

Final, March 5, 2008

CIHC MEETING MINUTES

Monday, December 3, 2007.
Meeting called to order at 6:00 P.M., Adjourned at 8:00 P.M.
Cathedral Hill Hotel, San Francisco

ATTENDEES

Jaime Steedman-Lyde/ Southern CA	Chris Laszcz-Davis/ Northern CA
Jeffery Jones / Northern California	Daphne Thaung / San Diego
Dagmar Fung / Northern CA	Howard Spielman / Orange County
Jim Enriques, President of SDAIHA	

ITEM	ACTIVITY / DISCUSSION	ACTION ITEM MEMBER ASSIGNED
Minutes	The minutes of the previous meeting on September 27, 2007 at the Cathedral Hill Hotel, San Francisco, were approved.	None
Good Samaritan Act	Proposed Good Samaritan Act amendments to include CIHs - Sacramento Advocacy has a draft that only includes CIHs, although inclusion of other safety-related professionals is possible. SacAd was going to take the draft to the Legislation Analyst.	A copy of the latest draft is included at the end of these Minutes.
2008 Conference	The next Conference will be in San Diego.	San Diego Section will help with site logistics, but LA and OC will organize the Conference itself.
Standard Operating Procedure for CIHC	Chris will provide a draft document for review by the next meeting. Initial review by Jeff and Howard. The intent is to keep it brief and focused.	Chris
Notification of Local Section Contributions	In the future each Local Section needs to include a disclosure that \$25 of their dues goes to CIHC. This is a somewhat ambiguous requirement of the tax code. Describing the contribution in the dues notice should meet the requirement.	Reps to report to their Local Sections
Treasurers Report	The accounts are unstable due to the Conference. Final numbers should be available around mid-January (1/3/08 - we're still getting stray conference invoices). Jeff will be pulling back from routine CIHC duties, but will retain the Treasurership through the current tax year.	New Treasurer needed.
Spring Legislative Review	Tentatively scheduled for March 6 or 7 in Sacramento	

ITEM	ACTIVITY / DISCUSSION	ACTION ITEM MEMBER ASSIGNED
2008 Officers	It is time to consider new roles and responsibilities. All positions are potentially available, but the treasurer will definitely be open as of the end of this tax year (April?).	
Future Meeting Dates		March 6 or 7, 2008, in Sacramento

HEALTH AND SAFETY CODE SECTION 1799.100-1799.112

Good Samaritan Act

1799.100. In order to encourage local agencies and other organizations to train people in emergency medical services, emergency response, and post-disaster, safety-related assessment, no local agency, entity of state or local government, or other public or private organization which sponsors, authorizes, supports, finances, or supervises the training of people, or certifies those people, excluding physicians and surgeons, registered nurses, and licensed vocational nurses, as defined, in emergency medical services, shall be liable for any civil damages alleged to result from those training programs.

1799.102. No person who in good faith, and not for compensation, renders emergency care at the scene of an emergency shall be liable for any civil damages resulting from any act or omission. The scene of an emergency shall not include emergency departments and other places where medical care is usually offered, except when such places are the subject of a post-disaster, safety-related assessment.

1799.104. (a) No physician or nurse, who in good faith gives emergency instructions to an EMT-II or mobile intensive care paramedic at the scene of an emergency, shall be liable for any civil damages as a result of issuing the instructions.

(b) No EMT-II or mobile intensive care paramedic rendering care within the scope of his duties who, in good faith and in a non-negligent manner, follows the instructions of a physician or nurse shall be liable for any civil damages as a result of following such instructions.

(c) No Certified Industrial Hygienist (CIH), who, in good faith and in a non-negligent manner, renders service within the scope of their professional training shall be liable for any civil damages.

1799.105. (a) A poison control center which

(1) meets the minimum standards for designation and operation established by the authority pursuant to Section 1798.180,

(2) has been designated a regional poison control center by the authority, and

(3) provides information and advice for no charge on the management of exposures to poisonous or toxic substances, shall be immune from liability in civil damages with respect to the emergency provision of that information or advice, for acts or omissions by its medical director, poison information specialist, or poison information provider as provided in subdivisions (b) and (c).

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(b) Any poison information specialist or poison information provider who provides emergency information and advice on the management of exposures to poisonous or toxic substances, through, and in accordance with, protocols approved by the medical director of a poison control center specified in subdivision (a), shall only be liable in civil damages, with respect to the emergency provision of that information or advice, for acts or omissions performed in a grossly negligent manner or acts or omissions not performed in good faith. This subdivision shall not be construed to immunize the negligent adoption of a protocol.

(c) The medical director of a poison control center specified in subdivision (a) who provides emergency information and advice on the management of exposures to poisonous or toxic substances, where the exposure is not covered by an approved protocol, shall be liable only in civil damages, with respect to the emergency provision of that information or advice, for acts or omissions performed in a grossly negligent manner or acts or omissions not performed in good faith. This subdivision shall neither be construed to immunize the negligent failure to adopt adequate approved protocols nor to confer liability upon the medical director for failing to develop or approve a protocol when the development of a protocol for a specific situation is not practical or the situation could not have been reasonably foreseen.

1799.106. In addition to the provisions of Section 1799.104 of this code and of Section 1714.2 of the Civil Code and in order to encourage the provision of emergency medical services by firefighters, police officers or other law enforcement officers, EMT-I, EMT-II, or EMT-P, a firefighter, police officer or other law enforcement officer, EMT-I, EMT-II, or EMT-P, a CIH who renders emergency medical or safety-related assessment services at the scene of an emergency shall only be liable in civil damages for acts or omissions performed in a grossly negligent manner or acts or omissions not performed in good faith. A public agency employing such a firefighter, police officer or other law enforcement officer, EMT-I, EMT-II, or EMT-P, CIH shall not be liable for civil damages if the firefighter, police officer or other law enforcement officer, EMT-I, EMT-II, or EMT-P, CIH is not liable.

1799.107. (a) The Legislature finds and declares that a threat to the public health and safety exists whenever there is a need for emergency services and that public entities and emergency rescue personnel should be encouraged to provide emergency services. To that end, a qualified immunity from liability shall be provided for public entities and emergency rescue and safety-related assessment personnel, as described in this Section, providing emergency services.

(b) Except as provided in Article 1 (commencing with Section 17000) of Chapter 1 of Division 9 of the Vehicle Code, neither a public entity, emergency rescue, nor safety-related assessment personnel shall be liable for any injury caused by an action taken by such personnel acting within the scope of their employment to provide emergency safety-related assessment services, unless the action taken was performed in bad faith or in a grossly negligent manner.

(c) For purposes of this section, it shall be presumed that the action taken when providing such services was performed in good faith and without gross negligence. This presumption shall be one affecting the burden of proof.

(d) For purposes of this section, "emergency rescue personnel" means any person who is an officer, employee, or member of a fire department or fire protection or firefighting agency of the federal government, the State of California, a city, county, city and county, district, or other public or municipal corporation or political subdivision of this state, or of a private fire department, whether that person is a volunteer or partly paid or fully paid, while he or she is actually engaged in providing emergency services as defined by subdivision (e).

(e) For purposes of this section, "emergency services" includes, but is not limited to, first aid and medical services, rescue procedures and transportation, or other related activities necessary to insure the health or safety of a person in imminent peril.

(f) For purposes of this section "safety-related assessment" refers to post-disaster assessment of structural integrity and conditions related to the release of hazardous materials or threats to the safety of emergency

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responders and the public. Immunity from liability is limited to Certified Industrial hygienists as defined in Section 20700, Business and Professions Cod:

1799.108. Any person who has a certificate issued pursuant to this division from a certifying agency to provide prehospital emergency field care treatment at the scene of an emergency, as defined in Section 1799.102, shall be liable for civil damages only for acts or omissions performed in a grossly negligent manner or acts or omissions not performed in good faith.

1799.110. (a) In any action for damages involving a claim of negligence against a physician and surgeon arising out of emergency medical services provided in a general acute care hospital emergency department, the trier of fact shall consider, together with all other relevant matters, the circumstances constituting the emergency, as defined herein, and the degree of care and skill ordinarily exercised by reputable members of the physician and surgeon's profession in the same or similar locality, in like cases, and under similar emergency circumstances.

(b) For the purposes of this section, "emergency medical services" and "emergency medical care" means those medical services required for the immediate diagnosis and treatment of medical conditions which, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death.

(c) In any action for damages involving a claim of negligence against a physician and surgeon providing emergency medical coverage for a general acute care hospital emergency department, the court shall admit expert medical testimony only from physicians and surgeons who have had substantial professional experience within the last five years while assigned to provide emergency medical coverage in a general acute care hospital emergency department. For purposes of this section, "substantial professional experience" shall be determined by the custom and practice of the manner in which emergency medical coverage is provided in general acute care hospital emergency departments in the same or similar localities where the alleged negligence occurred.

1799.111. (a) A licensed general acute care hospital, as defined by subdivision (a) of Section 1250, licensed professional staff of the hospital, or any physician and surgeon, providing emergency medical services to a person at the hospital shall not be civilly or criminally liable for detaining a person, or for the actions of the person after release from the hospital, if all of the following conditions exist:

(1) The person cannot be safely released from the hospital because, in the opinion of the treating physician and surgeon, or a clinical psychologist with the medical staff privileges, clinical privileges, or professional responsibilities provided in Section 1316.5, the person, as a result of a mental disorder, presents a danger to himself or herself, or others, or is gravely disabled. For purposes of this paragraph, "gravely disabled" means an inability to provide for his or her basic personal needs of food, clothing, or shelter.

(2) The hospital staff, treating physician and surgeon, or appropriate licensed mental health professional, have made, and documented, repeated unsuccessful efforts to find appropriate mental health treatment for the person.

(3) The person is not detained beyond eight hours.

(b) Nothing in this section shall affect the responsibility of a general acute care hospital to comply with all state laws and regulations pertaining to the use of seclusion and restraint and psychiatric medications for psychiatric patients. Persons detained under this section shall retain their legal rights regarding consent for medical treatment.

(c) A person detained under this section shall be credited for the time detained, up to eight hours, in the event he or she is placed on a subsequent 72-hour hold pursuant to Section 5150 of the Welfare and Institutions Code.

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1799.112. (a) EMT-P employers shall report in writing to the local EMS agency medical director and the authority and provide all supporting documentation within 30 days of whenever any of the following actions are taken:

(1) An EMT-P is terminated or suspended for disciplinary cause or reason.

(2) An EMT-P resigns following notice of an impending investigation based upon evidence indicating disciplinary cause or reason.

(3) An EMT-P is removed from paramedic duties for disciplinary cause or reason following the completion of an internal investigation.

(b) The reporting requirements of subdivision (a) do not require or authorize the release of information or records of an EMT-P who is also a peace officer protected by Section 832.7 of the Penal Code.

(c) For purposes of this section, "disciplinary cause or reason" means only an action that is substantially related to the qualifications, functions, and duties of a paramedic and is considered evidence of a threat to the public health and safety as identified in subdivision (c) of Section 1798.200.

(d) Pursuant to subdivision (i) of Section 1798.24 of the Civil Code, upon notification to the paramedic, the authority may share the results of its investigation into a paramedic's misconduct with the paramedic's employer, prospective employer when requested in writing as part of a preemployment background check, and the local EMS agency.

(e) The information reported or disclosed in this section shall be deemed in the nature of an investigative communication and is exempt from disclosure as a public record by subdivision (f) of Section 6254 of the Government Code.

(f) A paramedic applicant or licensee to whom the information pertains may view the contents, as set forth in subdivision (a) of Section 1798.24 of the Civil Code, of a closed investigation file upon request during the regular business hours of the authority.
