrative burden and staff time spent processing applications. All certifications and accreditations will be housed online thus freeing up actual space in our office. We are very excited about this move and look forward to entering the digital age.


Therefore, IT IS RECOMMENDED, the Board receive and file this ImageTrend Licensing Management report.

› Administrator Dashboard

This basic certification dashboard allows administrators to track certifications, licenses and coursework for staff members and is included in the base system. Staff profiles include issuance and renewal dates for certifications and licenses, which automatically appears on the certification dashboard when renewals are needed. As additional coursework is created, the administrator or staff member, depending on permission level, can enter details about the hours and types of courses completed towards the certification. The system will automatically update the number of hours completed and needed for the renewal, and allow the administrator to approve or disapprove renewals.

LicensingInspectionsReport WriterMore

Welcome, ImageTrend AdministratorAdminSetupLogout

ImageTrend LMS

RecordsApplicationsTrainingsTransactionsInvestigationsLicenses

My DashboardDisplay Preferences

Recently Viewed Applicants

Date	Name
Mar 3 5:26 AM	Armstrong, Annie Initial Application
Mar 2 8:56 AM	FILLA, PAUL Paramedic
Mar 2 8:55 AM	Graw, Joe Thomas Provider Initial License
Feb 26 7:08 AM	Test, John Michael Renewal Application
Feb 26 7:05 AM	Test, John Michael Initial Application
Feb 24 10:01 AM	Graw, Joe Thomas Provider Initial License
Feb 24 10:01 AM	Graw, Joe Thomas Provider Initial License
Feb 24 8:41 AM	Lockerby, Jackie Provider Re-newal License
Feb 19 3:05 AM	Smith, Thomas Vehicle Registration
Feb 5 8:28 AM	Abder, John Turner Initial Application

National Registry Link

National Registry of Emergency Medical Technicians
<http://www.nremt.org/>

Recently Viewed Licenses

Date	Name
Jun 25 5:43 AM	Provider Initial License Provider
Dec 14 4:49 AM	Provider Re-newal License Provider
Sep 10 1:56 AM	Vehicle Permit Application Vehicles
Aug 5 10:15 AM	Service Renewal License Service
Aug 5 10:14 AM	Service Initial License Service

Clock

Monday
March 7th, 2016
3:03:46 AM

Recent Applicants


Date	Name
None within the last 2 weeks	

Users

Admin, Paul Filla Jr
pfillax@imagetrend.com
Administrator, Imagetrend
afaust@imagetrend.com
Administrator, ImageTrend
mlam@imagetrend.com
Ames, Andrea
aames@imagetrend.com
applications, imagetrend
paulfilla@gmail.com
Clark, Michael
Michael.Clark@PHD.SCCGOV.ORG
Filla, Paul welcome2u
paulfilla@yahoo.com

Weather

Conditions for Lakeville, MN at 8:11 am CST



Current Conditions:
Fair, 50 F

Forecast:
Mon - Partly Cloudy. High: 61 Low: 52
Tue - AM Clouds/PM Sun. High: 62 Low: 34
Wed - Partly Cloudy. High: 47 Low: 33
Thu - AM Clouds/PM Sun. High: 51 Low: 33
Fri - Partly Cloudy. High: 57 Low: 40

Change Location

› Administrator Licensing View

The personnel, service and vehicle administrative licensing views allow for one on one correspondence of administrators to applicants. Tracking applicant history, changing personnel details, and approving applications can be completed here. Logging of activity is also tracked for every provider. Activity logging shows changes made by both the end user and the administrator with time stamps. Alerts can also be managed via the personnel view. An administrator may also track notes on a provider, update contact information or view uploaded documentation.

The screenshot displays the ImageTrend License Management web application interface. The top navigation bar includes tabs for Licensing, Inspections, Report Writer, and More. The main header shows the user is logged in as 'Welcome, ImageTrend Administrator' with links for Admin, Setup, and Logout. The left sidebar contains a navigation menu with sections for Details (Summary, Demographics, Contact Profiles, Certifications, Service, Training, Instructor, Criminal History) and Activity (Applications, Correspondence, Investigations, Alerts, Notes, Documents, Duplicates, Public Portal, Sync Log, History).

The main content area is titled 'Jay t *Katzenberger IV (F1111)' and shows the user's role as 'Firefighter 1' with an issue date of 03/29/2019 and an expiration date of 12/29/2019. A green alert banner indicates a 'Felony alert'. Below this, the 'Personnel Details' section shows the user's status as 'Active', level as 'Firefighter 1', and current status. The 'Recent Activity' table lists several actions, including training, document uploads, and correspondence. The 'Service' table at the bottom lists three service providers: 8008 (205320190306004), Annandale Ambulance Service, and Demo 3.7 5.0 (50909).

Alert: Felony alert

Personnel Details

Field	Value
User Status	Active
Number	F1111
Level(s)	Firefighter 1
Status	Current
Issue Date	03/29/2019
Expiration Date	12/29/2019

Recent Activity

Date	Category	Name	Type	User
March 8, 2019				
2:33 PM	Process Status	Training: In Process	[Sales Demo] Personnel - EMT Initial	Jay *Katzenberger IV
2:33 PM	Documents	initial form review	Application initial form review.pdf	Jay *Katzenberger IV
2:31 PM	Documents	Out-of-State card NREMT	Supporting Documents SamplePDFDocument.pdf	Jay *Katzenberger IV
2:26 PM	Process Status	Training: Initiated	[Sales Demo] Personnel - EMT Initial	Jay *Katzenberger IV
1:34 PM	Correspondence	ImageTrend License/Certification Management Demo Site: Subject for Application Confirmation Correspondence	B-Application Submission Confirmation	Jay *Katzenberger IV

Service

Name	Address	City	County	State	Zip	Phone	Action
8008 (205320190306004)	234 Peanuts Ln	Saint Paul	Ramsey	Minnesota	55103		Go to Service
Annandale Ambulance Service	20855 Kensington Blvd	Lakeville	Dakota	Minnesota	55044		Go to Service
Demo 3.7 5.0 (50909)	6234 Test	Eagan	Dakota	Minnesota	55122		Go to Service

Actions

- Update from Form
- Edit Demographics
- Send Correspondence
- Upload a Document
- Add a Note

Details

Certification ID: F1111
Age: 49 years, 6 months
Birth Date: 01/01/1970
Status: Active

> Configurable Workflow Engine

Administrators can establish the specific workflow for each license and certification, and map the entire process from the application to payment to approval. Quickly identify your tasks in the easy to view layout, similar to Microsoft Outlook.

The screenshot displays the ImageTrend License Management application. The top navigation bar includes tabs for Records, Applications, Transactions, Inspections, Trainings, Investigations, and Licenses. The left sidebar shows a tree view with License, Activity, and their respective sub-items. The main content area is titled '[Sales Demo] Personnel - EMT Initial' and shows a configuration for the workflow. The workflow is organized into three main stages: Applicants Apply, Form Submission, and a final step for Form Condition Exists: Misdemeanor. Each stage contains specific actions and their associated status, process, and form details.

ImageTrend LICENSE MANAGEMENT

Records Applications Transactions Inspections Trainings Investigations Licenses

License

- Details
- Workflow
- Forms
- Triggers
- Charges

Activity

- History

[Sales Demo] Personnel - EMT Initial

Provider category with Open status

Opens on 09/01/2018 12:00 AM

Triggers History

Configuration: [Sales Demo] Personnel - EMT Initial Q

Applicants Apply

- Applicant Applied To License On Public Site**
 - Application Status: Initiated
 - Process: Training-Initiated
 - Form: EMT Initial Application
- Applicant Applied To License Internally**
 - Application Status: Initiated
 - Process: Training-Initiated
 - Form: EMT Initial Application

Form Submission

- Form Completed: EMT Initial Application**
 - Application Status: Approval Pending
 - Process: Training-In Process
 - Merge Template: B-Application Submission Confirmation
- Form Condition Exists: Misdemeanor**
 - Create Alert: Misdemeanor Alert
 - Process: Legal Review-Initiated
 - Merge Template: CC - Application Flagged

> Integrated, Responsive Application Forms

Administrators can build applicant forms for each license with the easy-to-use, WYSIWYG Form Builder. Connect standard data points directly to the applicant's profile to easily update your core records, or build custom questions to suit your exact specifications. Take advantage of powerful advanced functions including conditional questions, per question validation and integration

The screenshot displays the ImageTrend License Management web application. The top navigation bar includes tabs for Licensing, Inspections, Report Writer, and More. The main header shows the user is logged in as 'ImageTrend Administrator' with links for Admin, Setup, and Logout. The left sidebar contains a 'License' section with sub-links for Details, Workflow, Forms (selected), Triggers, and Charges. The main content area is titled 'Service Demographic Change of Information' and shows the form builder interface. The form is titled 'Connect 2016 Service Demo, Staff, Vehicle Update Form'. It includes display settings (Display Page Tabs, Display Step Numbers, Display Progress Bar, Confirm Submit) and label position options (Top, Left). The form is divided into sections, with 'Section 1' currently selected. The 'Component' section allows users to choose the type of data point (Custom Question(s), Data Set, Content, Form Element) and the specific data set (Service, Certification, Service Users, Service Vehicles, Service Locations, Service Areas, Child Services, Service Owners, Service Policies). The 'Data Points' section shows a list of available data points (City, Classification, County, Daylight Savings Time Use, Fax, Fire Dept ID Number, Latitude, Longitude, National Provider Identifier) and a list of selected data points (Name, Service Number, Service Contact, Email, Organization Type, Federal Tax ID). The 'Conditional' section allows users to set conditions (Yes, No). The form is currently in 'Layout View'.

License Management

Records Applications Transactions Inspections Trainings Investigations Licenses

Service Demographic Change of Information

Agencies category with Open status

Opens on 09/30/2015 07:00 PM

Builder Permissions Triggers Conditions PDF Preview

Connect 2016 Service Demo, Staff, Vehicle Update Form

Layout View List View

Display Settings: ☐ Display Page Tabs ☐ Display Step Numbers ☐ Display Progress Bar ☐ Confirm Submit

Label Position: ☒ Top ☐ Left

Page 1

Section 1

Component

*Type ☐ Custom Question(s) ☒ Data Set ☐ Content ☐ Form Element

*Data Set ☒ Service ☐ Certification ☐ Service Users ☐ Service Vehicles ☐ Service Locations ☐ Service Areas ☐ Child Services ☐ Service Owners ☐ Service Policies

Data Points:

City
Classification
County
Daylight Savings Time Use
Fax
Fire Dept ID Number
Latitude
Longitude
National Provider Identifier

Name
Service Number
Service Contact
Email
Organization Type
Federal Tax ID

Up
Down

Conditional ☐ Yes ☒ No

*Service Name

> Public Portal

Applicants can use the public portal to apply for any license your organization manages, submitting everything from forms to payment online and allowing you to review, approve or flag applications automatically based on your own configurable workflow. Automated correspondence can be associated with any step in the application process, from reminding users that their license needs to be renewed to letting them know when key steps are completed. Additionally, the public portal of License Management provides an easy way for the public to verify credentials and license status.



Certification, Accreditation, and Continuing Education

Contra Costa EMS Prehospital Personnel

Account Login

Training

Lookup

The online system enables Emergency Medical Personnel to apply for EMS credentials.

If you had an EMT, Paramedic or MICN credential issued by Contra Costa EMS prior to September 1, 2016, please use the *Forgot Username* and *Forgot Password* links to receive an email to retrieve your user name and reset your password.

If you are unable to log on using those links, please contact the EMS Agency at (925) 608-5454 between the hours of 8a and 5p, Monday through Friday.

Login

[Forgot Username](#) or [Forgot Password?](#)

[Login](#)

[Create Account](#)

Contra Costa Health Services 777 Arnold Drive Suite 110 Martinez, CA 94553

Website: <http://www.cccems.org>

Email: emscerts@hsd.cccounty.us

Phone: 925-608-5454

> Education Record Management

License Management allows for the tracking of continuing education records. The administrator can manage available classes and training instructors can submit applications to conduct additional classes or training sessions. Personnel can review available sessions and contact instructors to be enrolled in the class. Instructors can enroll their students and track which attendees passed/failed the session, as well as record any applicable exam scores. The administrator can determine the number of credits required in each category for a valid license issue.

My Account

Applications

Training

Manage Courses

Requests


Registrations

Report

Services

Lookup

Welcome, Joe Gage | Logout



Gage, Joe (14IT00008)

EMT
Issue Date: 06/29/2015
Expiration Date: 06/29/2017

Lead Instructor - BLS
Issue Date: 02/11/2014
Expiration Date: 02/11/2020

My Training Report

Click the links at the top of the page to switch between viewing a summary of your credit hours by level and a list of the trainings that you have recorded.
To narrow down the information displayed on each page, use the *Training Levels* drop down menu and the *Date Range* search filters and click Go.




7 topics remaining to meet EMT Basic requirement within filtered date range.
Click 'Find My Courses' to show you all of the courses that would satisfy your remaining requirements.

Find My Courses

Training Levels associated to License Level: EMT

Date Range: 06/29/2015 to 06/29/2017

GO


Level	Requirement	Topic/Competency	Required	Max	Completed	Remaining
EMT Basic						
Reporting hours/credits from 06/29/2015 to 06/29/2017						
EMT Renewal Course Complete						
	 EMT Renewal Course Complete		24.00	24.00	0.00	24.00
	Requirement Total:		24.00		0.00	24.00
	Flex Hours:		0.00		0.00	0.00
Category 1						
	 Childbirth & Children		1.00	0.00	0.00	1.00
	 Circulation		3.00	0.00	0.00	3.00

> Personnel Account Management

The provider account page provides a centralized location for personnel to manage their demographic information, view existing or pending applications, and look up training opportunities. Additionally, providers can apply for new applications, print off their primary license card or lookup other personnel. Providers may also sync to their Elite ePCR application via My Account page. This single sign on functionality allows information to flow back and forth between Elite and the License Management system. Making payments and tracking of completed transactions can be done via the applications tab shown in the picture below.

[Home](#) [More Information](#) [ePCR Reporting System](#) [Admin Login](#)


Welcome, John Test | [Logout](#)


 **My Account**


[Profile](#)


[Issued Application](#)

[Documents](#)

 **Applications**


 **Training**

 **Service**

 **Lookup**

My Account

For more detail about any item, click the links on this page or in the left menu for the desired selection.




John Test


EMT - Emergency Medical Technician


Number: POP20181129-TES0000100102


Issued: 04/12/2019

Expiration: 04/12/2020



 7 Forms pending completion
4 Items waiting in checkout

 0 New training added
0 Upcoming training this week
0 Upcoming test this week

 [Login to Elite](#) for Lakeville Fire and Rescue


I am looking for...

Personnel

Name

First Name

Last Name



X. New Business

f. Ambulance Patient Offload Times

EMS Division Staff Report for EMCAB - August 8th, 2019

Ambulance Patient Offload Times (APOT)

Background

In 2016, Health and Safety Code 1797.120, was created which mandated that the Emergency Medical Services Authority (EMSA) develop a statewide standard methodology for the calculation and reporting by the local EMS agency of Ambulance Patient Offload Times (APOT). This statewide, standard methodology was based on input received from stakeholders, including but not limited to: hospitals, LEMSAs, public and private EMS providers. APOT is defined as the time interval between the arrival of an ambulance patient at an emergency department (ED) and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the emergency department assumes the responsibility for care of the patient.

The standard methodology that was created includes two separate indicators.

APOT 1: reports the 90th% of offload times for the total number of ambulance patients received by the hospital during a specified time frame.

And

APOT 2 reports the percentage of ambulance patients received by the hospital and offloaded at twenty minutes (2.1), twenty one to sixty minutes (2.2), sixty one to one hundred and twenty minutes (2.3) one hundred and twenty one to one hundred and eighty minutes (2.4) and greater than one hundred and eighty minutes (2.5).

Beginning July 1, 2019, Health and Safety Code Section 1797.225 required that local EMS agencies transmit APOT data to the EMS Authority on a quarterly basis. The first report to EMSA is due on November 1st, for quarter three of 2019. Once EMSA receives all data from all of the local EMS agencies it will be submitted to the state legislature for review.

Ambulance Patient Offload Times are extremely important and can have an affect on the 911 system. It is vital that we monitor and submit all of this data to EMSA and continually evaluate for methods to improve these numbers. I will be reporting on the Ambulance Patient Offload Times at each of our future meetings to assure that this group is kept current on our APOT numbers and our drive to improve this very important aspect of our system.

Therefore IT IS RECOMMENDED, the Board receive and file this APOT report.

Emergency Medical Services Division APOT Report

1/1/2019 To 7/31/2019

Adventist Health Bakersfield						
APOT	90th %	2.1	2.2	2.3	2.4	2.5
5234	60.00	1,688.00	3,022.00	465.00	47.00	7.00
		32.25%	57.74%	8.88%	0.90%	0.13%
Adventist Health Tehachapi \						
APOT	90th %	2.1	2.2	2.3	2.4	2.5
513	23.12	439.00	74.00	0.00	0.00	0.00
		85.58%	14.42%	0.00%	0.00%	0.00%
Bakersfield Heart Hospital						
APOT	90th %	2.1	2.2	2.3	2.4	2.5
965	42.76	552.00	374.00	30.00	5.00	4.00
		57.20%	38.76%	3.11%	0.52%	0.41%
Bakersfield Memorial Hosp						
APOT	90th %	2.1	2.2	2.3	2.4	2.5
5551	68.09	1,902.00	2,941.00	521.00	129.00	51.00
		34.26%	52.98%	9.39%	2.32%	0.92%
Delano Regional Medical Center						
APOT	90th %	2.1	2.2	2.3	2.4	2.5
1,553	44.54	884.00	607.00	55.00	4.00	3.00
		56.92%	39.09%	3.54%	0.26%	0.19%
Kern Medical						
APOT	90th %	2.1	2.2	2.3	2.4	2.5
4,733	39.12%	2,368.00	2,290.00	73.00	0.00	0.00
		50.03%	48.38%	1.54%	0.00%	0.00%
Kern Valley Healthcare District						
APOT	90th %	2.1	2.2	2.3	2.4	2.5
859	33.88	579.00	252.00	23.00	4.00	1.00
		67.40	29.34	2.68	0.47	0.12
Mercy Hospital						
APOT	90th %	2.1	2.2	2.3	2.4	2.5
474	50.53	188.00	201.00	24.00	3.00	1.00
		45.08%	48.20%	5.76%	0.72%	0.24%
Mercy Hospital SW - Baker						
APOT	90th %	2.1	2.2	2.3	2.4	2.5
491	54.36	246.00	210.00	30.00	4.00	1.00
		50.10%	42.77%	6.11%	0.81%	0.20%

To

Ridgecrest Regional Hospital

APOT	90th %	2.1	2.2	2.3	2.4	2.5
1086	24.83	946.00	130.00	9.00	1.00	0.00
		87.11%	11.97%	0.83%	0.09%	0.00%

Legend

90th Percentile = Offload time for 90 percent of received patients

- 2.1 = 20 minutes or less
2.2 = 21 to 60 minutes
2.3 = 61 to 120 minutes
2.4 = 121 to 180 minutes
2.5 = Greater than 180 minutes


CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441



DATE: July 17, 2019

TO: LEMSA Administrators

From: Tom McGinnis, EMT-P
Chief, EMS Systems Division
California EMS Authority 

SUBJECT: Ambulance Patient Offload Time (APOT) Reporting

Beginning July 1, 2019, Health and Safety Code (HSC) Section 1797.225 required that Local EMS Agencies (LEMAs) shall transmit Ambulance Patient Offload Time (APOT) data quarterly to the EMS Authority. The EMS Authority has developed an APOT Tool Kit for use by LEMAs when generating and submitting their reports. Adhering to the Tool Kit specifications is key for comparing the reported results throughout the State. In future years, the EMS Authority intends to run the APOT reports for all LEMAs using CEMSIS data. The EMS Authority will be using CEMSIS data once all LEMAs are submitting data to CEMSIS from 100% of their 911 EMS providers.

LEMA should use only the elements, codes and criteria found in the APOT Tool Kit to calculate each indicator. Please do not use any custom elements or fields specific to your local jurisdiction or EMS providers, as such customizations will cause the statewide data to be inconsistent. The use of the Tool Kit specifications are critical for maintaining the integrity of this statewide mandated assessment.

The first APOT data submissions are due on or before Friday, November 1, 2019 for the third quarter (July, August, and September). Thereafter, submissions are due 30 days after the end of each quarter. If you cannot make this date or time frame, please contact the EMS Authority and we will work with you on a case-by-case basis. Please submit all APOT data submissions to APOT@emsa.ca.gov.

The APOT Tool Kit specifications, template and information is located on the EMS Authority's website: <https://emsa.ca.gov/apot/>.

Please contact Adam Davis at adam.davis@emsa.ca.gov or by phone at (916) 431-3659 for any questions.