



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



MEETING MINUTES

Meeting Date

Wednesday, July 1, 2026

A. Call to Order/Introductions

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

B. Approval of Previous Minutes: April 8, 2026

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

C. Approval of Agenda

- The committee approved the agenda with one change. The case presentations were moved.

D. Public Comment

- None was forthcoming.

E. S-SV EMS Consent Policy/Protocol Action Items

Policy	Name	Motion	Second	Committee Vote
441	Paramedic IFT Optional Skills Provider Agency Approval (with 441-A)	Dr. Iwai	Dr. Morris	<i>Passed Unanimously</i>
	<i>There were no proposed changes.</i>			
839	Physician On Scene	Dr. Iwai	Dr. Morris	<i>Passed Unanimously</i>
	<i>There were no proposed changes.</i>			
840	Medical Control for Transfers Between Acute Care Facilities	Dr. Iwai	Dr. Morris	<i>Passed Unanimously</i>
	<i>There were no proposed changes.</i>			
849	Transfer of Patient Care	Dr. Iwai	Dr. Morris	<i>Passed Unanimously</i>
	<i>There were no proposed changes.</i>			

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F. S-SV EMS Discussion Policy/Protocol Action Items

Policy	Name	Motion	Second	Committee Vote
210	REMAC Bylaws	Dr. Iwai	Dr. Morris	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> At the last meeting, Mr. Poland suggested changing the bylaws to include more representatives on the prehospital side. With the proposed changes, there will be 16 representatives – all voting members. This will come back to the October meeting for final approval. There was some language clean-up in the bylaws as well. 			
341	Paramedic IFT Optional Skills Transferring Hospital Requirements	Rich Lemon	Dr. Morris	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> On page 1, line 20, removed 'in peripheral or central IV lines'. On page 2, Item C, removed 'applicable' added 'the', 'Paramedic Interfacility Transport (IFT) Optional Skills Policy (841)', removed policy reference numbers. Updated the State regulation chapter numbers. 			
506	STEMI Receiving Center Designation Criteria	Rich Lemon	Dr. Morris	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> Updated the State regulation chapter numbers. 			
507	Stroke Receiving Center Designation Criteria	Rich Lemon	Dr. Morris	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> Updated Chapter 7.2 to 6.3, to reflect the updated Chapter 6 regulations. No substantive changes were made to this policy, just updates to align with the new Chapter 6 regulations. 			
509	Trauma Center Designation Criteria	Rich Lemon	Dr. Morris	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> On page 2, item 6, line 15 added 'and designation'. 			

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605	EMS Documentation	Rich Lemon	Debbie Madding	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> • This policy was rewritten. • On page 1, line 12, removed 'if available'. • On page 2, removed Item 4, added Item E. • Under Procedure, line 16 added 'to include'. • Item 1 removed 'procedures and/or medication administrations' and added 'interventions, including total volume of IV/IO fluid infused' removed 'including' added 'medication' 'and', 'the intervention(s)' removed 'treatment', removed 'adequately', removed 'procedures/medications' added 'interventions'. • Item 2, removed 'the total volume of IV/IO fluid infused shall be adequately documented in the Treatment/Procedures and/or Narrative section'. • Item 3, removed 'pertinent' and 'adequately', added 'Vitals' removed 'Signs', added 'at or near', removed 'as close as possible to' and 'during', added 'throughout' and 'and at least twice during transport, following any intervention with anticipated physiologic impact', removed 'as close as possible to', added 'at or near', removed 'at the receiving hospital', added 'Vital signs include, but are not limited to:'. Added item a. • Added everything on page 3, and lines 1-12 of page 4. • Page 5 removed 'V3.5'. • Everything highlighted in green was also added to this policy. • Dr. Royer noted that on page 4, Section B, an interim PCR is to be left with the receiving nurse or physician at the time of patient delivery and reminded everyone to please leave those interim PCRs which was followed by a discussion about interim PCRs. • It was suggested that an interim audit be conducted to identify agencies not leaving the PCRs so that education can be done. 			
622	Prehospital Provider Clinical Performance Stds (& 622A)	Dr. Morris	Rich Lemon	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> • This is a new policy. • A data dictionary is being developed for this to help the providers. • This policy will continue to have changes, for today the policy is just being put in place. 			

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841	Paramedic IFT Optional Skills	Dr. Morris	Rich Lemon	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> • Four current policies were merged into one policy. • On page 1, removed 'in peripheral or central IV lines', and Item 2, line 18. • On page 2, Item D, number 3, added 'the specific ATV equipment utilized by the provider agency'. <ul style="list-style-type: none"> ○ Item E, number 3, added 'the specific HFNC equipment utilized by the provider agency'. • On page 3, lines 1-2, added 'and shall be verified with the sending RN following changeover to the mechanical EMS transport pump'. • On page 4, line 3, added 'at a minimum'. <ul style="list-style-type: none"> ○ Lines 11-12 removed 'shall be verified with the sending RN following changeover to the mechanical EMS transport pump and'. ○ Line 15 added 'at a minimum'. ○ Line 23 added 'at a minimum'. ○ Line 30 added 'without base/modified base physician contact'. • On page 5, line 1, added 'waveform capnography'. Line 16 added 'at a minimum'. • On page 8, line 2, added 'waveform capnography'. Line 16, added 'at a minimum'. 			
C-2	Return of Spontaneous Circulation (ROSC)	Cindy Bergstrom	John Hughes	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> • This is a reorganization of the same information. • MAP was added to the algorithm. 			
C-5	Ventricular Assist Device (VAD)	Rich Lemon	David Justice	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> • This was due for routine review. It was sent to area VAD experts for feedback. • In the top box, added 'In any emergency involving a VAD patient, contact the VAD coordinator as soon as possible'. • Changes in the flow of the algorithm were suggested by the VAD experts. 			
M-8	Pain Management	Dr. Iwai	Dane Meredith	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> • A few years ago, S-SV EMS added chronic non-traumatic pain to this protocol. • The most common mistake made with this protocol is not knowing what non-traumatic pain is. • On page 2, non-acute and acute pain are separated. On page 2, in the top box, there is a definition of acute and non-acute pain. • IM Ketamine and weight-based dosing were added to this policy after it was sent out to the REMAC committee. 			

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N-3	Suspected Stroke	Christian Anglin	Rich Lemon	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> There was a request with regard to the identification of patients with a potential LVO and whether or not that should change destination. <ul style="list-style-type: none"> Dr. Falck evaluated the different stroke scales for identifying LVOs and decided CPSS is as effective as many of the other scales. A point system was added to the policy. <ul style="list-style-type: none"> If providers are within 45 minutes of an Interventional Stroke Receiving Facility and have a patient that has one or greater on their score, they can contact the closest Stroke Center and see if they want the provider to divert. This was discussed with the Stroke QI committee, and they were supportive of this as well. A committee member asked if language could be added regarding being within 45 minutes from the closest thrombectomy center – to call for consultation. There was some good discussion. 			
R-1	Airway Obstruction	Rich Lemon	Dr. Morris	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> Under the Foreign Body box, added 'Repeated cycles of 5 back blows'. 			
R-1P	Pediatric Foreign Body Airway Obstruction (FBAO)	Rich Lemon	Dr. Morris	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> Updated the language to be consistent with the AHA. Added the word 'slaps' to the 'Repeated Cycles' box and specified 'no blind finger sweeps' to the 'If pt becomes unconscious' box. 			
T-1	General Trauma Management	Rich Lemon	John Hughes	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> On page 2, added language to the center of the IV/IO box, to be more specific about giving fluid to patients after discussion with the Trauma QI Committee. On page 3, in the bottom box, removed 'Apply a cervical collar' and added 'Alert and cooperative patients may be allowed to self-limit motion if appropriate with or without cervical collar' – by request from the PAC committee. 			
T-4	Hemorrhage	Cindy Bergstrom	Dr. Morris	<i>Passed Unanimously</i>
	<ul style="list-style-type: none"> This was discussed in the Trauma QI Committee. On page 2, the top box has added language. The ALS box is new. In the TXA Exclusion Criteria box, removed 'Traumatic arrest with >5 mins of CPR without ROSC'. 			

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G. Quality Improvement (QI) & Case Review

- There were two case presentations.
- There was some good discussion/feedback.

H. Discussion – Base Hospital Orders/Base Hospital Physician Orders

- This discussion was led by Christian Anglin.
- There was a presentation.
- The presentation highlighted the differences between S-SV EMS and other LEMSAs requiring or not requiring base hospital orders/base hospital physician orders for similar protocols/policies.
- It was suggested that Mr. Anglin present this to the Trauma QI Committee.
- There was some good discussion/feedback.
- It was suggested that an audit be done on how long it's taking doctors to get to the radio during these calls. Enloe volunteered to get this information to the agency.
- Dr. Falck recommended bringing this back to the October REMAC meeting, after some review.

I. EMS Aircraft Provider Reports

- Careflight
 - Now carrying whole blood.

J. EMS Ground Provider Reports

- None were forthcoming.

K. Hospital Provider Reports

- Kaiser Roseville – one year away from the new tower opening, which will add an additional 60 ED beds.
- Mercy Medical Center Redding
 - Please submit the EMS feedback request for MMCR Trauma Patients forms to them.

L. S-SV EMS Agency Reports

- EMS Data System
 - The state changed vendors and everyone is submitting data to the new vendor – EMS Flow. The S-SV EMS region is done. All 70+ providers have been transitioned over.
 - There was a schematron update on 6/15. Providers need to make sure they're current. Please reach out to Jeff McManus if you encounter difficulties with this.
 - Version 3.5.1 – Many vendors are still on version 3.5; please work towards getting to the new version which is due in November. If you're ImageTrend and need help, reach out to Jeff.
- Regional Specialty Committees
 - The Trauma QI meeting was on May 14.
 - S-SV EMS is changing its app and is going to change to a previous vendor. It should be coming in October.
- REMAC Committee Voting Member Discussion
 - This was discussed during the Bylaws.
- Operations
 - Half of the ambulance inspections are complete. S-SV EMS will be reaching out to providers to schedule these.
 - The State Central registry is currently behind with Paramedic applications. Please encourage staff to renew 60-90 days prior to their expiration.
- Regional Executive Director's Report
 - Banner Lassen Hospital, in Lassen County, just announced they're selling.
 - Oroville Hospital auction is scheduled for July 16, with no potential bidders identified.

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- All the S-SV EMS Stroke Center agreements are in the renewal process now.
- Sutter Roseville Medical Center Level II Trauma center agreement is in the works now.
- Sierra Regional took over today for SEMSA. They're going to maintain three ground ambulances.
- The draft Placer County RFP was submitted to the EMS Authority in the middle of June, and it will likely take them several months to review.
- All the helicopter EMS agreements are due for renewal in the next couple months, and S-SV EMS is working on that.
- The Grass Valley Air Ambulance Coordination Center Agreement is due for renewal.
- Sutter and Yuba County EOA agreements are in the process of being renewed.
- Sierra Nevada, Nevada County Ambulance EOA agreements are in the process of being renewed.
- The Mercy Redding Ambulance agreement, AMR Shasta agreement, and St. Elizabeth ambulance agreement are all being renewed.
- The Glenn County EMS System Assessment was completed and presented to a special joint city and public meeting a few weeks ago. S-SV EMS was in attendance. There will be some additional discussion to identify a long-term solution for ambulance services in that area.
- At the recent June JPA meeting, there was a lengthy discussion. S-SV EMS will have a public hearing at the August 14 JPA meeting to propose increases to the permit provider fees. This won't affect EOA or contracted providers. It's been 17 years since S-SV EMS has increased the fees of the permit providers and at this point, S-SV EMS is subsidizing some of that.
- There has been significant disruption in the APOT audit portal. This probably won't be completely fixed until the transition is done. The transition from the 30-minute APOT standard to 25 minutes takes effect today. No one will be held accountable for data that can't be audited.
- S-SV EMS is working on a health information pilot project with AMR Placer, Roseville Fire, Sutter Roseville and the EMS Authority. It's in the very early stages. It has to do with EMS Flow. There have been some challenges getting EPCR data in real-time. Roseville Fire has been doing real-time documentation, which is good. Technical details need to be ironed out. More to come on this.
- HCAI data exchange – providers must sign the HCAI data exchange framework agreement. Hopefully, the data submitted to CEMSIS will be used to meet the requirements. If you have any questions regarding this, please reach out to Mr. Poland.
- The 2026 Regional Training Module was completed and posted on the S-SV EMS website.
 - A neighboring LEMSA is investigating an EMT who has figured out a way to cheat the system and basically plays training videos in double time.
 - As a reminder, this tool is free to everyone and the S-SV EMS staff, and many providers, put in a lot of work to make these educational courses available.
 - If this continues, it will no longer be available.
- Protocol books – only three of the 34 LEMSAs still produce hard copy protocol books. S-SV EMS will no longer have these printed. The app is free for everyone.
- The S-SV EMS Redding office will be moving, this fall, to the Shield Training Center – which is a consortium of about 19 public safety agencies in the northern part of Redding. This new location will have more conference room space and will better accommodate the S-SV EMS meetings.
- Chapter 6 is done.
- APOT regulations are done.
- The EMT oral Zofran administration regulations were passed.
- The US Forest Service has some long-term contracts with out-of-state ALS Fire Departments that come into California for months at a time.

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- Recently S-SV EMS identified an issue where an out-of-state ALS provider got on scene of an incident (not a US Forest Service incident, just a random 911 call) in Siskiyou County and started an IV and administered Fentanyl before the local ALS Provider got on scene.
- S-SV EMS is working through the legalities of this incident. This has only started within the last year or so.
- If anyone hears of or encounters an issue like this, please reach out to S-SV EMS staff.
- Butte EMS and Mercy Redding are the two providers identified as infectious disease transporters.
 - This goes back 10 years.
 - There hasn't been funding for several years, but with Ebola coming back there has been recent communication with these providers to get them back up to speed.
 - Please reach out with any questions.

M. Medical Director's Report

- Dr. Falck was pleased with the great turnout for today's meeting.
- Dr. Falck spoke about Dr. Morris and his involvement with the agency and community, and his career at Kaiser. Dr. Falck was very appreciative of Dr. Morris and all he has helped with. He congratulated Dr. Morris on his retirement.
- Dr. Morris took a moment to talk about S-SV EMS and the great providers.

N. Next Meeting Date & Adjournment

- The next meeting will be on October 14, 2026, at 9:00 am.
- The meeting was adjourned at 11:57 am.