# PREHOSPITAL MEDICAL ADVISORY COMMITTEE
## MEETING AGENDA
### March 23, 2009, 9:00AM – 11:00AM
Riverside County Regional Medical Center  
26520 Cactus Avenue, Moreno Valley  
ROOMS A1018 and A1021  
951/358-5029

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>TIME</th>
<th>PRESENTED BY</th>
<th>PURPOSE/ACTION</th>
<th>ATTACHMENT</th>
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<tbody>
<tr>
<td>I. Call to Order / Roundtable Introductions</td>
<td>5 min.</td>
<td>Chairman</td>
<td>Information</td>
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<tr>
<td>II. Review of Meeting Minutes -- Jan. 26, 2009</td>
<td>5 min</td>
<td>Chairman</td>
<td>Approval</td>
<td>A</td>
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<tr>
<td>III. Changes in Rape Reporting Laws</td>
<td>15 min</td>
<td>Tracy Gomez</td>
<td>Information</td>
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| IV. Committee/Task Force Reports  
A. Mass Gathering  
B. MCI  
C. 5150 Regional Task Force  
D. Documentation Policy TF | 20 min | Art Durbin  
Art Durbin  
Christina Bivona-Tellez  
Jesse Allured | Information | |
| V. New Business  
A. Policies  
• Policy Change Guideline  
B. EMS Newsletter  
C. Interfacility Transfer Policy Taskforce | 15 min | Karen Petrilla  
Brian MacGavin  
Bruce Barton | Discussion  
Information  
Information | Addendum  
H/O |
| VI. Old Business  
A. Policies  
• King Airway  
• ALS to BLS Step Down  
• Mass Gathering | 30 min | Karen Petrilla  
Karen Petrilla  
James Lee | Information  
Information  
Information | Addendum  
B  
C & D |
| VII. Open Discussion/Comments  
A. Performance Excellence Report/Recognition Awards  
B. Constituent Groups - Attached Roster as per Policy 1630 | 15 min | Chairman | Information | E |
| VIII. Next Meeting (June. 22, 2009) /Adjournment | 1 min. | Chairman | Information | |

Please come prepared to discuss the agenda items. If you have any questions, call Brian MacGavin at (951) 358-5029. PMAC Agendas with attachments are available at our website: [www.rivcoems.org](http://www.rivcoems.org).

The County of Riverside does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services or activities. It is committed to ensuring that its programs, services, and activities are fully accessible to and usable by people with disabilities. If you have a disability and need assistance, contact Brian MacGavin at (951) 358-5029.
## Prehospital Medical Advisory Committee
### Meeting Minutes
#### January 26, 2009

<table>
<thead>
<tr>
<th>Attendees</th>
<th>Member</th>
<th>Organization Represented</th>
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<tbody>
<tr>
<td>Jay Shelton</td>
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<td>American Medical Response</td>
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<td>Jeff Copeland</td>
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<tr>
<td>Jim Price</td>
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<tr>
<td>Sam Chua, MD</td>
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<tr>
<td>Gerry Hart</td>
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<td>Blythe Ambulance Service</td>
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<td>Scott Hines</td>
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<td>Burke, Rix, Hines &amp; Associates, LLC</td>
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<td>Bruce Stumreiter</td>
<td>X</td>
<td>Riverside County Fire Department/CDF</td>
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<td>Scott Visyak</td>
<td>X</td>
<td>Riverside County Fire Department/Coves</td>
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<tr>
<td>Mike Porter</td>
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<td>Corona Fire Department</td>
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<td>Dwight Arakaki, MD</td>
<td>X</td>
<td>Corona Regional Medical Center</td>
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<tr>
<td>Mike Norris</td>
<td>X</td>
<td>County Fire Chiefs Non-Transport ALS</td>
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<tr>
<td>Sandra Andrews</td>
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<td>Crafton Hills College</td>
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<tr>
<td>Mike Markert-Green</td>
<td>X</td>
<td>EMT I-At-Large</td>
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<tr>
<td>Ann Yoshinaga</td>
<td>X</td>
<td>EMT I/EMT P Training Program</td>
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<tr>
<td>Paul Duenas</td>
<td>X</td>
<td>EMT Paramedic-At-Large</td>
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<tr>
<td>Reza Vaezazizi, MD</td>
<td>X</td>
<td>Inland Valley Regional Med Ctr/Rancho Springs</td>
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<tr>
<td>Molly Groban</td>
<td>X</td>
<td>J. F. Kennedy Memorial Hospital</td>
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<tr>
<td>Pamela Steen</td>
<td>X</td>
<td>Mercy Air</td>
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<tr>
<td>Bill Jones</td>
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<tr>
<td>Kent McCurdy</td>
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<td>BLS Ambulance Representative</td>
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<td>Bill Herbert</td>
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<td>Moreno Valley Community Hospital</td>
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<td>Katharine Johnson</td>
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<td>Palm Springs Fire Department</td>
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<td>Toni Culver</td>
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<td>Parkview Community Hospital</td>
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<td>Jesse Allured</td>
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<td>Pechanga Fire Department</td>
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<td>Sean Rogoff</td>
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<td>Reach Air Medical Services</td>
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<td>Bob Fontaine</td>
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<td>Riverside Community College/Students</td>
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<td>Steve Patterson, MD</td>
<td>X</td>
<td>Riverside Community Hospital</td>
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<td>Sabrina Magallanes</td>
<td>X</td>
<td>Riverside Community Hospital</td>
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<tr>
<td>Kay Schulz</td>
<td>X</td>
<td>Riverside County Regional Medical Center</td>
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<tr>
<td>Heidi Anderson, RN</td>
<td>X</td>
<td>Desert Regional Medical Center</td>
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<tr>
<td>Christina Bivona-Tellez</td>
<td>X</td>
<td>Hospital Association of Southern California</td>
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<tr>
<td>Chuck Clements</td>
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<td>Riverside City Fire Department</td>
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<td>Lisa Higuchi</td>
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<td>American Medical Response</td>
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<tr>
<td>Randy Nugent</td>
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<td>CalFire/Riverside County Fire Department</td>
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<td>Gerardo Salcedo, MD</td>
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<td>Mission Ambulance</td>
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<td>Tasha Toruno</td>
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<td>AmbuServe Ambulance</td>
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<tr>
<td>Bruce Barton</td>
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<td>EMS Agency - Director</td>
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I. **Call to Order**

The meeting was called to order at 9:17AM by Dr. Reza Vaezazizi and roundtable introductions were completed after the presentation on the Res-Q-Pod by Advanced Circulatory Systems, Inc.

II. **Review of Meeting Minutes**

Meeting minutes for November 24, 2008 were approved without changes. Brian MacGavin identified the membership roster attached to the minutes and asked for updates and corrections.

III. **Public Health**

A. **Epidemiology**

Flu activity throughout Riverside County has increased slightly in the past few weeks, but that can be expected during the middle of flu season. The hospitals are doing well with their reporting, and have seen a slight increase in the number of ED visits related to Influenza Like Illness (ILI). Schools are 1-2 weeks behind in their absenteeism statistics.
B. Public Health Emergency Preparedness and Response (PHEPR) Branch Report

The Golden Guardian 2008 After Action Report (AAR) is complete and available upon request. It focuses on the medical/health component of the exercise and supplements the Office of Emergency Services (OES) AAR of the operational area. Requesting agencies can contact the PHEPR branch for a copy. A copy will also be made available to the EMS Agency.

Pandemic Flu Exercise: The next major exercise is planned for June of 2009. It is the Statewide Medical/Health Full-Scale Pandemic Disaster Exercise and will practice pandemic flu preparedness across the state.

Introduction of the Regional Disaster Medical Health Specialist (RDMHS): Britta Barton of PHEPR introduced Stuart Long, PhD, the RDMHS for Region VI. He is based out of the PHEPR Branch and will work closely with Dr. Eric Frykman, the Regional Disaster Medical Health Coordinator (RDMHC).

Riverside MVP: Riverside County was recently recognized as a federal Medical Volunteer Program (MVP) site. The Medical Volunteer Program for Riverside County provides medical and health professionals with an organized system for volunteering before a disaster strikes.

IV. EMS Agency

A. Ambulance Wait Time

Over the past few months the EMS Agency has been monitoring and ambulance wait times across at hospitals in Riverside County. An Ambulance Wait Time Handout was referenced. Graph A indicated that the current total ambulance wait time hours for the entire County have dropped below 2006 and 2007 totals for the same timeframe. Graph B showed the wait time average by hospital; all hospitals in Riverside County have decreased their average ambulance wait times except for Inland Valley and Rancho Springs. The EMS Agency will continue to closely monitor these two facilities. Several factors possibly led to the decrease in wait times: Discontinuation of diversions since February 2008, weekly conference calls educating providers, implementation of the EMS Agency’s secondary ambulance wait time tracking process at RCH and RCRMC, and the EMS Agency’s diligent regulation of ambulance wait times, which included cooperative participation and communication with EMS System providers.

B. Communications

Over the past year, representatives from the EMS Agency, the Community Health Agency-IT Department and the PHEPR branch have been working to improve EMS radio communications. The EMS Agency has recently drafted an EMS radio communications scope of work to be posted as an RFP (request for proposal) to hire a consultant as soon as possible. There are numerous system problems that need attention. Two components of the EMS radio communications scope of work are: 1) the acquisition of additional EMS frequencies from the FCC and 2) complete renovation of the current infrastructure.
Bruce Barton, EMS Director, was asked about the possibility of a MAC (Medical Alert Center)/EMS Communications Center. With the current economic situation, it may be years before the EMS Agency is able to fund a full and comprehensive MAC/EMS Communications Center. In the meantime, the EMS Agency is looking at other alternatives to meet the EMS System’s command and coordination needs.

C. Data System

The group continues to hold meetings to discuss and resolve various data system issues. The EMS Agency is working with providers to set up software/hardware/data connections and monitor Electronic Patient Report (ePCR) compliance with AMR and other transport providers as they come online. The County needs a new server to house all the incoming data. The EMS Agency will likely be requesting purchasing approval of a server from the Board of Supervisors.

D. CQI

(1) STEMI Receiving Centers

LVH (Left Ventricular Hypertrophy) and LBBB (Left Bundle Branch Block) are the most common false positives for STEMI. There was some discussion regarding possibly using a machine’s interpretation in the field. AHA now has a STEMI book and online test. Desert hospitals are reporting 100 percent STEMI recognition, while Riverside Community Hospital reports 68 percent. Corona Regional Medical Center has a Cath lab and has been using it for scheduled catheterizations and not for emergencies. IVMC is anticipating having an emergency Cath lab open by late 2009.

(2) Performance Excellence Recognition

Kim Johnson, RN was nominated for her patient care during an interfacility transfer of a STEMI patient in August 2008. Chris Leon and Cesar Ortiz received recognition from a patient who fell from a ladder and fractured his pelvis and sternum.

(3) QI/TAG

The QI plan templates were discussed at the last QI/TAG meeting; of 33 agencies, only six have approved plans. Laura has created three different templates to assist agencies in the completion of their QI plans.

E. Trauma

January 9, 2009 was the first Regional Trauma Care Committee (RTCC) meeting, with representatives from EMS providers and EMS Agencies from ICEMA, Imperial County, San Diego County and Riverside County. There are three subcommittees from RTCC; Trauma Triage Criteria, Funding, and QI/Data. The Centers for Disease Control and Prevention (CDC) has released national triage standards. The new standards de-emphasize mechanism of injury and emphasize physiological criteria and the type of
injury. The new guidelines closely reflect American College of Surgeons (ACS) and Riverside County’s trauma center destination criteria. The next RTCC meeting is a tentatively scheduled for June 4, 2009 at Desert Regional Medical Center.

V. Committee/Task Force Reports

A. Mass Gathering

There has not been a meeting since the last PMAC. The next meeting is Wednesday, January 28th 2009.

B. MCI

The group is working on the educational component, and they will be meeting tomorrow. Trevor will now be representing the EMS Agency on this committee. James was recognized for his excellent work while on this committee.

C. Regional 5150s

There is a meeting on February 4, 2009. There are multiple pathways to enter the psychiatric system; the taskforce is considering how to improve the utilization of these pathways. Several mental health clinics in Riverside and San Bernardino Counties will be closing due to budget cuts, there concerns on how this will effect emergency departments, EMS and Law Enforcement agencies.

D. Documentation

The first meeting was held prior to Christmas. The next meeting is on Thursday, January 29, 2009 from 1-3pm in room 221 at the Health Administration Building. Many good points are being discussed, we anticipate several changes, including having a common County Patient Care Report (PCR) form.

VI. New Business

A. Policies

Idyllwild Fire Protection District has submitted a proposed draft ALS to BLS down-grade policy to the EMS Agency. It has been modified and submitted to PMAC and it is now open for discussion. Points were made that it should include provisions for ALS to remain on-scene until BLS arrives – this needs further clarification. Long transports should require ALS in case a patient’s status worsens. Additionally, it was requested all ALS to BLS down-grades include contacting the base hospital.

B. New PMAC Forum

The EMS Agency is proposing rearranging PMAC meetings so that the first 30 to 45 minutes is specifically for physicians, medical directors and certain invited guests to speak. Also, the EMS Agency is working on a newsletter that would keep the EMS community and interested parties updated on committees and other topics. This would
eliminate the need for an EMS Agency report at PMAC meetings, allowing more time for discussion of other issues.

VII. Old Business

A. Glucometers for BLS

The National Standard Curriculum has been revised. Glucometers are an Advanced EMT (AEMT), not EMT-B level in these new standards. Since Riverside County does not have AEMT’s, glucometers are not in the EMT scope of practice. AEMT is not something that can be partially visited; it requires an all-or-nothing implementation.

VIII. Open Discussion/Comments

A. Constituent Group Representatives per Policy 1630

All groups working on EMS issues (PLN’s, EMS officers, etc.) should provide reports, to be given by non-EMS Agency staff, at PMAC.

B. Roundtable Discussion of Non-Agenda Items

- Mercy Air opened a second base in Thermal, it is staffed 24/7.
- Paramedics and nurses need to be reminded to complete STEMI forms.
- Physician Orders for Life-Sustaining Treatment (POLST) forms – Riverside County used them in selected areas as part of a study. The Governor signed the form into law, and California State EMSA redesigned the form. It does not replace the Do not Resuscitate (DNR) form; it is in addition to or in lieu of a DNR. One important change is that the addition of DNR is not necessary. EMS personnel can accept a copy of the new POLST form, but it should be the color of the original form which is hot pink.
- New Health Insurance Portability and Accountability Act (HIPAA) guidelines from January 2009 specifically address problems with cell-phone pictures. Individuals not adhering to these guidelines can be found personally liable and be subject to potential loss of licensure and fines as great as $250,000.

IX. Next Meeting/Adjournment

The next PMAC Meeting is:
Monday
March 23, 2009 at 9:00AM
Riverside County Regional Medical Center
Rooms A1018 with A1021
26520 Cactus Avenue, Moreno Valley
1. The purpose of this policy is to clarify those situations where it may be acceptable for a patient to be provided BLS level transport after assessment by ALS personnel. It is understood that a singular policy cannot identify all those situations and patients that may qualify for BLS transport, nor exclude all those where the prudent paramedic would maintain care in transport. Therefore, it is important that ALS personnel employ astute judgment in the consideration of BLS transport for a patient.

   1.1 This policy is not intended to usurp those polices listing non-transport criteria, but is intended only for those situations when transport is indicated, required, or requested.
   1.2 Agencies wishing to employ this policy will submit a request describing the geographical area in which they propose to employ it, and give an estimated # of calls/month in which they anticipate employing it.

2. Transport of a patient at the BLS level should be decided upon only after a thorough examination of the patient, his/her medical history, the history of the present illness or injury event, the mechanism of injury (if appropriate), and the circumstances surrounding the event.

   2.1 It is important to remember that health conditions/events are dynamic in nature and that field assessments provide only a “snapshot in time” of the patient’s health status. The decision to transport via BLS should be made only after careful consideration of possible / probable evolving developments in the patient’s health status.

3. Certain patients, once having made contact with ALS staff, will ALWAYS be transported by ALS staff if transport is indicated, required by protocol, or requested.

   3.1 All patient 2 years of age or less.
   3.2 All patients requesting/requiring transport over the age of 65
   3.3 Children under 5 years of age and adults over 60 years c/o a fever (T ≥ 100°F).
   3.4 Any patient c/o neck or back pain after acute injury or event.
   3.5 All known or suspected ingestions of, or exposures to, potentially poisonous, hazardous or unknown substances.
   3.6 All cases of known or suspected abuse (elder, child, domestic).
   3.7 Any patient meeting trauma center mechanism of injury (MOI) criteria (refer to policy #5710, Trauma Triage Indicators and Destinations)
   3.8 Any female patient of childbearing age with any abdominal or pelvic complaint.
   3.9 Any complaint of severe pain.
   3.10 Any suspected ALTEs event.
   3.11 Any patient receiving an ALS treatment.
4. Transport downgraded to BLS level may only occur only when all of the following exist:
   4.1 At least two sets of vital signs, including SaO₂ if pertinent, have been obtained, and
   4.1.1 VS are “within normal limits” (WNL) for that particular patient, or, if patient’s unique VS are unknown, are within standard parameters considered “normal” for age, gender, etc. OR
   4.1.2 VS have proceeded to “normal” as identified through serial sets.
   4.2 The patient is alert and oriented x 4
   4.2.1 If the patient’s normal status is less than O×4, it is more difficult to determine when/if a change in mental status has occurred. Therefore, those patients shall be transported via ALS.
   4.2.2 There is no history of syncope or current complaint of near-syncope, dizziness, lightheadedness, or blurred vision.
   4.2.3 No neurological deficit exists.
   4.3 The patient does not complain of any difficulty breathing, shortness of breath (SOB), air hunger, or breathing abnormalities.
   4.3.1 Lung sounds are WNL for patient (if known).
   4.3.2 Work of breathing is WNL for patient
   4.3.3 Tachypnea is not present.
   4.4 The patient does not complain of chest pain or discomfort.
   4.5 Chief complaint does not appear to be caused by any type of systemic allergic reaction.
   4.5.1 Exercise caution with a localized allergic reaction.
   4.6 Blood sugar, obtained based on patient’s medical history, complaint, or history of event, is WNL.
   4.7 The mechanism of injury (MOI) is such that the prudent paramedic can safely R/O severe or hidden injury.
   4.6.1 Qualifying MOIs will vary with age and general medical health of the patient. Care MUST be taken with those under 5 years or older than 60 years when evaluating MOI criteria.
   4.8 Patient has no distracting injuries or complaints.
   4.9 Any bleeding is controlled.
   4.10 Isolated extremity injuries are securely splinted/wrapped and distals (PMS) remain intact and WNL.
   4.11 1° burns involving less than 5% and not involving the face, neck, or perineum.
   4.12 Complaints of abdominal pain are without focused tenderness, distention, or vomiting.

5. Once it is determined that BLS transport is appropriate, and such transport is approved by the patient/guardian, the ALS unit will confirm the transport decision with a base hospital.
   5.1 Base hospital confirmation will be required for a minimum of one year after a provider’s adoption of this policy.
§6. Patients with an active DNR do not automatically qualify for BLS transport. Terminal patients can still experience acute events which are treatable, and for which ALS care and/or transport is appropriate. Full palliative care must be provided for these patients unless otherwise indicated.

67. Logistical concerns
76.1. The BLS transport crew shall consist of two currently certified EMT-Is.
76.2. The patient or legal guardian gives consent to transport by EMT-Is
76.3 *ALS personnel will remain on-scene until arrival of BLS personnel and report is given.*
76.4 BLS level transport is clearly documented on the PCR.
   76.4.1 *The PCR begun by the provider’s ALS crew can be continued by their BLS crew. If a new PCR is initiated by the BLS crew, both PCRs must be transported with the patient*
76.5 Agencies adopting this policy shall not utilize vehicles for BLS transport which advertise “ALS”, “Paramedic” or other advanced care terminology.

7. BLS transport does not mean patient assessments are no longer needed. Performance and documentation of VS, other pertinent assessments, and treatments are expected to be continued during transport.

8. Agencies utilizing this policy will perform a quality review on 100% of their BLS downgrade calls.
8.1 Monthly summary reports will be sent to the EMS agency.
Introduction

The Riverside County EMS Agency recognizes that there may be significant variation in the specific approaches to EMS delivery at large events. However, there is a need to define minimum standards for the delivery of emergency medical care which should be met by all event sponsors, promoters, event EMS coordinators, venues, and other organizations. To minimize the uncertainty among the capabilities of numerous providers, Riverside County EMS Agency recommends utilization of Riverside County approved providers when choosing an event specific medical providers. See Appendix A for list of approved providers.

Definitions

Special Event – Any situation where a scheduled event places a grouping or gathering of people in one general locale sufficient in number or subject to activity that creates a potential need to have organized emergency medical care available as determined by Riverside County Emergency Medical Services Agency (REMSA) medical director or his or her designee.

Mass Gathering – Any gathering with at least 1,000 persons at a specific location for a defined period of time. A mass gathering does not include the following:

- Students gathered at their usual school for their usual educational purposes.
- Employees gathered at their usual place of work for their routine work purposes.
- Persons gathered in their usual place of worship.
- Large scale fire operations.

Mass Gathering Care – Mass gathering care refers to organized emergency health services provided for spectators and participants at events where at least 1,000 persons are gathered at a specific location for a defined period of time.

Medical Operations Plan (MOP)

An MOP must be created for every mass gathering event. The purpose of a MOP is to outline specific details about the organization and delivery of emergency medical care at a mass gathering. It should be based upon a combination of experience and statistics from previous events of a similar nature and duration coupled with objective evidence about elements known to influence the delivery of emergency medical care at such mass gatherings. The medical operations plan must include/address the following components:

1. Physician medical oversight
2. Command and Control
3. Emergency Medical Operations
4. Personnel
5. Treatment Facilities
6. Transport Resources
7. Medical Reconnaissance
8. Negotiations for Event Medical Services
9. Level of Care
10. Access to Care
11. Documentation
12. Continuous quality improvement (CQI)
13. Medical Equipment
14. Communications
15. Public Health Elements
16. Human Resources

The responsibility for delivery of emergency medical care to the specific groups or subgroups within the overall event population must be agreed upon by all parties concerned and included in the MOP. Authorship of the MOP is the responsibility of the Event EMS Coordinator and the Event EMS Medical Director. The MOP should be submitted to the appropriate jurisdictional Fire Department at least 60 days prior to the event. A copy of the MOP must be on-site and available to all EMS personnel.

All medical care must be provided by licensed, accredited, and/or certified medical professionals as required by state, regional and local laws, regulations, ordinances and policies. All medical direction for mass gatherings must be provided by a qualified on-site physician, Riverside County EMS Agency approved protocols, or a Riverside County EMS Agency approved base station. Any Policies and/or Procedures that deviate from the Riverside County EMS Agency’s approved protocols must be approved by the Riverside County EMS Agency’s Medical Director prior to the event.

The site should be evaluated by the Event EMS Coordinator prior to the mass gathering.

**Physician Medical Oversight**

The purpose of the medical oversight component of the MOP is to define minimum requirements for the position of the Event EMS Medical Director and its requisite job requirements. Medical oversight at a mass gathering will generally be provided both directly and indirectly, although the medical director’s presence or that of his/her designee, at the event is preferred.

A basic plan for the provision of physician medical oversight must exist for every mass gathering event. Such a plan must address aspects of direct and indirect medical oversight functions applicable to the event. Such a plan must ensure that EMS providers have appropriate supervision from a medical command/control authority to safeguard delivery of appropriate emergency medical care. In the absence of qualified on-site physician medical direction, the Event EMS Coordinator is responsible to ensure that every mass gathering event has an assigned base station hospital to provide medical oversight and distribute patients appropriately amongst local facilities. All EMS personnel at every mass gathering must be familiar with their assigned base station and have Riverside County EMS Agency approved communications capabilities continuously available.

A qualified physician Event EMS Medical Director must be appointed or confirmed for every mass gathering event. The Event EMS Medical Director must possess a valid California medical license and have appropriate prehospital oversight experience. The Event EMS Medical Director should be board eligible/certified in emergency medicine and have previous experience in the oversight of mass gathering medical care. The Event EMS Medical Director must be either on-site or continuously available for consultation by EMS personnel as needed. The Event EMS Medical Director does not need to become personally involved in the care of individual patients unless an extraordinary circumstance exists.
While most special events that are not mass gatherings will not require on-site physicians, all medical direction must still be provided by either Riverside County EMS Agency approved protocols, a qualified on-site physician, or a Riverside County EMS Agency approved base station. The Riverside County EMS Agency recognizes the fact that certain special events (i.e. rodeos, motorsports events, etc.) involve significant risk and recommends on-site physicians even when there isn’t a mass gathering involved at such events.

Command and Control

The purpose of the command and control component of MOP is to formulate an organizational structure that guides the provision of emergency medical care at a mass gathering event and follows the ICS format. This section of the plan must show clear lines of authority and oversight for each medical position. It must also delineate the integration of medical oversight into the overall administrative structure of the event. The location of a command post and its contact phone number and/or radio identifier(s) should be clearly identified. The event medical director will integrate into public Safety’s incident command structure should an incident necessitate that ICS be utilized on scene.

Emergency Medical Operations

The emergency medical operations component of the MOP addresses key operational details to successful delivery of emergency medical care not otherwise covered in this document. The Event EMS Coordinator is responsible for the creation and the execution of the operations plan. Such a plan must address elements of responsibility for medical care, including but not limited to, contractual relationships, scope of medical care to be provided, anticipated duration of medical operations, geographic limits of medical coverage, VIP medical care, mutual aid plans, mass casualty and disaster plans. If the event turns out to be Mass-Casualty Incident, please refer to Riverside County MCI policy 5800.

Personnel

Physicians:

1. Physicians’ charged with direct patient care responsibilities must be currently licensed in California and recognized by the Event EMS Medical Director to provide care.
2. Physicians charged with direct patient care responsibilities must be certified in ACLS or be board certified/eligible in emergency medicine.
3. Physicians must be experienced in the care of patients with life and limb threatening illness and injuries in the out of hospital setting.
4. The use of on-site physicians is strongly encouraged in the following circumstances:
   a. Sophisticated medical care facilities on-site
   b. Limited transportation resources
   c. Large numbers of spectators and/or participants (potential for large patient volume with broad variety of medical problems)
   d. Significant risk for the development of life and/or limb threatening illness or injury (auto racing, equestrian events, boxing, etc.)
   e. Long transport time to definitive care facilities
5. One or more physicians trained, board-certified, or practicing emergency medicine should be on-site if physician level care is provided at an event.
RIVERSIDE COUNTY MASS GATHERING / SPECIAL EVENT MEDICAL GUIDELINES

6. Physicians should be familiar with the incident command system and mass casualty response (Minimum: ICS 100).

Nurses:

1. The role of the nurse at a mass gathering event is primarily assistance in the treatment of acutely ill and/or injured patients and staffing first aid stations
2. Nurses must be supervised by an appropriately licensed and qualified physician
3. Nurses must be currently licensed in California and certified in ACLS.
4. Nurses should not independently evaluate and treat patients unless they have Riverside County EMS Agency Medical Director and Event EMS Medical Director approved medical protocols
5. Nurses should primarily be utilized within fixed treatment facilities
6. Nurses charged with direct patient responsibilities should be experienced in the evaluation and treatment of patients with acute medical complaints and knowledgeable in mass gathering medical care
7. Nurses should be familiar with the incident command system and mass casualty response (Minimum: ICS 100).

Paramedics:

1. The role of the paramedic at these events is primarily evaluation and treatment of acutely ill and/or injured patients.
2. Paramedics must function via Riverside County EMS Agency treatment protocols, base station medical direction or on-site medical direction from a designated qualified physician
3. Paramedics charged with direct patient care responsibilities must be currently licensed in California, accredited in Riverside County and certified in ACLS, PALS & PHTLS.
4. Paramedics should be familiar with the incident command system and mass casualty response
5. Paramedics may staff fixed treatment facilities and/or for ALS Transportation
6. Paramedics should be familiar with the ICS, mass gathering medical care, and MCI response (Minimum: ICS 100, 200, 700, 800).

EMT-Basic:

1. The role of the EMT-B at a mass gathering event is primarily evaluation and treatment of acutely ill and/or injured patients who require minor or uncomplicated treatment, unless there is no advanced life support capability available
2. EMT-Basics must function via Riverside County EMS Agency treatment protocols, base station medical direction or on-site medical direction from a qualified physician
3. EMT-Basics charged with direct patient care responsibilities must be currently certified in California, accredited in Riverside County and certified in CPR
4. EMT-Basics should be knowledgeable in mass gathering medical care
5. EMT-Basics should be familiar with the incident command system and mass casualty response
6. EMT-Basics may be utilized both within fixed treatment facilities and as mobile emergency responders
7. EMT-Basics should be familiar with the incident command system and mass casualty response (Minimum: ICS 100, 700).

Treatment Facilities
On-site treatment facilities are generally only needed for large mass gatherings (>5,000 attendees), those that are planned for a long period of time, those in which it is predicted that patient volume will be high and those in which an excessive transport time to off-site treatment facilities exists. The exact configuration will depend on the predicted needs of the event patient population and available human and financial resources. Important elements to consider when designing on-site treatment facilities include safe construction of the entity, communications requirements, medical and non-medical equipment needs and barrier free access.

**Transportation Resources**

A basic transportation plan must exist for every mass gathering. Such a plan must contain the number, medical capability (BLS, ALS or higher) and staging locations of all ambulances (ground and air). Such a plan must address how and where transportation resources or additional transportation resources will be obtained if needed, and with consideration to local Ambulance Exclusive Operating Area’s (EOA’s). This plan must address transportation procedure beyond the event grounds. When the event takes place in an Ambulance EOA’s jurisdiction, the event medical provider must utilize EOA’s 911 provider to transport patients outside of the event grounds. However, if in the best interest of the patient, it is prudent for event medical provider to transport the patient, the following conditions must be met:

1. The patients condition must be clinically critical
2. The EOA 911 provider’s response time must be greater than 9 minutes.

In the event the medical provider decides to transport the patient off the event grounds to a local hospital, event medical provider must submit all pertinent documentation relating to the transport decision including but not limited to, Patient Care Report into Riverside County EMS Agency within 24hrs. or within next business day for review. Although it is recognized that specialized alternative emergency response vehicles (i.e. all terrain vehicles, boats, mini-ambulances, golf carts, etc.) may be utilized to navigate crowds and various terrain, any vehicle used to transport patients must be an extension of a Riverside County permitted BLS or ALS ambulance. If an on-site event specific licensed ambulance must be utilized, they must be Riverside County approved permitted provider.

**Medical Reconnaissance**

The purpose of medical reconnaissance plan is to present objectives that will aid the Event EMS Coordinator and Event EMS Medical Director in the successful response to medical emergencies at a mass gathering event through analysis of elements related to patient volume, transport volume, morbidity and mortality. A thorough inspection of the venue site and an evaluation of the impact of the event on the operations of the local EMS system must be conducted prior to the event.

A basic medical reconnaissance plan must identify key facts about the mass gathering event, including but not limited to, the following:

1. Venue location
2. Venue characteristics
3. Expected attendance
4. Available on-site medical resources
5. Available local EMS system resources
6. Crowd demographics
7. Expected and possible weather conditions
8. Risk for violence (moshing, gang presence, terrorism, etc.)
9. Alcohol, drug and other substance abuse
10. Availability of food, water and shelter
11. Regional traffic flow patterns
12. Local receiving hospitals, their capabilities and anticipated transport times

**Negotiations for Event Medical Services**

Every mass gathering must have an agreement in place that delegates responsibility for the delivery of emergency medical care. The agreement must clarify the scope and responsibility for emergency medical care, command and control issues, liability insurance coverage, and the number and type of medical personnel necessary and desirable for event coverage. The event provider shall notify key agencies about the mass gathering event. The notification should include but not limited to the EOA provider and Public Safety Agencies (Fire and Law enforcement) and EMS Agency. Trauma/Base hospital notification will be conducted by the permit officer.

**Level of Care**

A basic level of care plan must exist for every mass gathering event. Such a plan must explicitly state whether or not advanced life support care is required at the event. The minimum level of care for all mass gatherings is a basic life support ambulance equipped with an automatic defibrillator. An advanced life support ambulance is always preferred, however. An advanced life support ambulance is the minimum level of care required for any mass gatherings with the following characteristics:

1. Motorsports
2. Concerts
3. Equestrian events/Rodeos
4. Boxing
5. Stunt work
6. Marathons
7. Extreme sporting events
8. Air shows
9. All events with high risk for violence
10. Mass gatherings with greater than 5,000 people
11. Parades

**Access to Care**

All spectators and participants at a mass gathering must be able to access emergency medical care in a timely fashion. The purpose of the access to care component of the MOP is to define methods that patients may use to access emergency medical care and minimize barriers to access for all persons. Such a plan must address how the public will be informed of the location and easiest access to medical care through use of audio and/or visual aids. All emergency medical providers and treatment facilities should be easily identifiable.

**Documentation**
The purpose of the medical documentation component of the MOP is to ensure a uniform approach to record keeping. All patient contacts must be documented in some form that is consistent throughout the venue. All patients requiring ambulance transport must have patient care record(s) completed. See Attachment B for an approved PCR.

Patients with basic first aid or no complaints may be documented on an approved PCR. The following patient information should be included on each patient contact:

1. Date
2. Time
3. Location
4. Name, date of birth and contact information
5. Chief Complaint
6. Category of injury/illness
7. Focused history and physical
8. Treatment rendered
9. Disposition (follow-up PMD or follow-up ED)
10. Caregiver printed name, level of care provider

All patients will be told to follow-up with their primary medical doctor, the emergency department, or another health care facility. All patients who refuse care or sign out against medical advice should be informed of the risks of doing so and should sign a statement attesting to their actions. Patients whom are treated and released must be cleared either by on-site physician or on-site physician approved written protocol for treat and release, base station contact, the event EMS Medical Director or their designated physician. An AMA form will be completed on all patients refusing treatment and/or transportation. Patients requiring basic first aid only (i.e. band-aids, ear plugs, ice packs, etc.) may be documented on an Riverside County EMS Agency approved basic first aid log and do not require a completed AMA form for release.

Continuous Quality Improvement

The purpose of the continuous quality improvement (CQI) component of the MOP is to ensure that the delivery of mass gathering medical care is constantly improving through analysis of medical sector performance. This can be accomplished in several ways, including patient care report review, structured critique of the incident, and review of notes and other data relating to EMS system performance at the mass gathering event.

Such a plan must address how information on the delivery of mass gathering medical care at this event will be used to improve medical care and planning for future events of a similar nature, how event data will be collected, and who is responsible for data collection. An event debriefing should be held within a reasonable timeframe after the conclusion of the event. The debriefing should be structured in a positive fashion so that it emphasizes education and improvement. A list of recommendations and conclusions regarding mass gathering medical care should be generated and distributed to all parties concerned within a reasonable timeframe after the conclusion of the mass gathering event.

A Riverside County EMS Agency approved PCR will be the basis for data to be collected and must be completed in it’s entirety on all patient contacts.
Medical Equipment

A basic medical equipment plan must exist for every mass gathering event. The medical equipment plan defines the minimum necessary medical equipment. All ambulances must comply with all state, regional and local licensing, staffing, equipment and other requirements. The medical equipment plan must have a point-of-contact and/or phone number to request additional supplies and equipment. Stockpiling or pre-staging of additional supplies and equipment is strongly encouraged at large mass gatherings.

Communications

Efficient information flow is vital to the successful delivery of emergency medical care at a mass gathering event. The communications component of the MOP defines how information pertinent to medical care is managed and disseminated during the mass gathering event and how the communications system is designed and operated. Such a plan must address the following:

1. Number and type of equipment necessary and available (radios, telephones, pagers, headsets, etc.)
2. Designated radio frequencies and telephone numbers of supervisory medical personnel, hospitals, local PSAP (Non-911), local EMS provider dispatch, and helicopter dispatch, etc.
3. Method of communicating with local base station
4. Command center location

Public Health Elements

Public health elements (food management, waste management, land management, road management) are the responsibility of the appropriate agencies and should coordinate with the Riverside County Department of Environmental Health/appropriate jurisdictional agency and the Event EMS Coordinator for all large mass gatherings.

Human Resources

The purpose of the human resource component of a medical incident command system is to define roles and responsibilities of medical personnel and logistical issues surrounding their deployment. This includes deployment of roving personnel, emergency response vehicles, and personnel assigned to fixed treatment facilities. The exact numbers and types of emergency medical personnel necessary to deliver appropriate care will differ at each mass gathering event. Staffing goals should include as many personnel as reasonably necessary to avoid placing a burden on the local EMS system and to be prepared for mass casualty incidents. A minimum number of emergency medical personnel must be on-site to treat the volume of patients expected according to medical reconnaissance, statistical estimates and experience from previous events. Sufficient numbers of appropriately trained personnel must be on-site to deliver emergency cardiac care to anyone suffering sudden cardiac death within the geographic boundaries in which care is to be provided and within 3-5 minutes from the time the first call for assistance is placed.
The human resource plan must:

1. Clearly indicate a chain of command.
2. Clearly delineate the medical care responsibilities for all personnel.
3. Clearly indicate roles and responsibilities for personnel with advanced medical training (including physicians, nurses, physician extenders, and other health care professionals).
4. Clearly indicate the method of venue familiarization and event specific training

Non-Mass Gathering Special Events

An abbreviated medical operations plan should be created for every special event that is not a mass gathering. The purpose of an abbreviated medical operations plan is to outline the delivery of emergency medical care at the specific special event. It should be based upon a combination of experience and statistics from previous events of a similar nature.

The abbreviated medical operations plan must include/address the following components:

1. Physician medical oversight
2. Level of care
3. Treatment facilities
4. Transportation resources
5. Emergency medical operations
6. Communications
7. Command and control
8. Documentation
9. CQI
10. Treat and Release

The abbreviated medical operations plan (AMOP) shall include the event date, location, and duration. The medical person responsible for delivery of emergency medical care must be included in the AMOP and is henceforth referred to as the Event EMS Coordinator. All medical care must be provided by licensed, accredited, and/or certified medical professionals as required by state, regional and local laws, regulations, ordinances and policies. The AMOP should be submitted to the appropriate jurisdictional Fire Department at least 30 days prior to the event. A copy of the AMOP must be on-site and available to all EMS personnel. Any Policies and/or Procedures that deviate from the Riverside County EMS Agency’s approved protocols must be approved by the Riverside County EMS Agency’s Medical Director prior to the event.
RIVERSIDE COUNTY MASS GATHERING / SPECIAL EVENT MEDICAL GUIDELINES

Riverside County Special Event Abbreviated Medical Operations Plan
One Copy of this approval must be on-site of the event

I. Event EMS Coordinator ________________________ EMT  EMT-P  RN  MD (circle one)
   Cell phone/pager: ______________________________
   Alternative contact info ________________________

II. Medical oversight:
   a. Pre-designated Riverside County EMS Agency approved base station
   b. Person notified (and date/time) at designated base station @
   c. Riverside County approved protocol ____________________________ OR
   d. On-site event physicians (if any) ______________________________

III. Level of on-site care (fill in number of each)
   _____ EMT(s)   _____ Paramedic(s)   _____ Nurse(s)   _____ Physician(s)

IV. On-site treatment facilities (describe any fixed or temporary facilities, their location, and their capabilities)

V. Transportation resources (fill in number of units able to transport off-site)
   _____ BLS ambulance(s)   _____ ALS ambulance(s)   _____ EMS helicopter(s)
   _____ other units (please describe)

VI. Please include an Emergency Medical Plan:
   a. Responsibility of medical care
e. geographic limits of medical coverage
   b. Contractual relationship
f. VIP medical care
c. Scope of medical care to be provided
g. Mutual aid, mass casualty, and disaster plan
d. Anticipated duration of medical operations

VII. Communications
   a. Designated base hospital contact information
      i. 800 MHz talk groups
      ii. Base station telephone
   b. Backup base station telephone
   c. Local PSAP (NON-911)
   d. Local EOA provider dispatch
   e. Event administrative contact

VIII. Please include Command and Control

IX. Please include the type of documentation that will be utilized for the event.

X. Please identify person responsible for CQI.

XI. If Treat and Release is utilized, please include your Treat and Release protocol.

XII. Fire/safety or other resources
    _____ fire/rescue/safety truck(s)   _____ tow trucks   _____ other resources
    (Please describe capabilities and roles of each)

XIII. Agency Approval by: ____________________________ Date: ______________
EMERGENCY MEDICAL SERVICES AT MASS GATHERING & SPECIAL EVENTS

1. This policy defines the minimum standards for emergency medical care which shall be met by all event EMS coordinators, medical providers and other organizations for mass gathering and special events.

2. Definition:
   2.1. Special Event
       Any situation where a scheduled event in one general locale places a grouping or gathering of people sufficient in number or subject to activity that creates a potential need to have organized emergency medical care available as determined by Riverside County Emergency Medical Services Agency (REMSA) Medical Director or (his/her) designee.
   2.2. Mass Gatherings
       Any gathering with at least 1,000 persons at a specific location for a defined period of time. A mass gathering does not include the following:
       - Students gathered at their usual school for their usual educational purposes.
       - Employees gathered at their usual place of work for their routine work purposes.
       - Persons gathered in their usual place of worship.
       - Large scale fire operations.
   2.3. Mass Gathering Care
       Mass gathering care refers to organized emergency health services provided for spectators and participants at events where at least 1,000 persons are gathered at a specific location for a defined period of time.

3. To minimize the uncertainty among the capabilities of numerous providers, utilization of Riverside County approved providers when choosing an event specific medical provider is highly recommended. Approved providers agree to adhere to the following: (Refer to Mass Gathering/Special Event Guideline Appendix A for list of approved providers)
   3.1. All medical care must be provided by licensed, accredited, and/or certified medical professionals in accordance with state, regional and local laws, regulations, ordinances and policies. All medical direction for mass gatherings must be overseen by a qualified on-site physician, Riverside County EMS Agency approved protocols, or a Riverside County EMS Agency approved base hospital. Any Policies and/or Procedures that deviate from the Riverside County EMS Agency’s approved protocol must be approved by the Riverside County EMS Agency’s Medical Director prior to the event.

4. When an event takes place in an ambulance Exclusive Operating Area’s (EOA) jurisdiction, the event medical provider must utilize EOA’s 9-1-1 provider to transport patients outside of the event grounds.
   4.1. If in the best interest of the patient, it is prudent for event medical provider to transport the patient, the following conditions must be met:
       4.1.1. The patient’s condition must be clinically critical.
       4.1.2. The contracted 9-1-1 provider’s ETA is beyond the contractual response time.
4.2. In the event the medical provider decides to transport the patient off the event grounds to a local hospital, event medical provider must submit all pertinent documentation relating to the transport decision including but not limited to, Patient Care Report into Riverside County EMS Agency within 24hrs. or within next business day for review.

5. A Medical Operations Plan (MOP) must be created for every mass gathering event by the contracted event medical provider(s). The purpose of a MOP is to outline the delivery of emergency medical care at a specific special event.

5.1. A full MOP will be completed and submitted to the appropriate jurisdictional fire department at least 60 days prior to the event. The following components must be included in your plan: *(Refer to Mass Gathering/Special Event Guidelines for specifics)*

- Physician Medical Oversight
- Command and Control
- Emergency Medical Operations
- Human Resources/Personnel
- Treatment Facilities
- Transportation Resources
- Medical Reconnaissance
- Negotiations for Event Medical Services
- Level of Care
- Access to Care
- Documentation
- CQI
- Medical Equipment
- Communications
- Public Health Elements
- Treat and Release

5.2. An abbreviated medical operations plan will be completed and submitted for every special event that is not a mass gathering. Abbreviated medical operations plan will be completed and submitted to the appropriate jurisdictional Fire Department at least 30 days prior to the event. The following component must be included in your plan: *(Refer to Mass Gathering/Special Event Guidelines for specifics)*

- Physician Medical Oversight
- Level of Care
- Treatment Facilities
- Transportation Resources
- Emergency Medical Operations
- Communication
- Command and Control
- Documentation
- CQI *(This was not in the abbreviated, should we add?)
- Treat and Release
6. Disposition of Patients
   6.1. If a treat and release component is implemented in your MOP, patients who are treated and released can only be cleared by the on-site physician. All patients will be told to follow up with their primary medical doctor, the emergency department, or another healthcare facility.
   6.2. All patients who refuse care or sign out against medical advice (AMA) should be informed of the risks of doing so and should sign a statement attesting to their actions. An AMA form will be completed on all patients refusing treatment and/or transportation.
   6.3. Patients requiring basic first aid only (i.e. band-aids, ear plugs, ice packs, etc.) shall be documented on an Riverside County EMS Agency approved documentation and do not require a completed AMA form for release. (Refer to Mass Gathering/Special Event Guidelines Appendix C)

7. Continuous Quality Improvement shall be performed.
   7.1. CQI shall be:
       7.1.1. An established and pre-approved plan by Riverside County EMS Agency.
       7.1.2. Be at minimum consistent with CQI guidelines delineated in Riverside County Mass Gathering/Special Event Medical Guidelines.
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<td>AMERICAN MEDICAL RESPONSE (DESERT)</td>
<td>Wayne Ennis</td>
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<td>AMERICAN MEDICAL RESPONSE (HEMET)</td>
<td>Sam Chua, MD</td>
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<td>AMERICAN MEDICAL RESPONSE (Riverside Co.)</td>
<td>Jim Price</td>
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<td>BLS AMBULANCE REPRESENTATIVE</td>
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<td>BLYTHE AMBULANCE SERVICE</td>
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<td>COUNTY FIRE CHIEFS’ NON-TRANSPORT ALS PROVIDERS</td>
<td>Mike Norris</td>
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<td>EMT-I/EMT-P TRAINING PROGRAM</td>
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<td>EMS AGENCY – Medical Director</td>
<td>Humberto Ochoa, MD,</td>
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</tr>
</tbody>
</table>