

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

213A



**FROM:** Department of Public Health / EMS

**SUBMITTAL DATE:**

February 17, 2015

**SUBJECT:** Appointment to Emergency Medical Care Committee (EMCC) [Districts: All] [Total Cost: \$0]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the appointment of Melissa Schmidt to EMCC – term ending on June 30, 2016.

**BACKGROUND:**

**Summary**

The EMCC is a committee established by Resolution No. 2013-052 pursuant to the California Health and Safety Code Division 2.5, Chapter 4, Article 3, Section 1797.270 which states: "An EMCC may be established by each county in this state." Both Resolution No. 2013-052 and the Health and Safety Code states that the EMCC shall act in an advisory capacity to the Board of Supervisors and to the local EMS Agency (REMSA) concerning all aspects of emergency medical care with the County. Ms. Melissa Schmidt was selected by Riverside County air ambulance providers to be their representative on the EMCC.

Departmental Concurrence

*Susan D. Harrington*  
Susan Harrington, Director  
Department of Public Health

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input checked="" type="checkbox"/> Policy <input type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

**SOURCE OF FUNDS:** N/A

**Budget Adjustment:** N/A

**For Fiscal Year:** N/A

**C.E.O. RECOMMENDATION:**

**APPROVE**

BY: *Debra Cournoyer*  
Debra Cournoyer

**County Executive Office Signature**

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Benoit, seconded by Supervisor Washington and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Washington, Benoit and Ashley  
Nays: None  
Absent: Tavaglione  
Date: March 10, 2015  
xc: Public Health

Kecia Harper-Ihem

Clerk of the Board

By: *Kecia Harper-Ihem*  
Deputy

Positions Added

☐

Change Order

☐

A-30

☐

4/5 Vote

☐

**Prev. Agn. Ref.:**

**District:** All

**Agenda Number:**

**2-14**