

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



MEETING MINUTES

M	eeting	Date
	9	-

Tuesday, July 22, 2025

A. Call to Order/Introductions

• Dr. Royer called the meeting to order at 9:02 am, and all attendees introduced themselves.

B. Approval of Previous Minutes: April 22, 2025

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

C. Approval of Agenda

• The committee approved the agenda with no changes.

D. Public Comment

Sutter Roseville will have a Run Review at S-SV EMS, on August 27, from 9-11 am. It will be
about the importance of GCS assessment in the pre-hospital setting. They will try and make it
available by Zoom as well.

E. S-SV EMS Policy Actions

Policy Actions for Final Review & Approval:

Policy	Name	Motion	Second	Committee Vote
509	 Trauma Center Designation Criteria, Requirements & Responsibilities This policy is due for routine review. On page 2, added 'Continuously' to number 5 and 6. On page 3, added lines 17-25. On page 4, Under Procedure, added language to A. Added 'Trauma PI RN' to A2. Line 35 removed 'The hospital' and added 'Hospitals 	Dr. Iwai	Debbie Madding	Passed Unanimously
	 seeking initial S-SV EMS Trauma Center designation'. On page 5, added 'initial' to line 1, and 'or based on the trauma needs assessment for Trauma Centers seeking to change their designation level' to lines 2-3. And removed 'The hospital' from line 4 and added 'Hospitals seeking initial S-SV EMS Trauma Center designation'. 			

854	Unsafe Scene	Dr. Iwai	Dr.	Passed
	This is a brand-new policy.		Goldsmith	Unanimously
	A survey was conducted, with many			j
	different responses.			
	The word 'patient' wasn't used			
	intentionally in this policy.			
	John suggested using the language			
	'subject/patient'.			
	There was some discussion on this.			
	These will all be audited.			
1106	Mechanical Chest Compression Devices	Cindy	Chris	Passed
	(REMOVE)	Bergstrom	Britton	Unanimously
	It was determined that this policy has			
	outlived its usefulness.			
	At the next REMAC meeting there will be			
	a new policy of general approved devices.			
	Once this is removed there will only be			
	one policy left in the 1100s, so it will be			
	moved to a different section.			
C-6	Chest Discomfort/Suspected Acute	Dr. Iwai	Debbie	Passed
	Coronary Syndrome (ACS)		Madding	Unanimously
	 Language was added to give crews 			
	direction on when it is appropriate to do a			
	posterior 12 Lead.			
	 If there's a reason why it's difficult, it 			
	needs to be documented by the crews.			
	 Language was added regarding 			
	contacting a SRC.			
	 Added to the 'STEMI pt Notes' box, at 			
	least 10 mins prior to arrival at SRC'.			
M-5	Ingestions & Overdoses	Dr. Iwai	Chris	Passed
	This is due for routine review.		Britton	Unanimously
	The PAC Committee suggested adding			
	'When possible, contact' to the 'Treatment			
	Notes' box on page 1.			
	Instead of having specific doses listed,			
	the policy will be referenced for the			
	dosage instead. (this will occur in all			
	policies/protocols going forward).			
	On page 2, direction is given when			
	administering Narcan (see the Naloxone			
	box) regarding providing BVM ventilation.			

M-8	Pain Management	Dr.	Josh Sher	Passed
•	There was some concern that because	Goldsmith		Unanimously
	this was a 'top down' protocol that medics			,
	may get confused and start with the non-			
	trauma chronic pain and keep working			
	down through the acute pain. For clarity,			
	these were separated out.			
M-8P	Non-Traumatic Pulseless Arrest	Dr.	Josh Sher	Passed
•	There was some concern that because	Goldsmith	000.1.01.01	Unanimously
	this was a 'top down' protocol that medics			
	may get confused and start with the non-			
	trauma chronic pain and keep working			
	down through the acute pain. To make			
	this clearer, these were separated out.			
	 In addition, when the Ketamine 			
	contraindications were removed, they			
	weren't taken out of this protocol, so this			
	has been updated.	_		
M-9	CO Exposure/Poisoning	Dr.	Dr. Iwai	Passed
	There are some formatting changes.	Goldsmith		Unanimously
	The PAC committee suggested adding			
	the two bullet points in the top box.			
	 Perform a 12Lead was added to the ALS 			
	box, and the language was updated.			
	 The BLS box was reworded, with the 			
	addition of 'Measure SpCO if CO-			
	Oximeter is available'.			
N-1	Altered Level of Consciousness	Dr. Iwai	Dr.	Passed
	There was some language clean-up to		Goldsmith	Unanimously
	make this match other protocols with			
	regard to Cardiac and End-tidal CO ²			
	monitoring.			
	 Instead of giving specific direction on how 			
	to handle these situations with altered			
	state, the appropriate protocols are			
	referenced.			
N-2	Seizure	Dr.	Dr. Iwai	Passed
	The PAC committee suggested direction	Goldsmith		Unanimously
	to the crews to refer to the OBG-2			
	protocol rather than following this in the			
	case of 3 rd trimester pregnancies – in the			
	top box.			
	 In the ALS box – language was cleaned- 			
	up to be consistent with the other			
	protocols.			

		1	ı	1
	The PAC committee suggested			
	differentiating 'Status epilepticus'.			
	 It was suggested to reference T-3 in this 			
	as well.			
PR-1	12 Lead EKG	Dr. Iwai	Chris	Passed
	 This is just making clear how to do the 		Britton	Unanimously
	procedure with 12 Leads.			
PR-2	Airway & Ventilation Management	Dr. Iwai	Dr.	Passed
	iGel information was added to the		Goldsmith	Unanimously
	Indications box, the last bullet point.			
	This is really duplicating the information			
	to make sure it's seen.		<u> </u>	
R-2	Respiratory Arrest	Dr.	Dr. Iwai	Passed
	 'as needed' was removed from the BLS box. 	Goldsmith		Unanimously
	 It was suggested, in the ALS box, to have 			
	it read 'Consider Cardiac monitor and			
	EtCo ₂ monitoring' to match the other			
	protocols.	5		
T-2	Crush Injuries	Dr. Iwai	Dr.	Passed
	This is a brand-new protocol. Most of the other LEMSAs have a		Goldsmith	Unanimously
	 Most of the other LEMSAs have a protocol for this, and some of the 			
	language was taken from those.			
T-3	Suspected Moderate/Severe Traumatic	Dr. Iwai	Dr.	Passed
1-5	Brain Injury (TBI)	Dr. Iwai	Goldsmith	Unanimously
	 Added the 'Seizures present' box, and if 		Coldonilar	Onaminously
	there are seizures, then go to 'N-2'.			
T-4	Hemorrhage	Dr.	Dr. Iwai	Passed
	At the request of UC Davis, they wanted	Goldsmith		Unanimously
	an exclusive criterion for extremity			-
	hemorrhage controlled by a tourniquet.			
	This was added to page 2, in the TXA			
	Exclusion Criteria box.			
	Under TXA, the dose was made 2g.			
N/A	New: Advanced Airway Utilization Form	N/A	N/A	No Vote was
	A checklist will be required for every			called for
	intubation attempt.			
	Online form for consistent data.			
	These will all be reviewed and will			
	help educate the paramedics.			
	If everyone likes the form, it should be			
	available by October 1 st .			
	 All feedback on the form should be 			
	sent to Brittany.			

F. EMS Aircraft Provider Updates

No reports.

G. Ground EMS Provider Updates

- Etna:
 - PHTLS Class on 11/1-2, in person and hybrid.
 - Working on TCC pro.

H. Hospital Provider Reports

No reports.

I. Quality Improvement (QI) Case Review

• The case was presented by Devon Ellsworth (CalFire), Jason Swan (Mercy Redding) and Cindy Bergstrom (Mercy Redding).

J. S-SV EMS Agency Reports

• EMS Data System

- The procedure/medication list has been released -many won't apply to the providers though.
 Anyone using the S-SV regional schematron should stop at this point.
- EMSA is actively sending S-SV monthly reports regarding data quality or performance issues.
- No new updates for D3 5.1.

Clinical Quality Dashboards

- A live pdf of the dashboards can be sent to anyone, and it can be narrowed down to a date range. Eventually, these will be available on the website.
- o The dashboards are automatically updated every morning at 1 am.
- o 95% of the dashboard data comes from PCRs. Documentation is key.

Regional Specialty Committees

- The Trauma QI Committee met in May. They reviewed a Trauma triage criteria audit, and an audit on hemorrhage control management.
- There is a new Trauma registry that was recently deployed.

Operations

- Policy 462 was implemented this year; seems to be working well.
- Starting with Placer County, Patrick is shadowing their Behavioral Crisis Team to become more involved with the 911 system. This will expand to other areas in the S-SV region.
- Ambulance Inspections are starting to be scheduled.

Regional Executive Director's Report

- Working on finalizing the EOA extension for AMR in Placer County. The current agreement expires 11/30/25. The extension will be a 2-year agreement.
- S-SV EMS is working with Health Strategists on a system assessment of the Western Placer County EMS System.
- APOT Emergency regulations were approved by the EMS Commission about a month ago.
 This will include an audit tool for hospitals and LEMSAs.

- S-SV may reach out to providers for additional information on calls due to the State looking closely at this data. It needs to be complete, accurate and timely in the system.
- All but one of the hospitals in the S-SV Region are compliant with the APOT standard.
 S-SV has been working closely with this hospital.
- Chapter 1 the EMS Authority is finalizing the initial draft of those regulations. These are still likely 9-12 months out.
- Chapter 6 Regulations have been published for a second 45-day public comment period.
- AB645 is close to the end of its legislative process. This will require all PSAPs in California that do medical dispatching to have at least a limited prearrival instruction capability. The six items all 911 dispatch centers that dispatch medical resources are:
 - Airway/choking instructions for infants, children and adults
 - AED/CPR instructions for children and adults
 - Childbirth
 - Bleeding control/Hemorrhage
 - Administration of EPI auto injector
 - Administration of Naloxone
- SB582 would require the disaster and evacuation plan that skilled nursing facilities are required to have in place to share those with the MHOAC program in each county. It would give an opportunity to the MHOACs to provide input on those plans to make sure they line up with the County's evacuation plans and make sure they're realistic.

K. Medical Director's Report

- Recognized 2 members of the EMS community. EMSA had their statewide EMS awards on June 4th. Chris Britton, from Kaiser Roseville, and Rose Colangelo from Sutter Roseville both received awards not only for the APOT work but all their work to improve care for EMS patients.
- Mr. Poland attended the awards ceremony and encouraged nominations from the S-SV Region.

L. Next Meeting Date & Adjournment

- The next meeting will be on October 28, 2025, at 9:00 am.
- The meeting was adjourned at 11:15 am.