SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

ADVISORY COMMITTEES
PUBLIC COMMENT NOVEMBER 2026

EFFECTIVE DATE: xx/xx/xx ***POLICY REFERENCE NO: 1010*** ***SUPERSEDES: 10/1/25***

1. PURPOSE

1.1. To define the roles, structure, membership, and procedural standards for advisory committees to the EMSA Medical Director.

2. POLICY

2.1. Advisory committees, composed of EMS system constituents, shall convene to review EMS system issues relevant to their scope of responsibility and recommend actions to the EMSA Medical Director concerning matters of policy, procedure, and protocol.

2.2. The EMSA Medical Director, as mandated by state statute, provides medical oversight and assures medical accountability throughout the planning, implementation and evaluation of the EMS System. The EMSA Medical Director retains the final decision through his/her medical authority for the EMS system.

3. PUBLIC AVAILABILITY

3.1. All Emergency Medical Services Committee (EMSAC) meetings are available to the public upon request. Meeting agendas, minutes, and other documents pertaining to these committee meetings, except quality improvement documents, are public records and subject to public review. EMSA shall distribute and post on its website an annual meeting schedule.

3.2. All subcommittees are quality improvement committees and are closed meetings due to confidential patient information reviewed during case discussions.

4. PARLIAMENTARY AUTHORITY / QUORUM

4.1. Proceedings of the advisory committee and subcommittees are conducted under the "Robert's Rules of Order" when they do not conflict with this policy. This policy shall take precedence if any procedures are in conflict with "Robert's Rules of Order."

4.2. A quorum is required to call the meeting to order and to transact committee business. A committee must maintain a quorum to continue a meeting. Specific quorum requirements are listed in Section 7.

5. COMMITTEE MEMBERSHIP

5.1. Committee members are nominated by their representative organization and appointed by the EMSA Medical Director for a two-year term. Members may be re-appointed to their position with concurrence of the EMSA Medical Director and their organization.

5.2. Members who do not attend three meetings within a year may be replaced in their position by the EMSA Medical Director.

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6. EMSAC OFFICERS

6.1. EMSAC shall elect a Chair and Vice-Chair. The Chair shall call and preside over all meetings of that committee. The Chair shall develop the committee agenda in consultation with the EMSA Medical Director. The Vice-Chair shall assume the duties of the Chair in their absence.

6.2. Committee Chairs and Vice-Chairs serve a two (2) year term from the time of election. At the last meeting of each committee before July 1st, the members shall elect a Chair and Vice-Chair. Chair and Vice Chair terms are effective at the first meeting of that committee after July 1st. The committee may vote to extend their term once (for a total of two years of consecutive service) if the current officers wish to continue. Past officers are eligible for service again after three (3) years from the end of their last term.

6.3. EMSA will provide professional and clerical support.

7. STANDING ADVISORY COMMITTEE AND SUBCOMMITTEES

7.1. **Emergency Medical Services Advisory Committee (EMSAC):** A standing multi-disciplinary advisory committee that facilitates the EMSA policy and protocol development process. This committee is responsible for reviewing and making recommendations related to the following:

7.1.1. Prehospital clinical policies and treatment protocol issues involving First Responder, Basic Life Support, Advanced Life Support, interfacility transport, and/or critical care transport personnel in the San Francisco EMS system.

7.1.2. General system management and operational policies including communications, system performance, destination, ambulance diversion, and development of strategies to optimize the EMS system.

7.1.3. Disaster medical emergency management, including mitigation, preparedness, response and recovery.

7.1.4. Approval of prehospital pilot and research projects.

7.1.5. Meetings: Held four (4) times per year or more frequently by request of the Committee Chair, vote of the committee, or the request of the EMSA Medical Director or his/her designee.

7.1.6. Location: As set by agenda

7.1.7. For EMSA Public Comment and Feedback Process see EMSA **Policy # 1000 Public comment Feedback and Implementation Process**

7.1.8. EMSA Staff Participation: Director and EMS Specialists

7.1.9. Quorum: Consists of:

7.1.9.1. **33% of EMSAC membership**

7.1.9.2. At least one (1) EMS provider agencies listed in Appendix A

7.1.9.3. At least four (4) receiving general acute care hospital (GACH) listed in Appendix C

7.1.10. Membership consists of the EMSA Medical Director (ex-officio) and one primary representative and one alternate representative from:

7.1.10.1. EMS provider agencies listed in Appendix A

7.1.10.2. Medical Directors of EMS provider agencies listed in Appendix A

7.1.10.3. EMS provider agencies listed in Appendix B

7.1.10.4. City College of San Francisco – Paramedic Training Program

7.1.10.5. City EMT
7.1.10.6. Community Paramedicine representative (currently accredited in San Francisco)
7.1.10.7. Field EMT representative (currently working for a San Francisco permitted EMS provider agency and appointed by the EMSA Medical Director)
7.1.10.8. Field Paramedic representative (currently working for a San Francisco permitted EMS provider agency and appointed by the EMSA Medical Director)
7.1.10.9. Members of the public, not affiliated with a regulated provider organization, and appointed by the EMSA Medical Director
7.1.10.10. San Francisco Department of Public Health (DPH)
7.1.10.11. San Francisco Division of Emergency Communications (DEC) Medical Director
7.1.10.12. San Francisco receiving GACHs listed in Appendix C
7.1.10.13. San Francisco Alternate Destination Facilities listed in Appendix D
7.1.10.14. ZSFGH Base Hospital Medical Director
7.1.10.15. ZSFGH Trauma Center

7.1.11. EMSAC membership shall be in compliance with Community Paramedicine and Triage to Alternate Destination program requirements (1797.273.) Should above membership not meet or exceed these requirements, the EMSA Medical Director shall appoint additional representatives:
7.1.11.1. EMS provider agencies listed in Appendix A
7.1.11.2. San Francisco Receiving Facility listed in Appendix C
7.1.11.3. San Francisco Alternate Destinations listed in Appendix D
7.1.11.4. San Francisco Emergency Physicians' Association
7.1.11.5. City College of San Francisco - Paramedic Training Program
7.1.11.6. San Francisco Department of Public Health
7.1.11.7. San Francisco General Hospital Base Hospital Medical Director
7.1.11.8. San Francisco Fire Department EMS Medical Director
7.1.11.9. San Francisco Emergency Communications Department Medical Director
7.1.11.10. Paramedic field representatives currently working for a permitted EMS provider agency appointed by the EMSA Medical Director
7.1.11.11. EMT field representatives currently working for a permitted EMS provider agency appointed by the EMSA Medical Director
7.1.11.12. Members of the public, not affiliated with a regulated EMS provider agency, and appointed by the EMSA Medical Director.

7.2. **Trauma System Audit Subcommittee (TSAC):** A standing subcommittee of the EMS Advisory Committee that advises on trauma system policy, protocol, and QI work. Its purpose is to assist in the evaluation and administration of care in the trauma system. TSAC is responsible for the development of policy and protocol, identifying key data metrics related to system performance and QI efforts, performing trauma-related case reviews (including but not limited to deaths, adverse events, and transfers), supporting disaster preparedness, injury prevention/public education, and input on re-triage processes.
7.2.1. Meetings: Two (2) times per year, or by request of the subcommittee Chair or the EMSA Medical Director.
7.2.2. Location: As set by agenda

7.2.3. Membership consists of:
- **7.2.3.1.** EMSA Medical Director (ex-officio)
- **7.2.3.2.** EMSA Director (ex-officio)
- **7.2.3.3.** EMSA Trauma Specialist
- **7.2.3.4.** ZSFGH Trauma Medical Director (ex-officio)
- **7.2.3.5.** ZSFGH Trauma Program Manager (ex-officio)
- **7.2.3.6.** At least one (1) representative from UCSF Hyde Bothin Burn Center
- **7.2.3.7.** At least one (1) representative from each of the San Francisco receiving GACHs listed in Appendix C (including ZSFGH and UCSF Hyde)
- **7.2.3.8.** One (1) representative from each EMS provider agency (Appendix A and B)
- **7.2.3.9.** San Mateo County LEMSA Trauma Coordinator

7.3. **STAR Subcommittee:** A standing subcommittee of the EMS Advisory Committee that advises on STEMI and post-cardiac arrest prehospital care. The subcommittee's goals are the evaluation of STEMI and cardiac arrest policies and protocols for the EMS system with the responsibility for addressing system vulnerabilities. It assists the EMS Medical Director by evaluating topics and data about related issues such as clinical research on prehospital STEMI and cardiac arrest care, clinical outcomes, community education, interfacility transfers, repatriation, and long-term outcomes.

7.3.1. Meetings: Two (2) times per year by request of the EMSA Medical Director.

7.3.2. Location: As set by agenda.

7.3.3. Membership consists of:
- **7.3.3.1.** EMSA Medical Director (ex-officio)
- **7.3.3.2.** EMSA STAR Specialist
- **7.3.3.3.** At least one (1) representative from each STAR-designated hospital
- **7.3.3.4.** One (1) representative from a non-STAR designated hospital
- **7.3.3.5.** At least one (1) representative from each EMS provider agency (Appendix A and B)

7.4. **Stroke Subcommittee:** A standing subcommittee of the EMS Advisory Committee that advises on Stroke prehospital care. The subcommittee's goals are the evaluation of Stroke policies and protocols for the EMS system with the responsibility for addressing system vulnerabilities. It assists the EMS Medical Director by evaluating topics and data about related issues such as clinical research on prehospital Stroke care, clinical outcomes, community education, interfacility transfers, repatriation, and long-term outcomes.

7.4.1. Meetings: Two (2) times per year by request of the EMSA Medical Director.

7.4.2. Location: As set by agenda

7.4.3. Membership consists of:
- **7.4.3.1.** EMSA Medical Director (ex-officio)
- **7.4.3.2.** EMSA Stroke Specialist
- **7.4.3.3.** At least one (1) representative from each Stroke Center
- **7.4.3.4.** At least one (1) representative from each EMS Provider agency (Appendix A and B)

7.5. **EMS For Children (EMSC) Subcommittee**: A standing subcommittee of the EMS Advisory Committee that advises on pediatric prehospital care. Its purpose is to assist in the evaluation and administration of pediatric care. EMSC is responsible for the development of policy and protocol, identifying key data metrics related to system performance and QI efforts, performing pediatric-related case reviews (including but not limited to deaths, adverse events, and transfers), policies and protocols for the EMS system, injury prevention/public education, and input on patient transfer processes.

7.5.1. Meetings: Two (2) times per year by request of the EMSA Medical Director.

7.5.2. Location: As set by agenda.

7.5.3. Membership consists of:

7.5.4. EMSA Medical Director (ex-officio)

7.5.5. EMSA EMSC Specialist

7.5.6. At least one (1) representative from each approved pediatric Receiving Facility

7.5.7. At least one (1) representative from each EMS provider agency (Appendix A and B)

7.5.8. At least one (1) representative from each regional pediatric trauma receiving center that receives pediatric patient transfers from local receiving centers.

7.6. **Quality Improvement (QI) Subcommittee:** A standing subcommittee of the EMS Advisory Committee that advises on system quality improvement issues. The subcommittee's goal is to report on and evaluate the EMS system and recommend any necessary changes. It assists the EMS Medical Director by evaluating topics and data about issues such as response capabilities, system structure, clinical performance, clinical outcomes, and professional training.

7.6.1. Meetings: Three (3) times per year by request of the EMSA Medical Director

7.6.2. Location: As set by agenda

7.6.3. Membership consists of:

7.6.3.1. EMSA Medical Director (ex-officio)

7.6.3.2. EMSA QI Specialist

7.6.3.3. At least one (1) representative from Division of Emergency Communications (DEC)

7.6.3.4. At least one (1) representative from each designated Receiving Facility in Appendix C

7.6.3.5. At least one (1) representative from each designated Alternate Destination Facility in Appendix D

7.6.3.6. At least one (1) representative from ZSFGH Base Hospital

7.6.3.7. At least one (1) representative from UCSF Hyde Bothin Burn Center

7.6.3.8. At least one (1) representative from each EMS provider agency in Appendix A and B

7.6.3.9. At least one (1) locally accredited Community Paramedic (CP)

8. AUTHORITY

8.1. California Health and Safety Code, Section 1797 et seq. and 1798 et seq.

8.2. California Government Code, Section 54950 et seq.

8.3. California Code of Regulations, Title 22, Division 9

8.4. City and County of San Francisco Administrative Code, Section 67.1 et seq.

APPENDIX A: SAN FRANCISCO 9-1-1 AMBULANCE PROVIDERS

1. American Medical Response (AMR)
2. King American Ambulance
3. San Francisco Fire Department (SFFD)

APPENDIX B: SAN FRANCISCO NON 9-1-1 AMBULANCE PROVIDERS

1. NorCal Ambulance
2. Pro-Transport 1
3. Royal Ambulance

APPENDIX C: SAN FRANCISCO RECEIVING GENERAL ACUTE CARE HOSPITAL

1. California Pacific Medical Center (CPMC) – Bernal
2. CPMC – Davies
3. CPMC – Van Ness
4. Chinese Hospital
5. Kaiser Permanente – San Francisco
6. Kaiser Permanente – South San Francisco
7. Seton Medical Center (San Mateo)
8. University of California, San Francisco (UCSF) Mission Bay
9. UCSF Hyde Hospital
10. UCSF Stanyan Hospital
11. UCSF Medical Center at Parnassus
12. Zuckerberg San Francisco General Hospital (ZSFGH) Trauma Center & Base Hospital

APPENDIX D: SAN FRANCISCO TRIAGE TO ALTERNATE DESTINATION (TAD) FACILITIES

1. Geary Stabilization Unit (GSU)
2. San Francisco Sobering Center
3. Veterans Administration (VA) Medical Center