

Solano Emergency Medical Services Cooperative
Board of Directors Meeting

Meeting Date: 1/12/2017

I. REPORTS

a. SEMSC Medical Director's Report (verbal update, no action)

Copies of policies enacted since the last Board Meeting are attached for reference, as requested by the SEMSC Board.

Solano EMS policies and protocols are available on the internet at
<http://www.co.solano.ca.us/depts/ems/>

Solano County Health & Social Services Department



Gerald Huber, Director

Aaron Bair, MD, MS
EMS Agency Medical Director

EMERGENCY MEDICAL SERVICES AGENCY
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Suite 2400, Vallejo, CA 94590
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Ted Selby
EMS Agency Administrator

POLICY MEMORANDUM 2315

Implementation Date: May 10, 2012

Revised Date: June 15, 2016

Review Date: June 1, 2018

REVIEWED/APPROVED BY:

Handwritten signature of Aaron Bair in blue ink.

AARON BAIR, MD, MS, EMS AGENCY MEDICAL DIRECTOR

Handwritten signature of Ted Selby in blue ink.

TED SELBY, EMS AGENCY ADMINISTRATOR

**SUBJECT: SOLANO COUNTY EMERGENCY MEDICAL SERVICES (EMS)
POLICY & PROTOCOL DEVELOPMENT & REVIEW**

AUTHORITY:

CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, § 1797.220

PURPOSE:

Establish procedures for development and update of Solano County Emergency Medical Services (EMS) Policies and Protocols.

I. SOLANO COUNTY EMS POLICIES & PROTOCOLS

Solano County EMS Policies will be organized into following general topic areas:

- Section 1000 – The Organization
- Section 2000 – Quality Assurance
- Section 3000 – EMS Personnel
- Section 4000 – Initial Training & Education Providers
- Section 5000 – EMS Providers
- Section 6000 – Patient Care
- Section 7000 – Facilities
- Section 8000 – Continuous Quality Improvement
- Appendices

Solano County EMS Protocols are developed for the treatment of patients using Advanced Life Support (ALS) and Basic Life Support (BLS) skills.

II. POLICY & PROTOCOL DEVELOPMENT

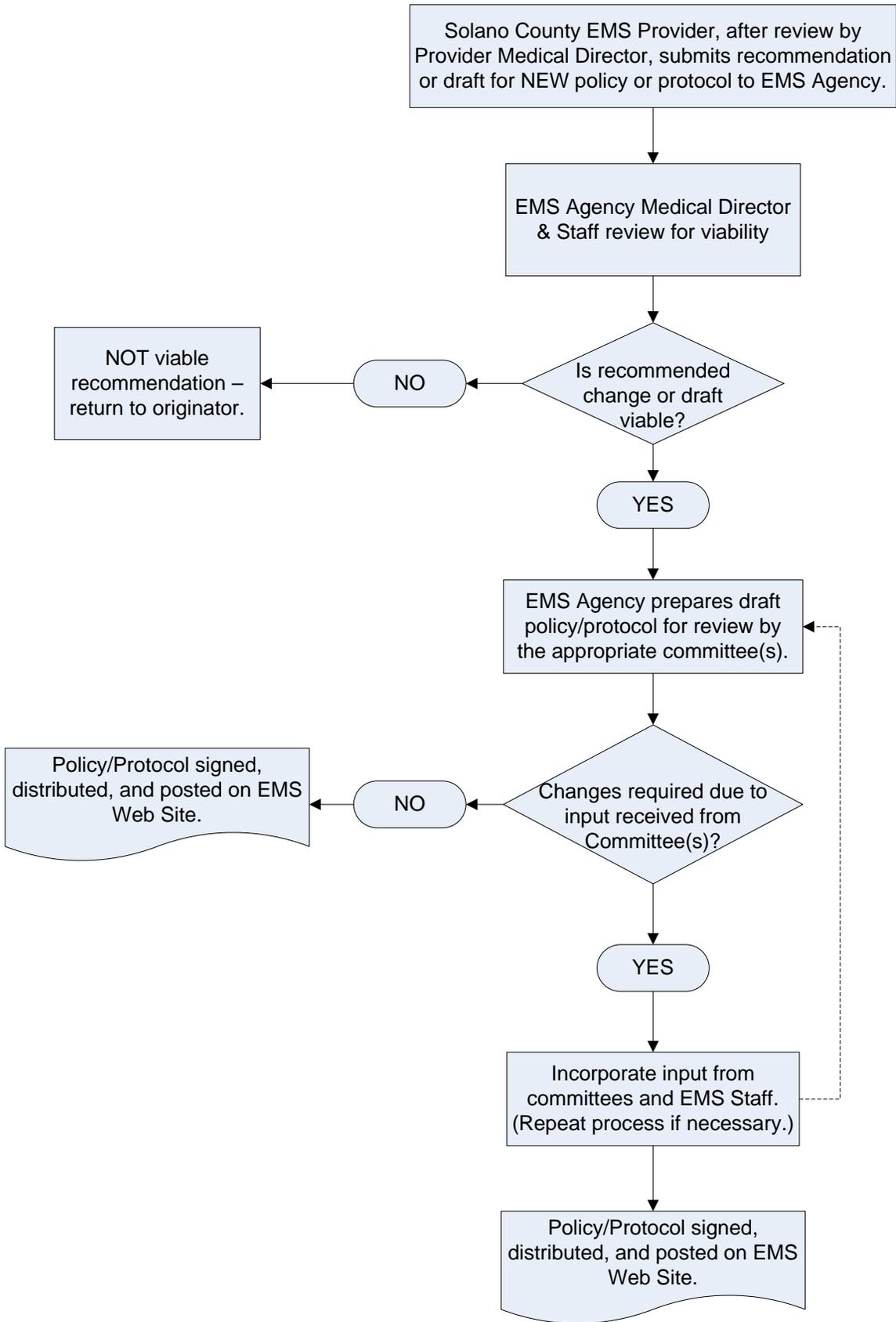
- A. Solano County EMS Policies and Protocols are developed in accordance with the California Health & Safety Code, Div 2.5; Section 1797.220.
- B. New policies/protocols, and changes to current policies/protocols, may be initiated by either field personnel or Solano County EMS staff. Field personnel must coordinate with their Provider Medical Director prior to request for any changes, updates, or new policies or protocols.
- C. New policies/protocols or updates may come from the EMS Agency, Process Improvement, Physicians' Forum, STEMI, Trauma Advisory Committee or any Solano County EMS provider. These suggestions will be discussed in committee (as appropriate) and EMS Staff may develop a draft policy/protocol for review and additional comment. Specific tasks and responsibilities are included in Attachment 1, Policy & Protocol Development & Review Flowchart.

III. POLICY & PROTOCOL REVIEW

- A. All Solano County EMS Policies and Protocols will be reviewed on a biennial basis from the last date of revision.
 - 1. If no revisions are necessary to the Policy and/or Protocol under review, the review date will be changed to two years from the current review date.
 - 2. If revisions are necessary to the Policy and/or Protocol under review, the procedure in Section II of this policy will be followed to make the revisions.
 - 3. Policies and/or Protocols may be revised at any time if new standards, practices, or regulations are enacted or by suggestion from the committees outlined in Section II(C) of this policy.

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Policy 2315 Solano County EMS Policy & Protocol Development & Review Flowchart Attachment 1



Solano County Health & Social Services Department



Gerald Huber, Director

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Aaron E. Bair, MD, MS
EMS Agency Medical Director

Ted Selby
EMS Agency Administrator

POLICY MEMORANDUM 3000

DATE: July 15, 2016

REVIEWED/APPROVED BY:

Handwritten signature of Aaron E. Bair in blue ink.

AARON BAIR, MD, MS, EMS AGENCY MEDICAL DIRECTOR

Handwritten signature of Ted Selby in blue ink.

TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: Emergency Medical Services (EMS) FEES

AUTHORITY:

CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, 1797.212; CHAPTER 4, ARTICLE 1

PURPOSE/POLICY:

To establish basic Emergency Medical Services (EMS) fees. EMS fees are due upon submission of application for service, accreditation or certification.

EMS FEES:

- Fees shall accompany applications for certification, recertification, accreditation, authorization, and reauthorization and may be paid by check or money order.
 - Current fees are provided in Attachment A.
 - An exemption from Emergency Medical Technician (EMT) fees can be requested by those volunteers or public safety personnel who are not required to have an EMT-1 or Paramedic certificate. The form requesting a fee exemption is attached (Attachment B).
- Local Fees are payable to "SOLANO COUNTY EMS." **Cash will not be accepted.**
- California State EMS Registry Fees are payable to "EMSA." These fees are collected for the EMS Authority and submitted monthly. Payment must be either check or money order. **Cash will not be accepted.**

SUBJECT: EMS FEES
Attachment "A"

POLICY: 3000
DATE: July 15, 2016

SOLANO COUNTY EMERGENCY MEDICAL SERVICE
TABLE OF FEES:

PERSONNEL FEES

Description	Amount
EMT-1 Initial Certification, Recertification, and Registration (Solano County resident/employee)	\$30.00
EMT-1 Initial Certification & Recertification (non-resident; non-employee/volunteer in Solano County)	\$100.00
EMT-1 Late fee-recertification (assessed if recertifying during month of card expiration or later)	\$25.00
California State EMS Registry Fee-initial (payable to EMSA)	\$75.00
California State EMS Registry Fee-recertification (payable to (EMSA)	\$37.00
Paramedic Initial Accreditation/Expired Reinstatement Fee	\$75.00
Paramedic Reaccreditation Late Fee	\$50.00
Replacement Card Fee	\$15.00

SYSTEM FEES

Description	Amount
Non-Emergency Ambulance Transport application/renewal Fee	\$1,500.00
Non-Emergency CCT Provider Permit (Biennial) (eff. April 12, 2013)	\$7,500.00
Ambulance Inspection Fee (BLS) (Annual, per vehicle)	\$100.00
Ambulance Inspection Fee (CCT) (Annual, per vehicle)	\$200.00
Air Ambulance Permit/Renewal Fee	\$3,500.00
STEMI Center (In-County) Application Fee/Designation Fee	\$10,000.00
STEMI Center (Out-of-County) Designation Fee (Annual)	\$4,000.00
TRAUMA Center Application Fee - Level III	\$25,000.00
TRAUMA Center Application Fee - Level II	\$30,000.00
TRAUMA Center Designation Fee (In-County) (Annual) Level III	\$50,000.00
TRAUMA Center Designation Fee (Out-of-County) (Annual) Level II	\$75,000.00
TRAUMA Center Designation Fee (In-County) (Annual) Level II	\$150,000.00
Continuing Education (CE) Provider (Biennial)	\$500.00
Emergency Department Approved for Pediatrics (EDAP) Designation Fee (Annual)	\$5,000.00
EMT Training Program Application Fee	\$3,000.00
EMT Training Program Annual Accreditation Fee	\$1,500.00
Base Hospital Designation Fee (Annual)	\$5,000.00

SUBJECT: EMS FEES
Attachment "A"

POLICY: 3000
DATE: July 15, 2016

SOLANO COUNTY EMERGENCY MEDICAL SERVICES AGENCY
275 Beck Ave., MS 5-240
Fairfield, CA 9453
(707) 784-8155

EXEMPTION FROM EMERGENCY MEDICAL TECHNICIAN (EMT-1) CERTIFICATION FEES

On October 13, 1981 the Solano County Board of Supervisors approved a resolution to exempt volunteer or public safety personnel who are not required to have an EMT-1 or Paramedic Certificate from paying EMT-1 certification fees.

I, _____ request an exemption from the Solano County EMT-1 Certification fee.

- I certify that I am currently an active member of the _____ (A Solano County Fire Department or Public Safety Agency).
- I certify that I am not currently employed by a private or public organization which requires that I must have an EMT Certificate as a condition of employment.
- I certify that all information on this request for exemption is true and correct to the best of my knowledge.

Signature of Applicant Date

VERIFICATION OF AFFILIATION WITH A SOLANO COUNTY PUBLIC SAFETY AGENCY

I certify that the individual identified above is: *(Check all that apply)*

- An active member of a Solano County Fire Department providing First Responder EMS Service.
- An employee of a Solano County Public Safety Agency not required to have an EMT Certificate as a condition of employment.

Signed by: _____ Date _____

Title: _____



Gerald Huber, Director

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Bryn E. Mumma, MD, MAS
EMS Agency Medical Director

Ted Selby
EMS Agency Administrator

POLICY MEMORANDUM 3400

Implementation Date: September 28, 2008
Revised Date: January 1, 2017
Review Date: January 1, 2019

REVIEWED/APPROVED BY:

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR

TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: PARAMEDIC ACCREDITATION/REACCREDITATION PROCESS

AUTHORITY: California Code of Regulations Title 22, Division 9, Chapter 4, Article 1, Section 100142 and Article 2, Section 100146 and Article 5, Section 100165, 100166 California Health & Safety Code Division 2.5, §1797.7, 1797.84, 1797.178, 1797.185, 1797.194, 1797.214, & 1797.220

PURPOSE/POLICY:

Accreditation is a process by which the Solano County Emergency Medical Services (EMS) Agency and its Medical Director can be assured that all Paramedics functioning in the EMS system are oriented to local policies, procedures, and EMS system features as well as possess those skills necessary to perform any optional scope of practice skills and procedures currently being used in Solano County.

Nothing in this policy prohibits an employer from imposing stricter requirements for the employment or orientation of Paramedic personnel.

I. INITIAL ACCREDITATION

A. To be eligible for accreditation in Solano County, an individual must:

1. Provide evidence of possession of a valid California Statewide Paramedic license which is current. State Licensure means that the individual has met specified training and education standards and has been deemed competent to practice throughout the State of California in the Paramedic scope of practice, as defined in Title 22 of the California Code of Regulations (CCR).

SUBJECT: Paramedic Accreditation/Reaccreditation Process

POLICY 3400
REVISED DATE: January 1, 2017

2. Provide proof of employment with an authorized Solano County Advanced Life Support (ALS) Provider.
 - a. A Paramedic may become accredited as a Paramedic in Solano County if they are a volunteer firefighter for an authorized Solano County ALS Provider. The ALS fire department employing the Volunteer Firefighter/Paramedic must provide employment verification.
 3. Provide evidence of a valid, current certification card in the following:
 - a. Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR) for Healthcare Provider or equivalent; **and**
 - b. Advanced Cardiac Life Support (ACLS) card issued in accordance with the guidelines of the Journal of the American Medical Association (JAMA); **and**
 - c. Pediatric Advanced Life Support (PALS) **OR** Pediatric Education for Prehospital Professionals (PEPP); **and**
 - d. Prehospital Trauma Life Support (PHTLS) **OR** Basic Trauma Life Support (BTLS) **OR** International Trauma Life Support (ITLS).
 4. Apply to Solano County EMS Agency. Application includes the following:
 - a. Completion of an on-line application form; and
 - b. Check or money order payable to "Solano County EMS" for the amount specified in Solano County EMS Policy Memo #3000.
 5. Attend an EMS Agency orientation not to exceed eight (8) classroom hours, and submit orientation forms as specified in Solano County Policy #3600.
 6. An application that has not had any activity in 120 days from creation will be considered abandoned. If the application is abandoned, the Paramedic must restart the accreditation process.
- B. EMS Agency Orientation
1. Paramedics will be oriented to the local EMS system including EMS Agency organization, function, staff, policies, procedures, treatment protocols, base and receiving hospital protocols, specialty care center protocols, EMS Quarterly Meeting requirements, and other unique system features.
 2. The orientation should not repeat items within the Paramedic scope of practice which are already covered in the State's written and skills examinations.
 3. The orientation may not exceed eight (8) hours, excluding any necessary testing in the optional scope of practice.
 4. The orientation shall be completed within 120 days of receipt of a completed application.
- C. Pre-Accreditation Field Evaluation
1. The purpose of the field evaluation is to validate that the applicant is knowledgeable to begin functioning under local policies and protocols.

SUBJECT: Paramedic Accreditation/Reaccreditation Process

POLICY 3400
REVISED DATE: January 1, 2017

2. The performance of skills and procedures by the accreditation applicant will be done in the presence of a field preceptor designated by the Solano County EMS Agency. Although the applicant may be licensed as a Paramedic in California, the preceptor has the ultimate responsibility for patient care rendered by the Paramedic during the evaluation period.
3. It is the responsibility of the field preceptor to determine if the applicant is ready to begin functioning within Solano County; practicing optional scope in accordance with local policies and procedures.
4. The pre-accreditation field evaluation is limited to a minimum of five (5) but no more than ten (10) ALS calls. An ALS call is defined as at least one (1) invasive skill performed or one (1) medication administered.
 - a. This requirement may be waived by providing documentation of a minimum of five (5) but no more than ten (10) ALS calls during a Paramedic education program field internship with a Solano County ALS Provider within the previous six (6) months.
5. The EMS Medical Director, or EMS Agency designee, shall evaluate the calls submitted to the EMS Agency to ensure that EMS Agency policy and protocol were followed and to evaluate the quality of patient care given. If it is demonstrated in this evaluation that the Paramedic applicant did not perform treatment as outlined in policy/protocol, the Paramedic applicant may be required to report back to his preceptor for further instruction or calls. The call documentation will also be submitted back to the Paramedic's precepting provider for further Quality Improvement review.
6. The EMS Medical Director shall evaluate any Paramedic applicant who fails to successfully complete the field evaluation and may recommend further evaluation or training. If, in the course of the field evaluation, the applicant's proficiency in the scope of practice comes into question, then the qualification of the individual to hold a license becomes an issue and the Solano County EMS Agency shall evaluate the situation for appropriate action including, but not limited to, forwarding to the State EMS Authority for further review.

D. Accreditation Procedure

1. Upon completion of an application, verification of employment with a Solano County ALS provider, submission of required documentation, and issuance of an "A-Number" identifier, the licensed Paramedic may practice the Solano County EMS scope of Paramedic practice as a second Paramedic on a unit. A designated preceptor need not be present at this time.
2. After issuance of the "A-Number" identifier, the Paramedic applicant may only utilize the optional scope of practice in the presence of a Solano County Designated Paramedic Preceptor during the pre-accreditation field evaluation.
3. The applicant may work as a single Paramedic once the pre-accreditation field evaluation, base hospital orientation, and provider employer orientations have been completed and reviewed by the EMS Agency and a Solano County Paramedic Number has been issued.
4. The applicant shall complete the EMS Agency orientation within 120 days of initiating the accreditation process.

SUBJECT: Paramedic Accreditation/Reaccreditation Process

POLICY 3400
REVISED DATE: January 1, 2017

- a. If a Paramedic is issued a Solano County Paramedic Number prior to attending the EMS Agency orientation and fails to attend the next scheduled orientation, the Paramedic will be issued a mandatory notice to attend the next orientation. If the Paramedic fails to attend a second scheduled orientation, the Paramedic's accreditation will be suspended until the orientation until the orientation is attended.
- b. If the EMS Agency cancels an EMS Agency orientation Paramedics will not be penalized.
5. An applicant who fails to complete the accreditation process may not practice as a Paramedic in Solano County.
6. The local EMS Agency accredits individuals to practice in Solano County. Accreditation to practice shall be continuous as long as State of California Paramedic license is maintained and local requirements are met.
7. Accreditation is indicated by the issuance of a Solano County Accreditation Card bearing the date of issuance, date of expiration, and the signature of the EMS Agency Medical Director.
8. The EMS Agency shall notify individuals applying for accreditation of the decision to accredit within ten (10) working days of completion of the above requirements.
9. Every attempt will be made to mail the Solano County Accreditation Card to the applicant within ten (10) working days of completion of the above requirements.
- E. Paramedics Employed by Solano County EMS Agency
 1. Paramedics that are employed by the Solano County EMS Agency are eligible for initial Solano County Paramedic Accreditation so long as requirements of Section I(A)(1), (3), and (4)(a) of this policy are met. All other accreditation requirements may be waived at the discretion of the EMS Agency Medical Director.

II. MAINTAINING ACCREDITATION

- A. Requirements to maintain accreditation:
 1. Maintenance of a valid State of California Paramedic license;
 2. Maintenance of a valid, current certification card in the following:
 - a. BLS CPR for Healthcare Provider or equivalent; **and**
 - b. ACLS card issued in accordance with the guidelines of the Journal of the American Medical Association; **and**
 - c. PALS **or** PEPP; **and**
 - d. PHTLS **or** BTLS **OR** ITLS
 3. Employment with an authorized ALS Provider or volunteer fire department within Solano County;
 4. Compliance with the following requirements:
 - a. Maintenance of Continuing Education Requirements as specified in Policy #3700;
 - b. Completion of a four (4) hour Advanced/Difficult Airway Management Course and manipulative skills as specified in Policy #6608;

SUBJECT: Paramedic Accreditation/Reaccreditation Process

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REVISED DATE: January 1, 2017

- (1) If the Advanced/Difficult Airway Management Course is a portion of another Continuing Education (CE) Course, only the hours for Advanced/Difficult Airway Management will be used for reaccreditation and not the total hours of the course.
 - c. Completion of eight (8) hours, **four (4) hours annually**, of STEMI/12 Lead EKG training as specified in Policy #6609;
 - (1) If the time from an initial accreditation to the date of renewal is less than one (1) year, four (4) hours of STEMI/12 Lead EKG training will satisfy this requirement.
 - (2) If the STEMI/12 Lead EKG course is including in another Continuing Education (CE) Course, only the hours required for STEMI/12 Lead will be credited toward reaccreditation (not the total hours for the course).
 - d. Paramedics may, at the discretion of the EMS Agency Medical Director, be required to:
 - (1) Complete training courses on revised policies and procedures, treatment protocols, and/or optional scopes of practice.
 - (2) Obtain education aimed at specific clinical conditions or problems identified in the quality improvement program, which may include specialized training or certification in pre-established courses.
 - (3) Demonstrate competency of infrequently used skills.
 - e. All required reaccreditation documentation shall be turned into Solano County EMS 30 days prior to the current accreditation expiration date to allow adequate time for processing.
 - (1) Failure to turn in reaccreditation documentation 30 days prior to the current accreditation expiration will result in a late fee as set forth in Solano County EMS Policy 3000. Reaccreditation will not be processed until the late fee is received.
- B. Paramedics Employed by Solano County EMS Agency
1. Paramedics that are employed by the Solano County EMS Agency are eligible for Solano County Paramedic Reaccreditation provided the requirements of Section II(A)(1), (2), and (4) of this policy are met. All other reaccreditation requirements may be waived at the discretion of the EMS Agency Medical Director.

III. ADVERSE ACTIONS ON ACCREDITATION

- A. Accreditation may be denied or suspended by the Solano County EMS Agency for cause.
- B. If a Paramedic does not meet ALL local reaccreditation requirements by close of business (5:00pm) on the date of accreditation expiration, the Paramedic's accreditation will be considered expired and therefore Paramedic accreditation will be suspended.
 1. If the Paramedic accreditation is set to expire on a weekend or holiday, all reaccreditation documentation shall be submitted by close of business (5:00 pm) on the Friday prior to the weekend or the day prior to the holiday or the reaccreditation will be considered expired.

SUBJECT: Paramedic Accreditation/Reaccreditation Process

POLICY 3400
REVISED DATE: January 1, 2017

- 2. If the EMS Agency has not received the Paramedic's completed reaccreditation documentation by 2:00pm on the day of, Friday prior to the weekend, or day prior to the holiday of expiration, a letter of eminent suspension will be sent to the Paramedic.
- C. Suspension of accreditation means that the Paramedic cannot work as a Paramedic in Solano County. If a Paramedic's accreditation is suspended, a letter explaining the circumstances will be sent to the Paramedic. Copies of this letter may also be sent to all EMS Agency staff, the Paramedic's immediate supervisor/employer, and the California State EMS Authority.
- D. If a California State Licensed Paramedic allows their Solano County Paramedic accreditation to lapse, Paramedic accreditation may be reinstated if ALL requirements for reaccreditation are met **AND** the appropriate late and reinstatement fees as stated in Policy 3000 are paid within 60 days of expiration.
- E. If a California State Licensed Paramedic allows their Paramedic accreditation to lapse for longer than 60 days, the California State Licensed Paramedic will be required to perform the initial requirements for Solano County Paramedic Accreditation.
- F. Accreditation will not be denied based on a Paramedic's accreditation history with another EMS Agency or their provider affiliation.
- G. Any circumstances and actions against a Paramedic's accreditation may be forwarded to the California State EMS Authority for further investigation and Paramedic Licensure action.

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Solano County Health & Social Services Department



Gerald Huber, Director

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Aaron E. Bair, MD, MS
EMS Agency Medical Director

Ted Selby
EMS Agency Administrator

POLICY MEMORANDUM 3420

Implementation Date: August 1, 1991

Revised Date: July 15, 2016

Review Date: July 1, 2018

REVIEWED/APPROVED BY:

Handwritten signature of Aaron Bair in blue ink.

AARON BAIR, MD, MS, EMS AGENCY MEDICAL DIRECTOR

Handwritten signature of Ted Selby in blue ink.

TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: PARAMEDIC PRECEPTOR – ROLES & RESPONSIBILITIES

AUTHORITY: HEALTH AND SAFETY CODE, DIVISION 2.5, SECTION 1797.220 and CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 9, ARTICLE 2, CHAPTER 4, SECTION 100150.

PURPOSE/POLICY:

To establish a means for designating Paramedic Preceptors and criteria for evaluation of interns, candidates, and paramedics that require monitoring.

I. ROLE OF PARAMEDIC PRECEPTOR

- A. Solano County Emergency Medical Services (EMS) Agency shall designate Paramedics as preceptors who shall monitor and evaluate:
 - 1. The performance of Paramedic students performing internship requirements of their Paramedic program.
 - 2. Paramedics undergoing pre-accreditation evaluation to be able to become a Solano County Accredited Paramedic.
 - 3. Solano County Accredited Paramedics identified by the Quality Assurance (QA) process as needing in-service education and/or probationary monitoring as required by the EMS Agency Medical Director.

SUBJECT: Paramedic Preceptor – Role & Responsibility

POLICY 3420
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- B. Paramedic Preceptors perform their functions within a two tiered system that outlines which level of monitoring is required.

TIER 1

Paramedic Preceptor I – A Solano County EMS Accredited Paramedic that has two (2) years of experience as a Paramedic in Solano County. A Designated Paramedic Preceptor I shall only be assigned to monitor the criteria outlined in Section (I)(A)(2) and/or (3) of this policy.

TIER 2

Paramedic Preceptor II – A Solano County EMS Accredited Paramedic that has four (4) years of experience as a Paramedic in Solano County. A Designated Paramedic Preceptor II can be assigned to monitor the criteria outlined in Section (I)(A)(1), (2), and (3) of this policy.

- C. Upon the implementation of this policy, all current Designated Paramedic Preceptors will keep their current status until the expiration of their current Solano County EMS Paramedic Accreditation. Upon Paramedic reaccreditation, the Designated Preceptor will be given the proper level of Paramedic Preceptor Designation in accordance with the years of service within Solano County as outlined in Section (I)(B) of this policy, if they so choose.

II. PREREQUISITES FOR DESIGNATION OF PRECEPTOR

- A. Applicant must be currently accredited in Solano County as a Paramedic and be in good standing with Advanced Life Support (ALS) Provider and EMS Agency current audit review mechanisms;
- B. Applicant shall demonstrate field experience in Solano County as an Accredited Paramedic as outlined in Section (I)(B) of this policy;
- C. Applicant must have a course completion certificate for Preceptor Training Workshop from a preceptor program approved by Solano County EMS within the last three months;
- D. Applicant must have a written recommendation from **BOTH** his/her employer and ALS Provider Medical Director. This letter should speak to the Paramedic's abilities, knowledge, and potential leadership skills.
- E. A Tier II Applicant must have completed formal training in Education or Adult Education (e.g. college courses, teaching credentials, American Heart Association Instructor, California State Fire Marshal Fire Instructor 1A and 1B, etc.).
- F. Applicant must fill out an Initial Paramedic Preceptor Application (Attachment A) and submit with copies of all recommendations and certificates required in (B), (C), and (D) for Tier I or (B), (C), (D), and (E) for Tier II
 - 1. A current Designated Tier I Preceptor that wishes to upgrade to Tier II will only be required to file documentation of adult education training when applying for change of status.

SUBJECT: Paramedic Preceptor – Role & Responsibility

POLICY 3420
DATE: July 15, 2016

III. DESIGNATION

- A. After approval of all required documentation, applicants shall be granted Paramedic Preceptor Status by the Solano County EMS Agency for a period that runs concurrent with their Solano County Paramedic Accreditation.
- B. Preceptor status may be revoked by the EMS Medical Director at any time, after formally reviewing a written request from Base Hospital Liaison personnel, training institutes, ALS Providers, Physician's Forum, EMS Agency Staff, the Preceptor, or after review of the annual Designated Paramedic Preceptor Quality Improvement Review.
- C. Revocation of Paramedic Preceptor status shall follow due process, to include:
 - 1. Revocation recommendation with reason for revocation clearly identified by the petitioner, AND
 - 2. Preceptor interview with final outcome status to be under the purview of the EMS Agency Medical Director.

IV. REDESIGNATION

- A. An approved Paramedic Preceptor may redesignate by completing a Renewal Paramedic Preceptor Redesignation Application (Attachment B) when reaccrediting as a Paramedic for Solano County as outlined in Policy 3400, Paramedic Accreditation/Reaccreditation Process Section II.
 - 1. If a Paramedic fails to meet the Paramedic reaccreditation criteria and Paramedic accreditation expires, the Paramedic's Preceptor Designation shall be forfeited and the Paramedic must reapply for Preceptor Designation using the initial designation process.
- B. An approved Paramedic Preceptor shall perform preceptor duties for at least one (1) Paramedic (accrediting Paramedic or Paramedic under review) or a paramedic student OR be a lead instructor for an EMS related educational endeavor per two-year period. The names of Paramedics or paramedic students and time periods of monitoring or name of educational endeavor shall be documented on the renewal application.
 - 1. If a Paramedic Preceptor is unable to perform instructional duties for at least one Paramedic (accrediting Paramedic or Paramedic under review) or a paramedic student or be lead instructor per two-year period, the Paramedic Preceptor shall do the following:
 - a. Submit a Renewal Paramedic Preceptor Redesignation Application (Attachment B) as outlined in Section (IV)(A) of this policy; AND
 - b. Retake a Preceptor Training Workshop from a preceptor program approved by Solano County EMS
- C. By not filing this application, the Paramedic Preceptor will forfeit Paramedic Preceptor Designation. The former Paramedic Preceptor may reapply at a later time using the initial designation process.
- D. A Designated Paramedic Preceptor may voluntarily request at any time to surrender his/her designation status. This request shall be submitted in writing to the EMS Agency and the Paramedic Preceptor's employer will be notified.

SUBJECT: Paramedic Preceptor – Role & Responsibility

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DATE: July 15, 2016

- E. For any reason, if an ALS Provider removes Designated Paramedic Preceptor status from a preceptor, the ALS Provider shall notify Solano County EMS Agency and provide written documentation and supporting evidence as to why this is occurring.

V. DESIGNATED PARAMEDIC PRECEPTOR QUALITY IMPROVEMENT REVIEW

- A. The ALS Provider shall conduct a quality improvement review annually, during the month of June, including a critique of each Paramedic Preceptor's activities during the preceding year with special attention to:
 - 1. Review of all audits completed involving Paramedic Preceptor being reviewed;
 - 2. Review of all counseling sessions documented;
 - 3. Review of any Field Advisory Reports;
- B. The ALS Provider, after the annual Preceptor review, shall provide a summary of findings to Solano County EMS Agency. This summary is to include, but not be limited to:
 - 1. Number of times Preceptors were used and how many Paramedic field interns or Accrediting Paramedics each Paramedic Preceptor had in the preceding year;
 - 2. A sampling of feedback from Paramedic field interns and Accrediting Paramedics on each Paramedic Preceptor;
 - 3. Any issues with patient care witnessed by Paramedic Preceptors by the Paramedics being precepted;
 - 4. Any Field Advisory Reports (FAR) involving the Paramedic Preceptor;
 - 5. Any action taken against the Paramedic Preceptor by the ALS Provider.
- C. Any adverse action reported to the Solano County EMS Agency stemming from the Preceptor annual review may affect the Paramedic's Designated Preceptor status, including but not limited to: reeducation, suspension of the Preceptor Designation, and/or notification of action to the California State EMS Authority for further investigation.

VI. DOCUMENTATION

- A. Documentation of performance for Paramedic field interns shall be recorded on forms provided by the Paramedic training institutes and approved by Solano County.
- B. Documentation of performance for Paramedics awaiting accreditation, or probationary Paramedics, shall be recorded on Solano County Paramedic Performance Evaluation Form (see attached).
- C. Patient Care Reports (PCR) shall be utilized, as set forth in Solano County Policy 6100, Instructions for Completion of Patient Care Record. Both the Paramedic Preceptor and/or the Paramedic field intern shall sign and review the PCR prior to submission at the receiving hospital.
- D. Skills verification reports generated and documented through Electronic PCRs will be made available upon written request by the Paramedic Trainee. These will be mailed directly to the Training Instructor responsible for the requesting Paramedic field intern within 60 days of completion of the Paramedic Field Internship.

VII. RESPONSIBILITY OF THE PARAMEDIC PRECEPTOR

- A. It shall be the responsibility of the Paramedic Preceptor to allow or disallow patient contact and EMS intervention based on his/her perceptions as to the ability of the Paramedic (accrediting Paramedic or Paramedic under review) or paramedic student. The health and safety of the patient is always the paramount issue.
 - 1. If an incident should occur while performing patient care, the Paramedic Preceptor, as well as the Paramedic (accrediting Paramedic or Paramedic under review) or paramedic student, shall be reviewed under the QI processes of the ALS Provider Agency and the EMS Agency. The EMS Agency shall be notified of an incident through the FAR process within 48 hours of the incident.
 - a. If a paramedic student is involved with the incident, the paramedic student's Instructional Institution shall be notified of the incident for possible reeducation.

VIII. MINIMUM NUMBER OF PARAMEDIC PRECEPTORS PER PROVIDER SERVICE

- A. Each provider service shall maintain a minimum of one (1) Paramedic Preceptor for every ten (10) Paramedics employed so as to adequately provide for Paramedic preceptor responsibilities.
- B. ALS Providers shall submit to Solano County EMS Agency a list of active/approved Paramedic Preceptors by June 1st annually, or upon request.
 - 1. Failure by the ALS Provider to submit a list of active/approved Paramedic Preceptors may result in the suspension of **ALL** Paramedic Preceptors until this documentation is received.

IX. ASSIGNMENT OF PRECEPTORS

- A. Assignment of Paramedic Preceptors to persons being monitored must be approved by the EMS Medical Director, or their designee (written verification to be provided from EMS Agency).

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Solano County Health & Social Services Department



Gerald Huber, Director

Aaron E. Bair, MD, MS
EMS Agency Medical Director

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Ted Selby
EMS Agency Administrator

POLICY 3420 ATTACHMENT A INITIAL PARAMEDIC PRECEPTOR APPLICATION

FOR _____ through _____
(Start date) (Accreditation expiration date)

NAME: _____

SOLANO COUNTY PARAMEDIC #: _____

DATE: _____

EMPLOYER: _____

Years as an Accredited Paramedic in Solano County: _____

Preceptor Tier Level Applying For: TIER I TIER II

Checklist for required preceptor prerequisite documentation:

- Verification of Solano County Paramedic accreditation in good standing **AND** years of service within Solano County in accordance of Tier Level applying for;
- For Tier II ONLY: Documentation of successful completion of any formal adult education training programs (AHA certified instructor, teaching credentials, transcripts, Fire Instructor 1A and 1B, etc.);
- Written recommendations from my employer **AND** ALS Provider Medical Director;
- Written verification of course completion of a Paramedic Preceptor Training Workshop or equivalent within the last three months as approved by the EMS Agency Medical Director.

I hereby attest that all statements above and attachments are true.

Applicant Signature

Solano County Health & Social Services Department



Gerald Huber, Director

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Aaron E. Bair, MD, MS
EMS Agency Medical Director

Ted Selby
EMS Agency Administrator

**POLICY 3420 ATTACHMENT B
PARAMEDIC PRECEPTOR APPLICATION RENEWAL**

FOR: _____ **through** _____
(Start date) (Accreditation expiration date)

DATE: _____

NAME: _____

CALIFORNIA STATE PARAMEDIC LICENSE #: _____

SOLANO COUNTY PARAMEDIC #: _____

EMPLOYER: _____

Years as an accredited Paramedic in Solano County: _____

Years as an approved Paramedic Preceptor in Solano County: _____

Renewing Paramedic Preceptor Tier Level: TIER I TIER II

Upgrading from TIER I to TIER II: YES NO

If yes, submit documentation of formal education training as outlined in Policy 3420 Section II(E).

Name of Paramedics/Paramedic Interns Precepted OR EMS Instruction	Dates Precepted or Instructed

*If more room is needed, continue on the back of this application.

I hereby attest that all statements above are true.

Applicant Signature

Solano County Health & Social Services Department



Gerald Huber, Director

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Bryn Mumma, MD, MAS
EMS Agency Medical Director

Ted Selby
EMS Agency Administrator

DRAFT POLICY MEMORANDUM 3500

Implementation Date: December 1, 2016

Review Date: December 1, 2018

REVIEWED/APPROVED BY:

Handwritten signature of Bryn Mumma in black ink.

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR

Handwritten signature of Ted Selby in blue ink.

TED SELBY, EMS AGENCY ADMINISTRATOR

**SUBJECT: ROLES AND AUTHORIZATION/REAUTHORIZATION
REQUIREMENTS FOR MOBILE INTENSIVE CARE NURSES (MICN)**

AUTHORITY:

California Health & Safety (HS) Code Division 2.5, Chapter 2, Section 1797.56

PURPOSE/POLICY:

Outline the roles, responsibilities, and the process for authorization/reauthorization/reciprocity of the MICN that is employed by a Solano County Medical Institution.

I. INITIAL AUTHORIZATION

- A. To be authorized as a MICN the following must be completed and/or submitted to the Solano County Emergency Medical Services (EMS) Agency:
 1. Copy of a valid and current California Registered Nurse (RN) license;
 2. Copy of a valid and current Advanced Cardiac Life Support (ACLS) card adhering to the standards of the American Heart Association (AHA);

3. Copy of previous authorization (or certification) as a MICN (or Authorized Registered Nurse) by another California Local EMS Agency (LEMSA); **OR**
 - a. Evidence of 12 months critical care experience as a RN, at least six months of which must be within the Emergency Department (ED) of an acute care hospital; **AND**
 - b. Evidence of successful completion of a Basic MICN Course approved by the Solano County EMS Agency Medical Director.
 4. Documentation of an ALS emergency ambulance ride-a-long in Solano County. This ride-a-long requirement shall consist of direct observation of at least four patient contacts during which EMS staff assesses the patient.
 5. On-line Application Form;
 6. Payment of initial MICN Authorization fee as outlined in Policy 3000, EMS Fees. (Fee may be paid by employer);
 7. Proof of employment (or intent to employ upon authorization) with a Solano County Hospital;
 8. Attend EMS system orientation session conducted by the Solano County EMS Agency. (Refer to Solano County EMS Policy 3600);
 9. Documentation of ten radio calls precepted and audited by the Base Hospital Liaison or his/her designee. These calls may be simulated;
 10. Photograph taken at local EMS Office.
- B. Upon successful completion of items 1 – 10 as listed above, the Solano County EMS Agency will authorize the applicant as a MICN for a period that will run contiguous with their California State RN license. Such authorization shall be contingent upon the applicant's employment as a MICN within a Solano County Hospital.
- C. Candidates failing to successfully complete the authorization process within 12 months of their course completion date must repeat the certification process.

II. REAUTHORIZATION

Only candidates who are currently authorized in Solano County are eligible for reauthorization. All reauthorization candidates shall complete and/or submit the following to the EMS Agency:

- A. On-line application.
- B. Copy of a valid and current California RN license.
- C. Copy of a valid and current ACLS card adhering to the standards of the AHA.
- D. Proof of having obtained a minimum of 12 hours of CEs, relating specifically to prehospital care. ACLS or Pediatric Advanced Life Support (PALS) may be used for a maximum of six hours CE for reauthorization. Four hours of ride-a-long time on an ALS ambulance may also be used for this CE requirement.

- E. An ALS emergency ambulance ride-a-long in Solano County. This ride-a-long requirement shall consist of direct observation of at least four patient contacts during which the patient is assessed.
- F. Upon fulfillment of items II(A) – (E) as shown above, the EMS Agency will reauthorize the candidate as a MICN running concurrent with the MICN's California State RN license.
- G. All reauthorization documentation is due 30 days prior to expiration of the current authorization. If reauthorization documentation is submitted within 30 days of expiration, a late fee will be assessed in accordance with Solano County EMS Policy 3000. (Reauthorization will not be processed until the late fee is received).
- H. MICNs who have let their MICN authorization lapse may have their authorization reinstated within 60 days of expiration. The MICN must submit all required documentation, a late fee, and a reinstatement fee in accordance with Solano County EMS Policy 3000. (Reinstatement will not be processed until the late fee and the reinstatement fee is received).
- I. MICNs who have let their MICN authorization lapse greater than 60 days shall begin the MICN authorization process as an initial applicant and pay the initial authorization fee.

III. THE ROLE OF AN AUTHORIZED MICN IN SOLANO COUNTY IS AS FOLLOWS:

- A. Utilizes the ReddiNet system to assess available countywide hospital resources to determine patient distribution to specific hospitals during a Multi Casualty Incident (MCI) situation.
- B. Assists field EMS crews with appropriate trauma patient destination consistent with Solano County EMS Policy 6105, Prehospital Trauma Triage Plan.
- C. Operates radio equipment.
- D. Communicates instructions and information with prehospital field crews, utilizing Solano County EMS Policy and Protocols.
- E. Initiates Field Advisory Reports when applicable. (Refer to Solano County EMS Policy 2305).
- F. Consistently provides written feedback, of both a positive and negative nature, regarding prehospital care to the EMS Liaison.
- G. Is familiar with the Solano County Disaster Plan, Policy 6105, Prehospital Trauma Triage Plan, and Policy 6180, EMS Mass Casualty Incident (MCI).
- H. Attends EMS meetings as well as other multi-disciplinary reviews of prehospital care.

IV. DENIAL, SUSPENSION, PROBATION, OR REVOCATION OF MICN AUTHORIZATION

A MICN who has not completed the reauthorization process prior to the expiration of their current authorization is not permitted to act in the capacity of a MICN and shall not provide field guidance to ALS service providers and must complete all requirements of this policy prior to being authorized to act as a MICN.

- A. The EMS Agency Medical Director may, for good cause, deny, suspend, revoke, or place on probation any MICN authorization. The administrative procedure for any disciplinary actions will be the same used for Emergency Medical Technicians as defined in Solano County EMS Policy 3820.
- B. Any action taken against a MICN authorization is independent of any notification made to the California Board of Registered Nursing for investigation and/or licensure action. However, the EMS Liaison will immediately be notified of all inquiries, complaints, and/or investigations.

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

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EMS Agency
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Ted Selby
Agency Administrator

Counsel

Azniv Darbinian
Assistant County Counsel

Date: August 10, 2016
To: Trauma Advisory Committee
Physicians' Forum
Subject: Trauma Triage Policy and Algorithm (Policy 6105)

Dear Colleagues,

After 12 drafts, three years, and expert consultation, please, find the attached Trauma Triage Policy and Algorithm for Solano County. We understand that there has been much angst during this process and want to thank you for your time and input.

As you know, this document has been created out of compromise. As such, some may not be entirely happy with this document but we feel it represents a fair and reasonable approach given the inherent conflicts. Additionally, we want to emphasize that this is an evolving document that will change as our knowledge or circumstances change.

Given our current circumstances, we feel that further delay cannot be justified. As always your understanding and partnership are much appreciated.

Very sincerely,


Aaron Bair, MD, MS
Medical Director
Solano County EMS


Ted Selby
EMS Administrator
Solano County EMS

Encl: Policy 6105

Solano County Health & Social Services Department



Gerald Huber, Director

Aaron Bair, MD, MS
EMS Agency Medical Director

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Ted Selby
EMS Agency Administrator

POLICY MEMORANDUM 6105

Implementation Date: December 15, 2011
Revised Date: September 24, 2016
Review Date: September 24, 2018

REVIEWED/APPROVED BY:

Handwritten signature of Aaron Bair in blue ink.

AARON BAIR, MD, MS, EMS AGENCY MEDICAL DIRECTOR

Handwritten signature of Ted Selby in blue ink.

TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: SOLANO COUNTY PREHOSPITAL TRAUMA TRIAGE PLAN

AUTHORITY: CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, 1797.220, 1798.100, 1798.162, and 1798.163

PURPOSE:

To maintain a system that allows trauma patients to benefit from receiving Trauma Center services most appropriate to that patient's injuries; in the most expeditious manner possible. Level I, II, or III Trauma Centers should be utilized when appropriate.

I. GENERAL CONCEPTS:

- A. Trauma Centers improve the outcomes for patients with significant traumatic injuries.
- B. Level I/II Trauma Centers are able to provide emergent neurosurgical intervention and have in-house trauma surgeons and operating room teams immediately available; therefore major trauma patients with injuries (definite or suspected) requiring immediate access to a neurosurgeon should be transported to the closest Designated Level I/II Trauma Center.

SUBJ: Solano County Prehospital Trauma
Triage Plan

Policy 6105
Implementation Date: December 15, 2011
Revised Date: September 24, 2016

II. PATIENTS LIKELY TO BENEFIT FROM TRAUMA CENTER SERVICES:

A. Trauma patients with a high likelihood of benefit from neurosurgical services (Level I/II Trauma Centers):

1. Glasgow Coma Scale (GCS) 12 or less;
2. Penetrating trauma to head (excluding facial injuries);
3. Suspected open or depressed skull fracture;
4. Paralysis.

B. Trauma patients exhibiting abnormal vital signs or conditions (for adult patients only):

1. Hypotension – systolic blood pressure less than 90mmHg;
2. Tachycardia – heart rate greater than 120bpm;
3. Tachypnea – respiratory rate less than ten or greater than 29 breaths per minute;
4. Altered Mental Status – GCS 13 – 14.
5. Patients that are greater than 24 weeks pregnant should be taken to a facility with appropriate OB capabilities.

C. Trauma patients with the following anatomic injuries:

1. Penetrating injury to neck, torso, buttock, groin, or extremities proximal to knee or elbow;
2. Flail chest;
3. Two or more proximal long bone fractures;
4. Amputated/crushed/degloved proximal to wrist or ankle;
5. Pelvic instability or crepitus with a possible fracture from major trauma.

D. Trauma patients with mechanisms of injury suggestive of serious injury:

1. Falls greater than 20 feet for adults, or two times the height of a child or greater than ten feet.
2. High risk vehicle accidents including:
 - a. Intrusion in the passenger compartment greater than 12 inches or greater than 18 inches any site;
 - b. Ejection from vehicle (partial or complete);
 - c. Death of a patient in the same passenger compartment;
 - d. Unrestrained occupant.
3. Vehicle striking a pedestrian or bicyclist with speed at impact greater than 20 mph or involving the torso being run over.

**SUBJ: Solano County Prehospital Trauma
Triage Plan**

**Policy 6105
Implementation Date: December 15, 2011
Revised Date: September 24, 2016**

4. Motorcycle crash with estimated speed 20 mph or more with a stationary object.

III. TRAUMA MEDICAL DIRECTION

- A. Major trauma patients in the pediatric age range (less than 15 years of age) should bypass local Trauma Centers and be transported to a Pediatric Trauma Center unless they meet the criteria of Section V of this policy.
- B. Paramedics have been trained to apply protocols and use judgment to identify Level I/II trauma patients. The approved trauma triage algorithm will be used to determine the appropriate trauma center destination.
- C. When assessing, treating, or transporting a Level I/II trauma patient, Paramedics shall contact the Solano Emergency Medical Services Cooperative (SEMSC) designated Level II Trauma Base Hospital for medical direction if either SEMSC's protocols require securing medical direction or if Paramedics otherwise determine medical direction is necessary.
 1. The SEMSC designated Level II Trauma Center is Kaiser Foundation Hospital, Vacaville.
 2. For trauma patients originating in the Vallejo/Benicia area, factoring in time of day, traffic, weather, etc., trauma patients may be transported directly to John Muir Medical Center (JMMC), Walnut Creek. If a Paramedic is requiring medical direction and is transporting to JMMC, the Paramedic shall contact an in-county SEMSC designated Trauma Base Hospital.
- D. When assessing, treating, or transporting a Level III trauma patient, Paramedics may contact any SEMSC Trauma Center for medical direction. Paramedics may transport Level III patients to the closest Trauma Center.
- E. The use of air ambulances is considered separately from the trauma triage decision. Air ambulances may benefit patients injured in locations distant from Trauma Centers, and/or those in need of immediate procedures available to flight nurses, but outside the scope of practice of Paramedics. The use of air ambulances is not the default method of transport for major trauma patients. Aircraft should only be used when they offer a measurable advantage to ground transport. Use of air ambulances is covered in Policy 5800.
- F. Pregnant patients, greater than 24 weeks gestation, that do not meet Trauma Triage Criteria will be transported to a facility with OB capabilities.
- G. This policy does not apply to Multi-Casualty Incidents (MCIs).

IV. PARAMEDIC IMPRESSION

If the primary Paramedic believes that a patient not meeting criteria as a trauma patient has injuries that may exceed the capabilities of the usual receiving hospital, then the case should be discussed with a Solano County Designated Trauma Base Hospital. The trauma base physician, Mobile Intensive Care Nurse (MICN), or designee, in consultation with the primary scene paramedic, may designate that

**SUBJ: Solano County Prehospital Trauma
Triage Plan**

**Policy 6105
Implementation Date: December 15, 2011
Revised Date: September 24, 2016**

patient as a trauma patient, and that patient will be transported to the nearest appropriate Trauma Center.

V. CRITERIA FOR TRUAMA PATIENT TRANSPORT TO THE CLOSEST RECEIVING FACILITY

The following trauma patients will be transported to the closest receiving facility:

- A. Trauma patients in cardiac arrest (consider field pronouncement);
- B. Trauma patients with an uncontrolled airway;
- C. Trauma patients with uncontrolled bleeding;
- D. Major trauma patients with rapid deterioration/impending arrest should be taken to the closest receiving facility if conditions (traffic, distance, weather) are unfavorable for rapid transport to a Solano County Designated Trauma Center.

VI. MAJOR TRAUMA PROCEDURES

- A. The primary Paramedic will determine whether the patient meets criteria as a trauma patient, and what level and type of trauma center care is appropriate for that patient (see Trauma Triage Algorithm attachment).
- B. The Primary Paramedic will determine the mode of transportation to the appropriate Trauma Center, in accordance with policy.
 - 1. If transportation is by ground, the transporting unit's dispatching agency will confirm that the closest destination Trauma Center is open.
 - 2. If transportation is by air ambulance, the air ambulance provider's dispatch will determine the closest appropriate destination Trauma Center, and confirm that it is open to receiving trauma patients.
- C. The transporting unit will contact the designated Trauma Center and advise them of their impending arrival, and provide a report on the patient's injuries and condition. Non-designated Out-of-county destination facilities are not authorized to give online medical instructions/orders.

////////////////////

SOLANO COUNTY PREHOSPITAL TRAUMA TRIAGE ALGORITHM

TRAUMATIC ARREST
 Consider field pronouncement

If patient has any one of the following
 Traumatic Arrest
 Uncontrolled Airway
 Uncontrolled Bleeding
 Rapidly deteriorating

Closest Emergency Department

PREGNANT PATIENTS
 Pregnancy 24 weeks or greater should be taken to the appropriate facility with OB capabilities

Penetrating trauma to the head (excluding facial injuries); Or
 GCS 12 or less; Or
 Open or depressed skull fracture; Or
 Paralysis

Closest Designated Level I or Level II Trauma Center

PEDIATRICS
 Patients less than 15 years of age are considered pediatric and should be transported to the closest Pediatric Trauma Center.

Systolic BP less than 90 mm/Hg; Or
 Respiratory rate less than 10 or greater than 29/min; Or
 VS inappropriate for age in children (see attached); Or
 GCS of 14 or 13

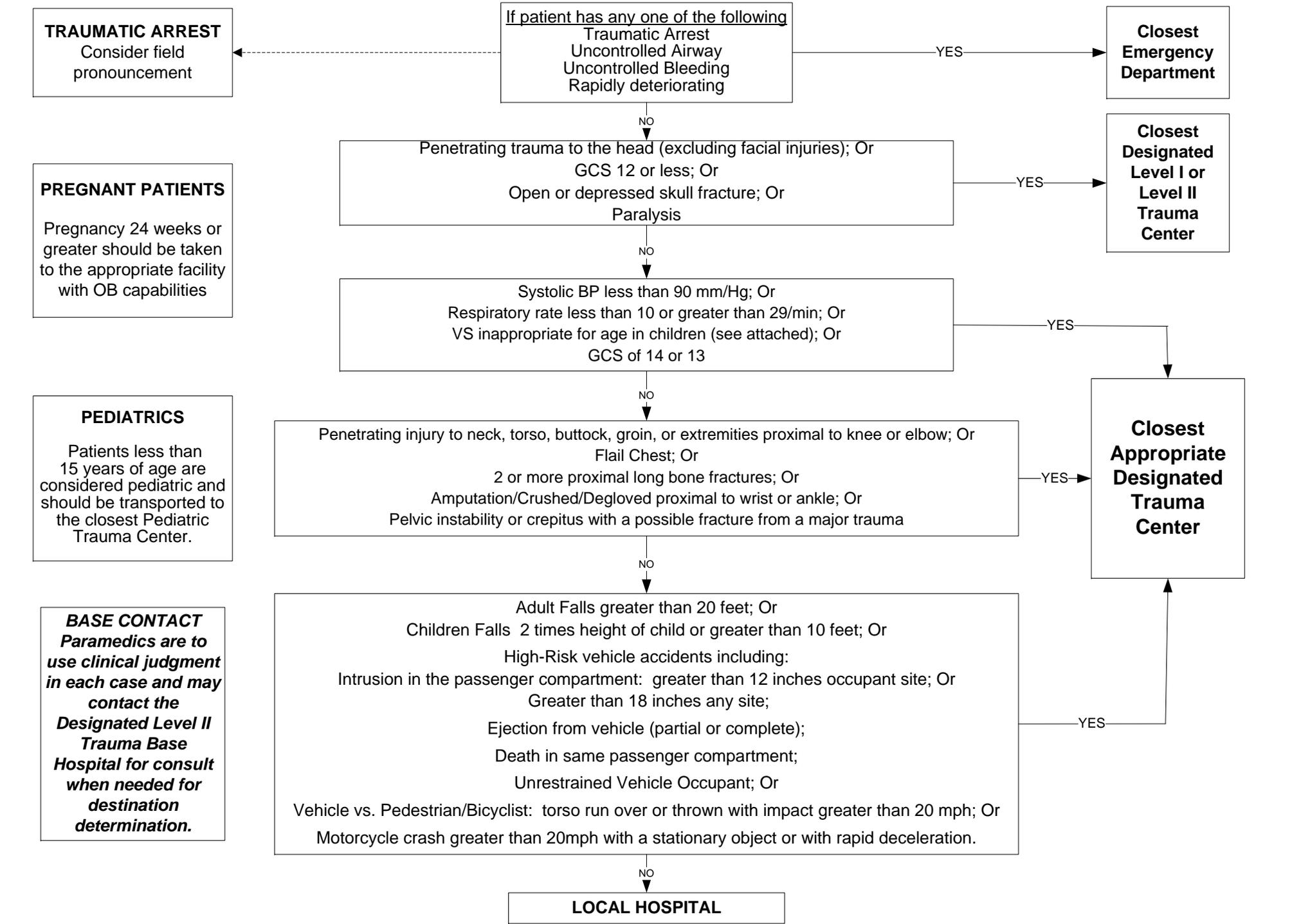
Closest Appropriate Designated Trauma Center

BASE CONTACT
 Paramedics are to use clinical judgment in each case and may contact the Designated Level II Trauma Base Hospital for consult when needed for destination determination.

Penetrating injury to neck, torso, buttock, groin, or extremities proximal to knee or elbow; Or
 Flail Chest; Or
 2 or more proximal long bone fractures; Or
 Amputation/Crushed/Degloved proximal to wrist or ankle; Or
 Pelvic instability or crepitus with a possible fracture from a major trauma

Adult Falls greater than 20 feet; Or
 Children Falls 2 times height of child or greater than 10 feet; Or
 High-Risk vehicle accidents including:
 Intrusion in the passenger compartment: greater than 12 inches occupant site; Or
 Greater than 18 inches any site;
 Ejection from vehicle (partial or complete);
 Death in same passenger compartment;
 Unrestrained Vehicle Occupant; Or
 Vehicle vs. Pedestrian/Bicyclist: torso run over or thrown with impact greater than 20 mph; Or
 Motorcycle crash greater than 20mph with a stationary object or with rapid deceleration.

LOCAL HOSPITAL



SOLANO COUNTY PREHOSPITAL TRAUMA TRIAGE ALGORITHM

Patients with an uncontrolled airway, uncontrolled bleeding, and traumatic arrest, should be taken rapidly to the closest Solano County receiving hospital. Similarly, trauma patients who are rapidly deteriorating on the brink of arrest may need to be taken to the closest facility if conditions (traffic, distance, available air ambulance) are unfavorable for rapid transport to a trauma center. For patients in traumatic arrest, consider field pronouncement.

Patients with injuries or deficits that may indicate need for immediate neurosurgical intervention shall be taken to the nearest Solano County Designated Level I or Level II Trauma Center.

If the primary paramedic feels that a patient not meeting criteria as a major trauma patient has injuries which may exceed the capabilities of the patient choice or closest hospital, and would likely benefit from direct transport to a Trauma Center, then the case should be discussed with a **Solano County Designated Trauma Base Hospital Physician**. Using Mechanism of Injury criteria for trauma center destination decisions alone is not always predictive of injury; if during the paramedic's assessment they determine the patient may not have any injuries, trauma base physician consultation may be made to alter the destination. **NOTE: Trauma Base Hospital Physicians do not need to be contacted for every trauma destination but are always available to assist.**

The Solano County Designated Level II Trauma Center is Kaiser Foundation Hospital, Vacaville; contact telephone number:
 (707) 452-9892

Pediatric Vitals: threshold for transfer to trauma center:

<u>AGE</u>	<u>HR</u>	<u>RR</u>	<u>BP</u>
0 – 6 months	greater than 150	greater than 50	
7 – 11 months	greater than 140	greater than 40	
1 – 2 years	greater than 130	greater than 40	less than 75/50
2 – 6 years	greater than 120	greater than 30	less than 80/55
6 – 12 years	greater than 110	greater than 20	less than 90/60
12 – 15 years	greater than 100	greater than 16	less than 90/60

A major trauma patient less than 15 years of age should be taken to the nearest pediatric trauma center.

Solano County Health & Social Services Department



Gerald Huber, Director

Brynn Mumma, MD, MAS
EMS Agency Medical Director

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Ted Selby
EMS Agency Administrator

POLICY MEMORANDUM 6180

Implementation Date: December 1, 2013

Revised Date: December 1, 2016

Review Date: December 1, 2017

REVIEWED/APPROVED BY:

Handwritten signature of Brynn Mumma in black ink.

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR

Handwritten signature of Ted Selby in blue ink.

TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: MULTI CASUALTY INCIDENT (MCI) RESPONSE

AUTHORITY: California Health & Safety Code, Division 2.5, Chapter 3, Article 4, Sections 1797.151 and 1797.153; Chapter 4, Article 1, Section 1797.220; Chapter 5, Sections 1798(a) – (b) and 1798.2; Chapter 6, Article 3, Section 1798.170
California Code of Regulations, Title 22, Division 9, chapter 4, Article 2, Sections 100145, 100146, and 100148

PURPOSE:

- A. Establish common framework for single or multiple agencies to follow when responding to a Multi Casualty Incidents (MCI).
- B. Documentation Protocols associated with requesting mutual aid or assistance for MCIs.
- C. Outline standards to ensure Command and Control, Notification, Communication, and Patient Distribution and Tracking are managed consistently throughout the County.

I. DEFINITIONS:

- A. MCI – An incident with a significant number of patients/victims requiring immediate care and treatment which overwhelms the current Emergency Medical Services (EMS) system. This should be not less than five patients.
- B. START Triage – The system that field personnel will use to triage (sort) patients/victims into four categories: red (immediate), yellow (delayed), green (walking wounded), and black (dead).
- C. ReddiNet – An internet-based application that Solano County EMS uses to initiate hospital bed capacity polls for the various injured patients/victims at the scene of a MCI, distribute patients to specific hospitals, and assist with patient/victim and family re-unification. This application is also available as an app for mobile devices.
- D. MCI Base Hospital – A Solano County designated Base Hospital, employing Mobile Intensive Care Nurses (MICN), that is responsible for dispersal of patients during declared MCIs. (Patient destination may be to receiving hospitals in and out of county.)
 1. The MCI Base Hospital for Solano County shall be the designated Level II Trauma Center.
 2. MICNs will be authorized per Solano County EMS Policy 3500, Roles and Authorization/Reauthorization Requirements for MICNs

II. MCI Personnel Procedure/Guidelines:

- A. An incident will generate a response from an appropriate Public Safety Answering Point (PSAP).
- B. After an initial evaluation of the scene, the appropriate command staff will institute the Incident Command System (ICS) structure, declare a MCI if appropriate, and designate the appropriate level. An initial request for medical mutual aid can be made if necessary.
 1. MCI Level Definitions:
 - a. Level I – Expand Medical Event
Five to fifteen (5-15) patients
 - b. Level II – Major Medical Event
Sixteen to fifty (16-50) patients
 - c. Level III – Medical Disaster
More than fifty (50) patients

2. Medical Mutual Aid:
 - a. Using the Medical Mutual Aid Matrix (Attachment A), determine the geographic location of the incident and request through Solano Dispatch the appropriate level of response. Report the projected number of injured requiring transport and their triage categories.
 - i. When activating the Medical Mutual Aid Matrix ensure that the Exclusive Operating Area (EOA) Ambulance Contractor has been consulted and is a part of the ICS Command Structure for decision making.
 - ii. Solano County Dispatch will also notify the Medical Health Operational Area Coordinator (MHOAC) for assistance when requesting mutual aid especially when out-of-county resources are required.
 - iii. When out-of-county resources or supplies are needed, the MHOAC should contact the Regional Disaster Medical Health Specialist to facilitate a regional response.
 - b. Mutual Aid/Assistance Agreements between private ambulance providers may be entered into between operators, agencies, and/or Local Emergency Medical Services Agencies (LEMSAs).
 - c. Publicly operated ambulances must adhere to the State of California Master Mutual Aid Agreement.
- C. The Incident Commander (IC), or designee, will delegate contacting the Designated MCI Base Hospital and provide notification of the declared MCI, location, and estimated number of casualties and their categories, e.g. red, yellow, and green to the appropriate staff member following ICS standards.
 1. The Designated MCI Base Hospital will use ReddiNet, following Policy 7106, and make appropriate system hospital notifications.
 2. A Solano County Authorized Mobile Intensive Care Nurse (MICN) will be the point of contact at the MCI Base Hospital and will delegate transport destination to the IC or designee.
- D. Initial Field Crews must begin triaging patients using a triage system with the approved Triage Tags, e.g. START
- E. The IC will fill the appropriate ICS positions to ensure the event and patients are managed safely. For the medical response these position(s) may include, but not be limited to: Medical Group Supervisor, Triage Unit Leader, Treatment Unit Leader, and Transportation Group Supervisor.
 1. The Medical Group Supervisor should consider utilizing all Solano County Resources, e.g. the Disaster Medical Support Unit (DMSU).
 - a. The Medical Group Supervisor (MGS) should contact the MCI Base MICN for transport destination direction to system hospitals.

- i. Communication(s) with hospitals should be via cellular phone or the MedNet Radio.
 2. The Transportation Group Supervisor should consider using alternate forms of transportation for patients, e.g. city buses, trucks, and helicopters, if necessary.
 - a. The Transportation Group Supervisor should coordinate with the MCI Base MICN to obtain transport destination and notify when a transport unit is en route to a receiving facility.
 - b. The MCI Base MICN will access ReddiNet to assign and update transport destination for all other receiving facilities.
 - i. Field crews will utilize Attachments B, C, D, and E to track all transport movements for late documentation.
 - ii. Communication(s) with hospitals should be made via cellular phone or MedNet radio.
 3. The Treatment Unit Leader should determine how to maximize treatment supplies. Depending on the size of the event this may include utilizing treatment supplies from local hospitals, pharmacies, or clinics.
 - a. All requests for outside assistance for equipment shall be requested through the Medical Health Operational Area Coordinator (MHOAC).
- F. Prehospital staff/Transporting staff at the scene of the MCI:
 1. Patients will be transported based on the transportation Group Supervisor's information.
 2. When encountering individual(s) that are not injured, Policy 6125, Refusal of Medical Assistance (RMA), may be used to allow those individual(s) to leave the scene. In Lieu of signing the RMA form, individual(s) may sign the triage tag. Demographic information must be captured on all patients leaving the scene of a MCI on the appropriate form submitted to the EMS Agency.
 - a. Uninjured individuals wanting to leave the scene should be advised that they may seek medical attention at any time.
- G. The MGS should notify the MCI Base MICN once the last patient has been transported so ReddiNet can be updated.
- H. Non-injured individuals will not be transported to hospitals.
- I. All hospitals will follow the procedures outlined in Policy 7106, Use of ReddiNet during an MCI, when receiving, treating, and discharging MCI patients.

III. MCI Quality Improvement:

Review of MCIs will be based on the MCI Level. **All** MCIs will have the following quality improvement documentation submitted to the EMS Agency.

A. Level I MCI Review:

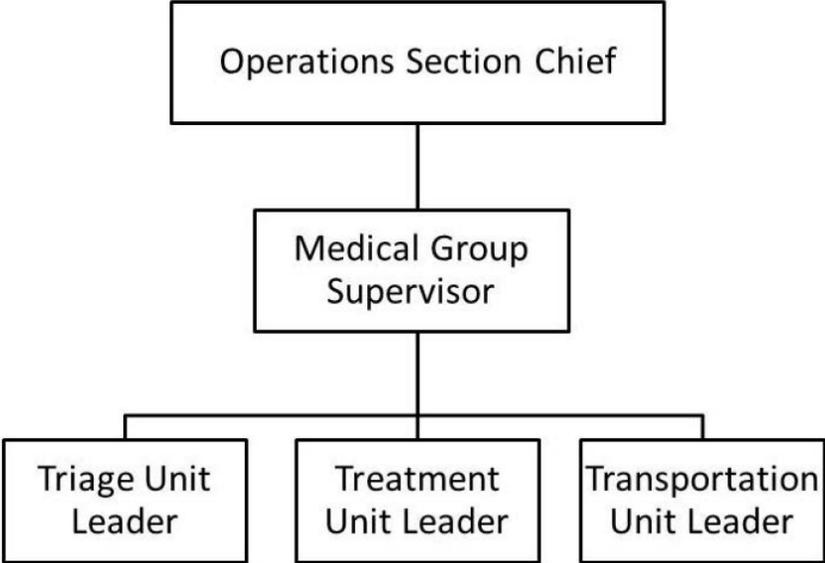
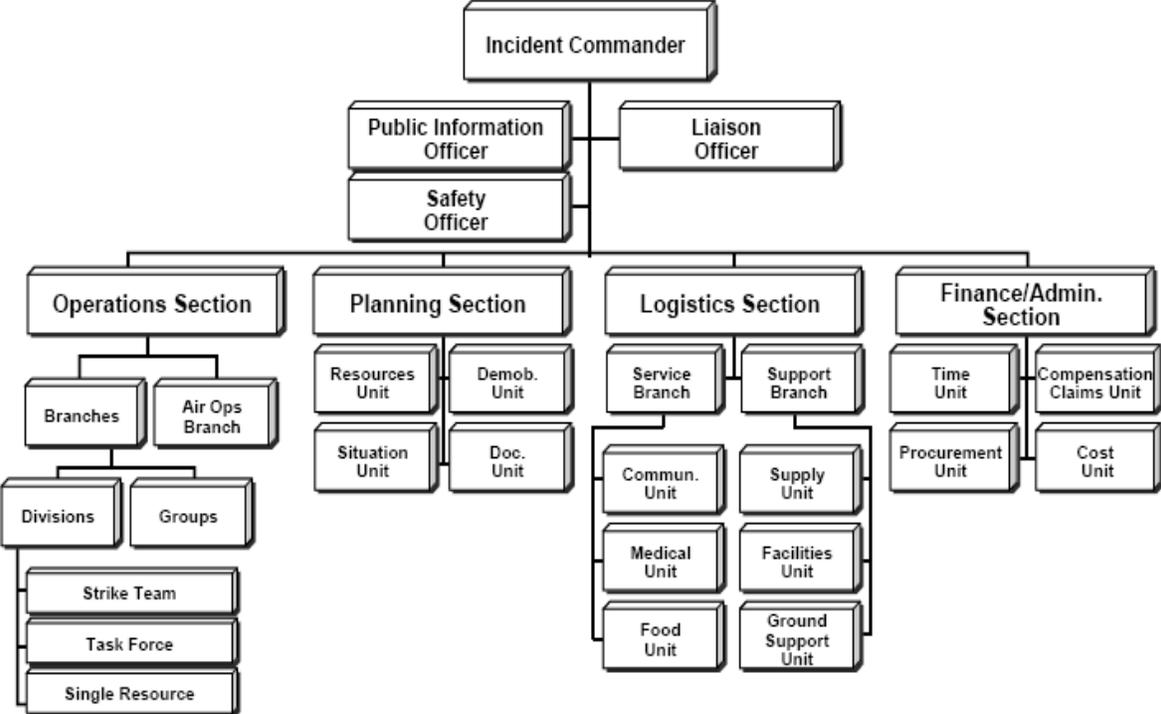
1. A Medical Group Supervisor Summary Report (Attachment F) will be completed and submitted to the EMS Agency within 48 hours of resolution of the incident.
2. After review of the above information the EMS Agency may meet with the involved organizations to review and discuss the incident. The IC and command staff should be present.

B. Level II and III MCI Review:

1. A Medical Group Supervisor Summary Report (Attachment F) and a Field Advisory Report (FAR) from the IC will be completed and submitted to the EMS Agency within 48 hours of resolution of the incident. The FAR should contain a brief review of the incident and the strengths and areas for improvement.
2. A formal, review/critique of the incident should be scheduled within 72 hours of the resolution of the incident.
3. The IC, Emergency Operations Center (EOC) Director, or designee shall schedule and conduct the review/critique.
4. All entities involved in the resolution of, or response to, the incident shall be invited and encouraged to participate, both in discussion at the time and in formal written reviews of the events. Other interested organizations and surrounding LEMSA representatives will also be invited to attend.
5. The lead agency where the MCI occurred will issue a final After Action Report (AAR) containing any written reports, discussions, conclusions, and recommendations for handling future incidents within 60 days of the review being conducted.
6. All entities involved with the incident will also perform a "lessons learned" presentation at the next scheduled Process Improvement meeting.



Policy 6180 MCI – ICS Organizational Chart



Note: This organizational chart is a representation of what ICS may be. Every incident is different and may not require all the positions shown. ICS positions may be added or subtracted as the incident dictates.

Policy 6180 Attachment A – Mutual Aid Ambulance Response Matrix

Based on incident general geographic location

Assumption: A large scale Multi-Casualty Incident (MCI) in specific geographic area requiring multiple ambulance response. This response matrix should be used when the number of non-ambulatory critical patients exceeds 30. In order to facilitate the transport of critical patients the closest Solano County transport resources must be used prior to requesting out of county transport resources. For non-critical ambulatory patients the use of local public transportation should be considered.

Incident Location	Responder
Vacaville Area, including Vacaville Fire Protection District area	a. Contact Vacaville Fire b. Contact Medic Ambulance c. Contact Travis Air Force Base i. Ambulances ii. Am-buses d. Contact Solano Dispatch i. Yolo County transport resource ii. Sacramento County transport resource (depending on location) iii. Napa County transport resource (depending on location) e. Consider using alternate transportation resources, e.g. city buses
Dixon Area, including Dixon Fire Protection District area	a. Contact Medic Ambulance b. Contact Vacaville Fire c. Contact Travis Air Force Base i. Ambulances ii. Am-buses d. Contact Solano Dispatch i. Yolo county transport resource (depending on location) ii. Sacramento County transport resource (depending on location) e. Consider using alternate transportation resources, e.g. city buses

Policy 6180 Attachment A – Mutual Aid Ambulance Response Matrix

Based on incident general geographic location

Incident Location	Responder
Fairfield/Suisun/Cordelia Area, including Suisun Fire Protection District area	a. Contact Medic Ambulance b. Contact Vacaville Fire c. Contact Travis Air Force Base <ul style="list-style-type: none"> i. Ambulances ii. Am-buses d. Contact Solano Dispatch <ul style="list-style-type: none"> i. Napa County transport resource (depending on location) ii. San Joaquin County transport resource (depending on location) iii. Yolo County transport resource (depending on location) iv. Contra Costa County transport resource (depending on location) e. Consider using alternate transportation resources, e.g. city buses
Rio Vista Area, Including Montezuma Fire Protection District Area	a. Contact Medic Ambulance b. Contact Vacaville Fire c. Contact Travis Air Force Base <ul style="list-style-type: none"> i. Ambulances ii. Am-buses d. Contact Solano Dispatch <ul style="list-style-type: none"> i. Sacramento County transport resource (depending on location) ii. Contra Costa County transport resource (depending on location) iii. San Joaquin County transport resource (depending on location) e. Consider using alternate transportation resources, e.g. city buses
Benicia Area	a. Contact Medic Ambulance b. Contact Vacaville Fire c. Contact Travis Air Force Base <ul style="list-style-type: none"> i. Ambulances ii. Am-buses d. Contact Solano Dispatch <ul style="list-style-type: none"> i. Contra Costa County transport resource (depending on location) ii. Napa County transport resource (depending on location) e. Consider using alternate transportation resources, e.g. city buses

Policy 6180 Attachment A – Mutual Aid Ambulance Response Matrix

Based on incident general geographic location

Incident Location	Responder
Vallejo Area	<ul style="list-style-type: none">a. Contact Medic Ambulanceb. Contact Vacaville Firec. Contact Travis Air Force Base<ul style="list-style-type: none">i. Ambulancesii. Am-busesd. Contact Solano Dispatch<ul style="list-style-type: none">i. Napa County transport resource (depending on location)ii. Contra Costa County transport resource (depending on location)e. Consider using alternate transportation resources, e.g. city buses

Policy 6180 Attachment F – Mass Casualty Incident Medical Group Supervisor Summary/Evaluation Report

Initial MCI Demographic Information:

1. Incident Number, Date, and Time: _____
2. Incident Location: _____
3. Incident Commander: _____
4. Level of MCI Declared: _____
5. Medical Group Supervisor: _____
6. Time Call Received: _____
7. Public Safety Arrival Time: _____
8. Public Safety Agency: _____
9. Time MCI Declared: _____
10. Base Hospital: _____
11. Time Solano Dispatch Notified: _____

EMS MCI Response:

1. Estimated Number of Initial Victims: _____
2. Estimated Number of Victim's Triage Categories: I - _____; D - _____; M - _____.
3. Number and type of transport resources requested: _____
4. Incident Command System (ICS) Utilized YES/NO; *if no please use a separate piece of paper to explain*
5. Initial Medical Group Supervisor: _____
6. Final Medical Group Supervisor: _____
7. Other Incident Command positions filled, if applicable, Provide Name and Agency:
 - a. Triage Unit Leader - _____
 - b. Treatment Unit Leader - _____
 - c. Transportation Group Supervisor - _____
 - d. Medical Supply Leader - _____
 - e. Transportation Staging Manager - _____
 - f. Helispot Manager - _____

Post MCI Evaluation:

Please explain "NO" answers on a separate page. Information will be used strictly for system improvement.

1. IC and/or Command Post easily identified by incoming ambulance personnel?
 Yes No
2. Adequate ambulance staging access, egress and area?
 Yes No
3. Ambulance personnel briefed upon arrival?
 Yes No
4. Patients triaged prior to movement?
 Yes No
5. START method of triage used?
 Yes No
6. Delays in patient transport?
 Yes No
7. Base Hospital Coordination adequate?
 Yes No
8. Were Cal-Fire Chiefs triage tags used?
 Yes No

Signature of Final Medical Group Supervisor: _____

Solano County Health & Social Services Department



Gerald Huber, Director

EMERGENCY SERVICES BUREAU

355 Tuolumne St., MS 20-240
Suite 2400, Vallejo, CA. 94590
(707) 784-8155
www.solanocounty.com

Bryn Mumma, MD, MAS
EMS Agency Medical Director

Ted Selby
EMS Agency Administrator

POLICY MEMORANDUM 6611

Implementation Date: December 1, 2016

Review Date: December 1, 2018

REVIEWED/APPROVED BY:

Handwritten signature of Bryn E. Mumma in black ink.

BRYN E. MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR

Handwritten signature of Ted Selby in blue ink.

TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: SPINAL MOTION RESTRICTION (SMR)	
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AUTHORITY: California Health & Safety Code Division 2.5, Sections 1797.170, 1797.171, 1797.172, 1797.204, 1797.220
California Code of Regulations Title 22, Division 9, Sections 100063, 100106, 100147

PURPOSE:

To establish criteria as to when Spinal Motion Restriction (SMR) should be performed to reduce unnecessary field immobilizations.

I. DEFINITIONS

- A. Spinal Motion Restriction (SMR) – Term used to describe the procedure restrict the movement of the spine for patients with possible unstable spinal injuries with devices such as, but not limited to, full spine boards, cervical collars, head blocks, Kendrick Extrication Device (KED), or full body vacuum splints.

B. Spinal Injury Assessment – Spinal Injury Assessment will include the following elements:

1. Palpation of the entire vertebral column to assess for tenderness or deformities;
2. Wrist and finger extension bilaterally to assess motor function;
3. Plantar flexion (both feet);
4. Dorsiflexion (both feet);
5. Assessing for any abnormal sensations to extremities or loss of sensation to extremities.

Spinal Injury Assessment will be performed on all trauma patients prior to applying/not applying SMR and be documented in the patient care report.

II. INDICATIONS/CONTRAINDICATIONS

A. SMR is indicated in pre-hospital trauma patients who have the potential for spinal injury and have at least one of the following criteria:

1. Altered Mental Status from baseline.
2. Evidence of intoxication.
3. A distracting injury.
4. Any neurological deficit (i.e. paralysis or numbness or tingling in extremities)
5. Midline Spinal pain or tenderness with palpation.

B. SMR is **NOT** indicated and should **NOT** be applied for patients of penetrating trauma to the head, neck or torso unless any of the following are present:

1. Any neurological deficit.
2. Priapism.
3. Neurogenic shock.
4. Visible deformity of the spine.
2. Significant secondary blunt MOI.

C. SMR may be omitted if all assessment criteria are assessed and are normal.

D. For patients experiencing localized cervical spine pain or tenderness **ONLY**, a cervical immobilization device may be used without immobilizing the rest of the spine.

III. SMR METHODS

- A. If a patient experiences negative effects of the SMR methods used, alternative methods may be implemented. Alternate SMR methods may include, but not limited to the following:
 - 1. Patient positioning (i.e. lateral, semi-fowlers, fowlers).
 - 2. Pillows.
 - 3. Vacuum splints or mattresses.
 - 4. Car seats.
 - 5. Kendrick Extrication Device (KED).
 - 6. Backboards and head immobilizers.

IV. PROCEDURE

- A. Provide manual stabilization restricting gross movement. Alert and cooperative patients may be allowed to limit motion, if appropriate with or without a cervical collar.
- B. Apply cervical collar, if clinically indicated.
- C. Extricate the patient limiting flexion, extension, rotation, and distraction of the spine.
- D. If the decision to use SMR has been made, consider the following:
 - 1. Keeping with the goals of restricting gross movement of the spine and preventing increased pain and discomfort, self-extrication by the patient is allowable.
 - 2. Pull sheets, other flexible devices, scoops or scoop-like devices may be utilized. Hard backboards should have limited utilization.
- E. Place the patient in the best position to protect the airway.
- F. Regularly reassess motor and sensory function as indicated in the Spinal Injury Assessment.

V. SPECIAL CONSIDERATIONS

- A. Low risk factors where SMR may be omitted after a complete Spinal Injury Assessment is performed include:
 - 1. Simple rear-end Motor Vehicle Collisions (MVC).
 - 2. Patient ambulatory on scene at any time.
 - 3. No neck pain on scene.
 - 4. Absence of midline cervical tenderness.

- B. High risk factors where SMR should be strongly considered include:
 - 1. Patient age greater than 65 years old.
 - 2. Meets Trauma Triage Criteria for mechanism of injury as outlined in Policy 6105.
 - 3. Axial load to the head.
 - 4. Numbness and/or tingling to the extremities.
- C. Patients experiencing difficulty breathing in SMR have been found that respiratory function is limited by 17% with the greatest effect experienced by geriatric and pediatric patients restricted to a hard backboard. For patients experiencing difficulty breathing the head of the backboard may be raised slightly to accommodate relief of the respiratory complaint.
- D. Pediatric patients in car seats will be immobilized as follows:
 - 1. For rear facing car seats, the patient may be immobilized and extricated in the car seat. The patient may remain in the car seat if the immobilization is secure and as patient condition allows.
 - 2. For front facing car seats with a high back, the patient may be immobilized and extricated in the car seat. Once removed from the vehicle, the patient should be placed in SMR.
 - 3. For booster seats, the patient will be extricated and immobilized following standard SMR procedures.

If the decision is made to apply SMR to patient in a car seat, ensure that a proper Spinal Injury Assessment of the patient's posterior is performed.
- E. Football helmets should not be removed; they should be immobilized in place. Be sure to pad around the patient's helmet, neck and shoulders to fill any gaps and maintain inline spinal motion restriction.
 - 1. Football helmets should only be removed if the helmet is interfering with procedures used in securing and maintaining the airway.
 - 2. All other types of helmets can be removed under this policy.
- F. Pregnant patients in the third trimester should be transported in the left-lateral position to prevent supine hypotension.

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Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/12/2017

I. REPORTS

b. EMS Administrator's Report (verbal update, no action)

- a. General Update
- b. System Performance
- c. System Updates
- d. Announcements

County of Solano
Office of the Auditor-Controller



**AN AUDIT OF THE
SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE
OF SOLANO COUNTY**

**Independent Auditor's Report and Financial Statements
For the fiscal year ended June 30, 2015**

**Auditor-Controller: Simona Padilla-Scholtens, CPA
Assistant Auditor-Controller: Phyllis S. Taynton, CPA
Audit Manager: Kirk Starkey, CPA
Auditor: Victoria Wu, CPA**

**Solano Emergency Medical Services Cooperative
For the fiscal year ended June 30, 2015**

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**Solano Emergency Medical Services Cooperative
Board of Directors**

(as of May 2, 2016)

Birgitta Corsello, Chair
Solano County Administrator

Anthony Velasquez, Vice Chair
Fire Chief Representative

Daniel Keen
City Manager Representative

Richard Watson
Health Care Consumer Representative

Joseph Becker, M.D.
Medical Professional Representative, Sutter Solano

Sandra Rusch
Medical Professional Representative, Kaiser Permanente

Caesar Djavaherian, M.D.
Physicians' Forum Representative

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OFFICE OF THE AUDITOR-CONTROLLER

SIMONA PADILLA-SCHOLTENS, CPA
Auditor-Controller

PHYLLIS TAYNTON, CPA
Assistant Auditor-Controller



SOLANO
COUNTY

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Independent Auditor's Report

Board of Directors
Solano Emergency Medical Services Cooperative
Fairfield, CA 94533

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and the major fund of the Solano Emergency Medical Services Cooperative (SEMSC) as of and for the fiscal year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the SEMSC's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

As discussed in Note 1.A, the financial statements as of and for the fiscal year ended June 30, 2015 present only the financial position of the SEMSC and do not purport to, and do not, present fairly the financial position of Solano County and the changes in its financial position for the fiscal year then ended in conformity with accounting principles generally accepted in the United States of America.

Opinion

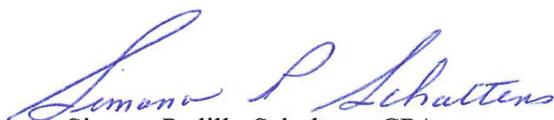
In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the SEMSC as of June 30, 2015, and the respective changes in financial position thereof for the fiscal year then ended in accordance with accounting principles generally accepted in the United States of America.

In connection with the audit contained herein, there are certain independence disclosures necessary pursuant to *Generally Accepted Auditing Standards*. As required by various statutes in the California Government Code, County Auditor-Controllers are mandated to perform certain accounting, auditing and financial reporting functions. These activities may impair an auditor's independence. Although the Auditor-Controller is statutorily obligated to maintain accounts of departments, districts, or funds within the County treasury, we believe the following safeguards and divisions of responsibility exists:

The Internal Audit Division has the responsibility to perform audits and has no other responsibility for the accounts and records being audited including the approval or posting of financial transactions that would preclude the user of this report from relying on the information contained therein. In addition, the Auditor-Controller is an independent elected official and does not engage in management decisions on behalf of the audited entity.

Other Matters

Accounting principles generally accepted in the United States of America require the Management's Discussion and Analysis on pages 5 through 9 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.



Simona Padilla-Scholtens, CPA
Auditor-Controller

Fairfield, California

May 2, 2016

Solano Emergency Medical Services Cooperative

Management's Discussion and Analysis

As management of the Solano Emergency Medical Services Cooperative (SEMSC), we offer readers of the SEMSC's financial statements this narrative overview and analysis of the financial activities of the SEMSC for the fiscal year ended June 30, 2015. We encourage readers to consider the information presented here in conjunction with additional information in our financial statements.

Financial Highlights

- The SEMSC's net position totaled \$324,257 at June 30, 2015. The entire amount represents the unrestricted net position, which may be used to meet SEMSC's ongoing obligation to citizens and creditors.
- SEMSC's total net position increased by \$221,332 as a result of the current year's operations.
- SEMSC's governmental funds reported an ending fund balance of \$324,257 at June 30, 2015. The entire amount is available for spending at SEMSC's discretion (unassigned fund balance).

Overview of the Financial Statements

This discussion and analysis is intended to serve as an introduction to the SEMSC's basic financial statements. The SEMSC's basic financial statements are comprised of three components: 1) government-wide financial statements, 2) fund financial statements, and 3) notes to the financial statements.

Government-wide Financial Statements. The government-wide financial statements are designed to provide readers with a broad overview of the SEMSC's finances, in a manner similar to a private-sector business.

The statement of net position presents information on the SEMSC's assets and liabilities, with the difference between the two reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the SEMSC is improving or deteriorating.

The statement of activities presents information showing how the SEMSC's net position changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of timing of related cash flows. Thus, revenues and expenses are reported in this statement for some items that will only result in cash flows in future fiscal periods.

The government-wide financial statements can be found on pages 10-11 of this report.

Fund financial statements. A fund is a grouping of related accounts used to maintain control over resources that have been segregated for specific activities or objectives. The SEMSC, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

Governmental funds. Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on near-term inflows and outflows of spendable resources, as well as on balances of spendable resources available at the end of the fiscal year. Such information may be useful in evaluating the SEMSC's near-term financing requirements.

Since the focus of governmental funds is narrower than the government-wide financial statements, it is useful to compare the information presented for governmental funds with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better

Solano Emergency Medical Services Cooperative Management's Discussion and Analysis

understand the long-term impact of the SEMSC's near-term financing decisions. Both the governmental fund balance sheet and the governmental fund statement of revenues, expenditures, and changes in fund balances provide a reconciliation to facilitate this comparison between governmental funds and governmental activities.

The basic governmental fund financial statements can be found on pages 12-15 of this report.

Notes to the financial statements. The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements can be found on pages 16-19 of this report.

Other information. In addition to the basic financial statements and accompanying notes, this report also presents certain required supplementary information concerning SEMSC's budgetary comparison schedule for the General Fund. Required supplementary information can be found on pages 20-21 of this report.

Government-wide Financial Analysis

As noted earlier, net position may serve over time as a useful indicator of the SEMSC's financial position. In the case of the SEMSC, assets exceeded liabilities by \$324,257 at June 30, 2015.

The SEMSC's net position is entirely categorized as unrestricted net position which is typically used to meet an organization's ongoing obligations to citizens and creditors. For the fiscal year ending June 30, 2015, unrestricted net position totaling \$324,257 may be used to meet the ongoing obligations to citizens and creditors.

Comparative Analysis of the Statement of Net Position:

	<u>6/30/2015</u>	<u>6/30/2014</u>
Assets		
Cash & equivalents	\$ 468,132	\$ 387,818
Accounts receivable	115	41,667
Due from other agencies	416,334	372,668
Total assets	<u>\$ 884,581</u>	<u>\$ 802,153</u>
Liabilities		
Accounts payable	\$ 10,800	\$ -
Due to other agencies	524,211	699,228
Unearned revenue	25,313	-
Total liabilities	<u>\$ 560,324</u>	<u>\$ 699,228</u>
Net Position		
Unrestricted	\$ 324,257	\$ 102,925
Total net position	<u>\$ 324,257</u>	<u>\$ 102,925</u>

The key elements in the significant changes in assets and liabilities are as follows:

Solano Emergency Medical Services Cooperative

Management's Discussion and Analysis

Assets: Assets increased by \$82,428 or 10% from 2014 to 2015, which is mainly due to the change in the cash balance at year end which was driven by increased business license revenue. Changes in assets are as follows:

	<u>6/30/2015</u>	<u>6/30/2014</u>	<u>Change</u>
Cash & equivalents	\$ 468,132	\$ 387,818	\$ 80,314
Receivables			
Public private partnership fees	367,667	367,668	(1)
Franchise fees	41,667	41,667	-
EMS vehicle	7,000	-	7,000
Business license	-	5,000	(5,000)
Other	115	-	115
Total assets	<u>\$ 884,581</u>	<u>\$ 802,153</u>	<u>\$ 82,428</u>

Liabilities: Liabilities decreased by \$138,904 or 20% from 2014 to 2015, which is mainly due to fluctuations in amounts due to vendors for services and supplies and unearned revenue from critical care transport (CCT) provider permit fees. Changes in liabilities are as follows:

	<u>6/30/2015</u>	<u>6/30/2014</u>	<u>Change</u>
Public private partnership fees	\$ 362,192	\$ 535,261	\$ (173,069)
EMS reimbursement	147,801	161,587	(13,786)
CCT provider permit fees	25,313	-	25,313
Audit fees	11,130	-	11,130
Contract services	10,800	-	10,800
Legal fees	3,088	2,380	708
Total assets	<u>\$ 560,324</u>	<u>\$ 699,228</u>	<u>\$ (138,904)</u>

Government activities increased the SEMSC's net position by \$221,332 during fiscal year 2014/15, which represents an increase of approximately 215% from fiscal year 2013/14's total net position.

Comparative Analysis of the Change in Net Position:

	<u>6/30/2015</u>	<u>6/30/2014</u>
Program expenses		
Public private partnership fees	\$ 1,465,195	\$ 1,465,435
Professional & specialized services	782,519	950,347
Total program expenses	<u>2,247,714</u>	<u>2,415,782</u>
Program revenue		
Public private partnership fees	1,470,670	1,470,670
Franchise fees	500,000	500,000
Business licenses	404,000	324,000
Forfeitures & penalties	46,509	56,160
EMS vehicle permits	32,187	43,300
EMS personnel	11,575	13,077
Total program revenue	<u>2,464,941</u>	<u>2,407,207</u>

Solano Emergency Medical Services Cooperative Management's Discussion and Analysis

	6/30/2015	6/30/2014
Net program (revenues) expenses	(217,227)	8,575
General revenue		
Interest income	4,105	1,480
Total general revenue	4,105	1,480
Changes in net position	221,332	(7,095)
Net position		
Beginning of the year	102,925	110,020
End of the year	\$ 324,257	\$ 102,925

The key elements in the significant changes in net position are as follows:

Program expenses: Program expenses decreased by \$168,068 primarily due to the following:

- A decrease in professional & specialized services expenses for accounting, legal, and contracted services.
 - \$18,193 decrease in audit fee due to the change from a biennial audit cycle to a single year audit cycle.
 - \$69,100 decrease in consulting fees was because of a one-time trauma center designation project in 2014.
 - \$75,579 decrease was mainly because of lower pass through costs incurred by the Department of Health & Social Service Emergency Medical Service Division (EMS) to administer the JPA. This was primarily due to a change in personnel from 7.4 FTE to 6.7 FTE, the retirement of an administrative secretary at Step 5 salary, and subsequent replacement with one at a lower step salary.

Program revenues: Program revenues increased from prior year by \$57,734 due to the following:

- Business license revenue mainly consists of designation fees collected for S-T Elevation Myocardial Infarction (STEMI) Centers, Emergency Department Approved for Pediatrics (EDAP) Centers, Trauma Centers, and Base Hospitals. Revenue increased by \$80,000 from 2014 to 2015 mainly due to new contracts signed with hospitals.
- EMS vehicle permit revenue consists of air ambulance, ground ambulance, critical care transport provider permit and other inspection fees. Revenue decreased by \$11,113 from 2014 to 2015 due to change in providers applying for the permits to operate within Solano County.
- Forfeitures and penalties revenue are the EMS's share of the fines levied through the Maddy Emergency Medical Services Fund established by Health and Safety Code §1797.98. Revenue decreased by \$9,651 from 2014 to 2015 mainly due to less forfeitures and penalties collected by the County.

General revenues: General revenues mainly consist of interest income earned during the fiscal year for SEMSC's cash maintained in the County Treasury.

Financial Analysis of the SEMSC's Governmental Funds

SEMSC uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

Solano Emergency Medical Services Cooperative

Management's Discussion and Analysis

Governmental funds. The General Fund is a governmental fund type used to account for general government functions of the SEMSC. The focus of the SEMSC's governmental fund is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the SEMSC's financing requirements. In particular, unassigned fund balance may serve as a useful measure of a government's net resources available for spending at the end of the fiscal year. At June 30, 2015 and 2014, the SEMSC's governmental fund reported an ending fund balance of \$324,257 and \$102,925, respectively.

Governmental revenues totaled \$2,469,046 and \$2,408,687 in fiscal year ending June 30, 2015 and 2014, respectively. This represents a 2.51% increase from 2014 to 2015. Changes were minimal as operations remained stable.

Expenditures totaled \$2,247,714 and \$2,415,782 in fiscal year ending June 30, 2015 and 2014, respectively. This represents a 6.96% decrease from 2014 to 2015. Changes were minimal as operations remained stable.

Budgetary Highlights

The General Fund budget (Adopted and Final versions) is reflected in the Schedule of Revenues, Expenditures, and Changes in Fund Balance – Budget and Actual, as presented on page 21 in the Required Supplementary Information (RSI) section of this report.

There were no changes between the adopted budget and the final budget of the General Fund in fiscal year ending June 30, 2015. The variance in revenue was mainly due to the combination of higher than expected fines and penalties being offset by lower than expected revenues from business licenses and permits while lower than anticipated pass through costs incurred by the EMS Division resulted in expenditures being less than budgeted.

Economic Factors and Next Year's Operating Activities

SEMSC's management anticipates no significant changes to current operations. They will continue to play the key role in coordination and collaboration of emergency services for Solano County. SEMSC plans to maintain its fiscal policy of managing costs associated with SEMSC operations and at the same time is dedicated to continue upholding the highest standards for the delivery of effective pre-hospital care to the citizens of Solano County.

Requests for Information

This financial report is designed to provide a general overview of the SEMSC's finances for all those with an interest with the organization's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to the Solano Emergency Medical Services Cooperative's Board of Directors, 275 Beck Avenue, Fairfield, CA 94533.

Solano Emergency Medical Services Cooperative
Statement of Net Position
June 30, 2015

Assets

Cash & equivalents	\$ 468,132
Accounts receivable	115
Due from other agencies	416,334
Total assets	<u>884,581</u>

Liabilities

Accounts payable	10,800
Due to other agencies	524,211
Unearned revenue	25,313
Total liabilities	<u>560,324</u>

Net Position

Unrestricted	324,257
Total net position	<u>\$ 324,257</u>

The notes to the financial statements are an integral part of this statement.

Solano Emergency Medical Services Cooperative
Statement of Activities
For the fiscal year ended June 30, 2015

Program expenses:	
Public Private Partnership fees	\$ 1,465,195
Professional & specialized services	782,519
Total program expenses	2,247,714
Program revenues:	
Public Private Partnership fees	1,470,670
Franchise fees	500,000
Business licenses	404,000
Forfeitures & penalties	46,509
EMS vehicle permits	32,187
EMS personnel	11,575
Total program revenues	2,464,941
Net program revenues	217,227
General revenues:	
Interest income	4,105
Total general revenues	4,105
Change in net position	221,332
Net position - beginning	102,925
Net position - ending	\$ 324,257

The notes to the financial statements are an integral part of this statement.

Solano Emergency Medical Services Cooperative
Balance Sheet
Governmental Fund
June 30, 2015

Assets	
Cash & equivalents	\$ 468,132
Accounts receivable	115
Due from other agencies	416,334
Total assets	\$ 884,581
 Liabilities	
Accounts payable	\$ 10,800
Due to other agencies	524,211
Unearned revenue	25,313
Total liabilities	560,324
 Fund Balance	
Unassigned	324,257
Total fund balance	324,257
Total liabilities and fund balance	\$ 884,581

The notes to the financial statements are an integral part of this statement.

**Solano Emergency Medical Services Cooperative
Reconciliation of the Balance Sheet
of the Governmental Fund to the Statement of Net Position
For the fiscal year ended June 30, 2015**

Governmental Fund Balance	\$	324,257
---------------------------	----	---------

There are no differences between the amounts reported for governmental activities in the statement of net position from amounts reported for governmental funds in the balance sheet.

-

Net position of governmental activities	\$	<u><u>324,257</u></u>
---	----	-----------------------

The notes to the financial statements are an integral part of this statement.

Solano Emergency Medical Services Cooperative
Statement of Revenues, Expenditures, and Changes in Fund Balance
Governmental Fund
For the fiscal year ended June 30, 2015

Revenues:	
Public Private Partnership fees	\$ 1,470,670
Franchise fees	500,000
Business licenses	404,000
Forfeitures & penalties	46,509
EMS vehicle permits	32,187
EMS personnel	11,575
Interest income	4,105
Total revenues	<u>2,469,046</u>
Expenditures:	
Public Private Partnership fees	1,465,195
Professional & specialized services	782,519
Total expenditures	<u>2,247,714</u>
Excess of revenues over expenditures	221,332
Fund balance - beginning	102,925
Fund balance - ending	<u>\$ 324,257</u>

The notes to the financial statements are an integral part of this statement.

Solano Emergency Medical Services Cooperative
Reconciliation of the Statement of Revenues, Expenditures, and
Changes in Fund Balance of Governmental Fund to the Statement of Activities
For the fiscal year ended June 30, 2015

Net change in fund balance	\$ 221,332
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There are no differences between the amounts reported for governmental activities in the statement of activities and amounts reported for governmental fund in the statement of revenues, expenditures and changes in fund balance.

-

Change in net position of governmental activities	<u><u>\$ 221,332</u></u>
---	--------------------------

The notes to the financial statements are an integral part of this statement.

Solano Emergency Medical Services Cooperative
Notes to the Financial Statements
For the fiscal year ended June 30, 2015

I. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Reporting Entity

Solano County is a political subdivision of the State of California. An elected, five-member Board of Supervisors governs the County. The Solano County Board of Supervisors determined that a “cooperative partnership” between cities, fire districts and private ambulance providers may be the best way to provide a high quality, cost effective system of pre-hospital emergency medical services for residents of Solano County.

The Solano Emergency Medical Services Cooperative (SEMSC) was established under the authority of Government Code §6500 through a Joint Powers Agreement between the County of Solano, the cities of Benicia, Dixon, Fairfield, Rio Vista, Suisun and Vallejo, and the Cordelia, Montezuma, Suisun, East Vallejo, Dixon and Vacaville Fire Protection Districts. SEMSC’s Board of Directors consists of seven members from the multi-disciplined professionals that constitute the parties to the Joint Powers Authority. Each board member serves a term of four years.

Solano County Ordinance No. 1527 designated SEMSC as the local Emergency Medical Services Agency. SEMSC has the primary responsibility for the administration and implementation of an emergency medical services system in Solano County and serves as the regulatory agency for the delivery of emergency medical services within Solano County.

B. Government-wide and Fund Financial Statements

SEMSC’s financial accounts are maintained in accordance with generally accepted accounting principles (GAAP) and the uniform accounting system for special purpose governments prescribed by the State Controller in compliance with the Government Code of the State of California.

The government-wide financial statements (i.e., the statement of net position and the statement of activities) report information on all of the activities of the primary government. The statement of activities demonstrates the degree to which the direct expenses of a given function or segment is offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function. Program revenues include: 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by a given function and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function. Interest income, intergovernmental (funding from the state) and other items not properly included among program revenues are reported as general revenues.

C. Measurement Focus, Basis of Accounting and Basis of Presentation

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the government considers revenues to be available if they are collected within 90

Solano Emergency Medical Services Cooperative
Notes to the Financial Statements
For the fiscal year ended June 30, 2015

days of the end of the current fiscal period. Expenditures are generally recorded when a liability is incurred, as under accrual accounting.

Interest earnings associated with the current fiscal period are considered to be susceptible to accrual and so have been recognized as revenue of the current fiscal period. All other revenue items are considered to be measurable and available only when the government receives cash.

The *General Fund* is the SEMSC's primary operating fund. It accounts for all financial resources of the general government, except those that are required to be accounted for in another fund.

D. Assets, Liabilities and Net Position or Equity

1. Cash and Cash Equivalents

SEMSC's cash resides in the Solano County Treasury. The cash maintained in the County Treasury is pooled with the County of Solano. In accordance with SEMSC Bylaws, Article IX.A, SEMSC is a mandatory depositor. SEMSC's ability to withdraw large sums of cash from the County Treasury may be subject to certain restrictions set forth by the County Treasurer.

The County's pooled cash and investments are invested pursuant to investment policy guidelines established by the County Treasurer and approved by the County Board of Supervisors. The objectives of the policy (in order of priority) are: legality, preservation of capital, liquidity, and yield. The policy addresses the soundness of financial institutions in which the County will deposit funds, types of investment instruments as permitted by the California Government Code, and the percentage of the portfolio which may be invested in certain instruments with longer terms of maturity. A detailed breakdown of cash and investments and a categorization of risk factors per GASB Statement No. 40, *Deposits and Investment Risk Disclosures*, are presented in the County of Solano Comprehensive Annual Financial Report.

2. Accounts Receivable

Accounts receivable represents the amount due from licensing operations and/or service contracts.

3. Due from Other Agencies

Due from other agencies represents amounts owed by entities outside the JPA, mainly due from Medic Ambulance for the Public Private Partnership fees and from Solano County to provide for unrecovered costs, according to their respective agreements.

4. Accounts Payable

Accounts payable represents the balance owed for goods received and/or services rendered.

5. Due to Other Agencies

Solano Emergency Medical Services Cooperative
Notes to the Financial Statements
For the fiscal year ended June 30, 2015

Due to other agencies represents amounts owed to participating cities for the Public Private Partnership payments and Solano County Health & Social Services, County Counsel, and Auditor-Controller Departments for services provided.

6. Net Position/Fund Balance

The government-wide financial statements utilize a net position presentation. The net position is categorized as unrestricted.

- *Unrestricted* – This category represents SEMSC net position, which is not restricted for any project or other purpose.

The various categories of fund balance represent relative strength or hierarchy of spending constraints. These categories are established either by inherent, external, or internal limitations.

As of June 30, 2015, fund balance was categorized as follows:

- *Unassigned* – Unassigned fund balance is the residual classification for the SEMSC's general fund and includes all spendable amounts not contained in the other classifications.

7. Fund Balance Policy

SEMSC Spending Priority Policy

SEMSC's spending priority policy applies to fund balance and revenue sources. In circumstances when an expenditure is made for a purpose for amounts available in multiple fund balance classifications, the use of fund balance will be applied in the following order:

- 1) Restricted
- 2) Committed
- 3) Assigned
- 4) Unassigned

8. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions. These estimates and assumptions affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses/expenditures during the reporting period. Actual results could differ from those estimates.

**Solano Emergency Medical Services Cooperative
Notes to the Financial Statements
For the fiscal year ended June 30, 2015**

II. OTHER INFORMATION

Risk Management

The Solano County Board of Supervisors adopted Resolution No. 2008-194 approving inclusion of the Solano Emergency Medical Services Cooperative as an additional insured under Solano County's General Liability Insurance Program. Coverage includes all risks under a multi-peril policy, including accident and property, and general liability insurance.

Solano County also participates in the California State Association of Counties–Excess Insurance Authority (CSAC-EIA), a joint powers authority created to provide self-insurance programs for California counties.

Required Supplemental Information

Solano Emergency Medical Services Cooperative
Schedule of Revenues, Expenditures and Changes in Fund Balance - Budget and Actual
General Fund
For the fiscal year ended June 30, 2015

	Budget Amounts		Actual Amounts	Variance with Final Budget
	Adopted	Final		
Revenues				
Public Private Partnership fees	\$ 1,470,670	\$ 1,470,670	\$ 1,470,670	\$ -
Franchise fees	500,000	500,000	500,000	-
Business licenses	422,000	422,000	404,000	(18,000)
Forfeitures & penalties	15,000	15,000	46,509	31,509
EMS vehicle permits	45,500	45,500	32,187	(13,313)
EMS personnel	15,000	15,000	11,575	(3,425)
Interest income	1,600	1,600	4,105	2,505
Total revenues	2,469,770	2,469,770	2,469,046	(724)
Expenditures				
Public Private Partnership fees	1,470,670	1,470,670	1,465,195	(5,475)
Professional & specialized services	999,100	999,100	782,519	(216,581)
Total expenditures	2,469,770	2,469,770	2,247,714	(222,056)
Excess of revenues over expenditures	-	-	221,332	221,332
Fund balance - beginning	102,925	102,925	102,925	-
Fund balance - ending	\$ 102,925	\$ 102,925	\$ 324,257	\$ 221,332

The notes to the required supplementary information are an integral part of this statement.

**Solano Emergency Medical Services Cooperative
Notes to Required Supplementary Information
For the fiscal year ended June 30, 2015**

Budgetary Information

On or before April 1st of each year, in conformance with the Article VIII (B) of the SEMSC Bylaws, the Commission shall adopt by resolution a budget for the ensuing fiscal year. The budget shall set forth anticipated administrative, operational, and capital expenditures and sources of funds for SEMSC.

OFFICE OF THE AUDITOR-CONTROLLER

SIMONA PADILLA-SCHOLTENS, CPA
Auditor-Controller

PHYLLIS TAYNTON, CPA
Assistant Auditor-Controller



SOLANO
COUNTY

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Fairfield, CA 94533-6338
(707) 784-6280
Fax (707) 784-3553

www.solanocounty.com

Received

DEC 23 2016

Solano Cty CAO

December 5, 2016

Solano Emergency Medical Services Cooperative
Joint Powers Authority
275 Beck Avenue
Fairfield, CA. 94533

Chairperson and Members of the Board,

We are pleased to confirm our understanding of the services we are to provide Solano Emergency Medical Services Cooperative Joint Powers Authority (SEMSC) for the fiscal year ended June 30, 2016, pursuant to Government Code Section 6505. We will audit the financial statements of the governmental activities, including the related notes to the financial statements, which collectively comprise the basic financial statements of Solano Emergency Medical Services Cooperative Joint Powers Authority as of and for the fiscal year ended June 30, 2016.

Audit Objective

The objective of our audit is the expression of an opinion as to whether your basic financial statements are fairly presented, in all material respects, in conformity with generally accepted accounting principles. Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America and will include tests of the accounting records and other procedures we consider necessary to enable us to express such an opinion. We will issue a written report upon completion of our audit of SEMSC's financial statements. We cannot provide assurance that an unmodified opinion will be expressed. Circumstances may arise in which it is necessary for us to modify our opinion or add emphasis-of-matter or other-matter paragraphs. If our opinion on the basic financial statements is other than unmodified, we will discuss the reasons with you in advance. If for any reason we are unable to complete the audit or are unable to form or have not formed an opinion, we may decline to express an opinion or may withdraw from this engagement.

Management Responsibilities

Management is responsible for the basic financial statements and all accompanying information as well as all representations contained therein.

Management is responsible for establishing and maintaining effective internal controls, including monitoring ongoing activities; for the selection and application of accounting principles; and for the fair presentation of the financial statements in conformity with U.S. generally accepted accounting principles.

Management is responsible for adjusting the financial statements to correct material misstatements and for confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Management is also responsible for making all financial records and related information available to us and for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) additional information that we may request for the purpose of the audit, and (3) unrestricted access to persons within the organization from whom we determine it necessary to obtain audit evidence.

Management is responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the organization involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the organization received in communications from employees, former employees, regulators, or others. In addition, management is responsible for identifying and ensuring that the organization complies with applicable laws and regulations.

Audit Procedures—General

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audit to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the organization or to acts by management or employees acting on behalf of the organization.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U. S. generally accepted auditing standards. In addition, an audit is not designed to detect immaterial misstatements, or violations of laws or governmental regulations that do not have a direct and material effect on the basic financial statements. However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management of any other violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We will request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will also require certain written representations from you about the financial statements and related matters.

Audit Procedures—Internal Control

Our audit will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the SEMSC's compliance with the provisions of applicable laws, regulations, contracts and agreements. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion.

Required Supplementary Information

Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement SEMSC's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. As part of our engagement, we will apply certain limited procedures to SEMSC's RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by generally accepted accounting principles and will be subject to certain limited procedures, but will not be audited:

- Management's Discussion and Analysis (MD&A)
- Other Required Supplementary Information

SEMSC can elect to exclude the MD&A from the audit report. This will result in an other-matter paragraph in the Independent Auditor's Report to disclose the omission of the MD&A. However, this will not affect an unmodified opinion on SEMSC's financial statements.

Audit Administration, Fees, and Other

We understand that your staff will provide all requested documentation, prepare all schedules and confirmations we request and will locate any records selected by us for testing.

We expect to begin our audit on a date mutually agreed upon by the Solano County Auditor-Controller and the Solano Emergency Medical Services Cooperative Joint Powers Authority and to issue our report no later than 90 days after completion of the audit.

Our fee for these services will be billed at our rate of \$118 per hour and total audit hours are not expected to exceed 110 hours. If the SEMSC Board decides to exclude the MD&A from the audit report the total audit hours are not expected to exceed 105 hours. Our invoice for these fees will be rendered at the completion of the audit. This fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we

incur the additional costs.

We appreciate the opportunity to be of service to the Solano Emergency Medical Services Cooperative Joint Powers Authority and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please contact Kirk Starkey, Deputy Auditor-Controller at (707) 784-3057. If you agree with the terms of our engagement as described in this letter, please sign and date below and return it to us.

Respectfully yours,

Simona P. Scholtens, CPA
Auditor-Controller

By:



Kirk Starkey, CPA
Deputy Auditor-Controller

RESPONSE:

This letter correctly sets forth the understanding of the Solano Emergency Medical Services Cooperative Joint Powers Authority.



SEMISC JPA
Board of Directors Chairperson



SEMISC JPA
Administrator

12/23/16
Date

12/19/16
Date

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/12/2017

I. REPORTS

c. Medic Ambulance Operator Report (verbal update, no action)

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Solano Emergency Medical Services Cooperative
Board of Directors Meeting

Meeting Date: 1/12/2017

II. REGULAR CALENDAR

a. Selection of Vice Chair for 2016

BACKGROUND: In accordance with the SEMSC Bylaws, the SEMSC Board shall be comprised of seven members: the Solano County Administrator; one City Manager selected by the Solano County City Managers; one Fire Chief selected by the Solano-Napa Counties Fire Chiefs organization; two Medical Professional Representatives selected by the Solano County hospitals with emergency rooms; one Physicians' Forum Representative selected by the Physicians' Forum; and one Healthcare Consumer Representative selected by the other six members of the Board. Each Board Member appointment is for a term of four years, with the exception of the Chair, which is a permanent appointment. The Bylaws provide for the annual election of the Vice Chair.

As indicated above, the Board must elect a Vice Chair annually. Pursuant to Article V, Section C, of the Solano Emergency Medical Services Cooperative (SEMSC) Bylaws, "The Board, at its regular January meeting, shall elect the Vice Chair, who shall hold office for a term of one (1) year unless the Vice Chair resigns. Should the Vice Chair resign, the Board shall elect a new Vice Chair who shall hold office for the remainder of the term." Richard Watson was elected by the Board to fill the Vice Chair vacancy in 2014, and reappointed him in 2015 and 2016.

DIRECTION: Elect Vice Chair for a one-year term, pursuant to SEMSC Bylaws.

LEGAL SUFFICIENCY: This item has been reviewed by County Counsel.

BOARD ACTION:

Motion:

By: _____ 2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 1/12/2017

II. REGULAR CALENDAR

b. Consider Approval of Annual SEMSC Budget/Revenue Allocation Plan for FY 2017/2018 and Adoption of Resolution Number 17-001

BACKGROUND:

The SEMSC was established as a Joint Powers Authority in February 1996. In accordance with Article VIII of the Joint Powers Authority Bylaws, adopted on June 26, 2002, staff is presenting for Board approval and adoption the Annual SEMSC Budget/Revenue Allocation Plan for FY 2017/2018, in the amount \$2,588,900.00 along with Resolution Number 17-001 (Exhibit II-B). The Budget/Revenue Allocation Plan provides appropriate staffing and supplies for the work of SEMSC to be carried-out during the coming fiscal year and allocates sufficient funds for expenses related to SEMSC operations.

Also included in the Budget/Revenue Allocation Plan is \$1,470,700.00 in funds that are anticipated to be passed through SEMSC from the Exclusive Operating Area provider (Medic Ambulance) to participating Emergency Medical Services partners (Cities of Benicia, Dixon, Fairfield, and Vallejo).

LEGAL SUFFICIENCY: This item has been reviewed by County Counsel.

BOARD ACTION:

Motion:

By: _____ 2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN

RESOLUTION NO. 17-001

**RESOLUTION OF THE SOLANO COUNTY EMERGENCY MEDICAL SERVICES COOPERATIVE
SUBMISSION OF ANNUAL BUDGET AND REVENUE ALLOCATION PLAN**

WHEREAS, the Solano Emergency Medical Services Cooperative (SEMSC) was established under the authority of Government Code §6500, and through a Joint Powers Agreement initially executed in February 1996 and is recognized as the Emergency Medical Services Agency under Health and Safety Code §1797.50, and is named as such for Solano County by Solano County Board of Supervisors Ordinance No. 1527; and

WHEREAS, the SEMSC in its role as the Emergency Medical Services Agency has the primary responsibility for the administration and implementation of an emergency medical services system in Solano County; and

WHEREAS, the SEMSC has entered into a Memorandum of Understanding (MOU) with the Solano County Health and Social Services (H&SS) Department to establish the scope of services between SEMSC and H&SS relative to Emergency Medical Services (EMS) in Solano County; and

WHEREAS, pursuant to the SEMSC Bylaws, this budget presentation includes personnel, overhead, and direct expenses; prepared and attached is the Fiscal Year (FY) 2017/2018 budget of \$2,588,900.00 in expenditures (i.e. salaries, benefits, services and supplies, and transfers outside and within the H&SS fund) and \$2,588,900.00 in revenue (i.e. licenses, permits, franchise fees, fines, forfeitures, penalties, assessments, pass through revenue, and revenue from use of money/property) for adoption by the SEMSC; and

WHEREAS, the SEMSC Board of Directors has determined that the annual budget should be presented to the SEMSC Board for review and acceptance not less than 90 days before the end of the fiscal year.

NOW, THEREFORE, BE IT RESOLVED that the SEMSC Board adopts the attached Annual SEMSC Budget/Revenue Allocation Plan for the FY 2017/2018.

Passed and adopted by the Board of Directors of the Solano County Emergency Medical Services Cooperative on January 12, 2017 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Birgitta Corsello
Chair of the SEMSC Board of Directors

Attest:

Rachelle Canones
Clerk of the SEMSC Board

Recommended Budget for Fiscal Year 2017/18

Salaries & Benefits	741,556
<i>Includes net wages, employer-paid payroll and benefit expenses, for 6.75 FTE positions</i>	
Services & Supplies	1,744,644
<i>\$1,470,700 in Public/Private Partnership (PPP) pass-through payments to City of Benicia, City of Dixon, City of Fairfield, and City of Vallejo;</i>	
<i>\$130,574 for software, Medical Director, subject matter experts, and trainer contracts;</i>	
<i>\$14,295 travel and training expenses; operational expenses, etc.</i>	
Transfers outside H&SS fund	28,694
<i>\$25,568 SEMSC share of countywide overhead charges;</i>	
<i>\$1,500 postage charges; custodial and records storage from other county departments</i>	
Transfers within H&SS fund	74,007
<i>H&SS overhead (administration, facility, etc.)</i>	
Total Expenses	2,588,900
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Licenses, Permits & Franchise	1,065,200
<i>\$500,000 ALS EOA Ambulance franchise fee;</i>	
<i>\$462,288 Trauma Center, STEMI Center, EDAP, etc., business licenses;</i>	
<i>\$15,000 Paramedic and EMT personnel certification;</i>	
<i>\$67,500 Ambulance Operating permits, CCT;</i>	
Fines, Forfeitures, Penalties & Assessments	50,000
<i>\$50,000 penalties;</i>	
Pass Through Revenue	1,470,700
<i>\$1,470,700 in Public/Private Partnership (PPP) pass-through revenue for City of Benicia, City of Dixon, City of Fairfield, and City of Vallejo;</i>	
Revenue From Use Of Money/Property	3,000
<i>Includes net interest on deposit</i>	
Total Revenues	2,588,900
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