



A Tradition of Stewardship
A Commitment to Service

Health & Human Services Agency
Public Health
Emergency Medical Services Agency

2751 Napa Valley Corporate Drive
Building B
Napa, CA 94558

Main: (707) 253-4341
Fax: (707) 299-4126

<https://www.countyofnapa.org/ems>

EMERGENCY MEDICAL CARE COMMITTEE

January 22, 2020 – 11:00 AM to 12:30 PM

St. Helena Fire Department
Conference / Training Room

AGENDA

I. Call to Order; Roll Call; Special Introductions

II. Approval of Minutes of May 15, 2019 EMCC Meeting.

III. Public Comment

In this time period, anyone may address the EMCC regarding any subject over which the EMCC has jurisdiction but which is not on today's agenda. Individuals will be limited to a three-minute presentation. As required by Government Code, no action or discussion will be undertaken on any item raised during the Public Comment period.

IV. Committee Reports and Announcements

- A. Operational Area – Lois Husted
- B. Public Information & Education (PIE) – Naila Francies
- C. Medical Advisory Committee (MAC) – Dr. Zita Konik
- D. County CQI – Naila Francies
- E. System Performance & Response Time Presentation – Brian Henricksen
- F. Compliance Review Committee Report – Brian Henricksen
- G. EMS System Assessment Update – Nancy Lapolla / John Eaglesham

V. EMS Agency Reports & Items

- A. EMS Administrator Report – Brian Henricksen
 - a. Richie's Fund – Brian Henricksen / Naila Francies
- B. Medical Director's Report – Dr. Zita Konik

VI. EMCC Meeting (May 2020)

VII. Round Table

VIII. Adjournment

General Information: The meeting room is wheelchair accessible. Assistive listening devices and interpreters are available through the Clerk of the Board of the Napa County Board of Supervisors. Requests for disability related modifications or accommodations, aids or service may be made, no less than 72 hours prior to the meeting date, by contacting the Napa County Emergency Medical Services Office (707) 253-4341.



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Richie's Fund Application

APPLICANT INFORMATION Hospital Physician Pre-Hospital Care Other Napa County Service Provider: Yes No

Name of Agency or Institution		Date	
Address		City / Zip	
Contact Person's Name		Title	
Email Address		Phone	

REQUESTED ITEMS. Please complete the appropriate section(s) below following criteria provided.

CATEGORY 1: EQUIPMENT REQUESTS : Requests must pertain to pediatric trauma and/or pediatric emergency services. Items included in the Napa County EMS Minimum Equipment Inventory [Policy #4004] will not be considered. Use page 2 as needed.

Item #	Name	Description / Justification	Qty	Cost each	Total	County Use Section
1.				\$	\$	Approved: <input type="checkbox"/> Y <input type="checkbox"/> N
2.				\$	\$	Approved: <input type="checkbox"/> Y <input type="checkbox"/> N
3.				\$	\$	Approved: <input type="checkbox"/> Y <input type="checkbox"/> N
4.				\$	\$	Approved: <input type="checkbox"/> Y <input type="checkbox"/> N
5.				\$	\$	Approved: <input type="checkbox"/> Y <input type="checkbox"/> N
Comments:						List approvable items:

CATEGORY 2: SERVICE REQUESTS: Requests must pertain to pediatric trauma and/or pediatric emergency services, contain clear deliverables and include an end date. Requests for salary, personnel, or funding to cover ongoing costs will not be considered. Use page 2 as needed.

Item #	Description / Justification	Qty	Cost each	Total	County Use Section
1.			\$	\$	Approved: <input type="checkbox"/> Y <input type="checkbox"/> N
2.			\$	\$	Approved: <input type="checkbox"/> Y <input type="checkbox"/> N
Comments:					List approvable items:



REQUEST DESCRIPTION / JUSTIFICATION:

Description (100 words maximum)

Pediatric Connection (100 words maximum)

Cost Breakdown

Service Request Deliverables

Time Frame

Office Use Only

Recommended by EMCC: Yes No

Date:

Approved by Health Officer (signature):

Date: