



# ADOPTED

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

29 June 11, 2019

Los Angeles County  
Board of Supervisors

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June 11, 2019

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

  
CELIA ZAVALA  
EXECUTIVE OFFICER

Christina R. Ghaly, M.D.  
Director

Hal F. Yee, Jr., M.D., Ph.D.  
Chief Medical Officer

Dear Supervisors:

**APPROVAL OF SPECIALTY CARE CENTER DESIGNATION MASTER AGREEMENT  
(ALL SUPERVISORIAL DISTRICTS)  
(3 VOTES)**

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[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

**SUBJECT**

*To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*

Request approval to execute new Specialty Care Center Designation Master Agreements with qualified private and public hospitals or healthcare facilities to designate them as Paramedic Base Hospitals, and to execute amendments to add any additional Specialty Care Center Designations mandated by the State of California or the Federal Government, or otherwise required to support or participate in the County of Los Angeles' Emergency Medical Services System.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Authorize the Director of Health Services (Director), or designee, to execute a Specialty Care Center Designation Master Agreement (SCCDMA), substantially similar to Exhibit I attached hereto, with 21 qualified private and public hospitals, effective for the period July 1, 2019 through June 30, 2024, with five additional one-year option periods for the provision of designating the hospitals as Paramedic Base Hospitals.
2. Delegate authority to the Director, or designee, to execute Amendments to the SCCDMA to: (i) Add any additional Specialty Care Center designations mandated by the State or Federal Government, or otherwise required to support or participate in the County of Los Angeles' (County) Emergency Medical Services System, including but not limited to: 9-1-1 Receiving Facility,



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Stroke Center, Trauma Center, Pediatric Medical Center, STEMI Receiving Center, Sexual Assault Response Team Center, Disaster Receiving Center, and Hospital Preparedness Program; (ii) Add designations granted to hospitals or healthcare facilities under existing agreements; and (iii) Delete any Specialty Care Center Designation for which the participating hospital or healthcare facility no longer qualifies due to its failure to rectify significant deficiencies that would have a material negative impact on the County, subject to review and approval by County Counsel, and with notice to the Board at least thirty (30) days before the participating hospital or healthcare facility loses its designation.

3. Delegate authority to the Director, or designee, to award a SCCDMA to newly qualified private and public hospitals or healthcare facilities who attain one or more of the Specialty Care Center Designations identified in recommendations number 1 or 2 above, subject to review and approval by County Counsel and with notice to the Board.

4. Delegate authority to the Director, or designee, through the Emergency Medical Services (EMS) Agency, to determine and charge each participating hospital or healthcare facility: (i) Specialty Care Center Designation fees associated with the data collection, monitoring, evaluation, training and education of specialized medical personnel, and verification/certification of the hospital's or healthcare facility's specialized program; and (ii) annual designation fees for each Specialty Care Center Designation Program based on costs associated with managing and administering these programs, subject to review and approval by County Counsel, and with notice to the Board and the Chief Executive Office (CEO).

5. Delegate authority to the Director, or designee, to: (i) exercise the five additional one-year extension options, through June 30, 2029, subject to review and approval by County Counsel, with notification to the Board and the CEO; and (ii) execute Amendments to the SCCDMA to add, delete, or modify fees identified in recommendation number 4 and 5 above, with approval of County Counsel, and notification to the Board and the CEO; and (iii) add delete, and/or change any non-substantive terms and conditions in the Agreement, subject to review and approval by County Counsel.

## **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

### Background

Pursuant to provisions of the Emergency Medical Services and Prehospital Emergency Medical Care Personnel Act (Health and Safety Code, Sections 1797, et seq.), the EMS Agency serves as the lead agency for the coordination of emergency medical services system in the County. The EMS Agency is responsible for ensuring high quality patient care and maintains an advanced life support system, providing services utilizing Emergency Medical Technicians and Paramedics for the delivery of emergency medical care to individuals at the scene of an emergency, during transport to a general acute care hospital, and while in the emergency department of a general acute care hospital, until care responsibility is assumed by the regular staff of that hospital.

Paramedic Base Hospitals (Base Hospital) provide or cause to be provided, emergency medical services, and pre-hospital personnel training and continuing education in accordance with EMS Agency policies and procedures; collect pre-hospital and emergency department data; and share a portion of costs required for data collection, monitoring, and evaluation of the ALS programs. They also train specially authorized Mobile Intensive Care Nurses to deliver verbal medical instructions over a radio or commercial telephone to paramedics to provide immediate medical direction and supervision of paramedics within the County in accordance with the California Code of Regulations, Title 22, and policies and procedures established by the EMS Agency and the State of California EMS Agency; and must be State-licensed as general acute care hospital and have a special permit for Basic or Comprehensive Emergency Medical Service pursuant to State regulations.

The EMS Agency approves Base Hospital Designations for qualified hospitals and also approves and designates qualified hospitals and healthcare facilities, both private and public, to serve as 9-1-1 Receiving Facilities, Stroke Centers, Trauma Centers, Pediatric Medical Centers, STEMI Receiving Centers, Sexual Assault Response Team Center, and Hospital Preparedness Program participants in the County. Over the years, the County has executed separate agreements for each designation with each hospital or healthcare facility.

The Department has initiated efforts to identify and eliminate duplicative functions and administrative operations to reduce timelines and barriers, particularly, with contracting. These efforts align with the February 28, 2019, CEO Board Notification to streamline the County contracting process, specifically by increasing the utilization of Master Agreements which provide departments with the ability to standardize agreements so they can be more efficiently managed. It was also recommended that departments leverage existing Master Agreements by adding service categories and/or increasing delegated authority.

On December 4, 2012, the Board approved the current Base Hospital Agreements with the current 21 base hospitals which expire on June 30, 2019. These expiring Agreements will be the first designation agreements to be replaced by the new SCCDMA; and the Department will utilize the SCCDMA to consolidate designations previously issued under other existing agreements and to provide for the addition of future designations.

## Recommendations

Approval of the first recommendation will allow the Director, or designee, to execute SCCDMA, substantially similar to Exhibit I attached hereto, with 21 qualified private and public hospitals listed in Attachment A, effective for the period July 1, 2019 through June 30, 2024, with five additional one-year option periods, which provides for their designation as Paramedic Base Hospitals, and enables them to maintain their Paramedic Base Hospital designation which would otherwise expire on June 30, 2019.

Approval of the second recommendation will allow the Director, or designee, to execute Amendments to the SCCDMAs to: (i) Add any additional Specialty Care Center designations mandated by the State or Federal Government, or otherwise required to support or participate in the County's Emergency Medical Services System, including but not limited to: 9-1-1 Receiving Facility, Stroke Center, Trauma Center, Pediatric Medical Center, STEMI Receiving Center, Sexual Assault

Response Team Center and Hospital Preparedness Program participants; (ii) Add designations granted to hospitals or healthcare facilities under existing agreements; and (iii) Delete any Specialty Care Center Designation the participating hospital or healthcare facility for which it no longer qualifies due to its failure to rectify significant deficiencies that would have a material negative impact on the County; and will enable the Department to consolidate the existing designation agreements into the proposed SCCDMA.

Approval of the third recommendation will allow the Director, or designee, to award a SCCDMA to newly qualified private and public hospitals or healthcare facilities who attain one or more of the Specialty Care Center Designations identified in recommendations number 1 or 2.

Approval of the fourth recommendation will allow the Director, or designee, through the Emergency Medical Services (EMS) Agency, to determine and charge each participating hospital or healthcare facility: (i) Specialty Care Center Designation fees associated with the data collection, monitoring, evaluation, training and education of specialized medical personnel, and verification/certification of the hospital or healthcare facility's specialized program; and (ii) annual designation fees for each Specialty Care Center Designation Program based on costs associated with managing and administering these programs; thus making these designation programs cost neutral.

Approval of the fifth recommendation will allow the Director, or designee, to: (i) exercise the five additional one year extension options, through June 30, 2029; (ii) execute Amendments to the SCCDMA to add, delete, or modify fees identified in recommendation number 4 and 5 above; and (iii) add delete, and/or change any non-substantive terms and conditions in the proposed SCCDMA.

### **Implementation of Strategic Plan Goals**

The recommended actions support Strategy II.2 "Support the Wellness of Our Communities" and Strategy III.3 "Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability" of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

#### **Paramedic Base Hospitals**

Each Paramedic Base Hospital pays the County EMS Agency an annual fee to offset County's costs for data collection, monitoring, and evaluation of Advanced Life Support (ALS) programs. For both Fiscal Years (FYs) 2019-20 and 2020-21, the fees paid by each of the eight non-County hospitals will be \$12,535, for total estimated annual revenue of \$100,280. These fees may be increased in future FYs based upon a review of the actual costs under this Agreement.

The revenue is included in FY 2019-20 Recommended Budget and will be included in future fiscal years as necessary.

## **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Pursuant to California Health and Safety (H&S) Code, Division 2.5 of the Emergency Medical Services and Prehospital Emergency Medical Care Personnel Act, the County's EMS Agency plans and maintains an Emergency Medical Services System for the County that is composed of private and public State-licensed acute care hospitals and healthcare facilities. The EMS Agency awards Specialty Care Center Designations to qualified hospitals and healthcare facilities so they may participate in various programs that compose the Emergency Medical Services System.

Over the years, the Department has utilized the County's standard service agreement model to award specific designations to each hospital or healthcare facility. However, the Department's Contracts and Grants Division and the EMS Agency have historically faced concerns from the hospitals or healthcare facilities during negotiations prior to executing a designation agreement because of several service-related provisions in the standard service agreement that are not applicable to a designation agreement. For example, the County's requirement that the service provider indemnify the County for its negligent acts and omissions are inapplicable where the County is providing a certification designation and receiving data for monitoring purposes. Negotiations typically resulted in the deletion and/or modification of many of the County's standard service agreement's terms and conditions.

The proposed SCCDMA, which is substantially similar to Exhibit I, was developed as a non-service agreement and is specifically tailored for Specialty Care Center Designation relationships. As additional Specialty Care Center Designations are granted to the private and public hospitals and healthcare facilities, the Department will incorporate these additional designations via the Amendment process. This will greatly streamline the contracting process and consolidate the designations of the hospitals and healthcare facilities.

A task force composed of representatives from the EMS Agency and each of the 21 base hospitals reviewed and agreed to replace the current Base Hospital Agreement with the proposed SCCDMA.

The existing Trauma Center Service Agreement and Memorandum of Understanding require the trauma hospitals to meet established Base Hospital Requirements. The proposed SCCDMA will supersede the existing TCSAs' and MOUs' Base Hospital Requirements as Exhibit L. The two County-operated paramedic base hospitals, LAC+USC and Harbor/UCLA Medical Centers, also operate under the same programmatic terms of this SCCDMA standard agreement as required by the Director.

The SCCDMA which is substantially similar to Exhibit I, contains negotiated provisions pertaining specifically to designation agreements which were developed in consultation with County Counsel and the CEO Risk Management Division. The Department has determined that the benefits the residents of the County receive resulting from the SCCDMA far outweigh any risk associated with the changes to County's standard indemnity, insurance, and other terms and conditions.

The SCCDMA is not a Proposition A Agreement because it is not a service agreement, and the authority to contract with designated Base Hospitals is expressly provided by California H&S Code, Section 1798.100 and, therefore, is not subject to the Living Wage Program (Los Angeles County Code Chapter 2.121).

County Counsel has approved Exhibit I as to form.

**CONTRACTING PROCESS**

Not applicable.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Approval of the recommendations will ensure that the Paramedic Base Hospitals will maintain their level of program services in the County.

Respectfully submitted,



Christina R. Ghaly, M.D.  
Director

CRG:se

Enclosures

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

**PARAMEDIC BASE HOSPITALS**

Adventist Health - Glendale

Antelope Valley Hospital

Dignity Health - California Hospital Medical Center

Cedars-Sinai Medical Center

Citrus Valley Medical Center - Queen of the Valley Campus

Dignity Health - Northridge Hospital Medical Center

Henry Mayo Newhall Hospital

LAC Harbor - UCLA Medical Center

LAC+USC Medical Center

Long Beach Memorial Medical Center

Methodist Hospital of Southern California

PIH - Whittier

Pasadena Hospital Association, Ltd. dba  
Huntington Hospital

Pomona Valley Hospital Medical Center

Providence Holy Cross Medical Center

Providence Little Company of Mary-Torrance

Providence Health System So. Ca. DBA

Providence St. Joseph Med. Center

St. Francis Medical Center

St. Mary Medical Center

The Regents of the University of California on behalf of its UCLA Ronald Reagan Medical  
Center

Torrance Memorial Medical Center



**MASTER AGREEMENT**

**BY AND BETWEEN**

**COUNTY OF LOS ANGELES**

**AND**

**(CONTRACTOR)**

**FOR**

**SPECIALTY CARE CENTER DESIGNATIONS**



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**STANDARD EXHIBITS**

- A SPECIALTY CARE CENTER DESIGNATIONS EXHIBIT
- B (INTENTIONALLY OMITTED)
- C (INTENTIONALLY OMITTED)
- D CONTRACTOR'S EEO CERTIFICATION
- E COUNTY'S ADMINISTRATION
- F CONTRACTOR'S ADMINISTRATION
- G FORM(S) REQUIRED AT THE TIME OF AGREEMENT EXECUTION
- H JURY SERVICE ORDINANCE (INTENTIONALLY OMITTED)
- I SAFELY SURRENDERED BABY LAW

**MASTER AGREEMENT BETWEEN  
COUNTY OF LOS ANGELES  
AND**

---

**FOR  
SPECIALTY CARE CENTER DESIGNATION**

This Master Agreement and Exhibits made and entered into this \_\_\_ day of \_\_\_\_\_, 20\_\_ by and between the County of Los Angeles, hereinafter referred to as County and \_\_\_\_\_, hereinafter referred to as Contractor. \_\_\_\_\_ is located at \_\_\_\_\_.

**RECITALS**

WHEREAS, the County may contract with private healthcare facilities or hospitals for specialty care center designations when certain requirements are met; and

WHEREAS, Contractor is a private or a public healthcare facility or hospitals specializing in providing certain specialty healthcare services; and

WHEREAS, County has designated its Department of Health Services as the local Emergency Medical Services Agency (hereafter " EMS Agency"); and

WHEREAS, pursuant to the authority granted under the Emergency Medical Services System and Prehospital Emergency Medical Care Personnel Act ("Act") (Health and Safety [H&S] Code, Sections 1797, et seq.), the EMS Agency serves as the lead agency for coordinating an Emergency Medical System for the County consisting of both private and public healthcare facilities and hospitals possessing Specialty Care Center Designations; and

WHEREAS, pursuant to the Act, the County may award Specialty Care Center Designations to qualified private and public healthcare facilities and hospitals when certain requirements are met; and

WHEREAS, Contractor is an acute care hospital or a healthcare facility, licensed to operate in the State of California; and

WHEREAS, the Act and related implementing regulations require the commitment of Contractor's administration, emergency department, and medical

staff to meet requirements for program participation as specified by law and by EMS Agency policies and procedures; and

WHEREAS, the parties wish to cooperate with each other, other healthcare facilities, and provider agencies in the joint development and operation of the EMS system in Los Angeles County in order to efficiently and appropriately meet the needs of Los Angeles County residents for high quality EMS services; and

WHEREAS, the parties desire to carry out their respective obligations under this Agreement in an efficient cost-effective manner; and

WHEREAS, Contractor agrees to share in a portion of costs required to implement and maintain a countywide computerized data collection, monitoring, evaluation, and information management system (costs specified per designation program); and

WHEREAS, Contractor agrees to share in a portion of costs associated with managing and administering these Specialty Care Center Designation Programs (costs specified per designation program); and

WHEREAS, in exchange, County agrees to provide countywide standardized reports and to make available countywide statistical data; and

WHEREAS, this Master Agreement is authorized by H&S Code Sections 1797.67, 1797.78, 1797.204, 1797.252; and

WHEREAS, this Master Agreement is therefore authorized under California Government Code Section 3100 which authorizes the Board of Supervisors to contract for medical services; and

WHEREAS, the Board of Supervisors has authorized the Director of the Department of Health Services or designee to execute and administer this Master Agreement; and

WHEREAS, Contractor warrants that it possesses the competence, expertise and personnel necessary to provide services consistent with the requirements of this Master Agreement and with the professional standard of care for these services.

NOW THEREFORE, in consideration of the mutual covenants contained herein, and for good and valuable consideration, the parties agree to the following:

## **1.0 APPLICABLE DOCUMENTS**

Exhibits A, D, E, F, G, are attached to and form a part of this Agreement. In the event of any conflict or inconsistency in the definition or interpretation of any word, responsibility, schedule, or the contents or

description of any task, deliverable, goods, service, or other work, or otherwise between the Master Agreement and the Exhibits, or between Exhibits, such conflict or inconsistency shall be resolved by giving precedence first to the Master Agreement and then to the Exhibits according to the following priority.

**Standard Exhibits:**

- 1.1 EXHIBIT A - Specialty Care Center Designation Agreements
- 1.2 EXHIBIT B - (INTENTIONALLY OMITTED)
- 1.3 EXHIBIT C - Contractor's Proposed Schedule (INTENTIONALLY OMITTED)
- 1.4 EXHIBIT D - Contractor's EEO Certification
- 1.5 EXHIBIT E - County's Administration
- 1.6 EXHIBIT F - Contractor's Administration
- 1.7 EXHIBIT G - Forms Required at the Time of Agreement Execution
- 1.8 EXHIBIT H - Jury Service Ordinance (INTENTIONALLY OMITTED)
- 1.9 EXHIBIT I - Safely Surrendered Baby Law

This Master Agreement and the Exhibits hereto constitute the complete and exclusive statement of understanding between the parties, and supersedes all previous Agreements, written and oral, and all communications between the parties relating to the subject matter of this Master Agreement. No change to this Master Agreement shall be valid unless prepared pursuant to sub-paragraph 8.1 - Amendments and signed by both parties.

**2.0 DEFINITIONS**

- 2.1 **Contractor:** The sole proprietor, partnership, corporation, or public hospital or healthcare center that has entered into this Master Agreement with the County to obtain a Specialty Care Center Designation and comply with the respective designation's requirements, standards, protocols, perform or execute any performance requirements, and/or other tasks specified in the respective Specialty Care Center Designation in Exhibit A.
- 2.3 **Contractor's Project Manager:** The individual designated by Contractor, a healthcare facility or hospital, to administer the Master Agreement operations after the Master Agreement award.



- 2.4 **Day(s):** Calendar day(s) unless otherwise specified.
- 2.5 **DHS:** Department of Health Services
- 2.6 **Director:** Director of Health Services (acting, interim or permanent) or authorized designee.
- 2.7 **County's Project Director:** Person designated by County with authority for County on contractual or administrative matters relating to this Master Agreement that cannot be resolved by the County's Project Manager.
- 2.8 **County's Project Manager:** Person designated by County's Project Director to manage the operations under this Master Agreement.
- 2.9 **County's Project Monitor:** Person with responsibility to oversee the day to day activities of this Master Agreement. Responsibility for inspections of any and all tasks, deliverables, goods, services and other work provided by the healthcare facility or hospital.
- 2.10 **Fiscal Year:** The twelve (12) month period beginning July 1st and ending the following June 30th.
- 2.11 **Master Agreement:** Agreement executed between County and Contractor, a healthcare facility or hospital. It sets forth the terms and conditions for the issuance and performance of the Specialty Care Center Designation in Exhibit A.

### **3.0 SPECIALTY CARE CENTER DESIGNATIONS**

- 3.1 Pursuant to the provisions of this Master Agreement, Contractor shall fully comply with all requirements, standards, and policies and shall perform, complete and deliver on time, all tasks, deliverables, and other specific items as set forth in herein and as set forth in any Specialty Care Center Designation Agreements in Exhibit A Contractor is subsequently awarded pursuant to this Master Agreement.
- 3.2 If Contractor provides any tasks, deliverables, goods, services, or other work, other than as specified in this Master Agreement, the same shall be deemed to be a gratuitous effort on the part of the Contractor, and Contractor shall have no claim whatsoever against the County.

## **4.0 TERM OF AGREEMENT**

- 4.1 The term of this Master Agreement shall be five (5) years or less commencing after execution by the Director as authorized by the County's Board of Supervisors, and shall terminate on June 30, 2024 unless sooner terminated or extended, in whole or in part, as provided in this Agreement (hereinafter "Initial Term"). The County shall have the sole option to extend this Master Agreement term for up to five (5) additional one-year extension options, through June 30, 2029 (hereafter "Optional Term") for a maximum total Agreement term of ten (10) years. Each such option and extension shall renew automatically, unless sooner terminated or extended, in whole or in part, as provided in the Master Agreement, Sub-paragraph 4.4.
- 4.3 The County maintains databases that track/monitor Contractor's performance history and compliance with Health and Safety Code, Division 2.5.,. Information entered into such databases may be used for a variety of purposes, including determining whether the County will exercise an agreement term extension option.
- 4.4 Notwithstanding any other provision of this Master Agreement, Director may suspend this Master Agreement immediately upon giving written notice to Contractor if Contractor's license to operate as a general acute care hospital or its permit to operate basic or comprehensive emergency service is revoked or suspended. Any such action by the EMS Agency shall be subject to the review procedures for suspensions established in Paragraph 9.1, Due Process, herein below. If such a suspension order has been issued and remains in effect for a period of at least sixty (60) calendar days, Director may terminate this Master Agreement upon giving at least thirty (30) calendar days prior written notice thereof to Contractor.

## **5.0 AGREEMENT SUM, BILLING AND PAYMENT**

- 5.1 To provide ongoing financial support to County for data collection, monitoring, and evaluation of the respective Specialty Care Center Designation Agreement of this Master Agreement. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, except as specified herein. Assumption or takeover of any of Contractor's duties, responsibilities, or obligations, or performance of same by any entity other than Contractor, whether

through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever, shall occur only with the County's express prior written approval.

## **6.0 ADMINISTRATION OF AGREEMENT - COUNTY**

### **COUNTY ADMINISTRATION**

The Director shall have the authority to administer this Master Agreement on behalf of the County. The Director retains professional and administrative responsibility for the services rendered under this Master Agreement. A listing of all County Administration referenced in the following Sub-paragraphs are designated in Exhibit E - County's Administration. The County shall notify Contractor in writing of any change in the names or addresses shown.

#### **6.1 County's Project Director**

Responsibilities of the County's Project Director include:

- ensuring that the objectives of this Master Agreement are met; and
- providing direction to Contractor in the areas relating to County policy, information requirements, and procedural requirements.

#### **6.2 County's Project Manager**

6.2.1 The responsibilities of the County's Project Manager include:

- meeting with Contractor's Project Manager on a regular basis; and
- inspecting any and all tasks, deliverables, goods, services, or other work provided by or on behalf of Contractor.

6.2.1 The County's Project Manager is not authorized to make any changes in any of the terms and conditions of this Master Agreement and is not authorized to further obligate County in any respect whatsoever.

#### **6.3 County's Project Monitor**

The County's Project Monitor is responsible for overseeing the day-to-day administration of this Master Agreement. The Project Monitor reports to the County's Project Manager.

## **7.0 ADMINISTRATION OF AGREEMENT - CONTRACTOR**

### **7.1 Contractor's Project Manager**

7.1.1 Contractor's Project Manager is designated in Exhibit F – Contractor's Administration. Contractor shall notify the County in writing of any change in the name or address of Contractor's Project Manager within five (5) business days of such change.

7.1.2 Contractor's Project Manager shall be responsible for Contractor's day-to-day activities as related to this Master Agreement and shall coordinate with County's Project Manager and County's Agreement Project Monitor on a regular basis.

### **7.2 Contractor's Authorized Official (s)**

7.2.1 Contractor's Authorized Official(s) are designated in Exhibit F. Contractor shall promptly notify the County in writing of any change in the name(s) or address(es) of Contractor's Authorized Official(s) within five (5) business days of such change.

7.2.2 Contractor represents and warrants that all requirements of Contractor have been fulfilled to provide actual authority to such officials to execute documents under this Master Agreement on behalf of Contractor.

### **7.3 Approval of Contractor's Staff (INTENTIONALLY OMITTED)**

### **7.4 Contractor's Staff Identification (INTENTIONALLY OMITTED)**

### **7.5 Background and Security Investigations (INTENTIONALLY OMITTED)**

### **7.6 Confidentiality**

7.6.1 Contractor shall maintain the confidentiality of all records and information, including, but not limited to, billings, the County records, and patient records, in accordance with all applicable Federal, State and local laws, rules, regulations, ordinances, directives, guidelines, policies and procedures relating to confidentiality, including, without limitation, County policies concerning information technology security and the protection of confidential records and information.

7.6.2 Contractor shall indemnify, defend, and hold harmless County, its Special Districts, elected and appointed officers, employees, and agents, from and against any and all claims, demands, damages, defense costs and legal fines arising from any material breach by Contractor, its officers,

employees, agents, or subcontractors, to comply with this Sub-paragraph 7.6, as determined by County in its sole judgment. Any legal defense pursuant to Contractor's indemnification obligations under this Sub-paragraph 7.6 shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, the County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide the County with a full and adequate defense, as determined by County in its sole judgment, the County shall be entitled to retain its own counsel, including, without limitation, County Counsel, and reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction, or make any admission, in each case, on behalf of the County without the County's prior written approval.

7.6.3 Contractor shall inform all of its officers, employees, agents and subcontractors providing services hereunder of the confidentiality provisions of this Master Agreement.

7.6.4 Contractor shall sign and adhere to the provisions of Exhibit G1 - Contractor Acknowledgement and Confidentiality Agreement.

#### **7.7 Staff Performance under the Influence**

Contractor shall not knowingly permit any employee to perform services under this Master Agreement while under the influence of any alcoholic beverage, medication, narcotic, or other substance which might impair their physical or mental performance.

### **8.0 STANDARD TERMS AND CONDITIONS**

#### **8.1 AMENDMENTS**

8.1.1 For any change which affects the scope of work, term, Master Agreement Sum, payments, or any term or condition included under this Master Agreement, an Amendment shall be prepared, mutually agreed to in writing, and then executed by Contractor and by the Board of Supervisors or its authorized designee.

8.1.2 The County's Board of Supervisors or Chief Executive Officer or designee may require the addition and/or change of certain terms and conditions in the Master Agreement during the term of this Master Agreement. The County reserves the right to add and/or change such provisions as required by the County's Board of Supervisors or Chief

Executive Officer or designee. To implement such changes, an Amendment to the Master Agreement shall be prepared and executed by Contractor and by Director or his/her designee.

8.1.3 The Director or his/her designee, may at his/her sole discretion, authorize extensions of time as defined in Paragraph 4.0 - Term of Agreement. Contractor agrees that such extensions of time shall not change any other term or condition of this Master Agreement during the period of such extensions. To implement an extension of time, an Amendment to the Master Agreement shall be prepared by the County, mutually agreed to in writing, and then executed by Contractor and by the Director or his/her designee.

8.1.4 The Director or his/her designee may require, at his/her sole discretion, the addition and/or change of certain terms and conditions in the Master Agreement to conform to changes in federal or state law or regulation, during the term of this Master Agreement. The County reserves the unilateral right to add and/or change such provisions as required by law or regulation, without the need for Contractor's written consent, to preserve this Master Agreement's conformity and compliance to federal and state law or regulation. To implement such changes, an Amendment to the Master Agreement shall be prepared by the County and then executed by Contractor and by the Director or his/her designee.

## **8.2 ASSIGNMENT AND DELEGATION/MERGERS OR ACQUISITIONS**

8.2.1 Contractor shall notify the County of any pending acquisitions/mergers of its company unless otherwise legally prohibited from doing so. If Contractor is restricted from legally notifying the County of pending acquisitions/mergers, then it should notify the County of the actual acquisitions/mergers as soon as the law allows.

8.2.2 Contractor's assignment of its rights or delegation of its duties under this Master Agreement, or both, whether in whole or in part, is not allowed.

8.2.3 The surviving entity of an acquisition or merger, if not Contractor, will be required to enter into a new Master Agreement, if it is qualified, to obtain any Specialty Care Center Designation(s) that Contractor was granted under this Master Agreement.

## **8.3 AUTHORIZATION WARRANTY**

Contractor represents and warrants that the person executing this Master Agreement for Contractor is an authorized agent who has actual authority to bind Contractor to each and every term, condition, and obligation of this Master Agreement and that all requirements of Contractor have been fulfilled to provide such actual authority.

**8.4 BUDGET REDUCTIONS (INTENTIONALLY OMITTED)**

**8.5 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS (2 C.F.R. PART 376)(INTENTIONALLY OMITTED)**

**8.6 COMPLAINTS (INTENTIONALLY OMITTED)**

**8.7 COMPLIANCE WITH APPLICABLE LAWS, RULES AND REGULATIONS**

8.7.1 In the performance of this Master Agreement, Contractor shall comply with all applicable Federal, State and local laws, rules, regulations, ordinances, directives, guidelines, policies and procedures, including, but not limited to standards of a Centers for Medicare and Medicaid Services (CMS) approved accrediting body (i.e., The Joint Commission), California Code of Regulations, Title 22, Division 5 regulations and all other applicable industry best practices and standards. All provisions required thereby to be included in this Master Agreement are incorporated herein by reference.

8.7.2 Contractor and County shall indemnify, defend, and hold harmless each party, its officers, employees, and agents, from and against any and all claims, demands, damages, defense costs and legal fines, arising from any material breach, connected with, or related to any failure by Contractor, its officers, employees, agents, or subcontractors, to comply with any such laws, rules, regulations, ordinances, directives, guidelines, policies, or procedures. Any legal defense pursuant to Contractor's indemnification obligations under this Sub-paragraph 8.7 shall be conducted by Contractor and performed by counsel selected by Contractor and approved by the County. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a full and adequate defense as determined by the County in its sole judgement, the County shall be entitled to retain its own counsel, including, without limitation, County Counsel, and reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to

enter into any settlement, agree to any injunction or other equitable relief, or make any admission, in each case, on behalf of County without County's prior written approval.

**8.8 COMPLIANCE WITH CIVIL RIGHTS LAWS – ANTI-DISCRIMINATION AND AFFIRMATIVE ACTION**

- 8.8.1 Contractor hereby assures that it will comply with Subchapter VI of the Civil Rights Act of 1964, 42 USC Sections 2000(e)(1) through 2000(e)(17), the Fair Employment & Housing Act, Government Code Sections 12920-12922; and Affirmative Action in County Agreements, Chapter 4.32 of the Los Angeles County Code, to the end that no person shall, on the grounds of race, creed, color, religious creed, ancestry, national origin, sex, sexual orientation, age, physical or mental disability, medical condition, marital status, or political affiliation, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Master Agreement or under any project, program, or activity supported by this Master Agreement.
- 8.8.2 Contractor certifies and agrees that all persons employed by it, its affiliates, subsidiaries, or holding companies are and shall be treated equally without regard to or because of race, color, religious creed, ancestry, national origin, sex, sexual orientation, age, physical or mental disability, medical condition, marital status, or political affiliation, in compliance with all applicable Federal and State anti-discrimination laws and regulations.
- 8.8.3 Contractor shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to race, color, religious creed, ancestry, national origin, sex, sexual orientation, age, physical or mental disability, medical condition, marital status, or political affiliation, in compliance with all applicable Federal and State anti-discrimination laws and regulations. Such action shall include, but is not limited to: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
- 8.8.4 Contractor certifies and agrees that it will deal with its subcontractors, bidders, or vendors without regard to or because of race, color, religious creed, ancestry, national origin, sex, sexual orientation, age, physical or mental



disability, medical condition, marital status, or political affiliation.

- 8.8.5 Contractor certifies and agrees that it, its affiliates, subsidiaries, or holding companies shall comply with all applicable Federal and State laws and regulations to the end that no person shall, on the grounds of race, color, religious creed, ancestry, national origin, sex, sexual orientation, age, physical or mental disability, medical condition, marital status, or political affiliation, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Master Agreement or under any project, program, or activity supported by this Master Agreement.
- 8.8.6 Contractor shall allow County representatives access to Contractor's employment records during regular business hours to verify compliance with the provisions of this Sub-paragraph 8.8 when so requested by the County.
- 8.8.7 If the County finds that any provisions of this Sub-paragraph 8.8 have been violated, such violation shall constitute a material breach of this Master Agreement upon which the County may terminate or suspend this Master Agreement. While the County reserves the right to determine independently that the anti-discrimination provisions of this Master Agreement have been violated, in addition, a determination by the California Fair Employment Practices Commission or the Federal Equal Employment Opportunity Commission that Contractor has violated Federal or State anti-discrimination laws or regulations shall constitute a finding by the County that Contractor has violated the anti-discrimination provisions of this Master Agreement.
- 8.8.8 The parties agree that in the event Contractor violates any of the anti-discrimination provisions of this Master Agreement, the County shall, at its sole option after considering any written evidence in mitigation or explanation of the violation presented by Contractor, be entitled to the sum of Five Hundred Dollars (\$500) for each such violation or a maximum of One Thousand Five Hundred (\$1,500) for any continuing course of violations, pursuant to California Civil Code Section 1671 as liquidated damages in lieu of terminating or suspending this Master Agreement.
- 8.8.9 **Anti-discrimination in Services:**
- Contractor shall not discriminate in the provision of services hereunder because of race, color, religious creed, national origin, ethnic group identification, ancestry, age, sex, sexual

orientation, medical condition, marital status, political affiliation, or physical or mental disability in accordance with requirements of Federal and State laws. For the purpose of this Sub-paragraph, discrimination in the provision of services may include, but is not limited to, the following: Denying any person any service or benefit or the availability of a facility; providing any service or benefit to a person which is not equivalent or is provided in a non-equivalent manner or at a non-equivalent time, from that provided to others; subjecting any person to segregation or separate treatment in any manner related to the receipt of any service; restricting any person in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and treating any person differently from others in determining admission, enrollment quota, eligibility, membership, or any other requirements or conditions which persons must meet in order to be provided any service or benefit. Contractor shall take affirmative action to ensure that intended beneficiaries of this Master Agreement are provided services without regard to race, color, religious creed, national origin, ethnic group identification, ancestry, sex, sexual orientation, age, medical condition, marital status, political affiliation, physical or mental disability.

8.8.10 Contractor shall certify to, and comply with, the provisions of Exhibit D - Contractor's EEO Certification.

**8.9 COMPLIANCE WITH THE COUNTY'S JURY SERVICE PROGRAM  
(INTENTIONALLY OMITTED)**

**8.10 CONFLICT OF INTEREST (INTENTIONALLY OMITTED)**

**8.11 CONSIDERATION OF HIRING COUNTY EMPLOYEES  
TARGETED FOR LAYOFF/OR RE-EMPLOYMENT LIST  
(INTENTIONALLY OMITTED)**

**8.12 CONSIDERATION OF HIRING GAIN/GROW PARTICIPANTS  
(INTENTIONALLY OMITTED)**

**8.13 CONTRACTOR RESPONSIBILITY AND DEBARMENT**

**8.13.1 Responsible Contractor**

A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily perform the agreement. It is the County's policy to conduct business only with responsible Contractors.

**8.13.2 Chapter 2.202 of the County Code**

Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if the County acquires information concerning the performance of Contractor on this or other contracts which indicates that Contractor is not responsible, the County may, in addition to other remedies provided in the Master Agreement, debar Contractor from bidding or proposing on, or being awarded, and/or performing work on County contracts for a specified period of time, which generally will not exceed five (5) years but may exceed five (5) years or be permanent if warranted by the circumstances, and terminate any or all existing Contracts Contractor may have with the County.

#### **8.13.3 Non-responsible Contractor**

The County may debar a Contractor if the Board of Supervisors finds, in its discretion, that Contractor has done any of the following: (1) violated a term of an agreement with the County or a nonprofit corporation created by the County, (2) committed an act or omission which negatively reflects on Contractor's quality, fitness or capacity to perform an agreement with the County, any other public entity, or a nonprofit corporation created by the County, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against the County or any other public entity.

#### **8.13.4 Contractor Hearing Board**

1. If there is evidence that Contractor may be subject to debarment, the Department will notify Contractor in writing of the evidence which is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before Contractor Hearing Board.
2. Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor and/or Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether Contractor should be debarred, and, if so, the appropriate length of time of the debarment. Contractor and the Department shall be provided an opportunity to object to the tentative

proposed decision prior to its presentation to the Board of Supervisors.

3. After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision, and any other recommendation of Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of Contractor Hearing Board.
4. If a Contractor has been debarred for a period longer than five (5) years, that Contractor may after the debarment has been in effect for at least five (5) years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. The County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that Contractor has adequately demonstrated one or more of the following: (1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of the County.
5. Contractor Hearing Board will consider a request for review of a debarment determination only where (1) Contractor has been debarred for a period longer than five (5) years; (2) the debarment has been in effect for at least five (5) years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request, Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by Contractor Hearing Board pursuant to the same procedures as for a debarment hearing.
6. Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment.

Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of Contractor Hearing Board.

#### **8.13.5 Subcontractors of Contractor**

These terms shall also apply to Subcontractors of County Contractors.

#### **8.14 CONTRACTOR'S ACKNOWLEDGEMENT OF COUNTY'S COMMITMENT TO THE SAFELY SURRENDERED BABY LAW**

Contractor acknowledges that the County places a high priority on the implementation of the Safely Surrendered Baby Law. Contractor understands that it is the County's policy to encourage all County Contractors to voluntarily post the County's "Safely Surrendered Baby Law" poster in a prominent position at Contractor's place of business. Contractor will also encourage its Subcontractors, if any, to post this poster in a prominent position in the Subcontractor's place of business. Contractor, and its subcontractors, can access posters and other campaign material at [www.babysafela.org](http://www.babysafela.org).

#### **8.15 CONTRACTOR'S EXCLUSION FROM PARTICIPATING IN A FEDERALLY FUNDED PROGRAM**

8.15.1 Contractor hereby warrants that neither it nor any of its Subcontractors' owners, officers, partners, directors, other principals, employees or independent contractors is restricted or excluded from providing services under any health care program funded by the Federal government, directly or indirectly, in whole or in part, (which includes Medicare, Medi-Cal and Healthy Families) and that Contractor will notify Director within ten (10) calendar days in writing of Contractor's knowledge of such restriction or exclusion of: (1) any event that would require Contractor or any of the aforementioned parties' mandatory exclusion from participation in a Federally funded health care program; and (2) any exclusionary or suspension action taken by any agency of the Federal or State governments against any of the aforementioned parties' barring these parties from participating in a Federally funded health care program, whether such bar is direct or indirect, or whether such bar is in whole or in part.

8.15.2 Contractor shall indemnify and hold the County harmless against any and all loss or damage the County may suffer arising from any exclusion or suspension of Contractor or its

Subcontractors' owners, officers, partners, directors, other principals, employees or independent contractors from such participation in a Federally funded health care program.

- 8.15.3 Failure by Contractor to meet the requirements of this Sub-paragraph shall constitute a material breach of contract upon which the County may immediately terminate or suspend this Master Agreement.

**8.16 CONTRACTOR'S WARRANTY OF ADHERENCE TO COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM**

8.16.1 Contractor acknowledges that the County has established a goal of ensuring that all individuals who benefit financially from the County through agreement are in compliance with their court-ordered child, family and spousal support obligations in order to mitigate the economic burden otherwise imposed upon the County and its taxpayers.

8.16.2 As required by the County's Child Support Compliance Program (County Code Chapter 2.200) and without limiting Contractor's duty under this Master Agreement to comply with all applicable provisions of law, Contractor warrants that it is now in compliance and shall during the term of this Master Agreement maintain in compliance with employment and wage reporting requirements as required by the Federal Social Security Act (42 USC Section 653a) and California Unemployment Insurance Code Section 1088.5, and shall implement all lawfully served Wage and Earnings Withholding Orders or Child Support Services Department Notices of Wage and Earnings Assignment for Child, Family or Spousal Support, pursuant to Code of Civil Procedure Section 706.031 and Family Code Section 5246(b).

**8.17 CONTRACTOR'S WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM(INTENTIONALLY OMITTED)**

**8.18 COUNTY'S QUALITY ASSURANCE PLAN**

The County or its agent will monitor Contractor's performance under this Master Agreement on not less than a three year basis. Such evaluation will include assessing Contractor's compliance with all Master Agreement terms and conditions and performance standards. Contractor deficiencies which the County determines are significant or continuing and that may place performance of the Master Agreement in jeopardy if not corrected will be reported to the Board and listed in the appropriate contractor performance database. The report to the Board will include improvement/corrective action

measures taken by the County and Contractor. If improvement does not occur consistent with the corrective action measures, the County may terminate this Master Agreement or impose other penalties as specified in this Master Agreement.

**8.19 DAMAGE TO COUNTY FACILITIES, BUILDINGS OR GROUNDS (INTENTIONALLY OMITTED)**

**8.20 EMPLOYMENT ELIGIBILITY VERIFICATION**

8.20.1 Contractor warrants that it fully complies with all Federal and State statutes and regulations regarding the employment of aliens and others and that all its employees performing work under this Master Agreement meet the citizenship or alien status requirements set forth in Federal and State statutes and regulations. Contractor shall obtain, from all employees performing work hereunder, all verification and other documentation of employment eligibility status required by Federal and State statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986, (P.L. 99-603), or as they currently exist and as they may be hereafter amended. Contractor shall retain all such documentation for all covered employees for the period prescribed by law.

8.20.2 Contractor shall indemnify, defend, and hold harmless, the County, its agents, officers, and employees from employer sanctions and any other liability which may be assessed against Contractor or the County or both in connection with any alleged violation of any Federal or State statutes or regulations pertaining to the eligibility for employment of any persons performing work under this Master Agreement.

**8.21 FACSIMILE REPRESENTATIONS**

The County and Contractor hereby agree to regard facsimile representations of original signatures of authorized officers of each party, when appearing in appropriate places on the Amendments prepared pursuant to sub-paragraph 8.1, and received via a facsimile communicative, as legally sufficient evidence that such original signatures have been affixed to Amendments to this Master Agreement, such that the parties need not follow up facsimile transmissions of such documents with subsequent (non-facsimile) transmission of "original" versions of such documents.

**8.22 FAIR LABOR STANDARDS**

Contractor shall comply with all applicable provisions of the Federal Fair Labor Standards Act and shall indemnify, defend, and hold

harmless the County and its agents, officers, and employees from any and all liability, including, but not limited to, wages, overtime pay, liquidated damages, penalties, court costs, and attorneys' fees arising under any wage and hour law, including, but not limited to, the Federal Fair Labor Standards Act, for work performed by Contractor's employees for which the County may be found jointly or solely liable.

## **8.23 FEDERAL ACCESS TO RECORDS (INTENTIONALLY OMITTED)**

## **8.24 FORCE MAJEURE**

8.24.1 Neither party shall be liable for such party's failure to perform its obligations under and in accordance with this Master Agreement, if such failure arises out of fires, floods, epidemics, quarantine restrictions, other natural occurrences, strikes, lockouts (other than a lockout by such party or any of such party's subcontractors), freight embargoes, or other similar events to those described above, but in every such case the failure to perform must be totally beyond the control and without any fault or negligence of such party (such events are referred to in this Sub-paragraph as "force majeure events").

8.24.2 Notwithstanding the foregoing, a default by a subcontractor of Contractor shall not constitute a force majeure event, unless such default arises out of causes beyond the control of both Contractor and such subcontractor, and without any fault or negligence of either of them. In such case, Contractor shall not be liable for failure to perform, unless the goods or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit Contractor to meet the required performance schedule. As used in this Sub-paragraph, the term "subcontractor" and "subcontractors" mean subcontractors at any tier.

8.24.3 In the event Contractor's failure to perform arises out of a force majeure event, Contractor agrees to use commercially reasonable best efforts to obtain goods or services from other sources, if applicable, and to otherwise mitigate the damages and reduce the delay caused by such force majeure event.

## **8.25 GOVERNING LAW, JURISDICTION, AND VENUE**

This Master Agreement shall be governed by, and construed in accordance with, the laws of the State of California. Contractor agrees and consents to the exclusive jurisdiction of the courts of the State of California for all purposes regarding this Master Agreement



and further agrees and consents that venue of any action brought hereunder shall be exclusively in the County of Los Angeles.

**8.26 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) (INTENTIONALLY OMITTED)**

**8.27 INDEPENDENT CONTRACTOR STATUS (INTENTIONALLY OMITTED)**

**8.28 INDEMNIFICATION**

Contractor shall indemnify, defend and hold harmless the County, its Special Districts, elected and appointed officers, employees, and agents and volunteers (“County Indemnitees”) from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising out of the performance of this Master Agreement, but only in proportion to and to the extent such demands, claims, actions, fees, costs, and expenses are caused by or result from the negligent or intentional acts and/or omissions of Contractor, its officers, employees, or agents.

The County shall indemnify, defend and hold harmless Contractor, and its agents and employees from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with the County’s acts and/or omissions arising out of the performance of this Master Agreement, but only in proportion to and to the extent such demands, claims, actions, fees, costs, and expenses are caused by or result from the negligent or intentional acts or omissions of County, its officers, employees, or agents.

**8.29 GENERAL PROVISIONS FOR ALL INSURANCE COVERAGE**

Without limiting the Contractor’s indemnification of County, and in the performance of this Master Agreement and until all of its obligations pursuant to this Master Agreement have been met, the Contractor shall and will be required provide and maintain at its own expense insurance coverage satisfying the requirements specified in Subparagraphs 8.29 and 8.30 of this Master Agreement. These minimum insurance coverage terms, types and limits (the “Required Insurance”) also are in addition to and separate from any other Contractual obligation imposed upon the Contractor pursuant to this Master Agreement and Specialty Care Center Designation Agreement. The County in no way warrants that the Required Insurance is sufficient to protect the Contractor

for liabilities which may arise from or relate to this Master Agreement.

#### 8.29.1 Evidence of Coverage and Notice to County

- Certificate(s) of insurance coverage (Certificate) or other evidence of coverage satisfactory to County, and a copy of an Additional Insured endorsement confirming County and its Agents (defined below) has been given Insured status under the Contractor's General Liability policy, shall be delivered to County at the e-mail address shown below and provided prior to commencing services under this Agreement.
- Renewal Certificates shall be provided to County prior to the Contractor's policy expiration dates. The County reserves the right to obtain complete, certified copies of any required Contractor and/or Sub-Contractor insurance policies at any time.
- Certificates shall identify all Required Insurance coverage types and limits specified herein, reference this Agreement by name or number, and be signed by an authorized representative of the insurer(s). The Insured party named on the Certificate shall match the name of the Contractor identified as the contracting party in this Agreement. Certificates shall provide the full name of each insurer providing coverage, its NAIC (National Association of Insurance Commissioners) identification number if applicable, , the amounts of any policy deductibles or self-insured retentions exceeding fifty thousand (\$50,000.00) dollars, and list any County required endorsement forms.
- Neither the County's failure to obtain, nor the County's receipt of, or failure to object to a non-complying insurance certificate or endorsement, or any other insurance documentation or information provided by the Contractor, its insurance broker(s) and/or insurer(s), shall be construed as a waiver of any of the Required Insurance provisions.

Certificates and copies of any required endorsements shall be e-mailed to:

[cgcontractorinsurance@dhs.lacounty.gov](mailto:cgcontractorinsurance@dhs.lacounty.gov)

The Contractor also shall promptly report to County any injury or property damage accident or incident, including any injury to a Contractor employee occurring on County property, and any loss, disappearance, destruction,

misuse, or theft of County property, monies or securities entrusted to the Contractor. The Contractor also shall promptly notify County of any third party claim or suit filed against the Contractor or any of its Sub-Contractors which arises from or relates to this Agreement, and could result in the filing of a claim or lawsuit against the Contractor and/or County.

#### **8.29.2 Additional Insured Status and Scope of Coverage**

Unless insured under a program of self-insurance, the County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees and Volunteers (collectively County and its Agents) shall be provided additional insured status under the Contractor's General Liability policy with respect to liability arising out of the Contractor's ongoing and completed operations performed on behalf of the County. The County and its Agents additional insured status shall apply with respect to liability and defense of suits arising out of the Contractor's acts or omissions, whether such liability is alleged to be attributable to the Contractor or to the County. The full policy limits and scope of protection also shall apply to the County and its Agents as an additional insured, even if they exceed the County's minimum Required Insurance specifications herein. Use of an automatic additional insured endorsement form is acceptable provided it satisfies the Required Insurance provisions herein.

#### **8.29.3 Cancellation of or Changes in Insurance**

The Contractor shall provide County with, or the Contractor's insurance policies shall contain a provision that County shall receive, written notice of cancellation or any change in Required Insurance, including insurer, limits of coverage, term of coverage or policy period. The written notice shall be provided to County at least ten (10) days in advance of cancellation for non-payment of premium and thirty (30) days in advance for any other cancellation or policy change. Failure to provide written notice of cancellation or any change in Required Insurance may constitute a material breach of the Agreement, in the sole discretion of the County, upon which the County may suspend or terminate this Agreement.

#### **8.29.4 Failure to Maintain Insurance**

The Contractor's failure to maintain or to provide acceptable evidence that it maintains the Required Insurance shall constitute a material breach of the Agreement, upon which County immediately may withhold payments due to the Contractor, and/or suspend or terminate this Agreement. The County, at its sole discretion, may obtain damages from the Contractor resulting from said breach. Alternatively, the County may purchase the Required Insurance, and without further notice to the Contractor, pursue the Contractor reimbursement.

**8.29.5 Insurer Financial Ratings**

Coverage shall be placed with insurers acceptable to the County with A.M. Best ratings of not less than A:VII unless otherwise approved by County.

**8.29.6 Contractor's Insurance Shall Be Primary**

The Contractor's insurance policies, with respect to any claims related to this Agreement, shall be primary with respect to all other sources of coverage available to the Contractor. Any County maintained insurance or self-insurance coverage shall be in excess of and not contribute to any Contractor coverage.

**8.29.7 Waivers of Subrogation**

To the fullest extent permitted by law, the Contractor hereby waives its rights and its insurer(s)' rights of recovery against the County under all the Required Insurance for any loss arising from or relating to this Agreement. The Contractor shall require its insurers to execute any waiver of subrogation endorsements which may be necessary to effect such waiver.

**8.29.8 Sub-Contractor Insurance Coverage Requirements**

**Intentionally Omitted**

**8.29.9 Deductibles and Self-Insured Retentions (SIRs)**

The Contractor's policies shall not obligate the County to pay any portion of any Contractor deductible or SIR. County retains the right to require the Contractor to reduce or eliminate policy deductibles and SIRs as respects the County, or to provide a bond guaranteeing the Contractor's payment of all deductibles and SIRs, including all related claims investigation, administration and defense expenses. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

#### 8.29.10 **Claims Made Coverage**

If any part of the Required Insurance is written on a claims made basis, any policy retroactive date shall precede the effective date of this Agreement. The Contractor understands and agrees it shall maintain such coverage for a period of not less than three (3) years following Agreement expiration, termination or cancellation.

#### 8.29.11 **Application of Excess Liability Coverage**

The Contractors may use a combination of primary, and excess insurance policies which provide coverage as broad as (“follow form” over) the underlying primary policies, to satisfy the Required Insurance provisions.

#### 8.29.12 **Separation of Insureds**

All liability policies shall provide cross-liability coverage as would be afforded by the standard ISO (Insurance Services Office, Inc.) separation of insureds provision with no insured versus insured exclusions or limitations.

#### 8.29.13 **Alternative Risk Financing Programs**

The County reserves the right to review, and then approve, the Contractor use of self-insurance, risk retention groups, risk purchasing groups, pooling arrangements and captive insurance to satisfy the Required Insurance provisions. The County and its Agents shall be designated as an Additional Covered Party under any approved program.

#### 8.29.14 **County Review and Approval of Insurance Requirements**

The County reserves the right to review and adjust the Required Insurance provisions, conditioned upon County’s determination of changes in risk exposures.

### 8.30 **INSURANCE COVERAGE**

8.30.1 **Commercial General Liability** insurance (providing scope of coverage equivalent to ISO policy form CG 00 01), naming County and its Agents as an additional insured, with limits of not less than:

General Aggregate:	\$2 million
Products/Completed Operations Aggregate:	\$1 million
Personal and Advertising Injury:	\$1 million
Each Occurrence:	\$1 million

8.30.2 **Automobile Liability** insurance (providing scope of coverage equivalent to ISO policy form CA 00 01) with limits of not less than \$1 million for bodily injury and property damage, in combined or equivalent split limits, for each single accident. Insurance shall cover liability arising out of the Contractor's use of autos pursuant to this Agreement, including owned, leased, hired, and/or non-owned autos, as each may be applicable.

8.30.3 **Workers Compensation and Employers' Liability** insurance or qualified self-insurance satisfying statutory requirements, which includes Employers' Liability coverage with limits of not less than \$1 million per accident. If the Contractor will provide leased employees, or, is an employee leasing or temporary staffing firm or a professional employer organization (PEO), coverage also shall include an Alternate Employer Endorsement (providing scope of coverage equivalent to ISO policy form WC 00 03 01 A) naming the County as the Alternate Employer, and the endorsement form shall be modified to provide that the County will receive not less than thirty (30) days advance written notice of cancellation of this coverage provision. If applicable to the Contractor's operations, coverage also shall be arranged to satisfy the requirements of any federal workers or workmen's compensation law or any federal occupational disease law.

#### 8.30.4 **Unique Insurance Coverage**

- **Sexual Misconduct Liability**
- **INTENTIONALLY OMITTED**
- **Professional Liability/Errors and Omissions**

Insurance covering the Contractor's liability arising from or related to this Agreement, with limits of not less than \$1 million per claim and \$3 million aggregate. Further, Contractor understands and agrees it shall maintain such coverage for a period of not less than three (3) years following this Agreement's expiration, termination or cancellation.

- **Property Coverage**
- **INTENTIONALLY OMITTED**
- **Miscellaneous Coverage**

**INTENTIONALLY OMITTED**

### **8.31 NOTICE OF DISPUTES (INTENTIONALLY OMITTED)**

- 8.32 LIQUIDATED DAMAGES (INTENTIONALLY OMITTED)**
- 8.33 MOST FAVORED PUBLIC ENTITY (INTENTIONALLY OMITTED)**
- 8.34 NONDISCRIMINATION AND AFFIRMATIVE ACTION (INTENTIONALLY OMITTED)**
- 8.35 NON EXCLUSIVITY (INTENTIONALLY OMITTED)**
- 8.36 NOTICE OF DELAYS (INTENTIONALLY OMITTED)**
- 8.37 NOTICE TO EMPLOYEES REGARDING THE FEDERAL EARNED INCOME CREDIT**

Contractor shall notify its employees, and shall require each Subcontractor to notify its employees, that they may be eligible for the Federal Earned Income Credit under the federal income tax laws. Such notice shall be provided in accordance with the requirements set forth in Internal Revenue Service Notice No. 1015.

- 8.38 NOTICE TO EMPLOYEES REGARDING THE SAFELY SURRENDERED BABY LAW**

Contractor shall notify and provide to its employees, and shall require each Subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. The fact sheet is set forth in Exhibit I of this Master Agreement and is also available on the Internet at [www.babysafela.org](http://www.babysafela.org) for printing purposes.

- 8.39 NOTICES**

All notices or demands required or permitted to be given or made under this Master Agreement shall be in writing and shall be hand delivered with signed receipt or mailed by first-class registered or certified mail, postage prepaid, addressed to the parties as identified in Exhibits E - County's Administration and F - Contractor's Administration. Addresses may be changed by either party giving ten (10) days' prior written notice thereof to the other party.

Notwithstanding the foregoing, in addition, and in lieu of written notification, the Director, or designee, shall have the authority to issue any notice to Contractor electronically via e-mail at the designated email address as identified in Exhibit F - Contractor's Administration. This includes all notices or demands required or permitted by the County under this Master Agreement.

- 8.40 PROHIBITION AGAINST INDUCEMENT OR PERSUASION (INTENTIONALLY OMITTED)**

**8.41 PUBLIC RECORDS ACT (INTENTIONALLY OMITTED)**

**8.42 PUBLICITY**

8.42.1 Contractor shall not disclose any details in connection with this Master Agreement to any person or entity except as may be otherwise provided hereunder or required by law. However, in recognizing Contractor's need to identify its services and related clients to sustain itself, the County shall not inhibit Contractor from publishing its role under this Master Agreement within the following conditions:

- Contractor shall develop all publicity material in a professional manner; and
- During the term of this Master Agreement, Contractor shall not, and shall not authorize another to, publish or disseminate any commercial advertisements, press releases, feature articles, or other materials using the name of the County without the prior written consent of the Director or his/her designee. The County shall not unreasonably withhold written consent.

8.42.2 Contractor may, without the prior written consent of County, indicate in its proposals and sales materials and signs that it has been awarded this Master Agreement with the County of Los Angeles, provided that the requirements of this Sub-paragraph 8.42 shall apply.

**8.43 RECORD RETENTION AND INSPECTION/AUDIT SETTLEMENT (INTENTIONALLY OMITTED)**

**8.44 RECYCLED BOND PAPER (INTENTIONALLY OMITTED)**

**8.45 RESTRICTIONS ON LOBBYING (INTENTIONALLY OMITTED)**

**8.46 SUBCONTRACTING**

8.46.1 The designation or participation award under this Master Agreement may not be subcontracted by Contractor.

**8.47 SURVIVAL**

In addition to any provisions of this Master Agreement which specifically state that they will survive the termination or expiration of this Master Agreement and any rights and obligations under this Master Agreement which by their nature should survive, the following Sub-paragraphs shall survive any termination or expiration of this Master Agreement:

Sub-paragraph 7.6 (Confidentiality)

Sub-paragraph 8.7 (Compliance with Applicable Laws, Rules and Regulations)



Sub-paragraph 8.25 (Governing Law, Jurisdiction, and Venue)

Sub-paragraph 8.28 (Indemnification)

Sub-paragraph 8.29 (General Provisions for all Insurance Coverage)

Sub-paragraph 8.30 (Insurance Coverage)

Sub-paragraph 8.43 (Record Retention and Inspection/Audit Settlement)

Sub-paragraph 8.47 (Survival)

**8.48 TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM**

Failure of Contractor to maintain compliance with the requirements set forth in Sub-paragraph 8.16 – Contractor's Warranty of Adherence to County's Child Support Compliance Program, shall constitute default under this Master Agreement. Without limiting the rights and remedies available to the County under any other provision of this Master Agreement, failure of Contractor to cure such default within ninety (90) calendar days of written notice shall be grounds upon which the County may terminate this Master Agreement pursuant to Sub-paragraph 8.51 - Termination for Default and pursue debarment of Contractor, pursuant to County Code Chapter 2.202.

**8.49 TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM (INTENTIONALLY OMITTED)**

**8.50 TERMINATION FOR CONVENIENCE**

8.50.1 The County may terminate this Master Agreement, in whole or in part, from time to time or permanently, when such action is deemed by the County, in its sole discretion, to be in its best interest. Termination of the designation(s) hereunder shall be effected by notice of termination to Contractor specifying the extent to which the designation is terminated and the date upon which such termination becomes effective. The date upon which such termination becomes effective shall be no less than thirty (30) days after the notice is sent.

8.50.2 After receipt of a notice of termination and except as otherwise directed by the County, the Contractor shall:

- Stop operating as the designation(s) under this Master Agreement on the date and to the extent specified in

such notice; and

- Transfer title and deliver to the County all completed work and work in process; and
- Complete performance of such part of the work as shall not have been terminated by such notice.

8.50.3 All material including books, records, documents, or other evidence bearing on the costs and expenses of Contractor under this Master Agreement shall be maintained by Contractor in accordance with Sub-paragraph 8.42, Record Retention and Inspection/Audit Settlement.

8.50.4 Contractor may terminate this Master Agreement, in whole or in part. Termination of the designation(s) hereunder shall be effected by notice of termination to the County specifying the extent to which the designation(s) is terminated and the date upon which such termination becomes effective. The date upon which such termination becomes effective shall be no less than thirty (30) days after the notice is sent. Contractor shall be obligated to comply with Sub-paragraphs 8.50.2 and 8.50.3 herein.

## **8.51 TERMINATION FOR DEFAULT**

8.51.1 The County may, by written notice to Contractor, terminate the whole or any part of this Master Agreement, if, in the judgment of the Director or his/her designee:

- Contractor has materially breached this Master Agreement; or
- Contractor fails to satisfactorily meet the requirements and/or standards required under this Master Agreement; or
- Contractor fails to demonstrate a high probability of timely complying with the requirements and/or standards required under this Master Agreement, or fails to demonstrate convincing progress toward a cure within five (5) working days (or such longer period as the County may authorize in writing) after receipt of written notice from the County specifying such failure.
- Contractor expressly repudiates this Master Agreement by an unequivocal refusal to perform

8.51.2 In the event the County intends to terminate this Master Agreement in accordance with Paragraph 8.51.1, it shall

give thirty (30) days' notice to Contractor that it is in material breach and/or anticipatory breach of the Master Agreement. In the notice of intended termination, the Director or his/her designee shall set forth the facts underlying its claim that Contractor is in material breach and/or anticipatory breach. Remedy of the breach or convincing progress towards a cure within twenty (20) days (or such longer period as the County may authorize in writing) of receipt of said notice shall revive the Master Agreement in effect for the remaining term.

- 8.51.3 In the event that the County terminates this Master Agreement in whole or in part as provided in Sub-paragraph 8.51.1, the County may procure, upon such terms and in such manner as the County may deem appropriate, goods and services similar to those so terminated. Contractor shall be liable to the County for any and all excess costs incurred by the County, as determined by the County, for such similar goods and services. Contractor shall continue the performance of this Master Agreement to the extent not terminated under the provisions of this sub-paragraph. The parties agree that this particular damage provision (i.e., that the costs incurred by the County) shall be limited to a time period of twelve (12) months or the remaining period this Master Agreement after breach or whichever time period is less.
- 8.51.4 Except with respect to defaults of any Subcontractor, Contractor shall not be liable for any such excess costs of the type identified in Sub-paragraph 8.51.3 if its failure to perform this Master Agreement arises out of causes beyond the control and without the fault or negligence of Contractor. Such causes may include, but are not limited to: acts of God or of the public enemy, acts of the County in either its sovereign or contractual capacity, acts of Federal or State governments in their sovereign capacities, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, and unusually severe weather; but in every case, the failure to perform must be beyond the control and without the fault or negligence of Contractor. If the failure to perform is caused by the default of a Subcontractor, and if such default arises out of causes beyond the control of both Contractor and Subcontractor, and without the fault or negligence of either of them, Contractor shall not be liable for any such excess costs for failure to perform, unless the goods or services to be furnished by the Subcontractor were

obtainable from other sources in sufficient time to permit Contractor to meet the required performance schedule. As used in this Sub-paragraph, the term "Subcontractor(s)" means Subcontractor(s) at any tier.

- 8.51.5 If, after the County has given notice of termination under the provisions of this Sub-paragraph 8.51, it is determined by the County that Contractor was not in default under the provisions of this sub-paragraph 8.51, or that the default was excusable under the provisions of sub-paragraph 8.51.4, the rights and obligations of the parties shall be the same as if the notice of termination had been issued pursuant to Sub-paragraph 8.50 - Termination for Convenience.
- 8.51.6 The rights and remedies of the County provided in this Sub-paragraph 8.51 shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Master Agreement.

## **8.52 TERMINATION FOR IMPROPER CONSIDERATION**

- 8.52.1 The County may, by written notice to Contractor, immediately terminate the right of Contractor to proceed under this Master Agreement if it is found that consideration, in any form, was offered or given by Contractor, either directly or through an intermediary, to any County officer, employee, or agent with the intent of securing this Master Agreement or securing favorable treatment with respect to the award, amendment, or extension of this Master Agreement or the making of any determinations with respect to Contractor's performance pursuant to this Master Agreement. In the event of such termination, the County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.
- 8.52.2 Contractor shall immediately report any attempt by a County officer or employee to solicit such improper consideration. The report shall be made either to the County manager charged with the supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at (800) 544-6861 or [www.lacountyfraud.org](http://www.lacountyfraud.org).
- 8.52.3 Among other items, such improper consideration may take the form of cash, discounts, service, the provision of travel or entertainment, or tangible gifts.

## **8.53 TERMINATION FOR INSOLVENCY**

- 8.53.1 The County may terminate this Master Agreement forthwith

in the event of the occurrence of any of the following:

- Insolvency of Contractor: Contractor shall be deemed to be insolvent if it has ceased to pay its debts for at least sixty (60) days in the ordinary course of business or cannot pay its debts as they become due, whether or not a petition has been filed under the Federal Bankruptcy Code and whether or not Contractor is insolvent within the meaning of the Federal Bankruptcy Code;
- The filing of a voluntary or involuntary petition regarding Contractor under the Federal Bankruptcy Code;
- The appointment of a Receiver or Trustee for Contractor; or
- The execution by Contractor of a general assignment for the benefit of creditors.

8.53.2 The rights and remedies of the County provided in this Subparagraph 8.53 shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Master Agreement.

#### **8.54 TERMINATION FOR NON-ADHERENCE OF COUNTY LOBBYIST ORDINANCE**

Contractor, and each County Lobbyist or County Lobbying firm as defined in County Code Section 2.160.010 retained by Contractor, shall fully comply with the County's Lobbyist Ordinance, County Code Chapter 2.160. Failure on the part of Contractor or any County Lobbyist or County Lobbying firm retained by Contractor to fully comply with the County's Lobbyist Ordinance shall constitute a material breach of this Master Agreement, upon which the County may in its sole discretion, immediately terminate or suspend this Master Agreement.

#### **8.55 TERMINATION FOR NON-APPROPRIATION OF FUNDS (INTENTIONALLY OMITTED)**

#### **8.56 TIME OFF FOR VOTING**

Contractor shall notify its employees, and shall require each Subcontractor to notify and provide to its employees, information regarding the time off for voting law (Elections Code Section 14000). Not less than 10 days before every statewide election, every Contractor and Subcontractors shall keep posted conspicuously at the place of work, if practicable, or elsewhere where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of Section 14000.

#### **8.57 UNLAWFUL SOLICITATION**

Contractor shall inform all of its officers and employees performing services hereunder of the provisions of Article 9 of Chapter 4 of Division 3 (commencing with section 6150) of Business and Professions Code of the State of California (i.e. State Bar Act provisions regarding unlawful solicitation as a runner or capper for attorneys) and shall take positive and affirmative steps in its performance hereunder to ensure that there is no violation of said provisions by its officers and employees. Contractor agrees that if a patient requests assistance in obtaining the services of any attorney, it will refer the patient to the attorney referral service of all those bar associations within Los Angeles County that have such a service.

#### **8.58 VALIDITY**

If any provision of this Master Agreement or the application thereof to any person or circumstance is held invalid, the remainder of this Master Agreement and the application of such provision to other persons or circumstances shall not be affected thereby.

#### **8.59 WAIVER**

No waiver by the County of any breach of any provision of this Master Agreement shall constitute a waiver of any other breach or of such provision. Failure of the County to enforce at any time, or from time to time, any provision of this Master Agreement shall not be construed as a waiver thereof. The rights and remedies set forth in this Sub-paragraph 8.59 shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Master Agreement.

#### **8.60 WARRANTY AGAINST CONTINGENT FEES**

8.60.1 Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this Master Agreement upon any agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by Contractor for the purpose of securing business.

8.60.2 For breach of this warranty, the County shall have the right to terminate this Master Agreement and, at its sole discretion, deduct from the Master Agreement price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

#### **8.61 COMPLIANCE WITH COUNTY'S ZERO TOLERANCE POLICY ON HUMAN TRAFFICKING**

- 8.61.1 Contractor acknowledges that the County has established a Zero Tolerance Policy on Human Trafficking prohibiting Contractors from engaging in human trafficking.
- 8.61.2 If a Contractor or member of Contractor's staff is convicted of a human trafficking offense, the County shall require that Contractor or member of Contractor's staff be removed immediately from performing services under this Master Agreement. The County will not be under any obligation to disclose confidential information regarding the offenses other than those required by law.
- 8.61.3 Disqualification of any member of Contractor's staff pursuant to this Sub-paragraph shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Master Agreement.

## **8.62 COMPLIANCE WITH FAIR CHANCE EMPLOYMENT PRACTICES**

To the extent applicable, Contractor shall comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History. Contractor's violation of this paragraph of the Master Agreement may constitute a material breach of the Master Agreement. In the event of such material breach, County may, in its sole discretion, terminate the Master Agreement.

## **8.63 COMPLIANCE WITH THE COUNTY POLICY OF EQUITY**

Contractor acknowledges that the County takes its commitment to preserving the dignity and professionalism of the workplace very seriously, as set forth in the County Policy of Equity (CPOE) (<https://ceop.lacounty.gov/>). Contractor further acknowledges that the County strives to provide a workplace free from discrimination, harassment, retaliation and inappropriate conduct based on a protected characteristic, and which may violate the CPOE. Contractor, its employees and subcontractors acknowledge and certify receipt and understanding of the CPOE. Failure of Contractor, its employees or its subcontractors to uphold the County's expectations of a workplace free from harassment and discrimination, including inappropriate conduct based on a protected characteristic, may subject Contractor to termination of contractual agreements as well as civil liability.

## **9.0 UNIQUE TERMS AND CONDITIONS**

## 9.1 DUE PROCESS

9.1.1 Notice of Proposed Adverse Action: In all cases in which the EMS Agency has the authority to, and pursuant to this authority, has taken any of the actions constituting grounds for hearing as set forth in Paragraph 9.1.2 herein below, Contractor shall promptly be given written notice of the specific charges and factual basis upon which the EMS Agency action is based. With the exception of summary suspensions, summary suspensions with intent to terminate Master Agreement, or interim system re-configuration, Contractor shall be afforded its due process right to a hearing before implementation of any of the actions which constitute grounds for a hearing. Contractor shall have thirty (30) calendar days following the receipt of such notice within which to file with Director a written request for hearing before the Emergency Medical Services Commission (EMSC).

9.1.2 Grounds for Hearing: Any one or more of the following actions constitute grounds for a hearing:

### REMEDIAL HEARING:

- 1) Summary Suspension
- 2) Summary Suspension with intent to terminate
- 3) Suspension
- 4) Suspension with intent to terminate
- 5) Termination for cause

### OTHER:

- 6) Substantial operational changes in the ALS program (interim system re-configuration and system re-configuration).
- 7) Restructuring, including deletions, additions, or substitution of base hospitals in the system.
- 8) Agency requests to modify existing forms, logs, and documentation or Agency's request for additional data as specified in Appendix B, Paragraph 6.20.

9.1.3 Summary Suspension or Summary Suspension with Intent to Terminate: In the case of summary suspensions or summary suspensions with intent to terminate, Contractor, at its election, shall have the right to request Director in writing to reconsider the summary suspension action. Director shall act on this request for reconsideration within ten (10) calendar days after the receipt of the



reconsideration request. Contractor shall be given an opportunity to meet with Director. The meeting shall not be a full hearing but is intended to identify the alleged basis for the summary action.

Within ten (10) calendar days following the meeting with Director, Director shall issue to Contractor a written recommendation regarding the summary suspension. This recommendation may be that the suspension be continued for a particular time or upon particular conditions, that the summary suspension be terminated, that Contractor's Master Agreement be terminated, that other conditions be imposed on Contractor, or such other action as may seem warranted. If Director recommends any action other than immediate return of Contractor to full base hospital status, Contractor may request a hearing on the summary suspension before the EMSC, as provided in this Paragraph. Such request shall be in writing and addressed to Director. Any such request shall be delivered within five (5) calendar days of Director's delivery to Contractor of their written decisions.

9.1.4 Time and Place of Hearing: Director shall, within fifteen (15) calendar days of receipt of a Contractor request for hearing as set forth above, apply to the EMSC for such hearing. Director shall give notice to Contractor of the time, place, and date of the hearing in accordance with EMSC rules and procedures. The date of commencement of the hearing shall be not less than thirty (30) calendar days, nor more than ninety (90) calendar days from the receipt of the request for hearing, subject to the convenience and approval, however, of the EMSC. However, if the request is received from Contractor when under a summary suspension then in effect, Director shall attempt to arrange a hearing before the EMSC as soon as possible. In situations involving a summary suspension, Director shall use his/her best efforts to schedule a hearing within forty-five (45) calendar days of receipt of a request for hearing.

9.1.5 Notice of Charges: As part of, or together with the notice of hearing, Director shall state in writing, in concise language, the acts or omissions with which Contractor is charged or reasons for substantial operational change or restructuring. If either party, by written notice, requests a list of individuals who will appear on behalf of the other, then each party within ten (10) calendar days of such request shall furnish to the other a list, in writing, of the names and

addresses of the individuals, so far as is then reasonably known, who will give testimony or evidence in support of that party at the hearing.

- 9.1.6 Hearing Procedure: At the hearing, subject to the rules of the EMSC, both sides shall have the following rights: to call and examine witnesses, to introduce exhibits, and to rebut any evidence. The EMSC may question witnesses.
- 9.1.7 Memorandum of Points and Authorities: Subject to the rules of EMSC, each party shall have the right to submit to the EMSC a memorandum of points and authorities.
- 9.1.8 Basis of Decision: Subject to the rules of the EMSC, the EMSC decision on a hearing under this Master Agreement shall be based upon the evidence produced at the hearing. The evidence may consist of the following:
- 1) Oral testimony of the parties' representatives;
  - 2) Documentary evidence introduced at the hearing;
  - 3) Briefs or memoranda of points and authorities presented in connection with the hearing;
  - 4) Policies and procedures of the EMS Agency; and
  - 5) All officially noticed matters.
- 9.1.9 Record of Hearing: The parties understand that the EMSC maintains a record of hearings by one or more of the following methods: a shorthand reporter, an audio or disc recording, or by its clerk's minutes of the proceedings. If a shorthand reporter is specifically requested in writing by Contractor or by Director, the costs of same shall be borne by such party. The parties understand that the EMSC may, but shall not be required to, order that oral evidence shall be taken only by oath or affirmation administered by any person designated by such body and entitled to notarize documents in the State of California.
- 9.1.10 Decision of the EMSC: The decision of the EMSC shall be effective and binding on the parties to the extent permitted and prescribed in County Code Section 3.20.070 B.

## **9.2 RESPONSIBILITY FOR INDIGENT PATIENTS**

Nothing contained in this Master Agreement is intended nor shall it be construed to affect either party's existing rights, obligations, and responsibilities with respect to care required by or provided to indigent patients.

## **9.3 STATUS OF CONTRACTOR**

The parties hereto agree that Contractor, its officers, agents, and employees, including its professional and non-professional personnel, shall act in an independent capacity and not as officers, agents, or employees of County and shall not have the benefit of County employees. Except as may otherwise expressly be provided hereunder, Contractor shall employ all personnel (excluding physicians), assure physicians availability, provide supplies, equipment, equipment space, furniture, insurance, utilities, and telephones necessary for performance of Contractor's responsibilities as set forth in this Master Agreement. This Paragraph shall not preclude or limit Contractor from seeking reimbursement, contributions, tuition, or other payment from public or private paramedic provider agencies for services provided by Contractor. However, this Paragraph shall not be interpreted to mean that any such reimbursement, contributions, or payment is required or mandated.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Master Agreement to be executed by the County's Director of Health Services and Contractor has caused this Master Agreement to be executed in its behalf by its duly authorized officer, the day, month and year first above written.

COUNTY OF LOS ANGELES

BY \_\_\_\_\_ for  
Christina R. Ghaly, M.D.  
Director of Health Services

CONTRACTOR

\_\_\_\_\_

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

APPROVED AS TO FORM:  
MARY C. WICKMAN  
County Counsel

By \_\_\_\_\_  
Brian Chu, Principal Deputy County Counsel

**SPECIALTY CARE CENTER DESIGNATIONS EXHIBIT**

<b>SUB-EXHIBIT NUMBER</b>	<b>DESIGNATION EXHIBIT</b>
PBH	Paramedic Base Hospital
9-1-1	9-1-1 Receiving Facility (PLACEHOLDER FOR POSSIBLE FUTURE DESIGNATION)
SC	Stroke Center (PLACEHOLDER FOR POSSIBLE FUTURE DESIGNATION)
TC	Trauma Center (PLACEHOLDER FOR POSSIBLE FUTURE DESIGNATION)
PMC	Pediatric Medical Center (PLACEHOLDER FOR POSSIBLE FUTURE DESIGNATION)
SRC	STEMI Receiving Center (PLACEHOLDER FOR POSSIBLE FUTURE DESIGNATION)
SARTC	Sexual Assault Response Team Center (PLACEHOLDER FOR POSSIBLE FUTURE DESIGNATION)
HPP	Hospital Preparedness Program Participant (PLACEHOLDER FOR POSSIBLE FUTURE DESIGNATION)
EDAP	Emergency Department Approved for Pediatrics (PLACEHOLDER FOR POSSIBLE FUTURE DESIGNATION)

**EXHIBIT A**

**SUB-EXHIBIT - PBH**

**SPECIALTY CARE CENTER DESIGNATION EXHIBIT**  
**FOR**  
**PARAMEDIC BASE HOSPITAL**

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<b>ATTACHMENT</b>	<b>ATTACHMENT NAME</b>
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2	CONTRACT DISCREPANCY REPORT
3	CURRENT TEMIS HOSPITAL HARDWARE AND SOFTWARE SPECIFICATIONS
4	COMMUNICATIONS MANAGEMENT COMMITTEE (Ad Hoc)
5	BASE HOSPITAL FORM
6	BASE HOSPITAL FORM (PAGE 2)
7	MCI BASE HOSPITAL FORM
8	BASE HOSPITAL DOCUMENTATION MANUAL
9	BASE HOSPITAL COMMUNICATIONS EQUIPMENT
10	REMOSTE BASE STATION RADIO SITES
11	CURRENT TEMIS HOSPITAL HARDWARE AND SOFTWARE SPECIFICATIONS
12	BASE HOSPITAL CHANNEL, ASSIGNMENT/PARAMEDIC TELEPHONE NUMBERS
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## **SPECIALTY CARE CENTER DESIGNATION EXHIBIT FOR PARAMEDIC BASE HOSPITAL**

### **1.0 PURPOSE**

Pursuant to the Emergency Medical Services System and Prehospital Emergency Medical Care Personnel Act ("Act") (Health and Safety Code, Sections 1797, et seq.) the Emergency Medical Services (EMS) Agency serves as the lead Agency for coordination of the emergency medical services system in the County of Los Angeles (County). In this role, the EMS Agency awards Paramedic Base Hospital designations to qualified general acute hospitals to support the County's Advanced Life Support (ALS) programs. Title 22 of the California Code of Regulations, requires a paramedic base hospital to provide immediate medical direction to paramedic personnel via direct two-way voice communication with field units assigned to the hospital. Each Paramedic Base Hospital in the County pays the EMS Agency an annual fee to offset County's costs for data collection, monitoring, and evaluation of Advanced Life Support (ALS) programs.

### **2.0 SCOPE OF AGREEMENT**

The basis of this Master Agreement is the desire and intention of the parties to cooperate in the operation of each party's component of the paramedic delivery system, consistent with each party's other health services activities and fiscal requirements and the duties and responsibilities of the County. Its purposes are to establish, in a manner reflective of that cooperation, the specific duties and responsibilities of the parties with respect to the matters addressed herein and to provide mechanisms and procedures for: (a) resolution of disputes, (b) communications regarding the operation of the system, (c) consideration of future development of the system in response to change in circumstances, (d) interaction with other system participants, and (e) quality improvement.

### **3.0 GENERAL REQUIREMENTS**

- 3.1** Contractor must be licensed by the California Department of Public Health as a general acute care hospital.
- 3.2** Contractor must be accredited by the Joint Commission or other accrediting body deemed acceptable by the Centers for Medicare and Medicaid Services (CMS).
- 3.3** Contractor must have a special permit for Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Title 22, Division 5, California Code of Regulations.

- 3.4 Contractor must meet or exceed standards for Emergency Departments Approved for Pediatrics (Attachment 1).
- 3.5 Contractor must subscribe and have access to ReddiNet® and VMED28 communication systems.
- 3.6 Contractor administration, medical staff and emergency room staff shall meet the requirements under applicable State regulations and the EMS Agency's policies and procedures for the provision of services under this Master Agreement.

#### **4.0 TERM OF SPECIALTY CARE CENTER DESIGNATION**

- 4.1 The term of this Designation shall be five (5) years or less commencing after execution by the Director as authorized by the County's Board of Supervisors, and shall terminate on June 30, 2024, unless sooner terminated or extended, in whole or in part, as provided in the Master Agreement, Sub-paragraph 8.1, Amendments.
- 4.2 The County shall have the sole option to extend this Designation term commensurate with the five (5) additional one-year extension options exercised under Sub-paragraph 4.1 of the Master Agreement, through June 30, 2029 (hereafter "Optional Term") for a maximum total Master Agreement term of ten (10) years. Such option and extension shall renew automatically, unless sooner terminated or extended, in whole or in part, as provided in the Master Agreement, Sub-paragraph 4.4.

#### **5.0 ANNUAL FEES**

- 5.1 Contractor shall pay annual fees to provide ongoing financial support to County for data collection, monitoring, and evaluation of the ALS programs, all of which benefit Contractor in the provision of base hospital services. Contractor understands that its fees offset a portion of the County's costs.
- 5.2 The annual fees payable to County by Contractor under this Master Agreement shall be Twelve Thousand Five Hundred and Thirtyfive Dollars (\$12,535), which shall be prorated if the beginning year is less than twelve months. These fees may be increased in future FYs based upon a review of the actual costs under this Agreement.
- 5.3 For any Contractor that is a designated Trauma Center, the base hospital fee is waived.

## **6.0 ADDITION AND/OR DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS**

- 6.1** The EMS Agency may elect to restructure the prehospital care system as it deems necessary in accordance with paragraph 7.4 and 7.5 of this Sub-Exhibit PBH, Specialty Care Center Designation Exhibit.
- 6.2** All changes must be made in accordance with sub-paragraph 8.1 Amendments of the Master Agreement.

## **7.0 QUALITY CONTROL**

The Contractor shall establish and utilize a comprehensive Quality Control Plan to assure it complies with the general requirements, terms, and conditions in this Master Agreement throughout the term. Upon request, the Plan shall be submitted to the County Contract Project Monitor for review. The plan shall include, but may not be limited to the following:

- 7.1** Method of monitoring to ensure that Master Agreement requirements are being met.
- 7.2** A record of all inspections conducted by Contractor, any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, shall be provided to the County upon request.

## **8.0 QUALITY ASSURANCE PLAN**

The County will evaluate Contractor's performance under this Master Agreement using the quality assurance procedures as defined in the Master Agreement, Paragraph 8, Standard Terms and Conditions, Sub-paragraph 8.15, County's Quality Assurance Plan.

### **8.1 Monthly Meetings**

Intentionally Omitted

### **8.2 Contract Discrepancy Report (Attachment 2)**

- 8.2.1.** Verbal notification of a Master Agreement discrepancy will be made to the Agreement Project Monitor as soon as possible whenever a Master Agreement discrepancy is identified. The problem shall be resolved within a time period mutually agreed upon by the County and Contractor.
- 8.2.2.** The County Agreement Project Monitor will determine whether a formal Contract Discrepancy Report shall be issued. Upon receipt of this

document, Contractor is required to respond in writing to the County Agreement Project Monitor within thirty (30) workdays, acknowledging the reported discrepancies or presenting contrary evidence. A plan for correction of all deficiencies identified in the Contract Discrepancy Report shall be submitted to the County Agreement Project Monitor within thirty (30) workdays.

### **8.3 County Observations**

In addition to departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to this Master Agreement at any time during normal business hours. However, these personnel may not unreasonably interfere with Contractor's performance.

## **9.0 DEFINITIONS**

Intentionally Omitted

## **10.0 RESPONSIBILITIES**

The County's and Contractor's responsibilities are as follows:

### **COUNTY**

#### **10.1 Personnel**

The County will administer the Master Agreement according to Master Agreement, Paragraph 6.0, Administration of Agreement - County. Specific duties will include:

- 10.1.1. Monitoring Contractor's performance in the daily operation of this Agreement.
- 10.1.2. Providing direction to Contractor in areas relating to policy, information and procedural requirements.
- 10.1.3. Preparing Amendments in accordance with the Master Agreement, Paragraph 8.0, Standard Terms and Conditions, Sub-paragraph 8.1 Amendments.

#### **10.2 Furnished Items**

Intentionally Omitted

### **10.3 Policies and Procedures**

- 10.3.1 Establish policies and procedures consistent with State and County laws, regulations, and standards to assure medical control of ALS personnel.
- 10.3.2 Review and revise policies every three years or as needed.
- 10.3.3 Make available to Contractor upon execution of this Master Agreement all protocols and policies which the EMS Agency currently considers to be applicable to participants in the ALS system as posted on the EMS Agency's website.

### **10.4 Interim System Re-Configuration**

EMS Agency may, on an interim basis, restructure the prehospital care system as it deems necessary, including reassignment of ALS Units to or from Contractor as the primary directing base hospital, in those instances when a designated base hospital gives notice that it is withdrawing from the system or when a designated base hospital is suspended or terminated from the prehospital care system. In the event that an interim restructuring occurs, Contractor, if affected by the restructuring, shall be given the immediate opportunity to provide written and oral statements to Director regarding the restructuring to the EMS Agency and shall be provided with the "due process" procedures specified in Paragraph 9.1, Due Process of the Agreement. Nothing herein, however, is intended to prevent implementation by Director on an emergency basis of such changes as he/she may find measurably necessary to preserve the integrity of the prehospital care system and to protect the health and safety of County residents.

### **10.5 System Configuration**

Director shall notify Contractor of proposals for substantial operational or structural changes in the components of the ALS system or in the overall operation or configuration of such system. This shall include, but not be limited to, increasing or decreasing the number of base hospitals in the event that a restructuring of the prehospital care system is deemed necessary. In the event the number of base hospitals is increased or decreased, and unless otherwise agreed upon by the parties, written notice shall be given to Contractor at least one-hundred and twenty (120) calendar days prior to the effective date of any resulting substantial operational or structural changes to the EMS Agency. If the need for Contractor to serve as a base hospital can no longer be substantiated, or if Contractor is adversely affected by the addition of a new base hospital, Contractor, upon request, shall be provided with "due process" as specified in Paragraph 9.8, Due Process of the Agreement.

## 10.6 Data Management

10.6.1 DHS, after consultation with and advice from the Emergency Medical Services Commission ("EMSC") Data Advisory Committee, as defined by the EMS Commission bylaws, if duly constituted, shall continue maintenance of a comprehensive Base Hospital Documentation Manual.

The DHS base hospital data collection system includes:

1. A base hospital documentation manual.
2. A minimum of eight (8) hours Trauma and Emergency Medicine Information System ("TEMIS") basic software training, up to twenty-four (24) hours of intermediate/advanced training for all necessary persons identified by Contractor, and additional training as agreed upon by County, to enable Contractor personnel to perform data entry, database maintenance, and basic report generation functions.
3. A nonexclusive, nontransferable license to Contractor to use TEMIS software and documentation and any software updates for as long as County maintains its software license contract with TEMIS software vendor, or until this Master Agreement is terminated as set forth herein. Such license also includes the right to copy TEMIS software, data, and documentation for back-up or archive purposes, but such license further gives Contractor no right to sell, lease, sublease, donate, assign, distribute, or otherwise transfer any right in TEMIS software, data, or documentation to any other person or entity.
4. Software meeting specifications shown in Attachment 3, CURRENT TEMIS HOSPITAL HARDWARE AND SOFTWARE SPECIFICATIONS, attached hereto and incorporated herein by reference, for the purpose of base hospital data entry and/or data manipulation. In the event that this Master Agreement is terminated for any reason, DHS shall promptly remove all TEMIS software provided by County/County's TEMIS-related contractor and Contractor shall return to County all TEMIS data and documentation (and all copies thereof made by Contractor hereunder) provided by County to Contractor.

10.6.2 DHS, on behalf of County, in the event of errors in software, shall use reasonable efforts to promptly rectify the software. Whenever possible, DHS shall correct a problem in twenty-four (24) hours or less (excluding Saturday, Sunday, and Holidays). County shall have no such obligation if the problem(s) is (are) a direct or indirect result of software modifications, made without the prior written approval from Director.

10.6.3 The foregoing are the only warranties of any kind, either expressed or implied, that are made by County, and County disclaims all other warranties including, but not limited to, the implied warranties of fitness for a particular purpose. In no event shall County be liable for any direct, indirect, incidental, or consequential damages of any nature whatsoever (including, without limitation, damages for loss of business profits, business interruption, loss of information, and the like), arising out of the use or inability to use the software (including without limitation any claim of patent infringement or other similar claim), even if County has been advised of the possibility of such damages.

10.6.4 County does not warrant that operation of the software will be uninterrupted or error-free or that all errors will be corrected.

10.6.5 County does not assume and shall have no liability under this Master Agreement for failure to repair or replace defective software, the related data or documentation due directly or indirectly to causes beyond the control of, and without the fault or negligence of County, including, but not limited to, acts of God, acts of public enemy, acts of the United States, any state, or other political subdivision, fires, floods, epidemics, quarantine, restrictions, strikes, freight embargoes, or similar or other conditions beyond the control of County.

## **10.7 Staff Designation**

Director shall designate staff within the EMS Agency to review, monitor, communicate and coordinate matters affecting the EMS delivery system under the jurisdiction of the EMS Agency. EMS staff shall periodically attend Contractor's continuing education programs, field care audits, and meetings related to the EMS system and shall perform contract compliance reviews as specified in this Master Agreement.

## **10.8 Assignment of ALS Units**

After consultation with Contractor and provider agencies, Director shall assign designated ALS units to operate under Contractor's primary control as base hospital. These assignments may be changed from time to time by Director after consultation with Contractor. Director shall take into consideration the receiving hospital for the majority of patients handled by the ALS unit being assigned, whether the ALS unit being assigned is primarily a 9-1-1 response unit or private interfacility transport unit, and the provider agency's desire to affiliate with a particular base hospital.



## **10.9 Paramedic Communication System Management**

- 10.9.1 Designate one individual within DHS as the PCS manager to provide administration and direction of the PCS.
- 10.9.2 Utilize County's Internal Services Department ("ISD") for ongoing design, installation, maintenance, and technical consultation.
- 10.9.3 Assign Contractor frequencies and private line ("PL") tones in consultation with ISD.
- 10.9.4 Notify Contractor of any proposals for operational or structural changes in the components of the PCS. No non-emergent substantial operational or structural change in the components of the PCS will be made without prior notification of Contractor, and until Contractor, if it wishes, has appropriately exhausted administrative due process remedies under the Agreement.
- 10.9.5 Promulgate PCS communications operations procedures and maintenance standards in cooperation with ISD prior to the execution of this Agreement. Any changes made during the term of this Agreement shall be reviewed and approved by the Communications Management Committee, described in Attachment 4, attached hereto and incorporated herein by reference.
- 10.9.6 Notify the Hospital Association of Southern California ("HASC") of any proposals for changes in policies and procedures.

## **10.10 Responsibilities of County through ISD**

- 10.10.1 Assume ongoing responsibility for the design, development, timely implementation, and technical integrity of the PCS. To the extent feasible, ISD shall consult with the DHS PCS Manager and solicit input in the areas of design development, implementation, and technical integrity of the PCS.
- 10.10.2 Maintain and repair County-owned equipment.
- 10.10.3 Prepare PCS communications operating procedures and maintenance standards in cooperation with the EMS Agency.

## **10.11 Agreement Compliance**

Should DHS, as determined by Contractor, fail to comply with any provision set forth hereunder as a DHS responsibility or obligation, Contractor may do any or all

of the following in addition to other rights which Contractor may have hereunder or at law:

- 1) Send Director a written statement itemizing the areas of concern and request or specify a plan for remedial action.
- 2) Send Director a written itemized listing of the area(s) of concern and notification of intent to terminate Master Agreement.
- 3) Institute the review procedures outlined in Paragraph 9.1, Due Process of the Master Agreement.

## **CONTRACTOR**

### **10.12 Project Manager**

- 10.12.1. Contractor shall provide a full-time Project Manager or designated alternate.
- 10.12.2. Project Manager shall act as a central point of contact with the County.
- 10.12.3. Project Manager/alternate shall have full authority to act for Contractor on all matters relating to the daily operation of the Master Agreement. Project Manager/ alternate shall be able to effectively communicate, in English, both orally and in writing.

### **10.13 Personnel**

Intentionally Omitted

### **10.14 Uniforms/Identification Badges**

Intentionally Omitted

### **10.15 Materials and Equipment**

The purchase of all materials/equipment to provide the needed services is the responsibility of the Contractor. Contractor shall use materials and equipment that are safe for the environment and safe for use by the employee.

### **10.16 Contractor's Office**

Intentionally Omitted

## **10.17 Standards and Protocols**

Contractor shall implement and monitor the policies and procedures of the EMS Agency related to the services performed by Contractor under this Master Agreement.

## **10.18 Data Collection**

Contractor shall complete and submit the following documents to Director, the completion and submission of which shall be according to DHS procedure and formats previously provided to Contractor:

- 1) Base Hospital Form: The MICN or emergency department physician, or both, shall complete at least one current EMS Agency approved and provided Base Hospital Form for every contact involving a patient where on-line medical direction is given. Samples of the EMS Agency approved Base Hospital Form are attached as Attachment 5, (Base Hospital Form), Attachment 6 (Page 2), Attachment 7 (MCI Form), attached hereto and incorporated herein by reference. Contractor shall submit the Base Hospital Form within sixty (60) calendar days of the incident. Upon approval of Director, Contractor may discontinue transmittal of a "hard copy" of the form when Director determines that the computer data Base Hospital Form information which is transmitted to the EMS Agency is of high quality and timely, and reflects all documentation. Base Hospital Form should be completed in accordance with the current Base Hospital Documentation Manual (Attachment 8) as posted on the EMS Agency's website.
- 2) Receiving Hospital Outcome Data: Contractor shall complete emergency department outcome data for all patients delivered to its emergency department via the County's 9-1-1 system. Contractor personnel shall submit the appropriate information as defined in Attachment 10, attached hereto and incorporated herein by reference, to the EMS Agency. Upon approval of Director, Contractor may discontinue collection of ED diagnosis and patient disposition on the Base Hospital Form when the Director determines alternative methods (i.e., via contractor's EMR) for submission of outcome data is of high quality and timely.
- 3) Required Data Elements: Contractor shall enter data elements as defined in Attachment 8 for all patients where Contractor provided base hospital medical direction into TEMIS.
- 4) In the event the EMS Agency determines that existing forms, logs, and documents should be modified or that additional data should be collected from Contractor, said modification or request for additional data must first be reviewed by the EMSC Data Advisory Committee, if constituted. The EMS Agency shall estimate the cost impact on Contractor of the proposed modification or request for additional data, and, if a dispute concerning same

arises, the matter may be submitted to the EMSC for arbitration in accordance with County Code Section 3.20.070.

- 5) Contractor shall submit required data under County's automated data collection system to the EMS Agency via EMS Agency defined media within forty-five (45) calendar days following an "incident". Data format must meet specifications defined by the EMS Agency. Should County remove all or any portion of TEMIS software required to submit Contractor's data to County via County defined media, or fail to correct any software errors that prevent Contractor from being able to perform data entry, Contractor's obligation to submit data electronically shall cease, until County has reinstalled the necessary software or corrected the software errors.
- 6) Contractor shall utilize TEMIS application programs and provide hardware which meets the requirements listed under TEMIS Hospital Hardware and Software Specifications described in Attachment 3. Contractor shall in no way modify the structure or function of the software as set forth in the Master Agreement without the prior written approval of Director. The software provided shall be used exclusively for the purposes intended herein and shall be maintained by Contractor in a secure location.
- 7) Contractor shall provide all supplies necessary for the ongoing use of their equipment (e.g., printer cartridges, printer paper, compact discs, DVDs, flash drives, etc.).
- 8) Contractor shall seek telephone assistance from County's Project Manager or their designee, whenever TEMIS operation failure occurs, to obtain County TEMIS maintenance services as described herein.
- 9) Contractor shall assign qualified back-up personnel, excluding PCC, to enter data into TEMIS, as reasonably appropriate for Contractor to meet Contractor's data collection responsibilities described herein. Furthermore, Contractor shall permit adequate time for complete training of such personnel. Arrangements for training of new or replacement Contractor personnel shall be the primary responsibility of Contractor.
- 10) All software application modules, all modifications, enhancements, and revisions thereto, and all materials, documents, software programs and documentation, written training documentation and aids, and other items provided by County or its agents, are "proprietary" or "confidential". Contractor shall use reasonable means to ensure that these confidential data system products are safeguarded and held in confidence. Such means shall include, but not be limited to: disclosing confidential County data system products only to employees with a need to know of such confidential County data system products in order for Contractor to exercise its rights and perform its obligation as a base hospital; and not reproducing, adapting,

modifying, disassembling, decompiling, reverse engineering, distributing, or disclosing any confidential County data system products except as expressly permitted hereunder. Copies of software, application modules, and data may be made for the sole purpose of backup only.

- 11) Contractor shall indemnify, hold harmless, and defend County from and against any and all liability, damages, costs, and expenses, including, but not limited to, defense costs and attorneys' fees, for or by reason of any actual or alleged infringement of any United States patent, copyright, or any actual or alleged trade secret disclosure, arising from or related to the misuse of the software license by Contractor or Contractor personnel.

### **10.19 Program Monitoring**

- 10.19.1. Contractor extends to Director, or his or her designee and to authorized representatives of the State, the right to review and monitor Contractor's programs and procedures with respect to this Master Agreement, and to inspect its facilities for contractual compliance with State and EMS Agency policies and regulations.
- 10.19.2. Inspections by DHS staff shall be conducted during County's normal business hours and only after Director has given Contractor at least three (3) working days prior written notice thereof. In computing the three (3) working days, a Saturday, Sunday, or legal holiday shall not be included. Entry and exit conferences shall be held with Contractor's Administrator or his or her designee. Said notice need not be given where Director determines that the health and welfare of patients may be jeopardized by waiting the three days period.
- 10.19.3. 10.20.2 Program Review: At minimum, audits shall be conducted every three (3) years to ensure compliance with State and EMS Agency policies and regulations. Contractor shall be given no less than thirty (30) calendar days notice in advance of said review. Contractor and its staff shall fully cooperate with County representatives. In the conduct of such audit and review, Contractor shall allow such representatives access to all reports, audio recordings, medical records, and other reports pertaining to this Master Agreement, and shall allow photocopies to be made of these documents, utilizing Contractor's photocopier.
- 10.19.4. An exit conference shall be held following the performance of such an on-site compliance review by Director and results of the compliance review shall be discussed with Contractor's Administrator or his or her authorized designee prior to the generation of any final written report or action by Director or other DHS representatives based on such review. The exit conference shall be held on site prior to the departure of the

reviewers and Contractor shall be provided with an oral list of preliminary findings at the exit conference. A written report of the program review shall be prepared and provided to Contractor. Contractor shall permit periodic unscheduled site visits by EMS Agency representatives for monitoring ED diversion status, continuing education programs and prehospital care meetings.

#### **10.20 Communication between Base Hospital and Receiving Hospital**

Contractor shall communicate all appropriate ALS patient management information to the receiving hospital to which a patient is directed as result of on-line medical direction. Such notification shall be by telephone or ReddiNet and conveyed by a physician or MICN familiar with the treatment given, as soon as the patient destination is determined, or as soon as is practically possible.

#### **10.21 Reimbursement for ALS Direction**

Nothing in this Agreement shall prohibit Contractor from seeking reimbursement, contributions or other payments from municipalities, paramedic provider agencies, or receiving hospitals to defray costs associated with providing ALS services, including supply and resupply of ALS units. Except as expressly noted, nothing herein, however, requires reimbursement or other payment from municipalities, paramedic provider agencies, or receiving hospitals to defray such Contractor costs.

#### **10.22 Base Hospital Assignment of ALS units**

Except as otherwise noted herein, the number of ALS units assigned to Contractor on a primary basis shall be based upon the receiving hospital for the majority of patients handled by the ALS Units being assigned; whether a Base Hospital within the geographic area can reasonably accept an/any additional unit/s; whether the ALS Unit being assigned is primarily a 9-1-1 response unit or private interfacility transport unit; and the provider agency's desire to affiliate with a particular base hospital. Subject to Paragraph 9.1, Due Process of the Agreement, nothing herein, however, shall be deemed to restrict Director and County's Board of Supervisors in the exercise of their authority under applicable laws and regulations to designate additional base hospitals for the geographic area served by Contractor hereunder.

#### **10.23 Continuing Education (CE) Provider Program**

10.23.1. Contractor shall establish and maintain an EMS continuing education provider program in accordance with policies established by Director in the Prehospital Care and CE Manuals. Contractor shall provide a minimum of six (6) hours of field care audits and six (6) hours of instructor-based education per year. Contractor may require additional

field care audits which exceed EMS Agency requirements for MICN certification, to maintain MICN sponsorship.

- 10.23.2. Contractor shall facilitate scheduling structured field observation for MICN certification.
- 10.23.3. In addition, Contractor shall provide special and mandatory training programs deemed necessary in writing by Director. A minimum of three (3) classes, per mandatory training program, shall be offered.
- 10.23.4. Contractor shall provide supervised clinical experience for paramedic interns in accordance with State and EMS Agency policies and procedures, upon request of a Los Angeles County approved training school that has a signed Clinical Affiliation Agreement with Contractor.
- 10.23.5. Contractor shall coordinate a prehospital orientation program for new base hospital physician and nursing staff to the prehospital program.
- 10.23.6. Contractor shall facilitate the education of new MICNs by providing instructor(s) to lecture, perform radio simulations, or assist as needed at any MICN Development Course to which Contractor sends MICN candidates.
- 10.23.7. To the extent Contractor is required to provide mandatory formal education programs over and above those set forth in subparagraphs (1) and (2) immediately above, Contractor may seek reimbursement, contributions, or other payment to defray its costs from municipalities, paramedic provider agencies, or receiving hospitals. However, nothing herein shall be deemed to require any such reimbursement, contribution, or payment.
- 10.23.8. Contractor shall forward the following to the EMS Agency:
  - 1) Monthly continuing education schedules to the Office of Certification and Program Approvals prior to scheduled date of course.
  - 2) Yearly summaries of EMS CE classes including the date, course title, instructor or non-instructor based, and number of EMS continuing education hours to the Office of Certification and Program Approvals by January 31 of the following year.
  - 3) Course rosters or attendance verification for County mandated training programs to the Office of Certification and Program Approvals no later than fifteen (15) calendar days after the class concludes, but not to exceed established deadline of course.

## **10.24 Hospital Minutes/Attendance Rosters/Newsletters and Other Communication Related Materials**

Contractor shall maintain records of communications with base hospital personnel which may be inclusive of, but not limited to, base hospital meetings, e-mail communications, newsletters or other communication related materials. These records of communications shall be available to the EMS Agency during program review audits and shall be submitted to the EMS Agency upon request.

## **10.25 Base Hospital Medical Director**

Contractor shall designate an emergency physician to direct and coordinate the medical aspects of field care and related activities of medical and emergency medical services personnel assigned to Contractor (including without limitation, the quality improvement program for the services provided here within), and to ensure compliance with policies, procedures, and protocols established by the EMS Agency. This physician, who shall have the title of "Base Hospital Medical Director", shall:

- 1) Be board certified in emergency medicine.
- 2) Be engaged in the field of emergency medicine as a full-time emergency physician, as defined by spending an average of at least ninety-six (96) hours per month in the practice of emergency medicine at Contractor's hospital, and have experience and knowledge of base hospital radio operations and EMS Agency policies and procedures. The number of prescribed hours may include administrative and or educational hours spent in meeting Base Hospital Medical Director responsibilities.
- 3) Comply with the provisions set forth in the Prehospital Care Manual.
- 4) Satisfactorily complete orientation to Contractor's prehospital care program.
- 5) Attend an EMS orientation course as provided by the EMS Agency within six (6) months of assuming Base Hospital Medical Director responsibilities.
- 6) Reimbursement for Medical Director: Nothing in this Agreement shall prohibit Contractor from seeking reimbursement, contributions, or other payment from municipalities, paramedic provider agencies, or receiving hospitals to defray Contractor's costs associated with providing ALS services, including the base hospital medical director's salary. However, nothing in this Agreement shall be deemed to require any such reimbursement, contribution, or other payment.



## **10.26 Base Hospital Physicians**

Contractor shall have at least one (1) full-time emergency department physician on duty at all times. Such emergency department physician shall be responsible for prehospital management of patient care and patient destination. If a paramedic run is not handled directly by the base hospital physician, such physician shall be immediately available for consultation by an MICN directing a paramedic run. All of Contractor's emergency department physicians participating in Contractor's activities as a base hospital shall:

- 1) Satisfactorily complete Contractor's base hospital orientation program within thirty (30) days of assuming base physician responsibilities. Such a program shall include: prehospital treatment protocols, medical control guidelines and base hospital radio operations.
- 2) Be board certified or board eligible in emergency medicine as recognized by the American Board of Medical Specialties.
- 3) Comply with policies and procedures of the EMS Agency.
- 4) Be under the direction of the Base Hospital Medical Director.

## **10.27 Mobile Intensive Care Nurses (MICNs)**

Contractor shall have at least one (1) MICN on duty at all times. MICNs shall:

- 1) Be currently certified as a MICN in Los Angeles County.
- 2) Be currently certified as an American Heart Association Advanced Cardiac Life Support provider or instructor.
- 3) Comply with policies and procedures of the EMS Agency
- 4) Be under the direction of the base hospital physician on duty.
- 5) Be employed by one of the following agencies approved to employ and utilize MICNs in Los Angeles County:
  - a) Base Hospital
  - b) EMS Agency
  - c) Paramedic training program
  - d) Paramedic provider agency

## **10.28 Prehospital Care Coordinator (PCC)**

Contractor shall designate a dedicated MICN with experience and knowledge of base hospital radio operations and EMS Agency policies and regulations to serve as the Contractor's PCC and as a liaison to the EMS Agency, paramedic provider agencies, and the local receiving facilities. Under the direction of, and in conjunction with the Contractor's Base Hospital Medical Director, the PCC shall assist in directing and coordinating the medical aspects of field care and related activities of medical and emergency medical services personnel assigned to Contractor and shall ensure compliance with policies, procedures, and protocols established by the EMS Agency. The PCC shall:

- 1) Be currently certified as an MICN in Los Angeles County.
- 2) Have experience in, and knowledge of, base hospital radio operations and EMS Agency policies, procedures, and protocols.
- 3) Be sufficiently available during normal County business hours to meet the responsibilities set forth in this subparagraph.
- 4) Comply with the provisions set forth in the Prehospital Care Manual.
- 5) Attend an EMS orientation course as provided for by the EMS Agency within six (6) months of assuming PCC responsibilities.

Nothing in this Agreement shall prohibit Contractor from seeking reimbursement, contributions, or other payment from municipalities, paramedic provider agencies, or receiving hospitals to defray Contractor's costs associated with providing ALS services, including the PCC's salary. Nothing, however, in this Agreement shall be deemed to require any such reimbursement, contributions, or other payments.

## **10.29 EMS Agency Notification of Hiring/Termination of MICNs**

Contractor shall notify the EMS Agency's Office of Prehospital Certification within fifteen (15) working days of the hiring or termination of any MICN as well as failure of the MICN to meet established guidelines set by the EMS Agency in maintaining current certification.

Failure of a MICN to meet current certification requirements established by the EMS Agency and EMS Agency mandated courses shall result in immediate suspension of their MICN certification.

### **10.30 Quality Improvement (QI)**

Contractor shall have a current prehospital care QI plan approved by the EMS Agency and ensure participation in the EMS Agency's systemwide QI program by designating a representative for the meetings.

Contractor shall have a process developed, with input from the base hospital medical director, base hospital physician, the PCC, MICNs, paramedics, and Contractor administration to:

- 1) Identify important aspects of prehospital care issues.
- 2) Identify indicators for those important aspects.
- 3) Evaluate the prehospital care and service, including trends, to identify opportunities for improvement.
- 4) Take action to improve care and service, or to solve problems, and evaluate the effectiveness of those actions.
- 5) Contractor shall also participate in the EMS Agency's Quality Improvement Program, with records provided by Contractor in accordance with the terms of this Agreement.

### **10.31 Paramedic Communication System (PCS)**

- 10.31.1 Provide the specific PCS base hospital communications equipment listed in Attachment 9, attached hereto and incorporated herein by reference, meeting the operational requirements and standards as determined by the County through the Director of the ISD. Any changes in required communications equipment shall be mutually agreed upon between the parties. These changes shall be made in consultation with the EMS Agency's PCS manager.
- 10.31.2 Acquire and maintain in effect throughout the term of this Master Agreement FCC licenses for such communications equipment in accordance with California Public Safety Radio Association ("CPSRA") procedures.
- 10.31.3 Operate, maintain, and repair Contractor-owned PCS equipment in accordance with standards promulgated hereunder.
- 10.31.4 Obtain leased lines to current or new remote control stations or to a closer termination point on new or current stations or lines jointly determined by Contractor, Director, and ISD, if Contractor is afforded capability of remote control radio stations located at a County site or

other remotely located site as shown in Attachment 10. If the remote radio stations are located at a non-County site and are owned by Contractor, then Contractor shall also pay for all costs associated with the maintenance and repair of such stations, and for all costs of the A.C. power required for operating the equipment.

- 10.31.5 Comply with the operating and maintenance standards for communications equipment as set forth in Attachment 11, attached hereto and incorporated herein by reference. Contractor further agrees to operate its PCS equipment in accordance with the transmitter power output and antenna specifications as shown in Attachment 9 .
- 10.31.6 Comply with channel assignments made by the EMS Agency for communication with paramedics Attachment 12.
- 10.31.7 Provide training of Contractor personnel assigned to Contractor's PCS operation on the use of communications equipment listed in Attachment 9.
- 10.31.8 Comply with Paramedic System Trouble Control Procedures established by the EMS Agency PCS manager listed in Attachment 13.
- 10.31.9 Have the capability of emergency maintenance and repair of PCS equipment, as well as periodic preventive maintenance, either by its own personnel or through a communications service company which has a service contract with Contractor and which has a demonstrated capability of providing the required services.
- 10.31.10 Nothing in this Agreement shall prohibit Contractor from seeking reimbursement, contributions, or other payment from municipalities, paramedic provider agencies, or receiving hospitals to defray Contractor's costs associated with providing ALS services. However, nothing in this Master Agreement shall be deemed to require any such reimbursement, contributions, or payment.

## **11.0 HOURS/DAY OF WORK**

**Intentionally Omitted**

## **12.0 WORK SCHEDULES**

**Intentionally Omitted**

## **13.0 UNSCHEDULED WORK**

**Intentionally Omitted**

## **14.0 PROCEDURE FOR NON-COMPLIANCE AND PENALTIES**

Contractor's failure to meet data collection requirements for base hospital data elements shall be addressed by the County in accordance with Attachment 14, Procedure for Non-Compliance with Data Collection Requirements.

**PREHOSPITAL CARE POLICY REFERENCE NO. 316,  
EMERGENCY DEPARTMENT APPROVED FOR PEDIATRICS (EDAP) STANDARDS**





SUBJECT: **EMERGENCY DEPARTMENT APPROVED  
FOR PEDIATRIC (EDAP) STANDARDS**

REFERENCE NO. 316

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**PURPOSE:** To establish minimum standards for the designation of Emergency Departments Approved for Pediatrics (EDAP). These Emergency Departments (ED) provide care to pediatric patients by meeting specific requirements for professional staff, quality improvement, education, support services, equipment, supplies, medications, and established policies and procedures.

**DEFINITIONS:**

**Advanced Pediatric Life Support (APLS): The Pediatric Emergency Medicine Resource:** A continuing medical education program developed by American Academy of Pediatrics (AAP) and American College of Emergency (ACEP). APLS features an innovative modular curriculum designed to present the information physicians, nurses and allied health professionals need to assess and care for critically ill and injured children during first few hours in the ED or office-based setting. Course is valid for four years.

**Board Certified (BC):** Successful completion of the evaluation process through one of the Member Boards of the American Board of Medical Specialties (ABMS) including an examination designed to assess the knowledge, skills and experience necessary to provide quality patient care in a particular specialty.

**Board Eligible (BE):** Successful completion of an residency training program with progression to board certification based on the timeframe as specified by the ABMS.

**Department of Children and Family Services (DCFS):** A mandated component of Emergency Response Services, administered by the Los Angeles County Department of Children and Family Services. The Child Protection Hotline (CPH) intake evaluation staff is responsible for assessing any referral, whether verbal or written, which alleges child abuse, neglect or exploitation to determine whether an in-person investigation and consultation is required.

The CPH operates 24 hours a day, seven days a week. The 24 hour number (1-800-540-4000) staffed by employees of the DCFS is responsible for screening calls from the community related to issues of child abuse and neglect. In the event, CPH volume of calls received exceeds the number of social worker's available, an Overflow/callback provisional number (not an official reporting number) is given to the caller. The caller is responsible to re-contact CPH and make a referral, assuring the mandated reporting process is initiated and completed.

**Emergency Departments Approved for Pediatrics (EDAP):** A licensed basic or comprehensive ED that is approved by the Emergency Medical Services (EMS) Agency to receive pediatric patients via the 9-1-1 system. These emergency departments provide care to pediatric patients by meeting specific requirements for professional staff, quality improvement, education, support services, equipment, supplies, medications, and established policies and procedures, as per the guidelines outlined in Ref. No. 510, Pediatric Patient Destination.

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EFFECTIVE: 1985


REVISED: 07-01-18

SUPERSEDES: 06-06-17

PAGE 1 OF 19

APPROVED:

  
Director, EMS Agency

  
Medical Director, EMS Agency

**Emergency Nursing Pediatric Course (ENPC):** Two-day course developed by the ENA that provides core-level pediatric knowledge and psychomotor skills needed to care for pediatric patients in the emergency care setting. Course is valid for four years.

**Pediatric Advisory Committee (PedAC):** Acts in an advisory capacity to the EMS Agency and is responsible for all matters regarding pediatric care and policy development pertinent to the practice, operation and administration of prehospital care, emergency departments, and pediatric intensive care units (PICU). Committee reviews, evaluates, and makes recommendations on issues related to EMS which impact the pediatric population.

**Pediatric Emergency Course:** Two-day course with topics pre-approved by the EMS Agency that provides knowledge about the acutely ill and injured child, and a minimum of 14 hours of continuing education. Course is valid for four years.

**Pediatric Advanced Life Support (PALS):** Instructor-based course with hands-on skills validation by American Heart Association. Course is valid for two years.

**Pediatric Medical Center (PMC):** A licensed acute care hospital that is approved by the EMS Agency to receive **critically ill** pediatric patients via the 9-1-1 system based on guidelines outlined in Ref. No. 510, Pediatric Patient Destination.

**Pediatric Trauma Center (PTC):** A licensed acute care hospital that is approved by the EMS Agency to receive **injured** pediatric patients via the 9-1-1 system based on guidelines outlined in Ref. No. 506, Trauma Triage. These centers provide tertiary pediatric care and serve as referral centers for critically injured pediatric patients.

**Promptly Available:** Able to be physically present in the ED within a period of time that is medically prudent and appropriate to the patient's clinical condition; and further, should not have a measurably harmful effect on the course of patient management or outcome. Hospital guidelines shall be established that address response time for on-call physicians.

**Qualified Specialist:** A physician licensed in the State of California who has become BC or BE in the corresponding specialty by ABMS or American Osteopathic Association (AOA).

**Senior Resident:** A physician licensed in the State of California who is in training as a member of the residency program at the designated hospital, has completed at least two years of the residency, and is in good standing.

**Sexual Assault Forensic Examiner (SAFE):** Examiners are trained healthcare professionals with additional training in conducting adult and adolescent sexual assault forensic medical examinations and/or child sexual abuse forensic medical examinations. SAFE encompasses several categories of examiners (e.g., physicians, nurse practitioners, physician assistants, and registered nurses).

**Sexual Assault Response Team (SART) Centers:** A center specializing in child abuse, neglect, and forensic examinations in the case of an acute sexual assault/abuse event (defined as occurring within 72 hours), which has the capabilities of providing comprehensive medical and psychological forensic examinations and consist of a knowledgeable staff whose training, expertise, and state-of-the-art equipment exceeds the community standards. The SART Center shall have the capabilities of being mobile in the event that the patient is medically unstable for discharge.

The EDAP shall ensure that a forensic examination and interview process for a case of acute sexual assault/abuse event (defined as occurring within 72 hours) or appropriate referral for such examination if over 72 hours.

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If the EDAP cannot provide the necessary forensic examination, coordination of care with a local SART Center, which has the capabilities of providing a comprehensive medical and psychological examination for the sexually abused pediatric patient must be arranged.

**POLICY:**

**I. EDAP Designation / Confirmation Agreement:**

- A. EDAP initial designation and EDAP re-confirmation is granted after a satisfactory review by the EMS Agency for a period of three years.
- B. The EMS Agency reserves the right to perform scheduled site visits or request additional data of the EDAP at any time.
- C. The EDAP shall immediately provide written notice to the Director of the EMS Agency if unable to adhere to any of the provisions set forth in the EDAP Standards.
- D. The EDAP shall provide a 90-day, written notice to the EMS Agency Director of intent to withdraw from the EDAP program.
- E. The EDAP shall notify the EMS Agency within 15 days in writing of any change in status of the EDAP Medical Director, ED Nurse Manager/Director, Designated Pediatric Consultant, and Pediatric Liaison Nurse (PdLN) by submitting Ref. No. 621.1, Notification of Personnel Change Form.

**II. EDAP Approval Process**

**A. General Hospital Requirements:**

- 1. Licensed by the State of California Department of Public Health (CDPH) as a General Acute Care Hospital, and
  - a. Be approved for Basic or Comprehensive Emergency Medical Services pursuant to the provisions of Title 22, Division 5, California Code of Regulations
  - b. Accredited by a Centers for Medicare & Medicaid Services (CMS) recognized Hospital Accreditation Organization

**B. EDAP Leadership Requirements:**

- 1. EDAP Medical Director is a qualified specialist in Emergency Medicine (EM) or Pediatric Emergency Medicine (PEM).

**Responsibilities:**

- a. Oversee EDAP quality improvement (QI) program and monitor to ensure adherence to the EDAP Standards
- b. Promote and verify adequate skills and current knowledge of ED staff physicians and mid-level practitioners in pediatric emergency care and resuscitation

- c. Member of both the ED and pediatric committees (if applicable) to ensure that pediatric care needs are addressed and communicated across disciplines
- d. Liaison with PMCs, PTCs, base hospitals, community hospitals, prehospital care providers, and the EMS Agency to ensure pediatric care needs are addressed
- e. Collaborates with the ED Nurse Manager/Director and the PdLN to ensure adherence to the EDAP Standards for staffing, medication, equipment, supplies, and other resources for children in the ED
- f. May also be assigned others roles in the ED
- g. Committee Participation:

The EMS Agency's Pediatric Advisory Committee meets quarterly in March, June, September, and December to address pediatric care issues related to prehospital care, emergency departments, and pediatric intensive care units (PICU). Committee members are appointed to ensure that the five EDAP regions are represented. For non-committee member EDAP Medical Directors, attendance is highly encouraged.

- 2. Designated Pediatric Consultant – A qualified specialist in pediatrics and/or subspecialty in PEM
  - a. Responsibilities:
    - i. Promptly available for consultation
    - ii. Participate in the development and monitoring of pediatric QI program, and pediatric policies and procedures
    - iii. Collaborate with the EDAP Medical Director and PdLN as needed
    - iv. May also be the EDAP Medical Director
- 3. ED Nurse Manager/Director - Licensed as a Registered Nurse (RN) in the State of California
  - a. Responsibilities:
    - i. Ensure compliance with the EDAP Standards, EDAP Agreement, and EMS Agency policies and procedures
    - ii. Oversee the EDAP QI program
    - iii. Appoint an ED RN as the PdLN and provide a written description of responsibilities to ensure compliance with EDAP Standards

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- iv. Ensure that the PdLN is allocated the appropriate time and resources necessary to comply with the EDAP Standards. Allocation of time/hours may be based on the ED's annual pediatric volume:
    - 1) Low: <1800
    - 2) Medium: 1800 - 4999
    - 3) Medium-High: 5000 - 9999
    - 4) High: >10,000
  - v. Collaborate with the PdLN to develop and implement policies and procedures for all aspects of pediatric care
  - vi. Ensure opportunities for the staff to meet the EDAP educational requirements
  - vii. Ensure that the QI reports are presented at applicable hospital committees (e.g., ED, hospital-wide QI, and/or pediatric committees)
  - viii. Ensure that the appropriate documentation is readily available for the EMS Agency during the review process (e.g., physicians' credentials, nursing and respiratory care practitioners' continuing education)
  - ix. Serves as a contact person for the EMS Agency and available upon request to respond to County business
4. Pediatric Liaison Nurse (PdLN) – Nurse Coordinator for pediatric emergency care
- a. Qualifications:
    - i. Licensed as an RN in the State of California
    - ii. At least two years of experience working in pediatrics, or in an ED that provides care for pediatric patients, within the previous five years
    - iii. Current PALS provider or instructor
    - iv. Completion of a two-day pediatric emergency course within the last four years
    - v. Completion of seven hours of pediatric continuing education (CE) approved by the Board of Registered Nursing (BRN) every two years
  - b. Responsibilities:
    - i. Collaborate with the EDAP Medical Director, ED Nurse Manager/Director, and Designated Pediatric Consultant to

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ensure compliance with Ref. No. 316, EDAP Standards, Ref. No. 312, Pediatric Liaison Nurse, and policies and procedures established by the EMS Agency

- ii. Maintain and monitor the EDAP QI program
- iii. Serve as a liaison and maintain effective lines of communication with:
  - 1) ED management, physicians, and personnel
  - 2) Hospital pediatric management, physicians, and personnel
  - 3) Paramedic base hospital personnel, as applicable
  - 4) System PdLNs
  - 5) Prehospital care coordinators (PCCs), as needed, to follow up with pediatric treatment/transport concerns
  - 6) Prehospital care providers as needed, to follow up with pediatric treatment and/or transport concerns
  - 7) Other EDAPs and PMCs
  - 8) EMS Agency
- iv. Serve as a contact person for the EMS Agency and be available upon request to respond to County business
- v. Monitor Pediatric Education:
  - 1) Develop a mechanism to track and monitor pediatric continuing education for the ED staff
  - 2) Maintain continuing education documentation, to be readily available to the EMS Agency during the review process
- vi. Committee Participation:

The EMS Agency's Pediatric Advisory Committee meets quarterly in March, June, September, and December to address pediatric care issues related to prehospital care, emergency departments, and pediatric intensive care units (PICU). Committee members are appointed to ensure the five EDAP regions are represented. For non-committee member PdLNs, attendance is highly encouraged.

C. Personnel

1. ED Physicians

- a. Twenty-four hour ED coverage shall be provided or directly supervised by physicians functioning as emergency physicians, or pediatricians experienced in emergency care, or senior residents.
- b. At least 75% of the physicians attending in the ED shall be BC or BE in EM or PEM.

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- c. ED physicians who are not EM or PEM BC or BE shall have current PALS or APLS providers or instructors.
  2. Pediatricians (applies to EDAPs with associated pediatric admission unit)
    - a. There shall be a call panel for telephone consultation and a qualified specialist in pediatrics to be promptly available to the ED twenty-four hours per day.
    - b. Those pediatricians who are not BC or BE shall be current PALS or APLS provider or instructor.
  3. Pediatric Subspecialty Services

Pediatric subspecialty physicians shall be available through in-house panel, phone consultation, telemedicine, or transfer agreements.
  4. Mid-Level Practitioners (Physician Assistants and Nurse Practitioners)
    - a. Mid-level practitioners shall be licensed by the State of California.
    - b. All mid-level practitioners assigned to the ED caring for pediatric patients must be current PALS or APLS provider or instructors.
  5. Registered Nurses
    - a. All RN staff in the ED caring for pediatric patients must be current PALS providers or instructors. In addition, all nurses assigned to the ED shall attend at least 14 hours of BRN-approved pediatric education every four years.
    - b. At least one RN per shift shall have completed a two-day Pediatric Emergency Course within the last 4 years and be available for patient care. It is highly recommended that all nurses regularly assigned to the ED complete this course as well.

III. Two-Day Pediatric Emergency Course – Continuing Education

- A. May be completed in-house or off-site
- B. The interval between Day/Part 1 and Day/Part 2 must be completed within a six month period

If the interval between Day/Part 1 and Day/Part 2 is greater than six months, this will only fulfill the 14 hour requirement in Section C.5.a above.
- C. Curriculum should be selected from this broad spectrum of pediatric topics which have been pre-approved by the EMS Agency:
  1. Airway management
  2. Brief Resolved Unexplained Event (BRUE) and previously called Apparent life-threatening event (ALTE) ≤ 12 months of age
  3. Child Maltreatment (suspected child abuse, neglect, and sexual assault) to

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- include the mandated reporting process
  4. Coordination of care with an SART Center for an acute suspected sexual assault victim requiring a forensic examination
  5. Death
  6. Fever/Sepsis/Shock
  7. Female presenting with signs & symptoms of recent delivery and no history of giving birth / newborn abandonment
  8. Human trafficking
  9. Injury prevention
  10. Medical conditions (e.g., diabetic ketoacidosis, inborn errors of metabolism, etc.)
  11. Medication safety
  12. Neonatal emergencies
  13. Pain Management
  14. Disaster response
  15. Poisonings
  16. Procedural Sedation
  17. Respiratory emergencies
  18. Resuscitation
  19. Seizures
  20. SIDS/SUID
  21. Special health care needs
  22. Submersions
  23. Surgical emergencies
  24. Trauma/Burns
  25. Triage

IV. Quality Improvement (QI) Program Requirements

QI program shall be developed as per Ref. No. 620, EMS Quality Improvement Program, and monitored by the EDAP Medical Director, ED Nurse Manager/Director, and PdLN with input as needed from the Designated Pediatric Consultant.

- A. Develop a mechanism to easily identify pediatric (14 years of age and under) visits to the ED.
- B. Identification and trending of important aspects of pediatric care requiring improvement, to include 100% medical record review of:
  1. Deaths
  2. Child Maltreatment (suspected child abuse, neglect, and sexual assault) to include the mandated reporting process
  3. Transfers to higher level of care
  4. Admissions from the ED to an adult medical surgical unit and/or adult intensive care unit (ICU)
  5. Unscheduled/unplanned return visits to the ED within 48 hours that are admitted or transferred
- C. Hospital and EMS Agency quality of care review may include, but is not limited to the following high-risk patients and important aspects of care:
  1. Patients requiring critical care or PICU
  2. Pediatric patients transported via the 9-1-1 requiring admission or transfer to higher level of care

3. Airway management
  4. Acute dehydration
  5. Blunt head trauma
  6. Diabetic ketoacidosis
  7. Fever in infants less than three months of age
  8. Long bone fractures
  9. Medication safety
  10. Seizures
  11. Sepsis
  12. Respiratory distress (e.g., asthma, bronchiolitis, croup, foreign body, aspiration pneumonia)
  13. Facility-specific issues as identified by the PdLN and/or physician
  14. Prevention of unnecessary tests and procedures per the “Choosing Wisely® Initiatives”
- D. Maintain written QI plan, trending and analysis reports, agenda, minutes, and attendance rosters to be readily available to the EMS Agency for the review process.
- V. Ancillary Services
- A. Respiratory Care Practitioners (RCP)
1. At least one RCP shall be in-house twenty-four hours per day to respond to the ED.
  2. All RCPs shall be a current PALS provider or instructor.
  3. The hospital shall have a mechanism to track and monitor PALS certifications for RCP.
- B. Radiology
1. The radiology department shall have pediatric-specific policies and procedures pertaining to imaging studies of children.
  2. Qualified specialist in radiology must be on-call and promptly available twenty-four hours per day.
  3. Radiology technician must be in-house twenty-four hours per day, with a back-up technician on-call and promptly available.
  4. CT scan technician must be on-call and promptly available.
  5. Ultrasound technician or designated operator must be on-call and promptly available.
- C. Laboratory
1. Laboratory service shall have pediatric-specific policies and procedures pertaining to laboratory studies of children, including, but not limited to, obtaining samples, and micro technique for small or limited sample sizes.
  2. Technician must be in-house twenty-four hours per day, with a back-up

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technician on-call and promptly available.

VI. Policies and Procedures

Policies and procedures pertaining to the emergency care of children shall include, but are not limited to, the following, and multiple required elements may be incorporated into one policy – e.g., “Care of the Pediatric patient in the ED”:

A. Triage:

1. Vital signs recorded at triage for infants and children, to include age-appropriate measurement of temperature, heart rate, respiratory rate, and pain scale.
2. Blood pressure and pulse oximetry monitoring shall be available for children of all ages. Optimally, blood pressure and pulse oximetry should be assessed on all children. Exceptions must be addressed in policy and monitored.

B. Pediatric patient safety in the ED (e.g., environment of care)

C. Immunization assessment and management of the under immunized patient

D. Reporting of all aspects of the mandated reporting of child maltreatment (suspected child abuse, neglect, and sexual assault) to include:

1. An immediate verbal telephone report to Child Protection Hotline (CPH) and/or law enforcement if the child is in danger
2. Completion of the written or online Suspected Child Abuse Report (SCAR) #8572 report to Department of Children and Family Services (DCFS) within 36 hours
3. Documentation of the case number or referral number and tracking number in the medical record
4. Social Service (during business hours) or Registered Nurse (afterhours/weekends) to review the final patient disposition with the physician on-duty to assure the mandated reporting and medical record documentation is complete, and the coordination of care per CPH is communicated for a safe disposition of the child (family, caregiver or law enforcement)
5. Checklist to assure all forms, notifications, and documentation are completed with physician notification and appropriate documentation
6. Monthly QI reviews by Social Services and ED to assure the appropriate recognition of and reporting processes of child maltreatment cases

E. Include in the above policy the coordination of care with a Sexual Assault Response Team (SART) Center for an acute suspected sexual assault patient/victim requiring a forensic evidentiary examination or appropriate referral to include:

1. Patient to receive a medical screening examination and any necessary stabilization treatment



2. ED nurse or physician to notify the law enforcement agency in the city where the crime occurred
    - a. Once law enforcement officer arrives and authorizes a forensic evidentiary examination
    - b. The officer will contact the forensic nurse
    - c. Obtain the officer's identification (department and badge number) for documentation
    - d. The forensic nurse and advocates are on-call and must be notified directly by law enforcement
    - e. If the ED has any questions, they may contact the forensic nurse for consult or for clarification
    - f. Obtain the SART Center's address and the arranged time, that the officer and patient will meet the forensic nurse
    - g. Prior to the patient's disposition to the SART Center, patient must be medically cleared and all emergency medical conditions stabilized. The patient should be discharged from the ED
  3. Provide specific discharge instructions and required documentation to include:
    - a. Plan of care
    - b. Patient destination to include the SART Center address
    - c. Transported/accompanied by law enforcement or permit the patient to be transported by family or caregiver
  4. Develop a checklist to assure all forms, notifications and documentation are completed with physician notification and appropriate documentation for a safe disposition
- F. Pediatric assessment and reassessment, including identification of abnormal vital signs according to the age of the patient, and physician notification when abnormal values are obtained
  - G. Pain assessment, treatment, and reassessment, utilizing developmentally appropriate pain scales (include a description of the tools used for infant and child)
  - H. Consent and assent for emergency treatment (including situations in which a parent/legal guardian is not immediately available)
  - I. Do Not Resuscitate (DNR) orders/Advanced Health Care Directives (AHCD)
  - J. Death of the child in the ED and care of the grieving family
  - K. Care and safety for the pediatric patient with mental and/or behavioral health
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emergencies

- L. Physical and chemical restraint of patients
- M. Procedural sedation
- N. Reducing radiation exposure for pediatric patients
- O. Safe surrender of newborns
- P. Daily verification of proper location and functioning of equipment and supplies for the pediatric crash cart, and a content listing of items in each drawer
- Q. Family Centered Care, including:
  - 1. Supporting appropriate family presence during all aspects of care to include invasive procedures and resuscitation
  - 2. Education of the patient, family, and regular caregivers
  - 3. Discharge planning and instructions
  - 4. Culturally and linguistically appropriate services
- R. Communication with patient's medical home or primary provider based on illness and severity (e.g., aftercare instructions, x-ray results, and laboratory studies as appropriate)
- S. Transfer from the ED to another facility
- T. A surge plan for back-up personnel in the ED
- U. Disaster preparedness addressing the following pediatric issues:
  - 1. Minimizing parent-child separation, and methods for reuniting separated children with their families
  - 2. Pediatric surge capacity for both injured and non-injured children
  - 3. Medical and mental health therapies, as well as social services, for children in the event of a disaster
  - 4. Disaster drills that include a pediatric mass casualty incident at least once every two years
  - 5. Decontamination
- V. Medication safety addressing the following pediatric issues:
  - 1. All pediatric weights shall be recorded in kilograms:
    - a. Children shall be weighed in kilograms, with the exception of children who require emergency stabilization, and the weight shall be recorded in a prominent place on the medical record such as with the vital signs

- b. For children who cannot be safely weighed, a standard method for estimating weight in kilograms shall be used (e.g., a length-based resuscitation tape)
  - c. Scales used to weigh children must be configured to display weights in kilograms only
  - d. Electronic medical records shall allow for weight entries in kilograms only
- 2. Medication orders should be written clearly, in milligrams per kilogram, and should specify the total dosage – not to exceed the safe maximum dosage
  - 3. Processes for safe medication storage, prescribing, and delivery should be established and should include the use of pre-calculated dosing guidelines for children of all ages
  - 4. Involve the patient and /or family in the medication safety process to ensure accurate patient identification and provide education as to the rationale for the medication

VII. Interfacility Transfer

A written Interfacility Consultation and Transfer Agreement for tertiary or specialty care shall be established, which shall include, at a minimum, the following:

- A. A plan for subspecialty consultation (telephone, or real-time telemedicine) twenty-four hours per day
- B. Identification of transferring and receiving hospitals' responsibilities in accordance with Emergency Medical Treatment and Active Labor Act (EMTALA)
- C. A process for selecting the appropriately staffed transport service to match the patient's acuity level

VIII. Equipment, Supplies, and Medications

- A. Pediatric equipment, supplies, and medications shall be easily accessible, labeled, and logically organized – a mobile pediatric crash cart shall be utilized.
- B. Staff shall be able to identify the locations of all items. A locator chart of the locations of all items (e.g., a locator grid identifying the required equipment and supplies) shall be maintained.
- C. The following are the required EDAP equipment, supplies, and medications:
  - 1. General Equipment
    - a. Weight scale measuring only in kilograms for both infants and children
    - b. Standardized length-base resuscitation tape (most recent edition) or other standardized method to estimate pediatric weights in kilograms

- c. Pediatric drug dosage reference material with dosages calculated in milligrams per kilogram – either posted, or readily available
  - d. Developmentally appropriate pain scale assessment tools for infants and children
  - e. Blood and IV fluid warmer (Rapid infuser)
  - f. Warming and cooling system with appropriate disposable blankets
2. Monitoring Equipment
- a. Blood pressure cuffs in the following sizes:
    - i. Neonatal
    - ii. Infant
    - iii. Child
    - iv. Adult arm
    - v. Adult thigh
  - b. Vascular Doppler device (handheld)
  - c. ECG monitor/defibrillator:
    - i. ECG electrodes in pediatric and adult sizes
    - ii. Defibrillator paddles in pediatric and adult sizes, and/or;
    - iii. Hands-free defibrillation device
    - iv. External pacing capability
    - v. Multifunction pads in pediatric and adult sizes
  - d. Thermometer with hypothermia capability
3. Airway Management
- a. Bag-Valve-Mask (BVM) device with self-inflating bag in the following sizes:
    - i. Infant (minimum 450ml)
    - ii. Child
    - iii. Adult
  - b. BVM clear masks in the following sizes:
    - i. Neonate
    - ii. Infant
    - iii. Child
    - iv. Adult
  - c. Laryngoscope handle:
    - i. Pediatric
    - ii. Adult

- d. Laryngoscope Blades:
  - i. Macintosh/curved: 2, 3
  - ii. Miller/straight: 0, 1, 2, 3
- e. Endotracheal Tubes in the following sizes:
  - i. Uncuffed: mm 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5
  - ii. Cuffed: mm 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0
- f. Stylets for endotracheal tubes:
  - i. Pediatric
  - ii. Adult
- g. Magill Forceps:
  - i. Pediatric
  - ii. Adult
- h. Continuous end-tidal CO<sub>2</sub> monitoring device for pediatric and adult patients (preferred). If not available, colorimetric CO<sub>2</sub> detector may be utilized.
- i. Pulse oximeter unit with sensors in the following sizes:
  - i. Infant
  - ii. Pediatric
  - iii. Adult
- j. Nasopharyngeal Airways in the following sizes:  
12, 14, 18, 20, 22, 24, 26, 30 Fr
- k. Oropharyngeal Airways in the following sizes:
  - i. Neonatal: 00 / 40 mm
  - ii. Infant: 0 / 50 mm
  - iii. Child: 1 / 60 mm
  - iv. Small child: 2 / 70 mm
  - v. Small adult: 3 / 80 mm
  - vi. Medium adult: 4 / 90 mm
  - vii. Large adult: 5 / 100 mm
- l. Clear oxygen masks in the following sizes:
  - i. Infant
  - ii. Child
  - iii. Adult
- m. Non-rebreather masks in the following sizes:

- i. Infant
    - ii. Child
    - iii. Adult
  - n. Nasal cannulas in the following sizes:
    - i. Infant
    - ii. Child
    - iii. Adult
  - o. Suction catheters in the following sizes:  
6, 8, 10, 12 Fr
  - p. Yankauer suction tips
  - q. Feeding tubes in the following sizes:  
5, 8 Fr
  - r. Nasogastric Tubes in the following sizes:  
5, 8, 10, 12, 14, 16, 18 Fr
  - s. Laryngeal Mask Airways (LMA) in the following sizes:  
1, 1.5, 2, 2.5, 3, 4, 5
  - t. Cricothyrotomy Catheter set (pediatric)
  - u. Tracheostomy trays: **Requirement for PMC's. Optional for EDAP's**
    - i. Pediatric
    - ii. Adult
  - v. Tracheostomy Tubes: **Requirement for PMC's. Optional for EDAP's**
    - i. Neonatal: size mm 2.0, 2.5, 3.0, 3.5, 4.0, 4.5
    - ii. Pediatric: size mm 3.0, 3.5, 4.0, 5.0, 5.5, 6.0
4. Vascular Access Equipment
- a. Arm boards in the following sizes:
    - i. Infant
    - ii. Child
    - iii. Adult
  - b. IV volume rate control administration sets with calibrated chambers
  - c. IV catheters in the following sizes:  
16, 18, 20, 22, 24 gauge
-

- d. 3-way stopcocks
  - e. Device or needle to achieve intraosseous (IO) vascular access, to include needles in the appropriate sizes for pediatric and adult patients
  - f. IV solutions, to include the following in 250ml and/or 500ml bags:
    - i. 0.9 NS
    - ii. D5.45NS
    - iii. D5NS
    - iv. D10W
5. Fracture Management Devices
- a. Splinting supplies for long bone fractures
  - b. Spinal motion restriction devices in the following sizes:
    - i. Infant
    - ii. Child
    - iii. Adult
  - c. Spinal board with the appropriate straps
6. Specialized Trays or Kits
- a. Newborn delivery kit to include:
    - i. Bulb syringe
    - ii. Umbilical clamps
    - iii. Towels
    - iv. Scissors
  - b. Newborn initial resuscitation equipment should be readily available, including:
    - i. Meconium aspirator
    - ii. Radiant warmer
    - iii. BVM device with self-inflating bag and clear mask for newborns
  - c. Umbilical Vein Catheters, or 5.0 Fr feeding tube
  - d. Central Line Trays in the following sizes:  
**Requirement for PMC's. Optional for EDAP's.**
    - i. 4.0 Fr
    - ii. 5.5 Fr
    - iii. 7.0 Fr
  - e. Thoracostomy tray:
    - i. Pediatric

- 
- ii. Adult
  - f. Chest drainage system
  - g. Chest tubes in the following sizes: (At least one in each size range)  
  
(10 – 12) (16 – 24) (28 – 40) Fr – **Requirement for EDAP's**  
8, 12, 16, 20, 24, 28 Fr – **Required for PMC's**
  - h. Lumbar Puncture trays and spinal needles:
    - i. 22 g, 3 inch
    - ii. 22-25 g, 1½ inch
  - i. Urinary catheterization sets and urinary (indwelling) catheters in the following sizes:  
  
5, 8, 10, 12, 14, 16 Fr
7. Pediatric-Specific Resuscitation
- a. Immediately available drug calculation resources
  - b. The following medications must be immediately available:
    - i. Adenosine
    - ii. Albuterol
    - iii. Amiodarone
    - iv. Atropine
    - v. Atrovent
    - vi. Calcium chloride
    - vii. Dobutamine
    - viii. Dopamine
    - ix. Epinephrine 0.1mg/mL (**IV administration**)
    - x. Epinephrine 1mg/mL (**IM administration**)
    - xi. Epinephrine for inhalation
    - xii. Lidocaine
    - xiii. Mannitol or hypertonic saline
    - xiv. Naloxone
    - xv. Procainamide
    - xvi. Sodium Bicarbonate 4.2% (or a process to obtain the drug in an emergency situation)
    - xvii. Sodium Bicarbonate 8.4%

CROSS REFERENCE:

Prehospital Care Policy Manual

Ref. No. 312, Pediatric Liaison Nurse  
Ref. No. 318, Pediatric Medical Centers  
Ref. No. 506, Trauma Triage  
Ref. No. 508, Sexual Assault Patient Destination  
Ref. No. 508.1, SART Center Roster



Ref. No. 510, Pediatric Patient Destination  
Ref. No. 620, EMS Quality Improvement Program  
Ref. No. 621, Notification of Personnel Change  
Ref. No. 621.1, Notification of Personnel Change Form  
EMS Agency Pediatric Advisory Committee Bylaws  
EMS Agency SART Standards  
California Clinical Forensic Medical Training Center, California Sexual Assault Response Team  
(SART) Manual

### ACKNOWLEDGEMENTS

The EMS Agency EDAP Standards were first developed by the Committee on Pediatric Emergency Medicine (COPEM), which is made up of representatives from the following organizations: Los Angeles Pediatric Society, Pediatric Liaison Nurses of Los Angeles County, California Chapter of the American College of Emergency Physicians (ACEP), National Emergency Medical Services for Children (EMSC) Resource Alliance, American Academy of Pediatrics (AAP)-California Chapter 2, Emergency Nurses Association (ENA), American College of Surgeons (ACS), and the EMS Agency.

The EDAP Standards have since been revised, endorsed by The Hospital Association of Southern California, and now meet or exceed the guidelines established by the Emergency Medical Services Authority (EMSA) #182: Administration, Personnel, and Policy for the Care of Pediatric Patients in the Emergency Department, and the 2009 Joint Policy Statement: Guidelines for Care of Children in the Emergency Department which was ratified by the AAP, ACEP, and the ENA.

**CONTRACT DISCREPANCY REPORT**

**TO:**

**FROM:**

**DATES:**      **Prepared:** \_\_\_\_\_  
                  **Returned by Contractor:** \_\_\_\_\_  
                  **Action Completed:** \_\_\_\_\_

**DISCREPANCY PROBLEMS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of County Representative

\_\_\_\_\_  
Date

**CONTRACTOR RESPONSE (Cause and Corrective Action):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Contractor Representative

\_\_\_\_\_  
Date

**COUNTY EVALUATION OF CONTRACTOR RESPONSE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Contractor Representative

\_\_\_\_\_  
Date

**COUNTY ACTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTRACTOR NOTIFIED OF ACTION:**

County Representative's Signature and Date \_\_\_\_\_

Contractor Representative's Signature and Date \_\_\_\_\_

## CURRENT TEMIS HOSPITAL HARDWARE AND SOFTWARE SPECIFICATIONS

### Minimum Workstation Specification

- Intel® Core i7 Processor – 940 or better
  - Microsoft Windows 10 64-bit
  - 8 GB of RAM
  - 2 GB of Available Disk Space
  - Display Adapter and Monitor Capable of Displaying 1024 X 768
  - 1 Gbps NIC Adapter or faster
  - Mouse
  - Keyboard
  - LA Base Software
  - Internet Explorer 11 or Chrome 33 or higher
  - High-speed internet connection for each work station
- 
- Remote support from WebEx is utilized for remote desktop support. If this does not comply with your institution's IT policy, we request network access via a VPN with desktop access via an industry standard solution.
  - IT staff should have FTP access for downloading and uploading of large files (minimum 5 megabits) related to product updates and technical support.
  - For sites wishing to use SQL Server Express, this software will need to be installed by the customer prior to the installation of TEMIS applications.
  - TEMIS software vendor should have direct access to the server console to facilitate troubleshooting directly.

**COMMUNICATIONS MANAGEMENT COMMITTEE (Ad Hoc)**

1. PURPOSE: The Communications Management Committee ("CMC") is organized to provide technical and administrative assistance in the design, maintenance, and operation of the PCS to the PCS Manager.
2. ORGANIZATION: The CMC shall be composed of the following representatives or their designees:
  - A. PCS Manager, appointed by the Director of the Department of Health Services;
  - B. Chief Deputy Director, Internal Services Department;
  - C. Executive Director, Hospital Association of Southern California;
  - D. Consultant, nominated by the EMSC;
  - E. Representative, nominated by the Los Angeles County Ambulance Association;
  - F. Representative, nominated by the Los Angeles County Chapter of the Southern California Fire Chiefs Association.
  - G. Representative, nominated by the Base Hospital Advisory Committee.

Failure of the listed non-County agencies to appoint representatives to the CMC shall not invalidate the formation of the CMC. Alternative arrangements which fulfill the purposes of this committee may also be utilized with the approval of the local EMS Agency.

3. RESPONSIBILITIES:
    - A. Assess current operations of PCS;
    - B. Identify current and on-going problems;
    - C. Develop solutions and schedules for resolving problems;
    - D. Report status to participants of PCS on a regular basis; and
    - E. Bring major problems to the attention of the directors of the local EMS Agency and the Internal Services Department.
  4. MEETINGS: The CMC shall meet on an "as needed" basis as determined by the PCS Manager.
-

BASE HOSPITAL FORM

Log # \_\_\_\_\_ Sequence # \_\_\_\_\_ Pg2

G E N E R A L	Pt.# of _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N	Peds Weight _____	Hospital Code: _____
	Date _____ Provider Code _____	Color Code: _____	<input type="checkbox"/> Phone <input type="checkbox"/> 9-1-1 Call
	Age _____ Yrs <input type="checkbox"/> Mos <input type="checkbox"/> Days	<input type="checkbox"/> Too Tall	<input type="checkbox"/> Radio <input type="checkbox"/> 9-1-1 RE-Triage
	Time _____ Unit _____	Weight _____ Kg <input type="checkbox"/> Lbs	<input type="checkbox"/> VMED28 <input type="checkbox"/> IFT

PROVIDER IMPRESSION _____	LEVEL OF DISTRESS <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	P R I O R I T Y	MEDS: <input type="checkbox"/> ADE <input type="checkbox"/> ALB <input type="checkbox"/> ASA <input type="checkbox"/> EPI <input type="checkbox"/> FEN <input type="checkbox"/> MID <input type="checkbox"/> NAR <input type="checkbox"/> NTG <input type="checkbox"/> OND <input type="checkbox"/> Morphine <input type="checkbox"/> GLU/GLP <input type="checkbox"/> D10	TXS: <input type="checkbox"/> BMV <input type="checkbox"/> CPAP <input type="checkbox"/> ETT <input type="checkbox"/> King <input type="checkbox"/> SMR <input type="checkbox"/> GLucometer: <input type="checkbox"/> DEFibrillatedX <input type="checkbox"/> CAR <input type="checkbox"/> TCP <input type="checkbox"/> AED-Analyzed <input type="checkbox"/> AED-Defibrillated <input type="checkbox"/> Needle THoracost. <input type="checkbox"/> Tourniquet(TK) <input type="checkbox"/> Other:
CHIEF COMPLAINT CODES _____				
mLAPSS _____	Protocol: _____ O/P _____			
Met: <input type="checkbox"/> Y <input type="checkbox"/> N	Last Known Well _____ Q _____			

P H Y S I C A L	LOC <input type="checkbox"/> ALERT <input type="checkbox"/> O <sub>3</sub> <input type="checkbox"/>	PUPILS <input type="checkbox"/> PERL <input type="checkbox"/>	RESPIRATION <input type="checkbox"/> CLEAR <input type="checkbox"/> NORMAL rate/effort	Capnography# _____	SKIN <input type="checkbox"/> NML <input type="checkbox"/>	E C G
	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Unequal	TIDAL VOLUME: <input type="checkbox"/> N <input type="checkbox"/> + <input type="checkbox"/> -	Waveform? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Pale <input type="checkbox"/> Hot	
	<input type="checkbox"/> Combative	<input type="checkbox"/> Plnpoint	<input type="checkbox"/> Wheezes <input type="checkbox"/> Labored <input type="checkbox"/> Apnea	ADV AIRWAY <input type="checkbox"/> BS after ETT/King?	<input type="checkbox"/> Cool/Cold	
	<input type="checkbox"/> No T Alert	<input type="checkbox"/> Fixed/Dilated	<input type="checkbox"/> Rales <input type="checkbox"/> Unequal <input type="checkbox"/> Snoring	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Diaphoretic	

V I T A L S & T X S	<input type="checkbox"/> IUP: _____ wks	GCS		Glucometer	Cap Refill:	A R R E S T
	<input type="checkbox"/> Suspected	Eye _____ Verbal _____ Motor _____	#1: _____ #2: _____	<input type="checkbox"/> No Rmal	<input type="checkbox"/> Delayed	
	Drugs/ETOH _____	TOTAL GCS: _____ Repeat GCS (if applicable): _____	Glucometer Ordered? <input type="checkbox"/> Y <input type="checkbox"/> N			
	O2@ _____ lpm Titrated? <input type="checkbox"/> Y <input type="checkbox"/> N via: <input type="checkbox"/> NC <input type="checkbox"/> Mask <input type="checkbox"/> BMV <input type="checkbox"/> BioW by <input type="checkbox"/> EXisting Trach. <input type="checkbox"/> ETT <input type="checkbox"/> King <input type="checkbox"/> CPAP	IV: <input type="checkbox"/> SL <input type="checkbox"/> FC: _____ cc <input type="checkbox"/> TKO <input type="checkbox"/> WO <input type="checkbox"/> Not Ordered <input type="checkbox"/> IV Unable <input type="checkbox"/> Refused <input type="checkbox"/> IO <input type="checkbox"/> PreeXisting IV	TransCutaneous Pacing @ mA: _____ Rate: _____ Capture? <input type="checkbox"/> Y <input type="checkbox"/> N Needle THoracostomy? <input type="checkbox"/> Y <input type="checkbox"/> N	Spinal Motion Restriction? <input type="checkbox"/> Y <input type="checkbox"/> N CMS Intact: <input type="checkbox"/> Before <input type="checkbox"/> After SMR Refused? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Tourniquet (TK)		

T R A U M A	<input type="checkbox"/> No Apparent Injury	B P <input type="checkbox"/> Trauma Arrest	B P <input type="checkbox"/> Abdomen	PROTECTIVE DEVICES: <input type="checkbox"/> Helmet <input type="checkbox"/> Seat Belt <input type="checkbox"/> Air Bag <input type="checkbox"/> Car Seat/Booster	M E C H A N I S M	
	<input type="checkbox"/> BUMs/Elec. Shock	<input type="checkbox"/> Head	<input type="checkbox"/> Diffuse Abd. Tenderness	<input type="checkbox"/> Enclosed Vehicle		<input type="checkbox"/> SPorts/Rec <input type="checkbox"/> FALL <input type="checkbox"/> >15ft(>10ft Peds) MOIs:
	<input type="checkbox"/> Critical Burn	<input type="checkbox"/> GCS≤14	<input type="checkbox"/> Genitals	<input type="checkbox"/> Ejected		<input type="checkbox"/> ASsault <input type="checkbox"/> Self-Inflic d/Accid.
	<input type="checkbox"/> SBP <90 (<70 if <1yr)	<input type="checkbox"/> Face/Mouth	<input type="checkbox"/> Buttocks	<input type="checkbox"/> EXtricated @ _____		<input type="checkbox"/> STabbing <input type="checkbox"/> Self-Inflic d/Intent.

T R A N S P O R T	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR			Specialty Center:	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Internal Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT
	<input type="checkbox"/> EDAP (age ≤14)			<input type="checkbox"/> Not Required	SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X)
	<input type="checkbox"/> TC			<input type="checkbox"/> Required/Criteria Met	<input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center

COMMENTS: _____	MICN: _____	Physician: _____	Patient Name/Number: _____
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BASE HOSPITAL FORM  
(Page 2)

Log # \_\_\_\_\_

Seq. # \_\_\_\_\_

Date 

--	--	--	--	--	--	--

Hospital Code 

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Time	B/P	P	R	Drugs / EKG / Treatments	Dose	Results

Additional Comments:

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S C I N	MICN/Cert. # <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>								Physician <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>								Patient Name/Number

MCI BASE HOSPITAL FORM				# of Patients Transported			
Immediate	Delayed	Minor	Destination				

DATE	TIME	PROVIDER CODE	HOSP CODE		
LOCATION	UNIT	<input type="checkbox"/> RADIO	<input type="checkbox"/> FULL CALL		
MICN	TOTAL PATIENTS	<input type="checkbox"/> PHONE	<input type="checkbox"/> SFTP		
PHYSICIAN	TIME CLEAR	<input type="checkbox"/> HEAR	<input type="checkbox"/> JOINT		
		<input type="checkbox"/> Comb R/P/H	<input type="checkbox"/> Info Only		

Pt #	<input type="checkbox"/> M Seq #				
Age	<input type="checkbox"/> F Log #				
Wt.				Kg/lbs	

GCS	Vital Signs	Peds Weight Color Code
E	BP/	<b>Immediate</b>
M	Cap Refill	
V	Pulse	
	Resp	<b>Delayed</b>
		<b>Minor</b>

Chief Complaint \_\_\_\_\_

Mech of Inj \_\_\_\_\_

Field Decontamination

Treatment:  O2  IV  Sp. Immob.  Meds  AMA

Trans By:	Rec'g Facility	Trans To
<input type="checkbox"/> No Transport	ETA	<input type="checkbox"/> MAR <input type="checkbox"/> PeriNat
		<input type="checkbox"/> EDAP <input type="checkbox"/> PMC
		<input type="checkbox"/> TC/PTC <input type="checkbox"/> other

Admit  ICU/CCU  OR  Ward  Tele  OB  Other  
 Transferred  Discharged  Expired  
 ED Diagnosis \_\_\_\_\_  
 Name: \_\_\_\_\_

BASE HOSPITAL

Pt #	<input type="checkbox"/> M Seq #				
Age	<input type="checkbox"/> F Log #				
Wt.				Kg/lbs	

GCS	Vital Signs	Peds Weight Color Code
E	BP/	<b>Immediate</b>
M	Cap Refill	
V	Pulse	
	Resp	<b>Delayed</b>
		<b>Minor</b>

Chief Complaint \_\_\_\_\_

Mech of Inj \_\_\_\_\_

Field Decontamination

Treatment:  O2  IV  Sp. Immob.  Meds  AMA

Trans By:	Rec'g Facility	Trans To
<input type="checkbox"/> No Transport	ETA	<input type="checkbox"/> MAR <input type="checkbox"/> PeriNat
		<input type="checkbox"/> EDAP <input type="checkbox"/> PMC
		<input type="checkbox"/> TC/PTC <input type="checkbox"/> other

Admit  ICU/CCU  OR  Ward  Tele  OB  Other  
 Transferred  Discharged  Expired  
 ED Diagnosis \_\_\_\_\_  
 Name: \_\_\_\_\_

BASE HOSPITAL

Pt #	<input type="checkbox"/> M Seq #				
Age	<input type="checkbox"/> F Log #				
Wt.				Kg/lbs	

GCS	Vital Signs	Peds Weight Color Code
E	BP/	<b>Immediate</b>
M	Cap Refill	
V	Pulse	
	Resp	<b>Delayed</b>
		<b>Minor</b>

Chief Complaint \_\_\_\_\_

Mech of Inj \_\_\_\_\_

Field Decontamination

Treatment:  O2  IV  Sp. Immob.  Meds  AMA

Trans By:	Rec'g Facility	Trans To
<input type="checkbox"/> No Transport	ETA	<input type="checkbox"/> MAR <input type="checkbox"/> PeriNat
		<input type="checkbox"/> EDAP <input type="checkbox"/> PMC
		<input type="checkbox"/> TC/PTC <input type="checkbox"/> other

Admit  ICU/CCU  OR  Ward  Tele  OB  Other  
 Transferred  Discharged  Expired  
 ED Diagnosis \_\_\_\_\_  
 Name: \_\_\_\_\_

BASE HOSPITAL

Pt #	<input type="checkbox"/> M Seq #				
Age	<input type="checkbox"/> F Log #				
Wt.				Kg/lbs	

GCS	Vital Signs	Peds Weight Color Code
E	BP/	<b>Immediate</b>
M	Cap Refill	
V	Pulse	
	Resp	<b>Delayed</b>
		<b>Minor</b>

Chief Complaint \_\_\_\_\_

Mech of Inj \_\_\_\_\_

Field Decontamination

Treatment:  O2  IV  Sp. Immob.  Meds  AMA

Trans By:	Rec'g Facility	Trans To
<input type="checkbox"/> No Transport	ETA	<input type="checkbox"/> MAR <input type="checkbox"/> PeriNat
		<input type="checkbox"/> EDAP <input type="checkbox"/> PMC
		<input type="checkbox"/> TC/PTC <input type="checkbox"/> other

Admit  ICU/CCU  OR  Ward  Tele  OB  Other  
 Transferred  Discharged  Expired  
 ED Diagnosis \_\_\_\_\_  
 Name: \_\_\_\_\_

BASE HOSPITAL

# Base Hospital Documentation Manual

Los Angeles County  
Emergency Medical Services Agency

*REVISED:  
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**LANCET TECHNOLOGY**  
Innovative Data Solutions





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# COMMON NULL VALUES

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## Definition

These values are to be used with each of the data elements described in this document which have been defined to accept the Null Values

## Field Values

- F6: Not Documented
- F7: Not Applicable

## Additional Information

- For any collection of data to be of value and reliably represent intended information, a strong commitment must be made to ensure that data collected are complete and accurate.
- Not Documented: This null value code applies if the documentation being referenced has nothing recorded in a specific field
- Not Applicable: This null value code applies if the data field referenced does not apply to the patient (e.g., “Reason for No Transport” if patient was transported)

## **GEN INFO SECTION**

## LOG #

---

### **Definition**

Number assigned by the hospital to each base contact or notification call that coincides with its numbered entry on a base contact or notification call log

### **Additional Information**

- **Required** field for all base hospital contacts and notification calls
- Format is unique to each individual hospital

### **Uses**

- Unique patient identifier
- Assists in locating the coinciding audio file

### **Data Source Hierarchy**

- Base Hospital Log
- Base Hospital Form
- Notification Form
- Notification Log



# NOTIFICATION ONLY?

---

## Definition

Field indicating whether or not record being entered into TEMIS was a notification call

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- Field is autofilled with “N” unless changed by user to “Y”

## Uses

- System evaluation and monitoring

## Data Source Hierarchy

- Notification Form
- Notification Log
- EMS Report Form
- Audio records

# MCI PATIENT?

---

## **Definition**

Field indicating whether or not incident involved three or more patients

## **Field Values**

- **Y:** Yes
- **N:** No

## **Additional Information**

- Field is autofilled with “N” unless changed by user to “Y”

## **Uses**

- System evaluation and monitoring

## **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio records

# SEQUENCE NUMBER

---

## Definition

Unique, alphanumeric EMS record number provided by the paramedic, and found pre-printed at the top right corner of EMS report form hard copies. Electronically assigned to ePCRs from approved providers

## Additional Information

- **Required** field for all base hospital contacts and notification calls: electronic data entry cannot begin without this number
- Consists of two letters and six digits on pre-printed EMS Report Forms; or two letters, ten digits if obtained from an approved ePCR provider. Neither format should contain spaces.
- If sequence number is missing or incorrectly documented, every effort must be taken by the base hospital to obtain it – either by reviewing the audio recording, or by contacting the appropriate provider agency directly. Only after all efforts to obtain the actual sequence number have been exhausted may a request be made of the EMS Agency for assistance, or as a last resort, a ‘dummy’ sequence number, in a **timely** fashion.
- A fictitious sequence number **should not** be generated for any reason.

## Uses

- Unique patient identifier
- Essential link between other EMS Agency databases

## Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- Audio records
- Fire Station logs
- Notification Form
- Notification Log
- EMS Agency

**Definition**

Checkbox indicating that a Base Hospital Form supplemental page was used

**Uses**

- Use when space is needed for additional Drugs, ECGs, Treatments, and/or Comments

**Data Source Hierarchy**

- Base Hospital Form Page 2
- Base Hospital Form

# DATE

---

## Definition

Date of base hospital contact or notification call

## Field Values

- Collected as MMDDYYYY

## Additional Information

- **Required** field for all base hospital contacts and notification calls
- Excluding midnight crossover from New Year's Eve to New Year's Day, the last two digits of the date must match the first two numeric digits in a 12-digit sequence number

## Uses

- Establishes care intervals and incident timelines

## Data Source Hierarchy

- Base Hospital Form
- Base Hospital Log
- Notification Form
- Notification Log

# TIME

---

## Definition

Time of day that base hospital contact or notification was initiated

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- **Required** field for all base hospital contacts and notification calls

## Uses

- Establishes care intervals and incident timelines

## Data Source Hierarchy

- Base Hospital Form
- Base Hospital Log
- Notification Form
- Notification Log

# LOCATION

---

## Definition

Two-letter code indicating where the incident occurred

## Field Values

<b>AI</b>	Airport	<b>OF</b>	Office
<b>AM</b>	Ambulance	<b>PA</b>	Park
<b>BE</b>	Beach	<b>PL</b>	Parking Lot
<b>CL</b>	Cliff/Canyon	<b>PO</b>	Pool
<b>CO</b>	Commercial Establishment	<b>PV</b>	Public Venue/Event
<b>DC</b>	Dialysis Center	<b>RA</b>	Recreation Area
<b>DO</b>	Doctor's Office/Clinic	<b>RE</b>	Restaurant
<b>FA</b>	Farm	<b>RI</b>	Residential Institution
<b>FR</b>	Freeway	<b>RL</b>	Religious Building
<b>FS</b>	Fire Station	<b>RS</b>	Retail Store
<b>GY</b>	Gym	<b>RT</b>	Railroad Track
<b>HO</b>	Home	<b>SC</b>	School
<b>IN</b>	Industrial	<b>ST</b>	Street
<b>JA</b>	Jail	<b>UC</b>	Urgent Care
<b>MB</b>	Military Base	<b>WI</b>	Wilderness Area
<b>MC</b>	Hospital/Medical Center	<b>OT</b>	Other
<b>NH</b>	Nursing Home		

## Additional Information

- **Required** field for all base hospital contacts
- Location codes are listed on the back of pages 1 and 4 of the Base Hospital Form
- Additional details can be written on the adjacent line: e.g., the name of the facility or business, or any other useful information

## Uses

- Allows for data sorting and tracking by incident location
- Epidemiological statistics

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

# PROVIDER CODE

## Definition

Two-letter code for the EMS provider primarily responsible for the patient's prehospital care

## Field Values

PUBLIC PROVIDERS			
<b>AF</b>	Arcadia Fire	<b>LV</b>	La Verne Fire
<b>AH</b>	Alhambra Fire	<b>MB</b>	Manhattan Beach Fire
<b>AV</b>	Avalon Fire	<b>MF</b>	Monrovia Fire
<b>BA</b>	Burbank Airport Fire	<b>MO</b>	Montebello Fire
<b>BF</b>	Burbank Fire	<b>MP</b>	Monterey Park Fire
<b>BH</b>	Beverly Hills Fire	<b>OT</b>	Other Provider
<b>CB</b>	LA County Beaches	<b>PF</b>	Pasadena Fire
<b>CC</b>	Culver City Fire	<b>RB</b>	Redondo Beach Fire
<b>CF</b>	LA County Fire	<b>SA</b>	San Marino Fire
<b>CG</b>	US Coast Guard	<b>SG</b>	San Gabriel Fire
<b>CI</b>	LA City Fire	<b>SI</b>	Sierra Madre Fire
<b>CM</b>	Compton Fire	<b>SM</b>	Santa Monica Fire
<b>CS</b>	LA County Sheriff	<b>SP</b>	South Pasadena Fire
<b>DF</b>	Downey Fire	<b>SS</b>	Santa Fe Springs Fire
<b>ES</b>	El Segundo Fire	<b>TF</b>	Torrance Fire
<b>FS</b>	U.S. Forest Service	<b>UF</b>	Upland Fire
<b>GL</b>	Glendale Fire	<b>VE</b>	Ventura County Fire
<b>LB</b>	Long Beach Fire	<b>VF</b>	Vernon Fire
<b>LH</b>	La Habra Heights Fire	<b>WC</b>	West Covina Fire
PRIVATE PROVIDERS			
<b>AA</b>	American Professional Ambulance Corp.	<b>LY</b>	Lynch EMS Ambulance
<b>AB</b>	Ambulife Ambulance, Inc.	<b>MI</b>	MedResponse, Inc.
<b>AN</b>	Antelope Ambulance Service	<b>MR</b>	MedReach Ambulance
<b>AR</b>	American Medical Response	<b>MT</b>	MedCoast Ambulance
<b>AT</b>	All Town Ambulance, LLC	<b>MY</b>	Mercy Air
<b>AU</b>	AmbuServe Ambulance	<b>PE</b>	Premier Medical Transport
<b>AW</b>	AMWest Ambulance	<b>PN</b>	PRN Ambulance, Inc.
<b>AZ</b>	Ambulnz Health, Inc.	<b>RE</b>	REACH Air Medical Service
<b>CA</b>	CARE Ambulance	<b>RR</b>	Rescue Services (Medic-1)
<b>CL</b>	CAL-MED Ambulance	<b>RY</b>	Royalty Ambulance
<b>EA</b>	Emergency Ambulance	<b>SC</b>	Schaefer Ambulance
<b>EX</b>	Explorer 1 Ambulance & Medical Services	<b>SO</b>	Southern California Ambulance
<b>FC</b>	First Care Ambulance	<b>SY</b>	Symons Ambulance
<b>FM</b>	Firstmed Ambulance Services, Inc.	<b>TR</b>	Trinity Ambulance
<b>GC</b>	Gentle Care Transport	<b>VA</b>	Viewpoint Ambulance, Inc.
<b>GU</b>	Guardian Ambulance Service	<b>WE</b>	Westcoast Ambulance
<b>LE</b>	Lifeline Ambulance	<b>WM</b>	West Med/McCormick Ambulance Service
<b>LT</b>	Liberty Ambulance		



**Additional Information**

- **Required** field for all base hospital contacts and notification calls
- Refers to the EMS provider establishing base contact or providing notification

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- Notification Form
- Notification Log
- Audio records

# PROVIDER UNIT

---

## Definition

Alphanumeric apparatus code consisting of type of vehicle + numeric vehicle identifier for the paramedic unit establishing base contact or providing notification

## Field Values

- AB: Private Ambulance
- AT: Assessment Truck
- AE: Assessment Engine
- BK: Bike
- BT: Boat
- CT: Cart
- HE: Helicopter
- PE: Paramedic Engine
- PT: Paramedic Truck
- SQ: Squad
- RA: Rescue

## Additional Information

- **Required** field for all base hospital contacts and notification calls
- This is a free-text field – the values above reflect those commonly used by EMS providers

## Uses

- System evaluation and monitoring

## Data Hierarchy

- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- Notification Form
- Notification Log
- Audio records

**Definition**

Number identifying the patient amongst the total number of patients involved in an incident

**Additional Information**

- If there is only one patient write “Pt.# 1 of 1”
- If there are two patients, and the patient is identified by the paramedics as the second patient, write “Pt.# 2 of 2”

**Uses**

- Assists with patient identification and tracking
- Identifies multiple-patient incidents
- System evaluation and monitoring

**Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Base Hospital Log
- Audio records

# AGE

---

## Definition

Numeric value for the age (actual or best approximation) of the patient

## Field Values

- Enter the numeric age value

## Additional Information

- **Required** field for all base hospital contacts and notification calls
- Must also indicate unit of age
- If the age is estimated, mark the “Est.” checkbox

## Uses

- Allows for data sorting and tracking by age
- Assists with patient identification
- Epidemiological statistics

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Base Hospital Log
- Notification Form
- Notification Log
- Audio records

# AGE UNITS

---

## Definition

Checkboxes indicating units of measurement used to report the age of the patient

## Field Values

- **Yrs:** Years – used for patients 2 years old or older
- **Mos:** Months – used for patients 1 month to 23 months old
- **Wks:** Weeks – used for patients whose age is reported in weeks instead of months
- **Days:** Days – used for patients 1 to 29 days old
- **Hrs:** Hours – used for patients who are newborn and up to 23 hours old

## Additional Information

- **Required** field for all base hospital contacts and notification calls
- If the unit of age is estimated, mark the “Est.” checkbox

## Uses

- Assists with patient identification
- Epidemiological statistics
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Base Hospital Log
- Notification Form
- Notification Log
- Audio records

# SEX

---

## Definition

Checkbox indicating the gender of the patient

## Field Values

- **M:** Male
- **F:** Female

## Additional Information

- **Required** field for all base hospital contacts and notification calls
- Patients who are undergoing or have undergone a hormonal and/or surgical sex reassignment should be coded using their stated preference
- Patients unable to state their preference should be coded according to paramedic observation/judgment

## Uses

- Assists with patient identification
- Epidemiological statistics
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Base Hospital Log
- Notification Form
- Notification Log
- Audio records

# WEIGHT

---

## Definition

Numeric value of the weight of the patient

## Field Values

- Up to three-digit numeric field

## Additional Information

- **Required** field for all pediatric patients and all base hospital contacts with adult patients for whom medications are ordered
- Must also indicate a unit of weight
- For pediatric patients, document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape, if applicable
- If the pediatric patient is taller than the length-based pediatric resuscitation tape, mark the “Too Tall” checkbox, and obtain weight in estimated kilograms

## Uses

- Assists with determination of appropriate treatment
- Epidemiological statistics

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

# WEIGHT UNITS

---

## Definition

Checkboxes indicating units of measurement used to report patient's weight

## Field Values

- **Kg:** Kilograms
- **Lbs:** Pounds

## Additional Information

- **Required** field for all pediatric patients and for all base hospital contacts with adult patients for whom medications are ordered
- For pediatric patients, document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape, if applicable
- If the pediatric patient is taller than the length-based pediatric resuscitation tape, mark the "Too Tall" checkbox, and obtain weight in estimated kilograms

## Uses

- Assists with determination of appropriate treatment
- Epidemiological statistics

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records



# PEDS WEIGHT COLOR CODE

---

## Definition

Color that corresponds with the length of an infant or child as measured on a length-based pediatric resuscitation tape

## Field Values

- Grey: **3, 4, or 5** kg (newborn infants)
- **P**ink: 6-7 kg (~3 -6 mos)
- **R**ed: 8-9 kg (~7-10 mos)
- **P**Urtle: 10-11 kg (~12-18 mos)
- **Y**ellow: 12-14 kg (~19-35 mos)
- **W**hite: 15-18 kg (~3-4 yrs)
- **B**lue: 19-22 kg (~5-6 yrs)
- **O**range: 24-28 kg (~7-9 yrs)
- **GrE**en: 30-36 kg, or about 80 lbs (~10-12 yrs)
- **Too Tall**: patient is longer than tape

## Additional Information

- **Required** field for all pediatric patients
- Document the measured weight in kilograms obtained from the length-based pediatric resuscitation tape, if applicable
- If the pediatric patient is taller than the length-based pediatric resuscitation tape, mark the “Too Tall” checkbox, and obtain weight in estimated kilograms

## Uses

- Assists with determination of appropriate treatment
- Epidemiological statistics
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

# HOSPITAL CODE

---

## Definition

Three-letter code for the base hospital contacted

## Field Values

<b>AMH</b>	Methodist Hospital of Southern California	<b>NRH</b>	Dignity Health - Northridge Hospital Medical Center
<b>AVH</b>	Antelope Valley Hospital	<b>PVC</b>	Pomona Valley Hospital Medical Center
<b>CAL</b>	Dignity Health - California Hospital Medical Center	<b>PIH</b>	PIH Health Hospital- Whittier
<b>CSM</b>	Cedars-Sinai Medical Center	<b>QVH</b>	Citrus Valley M.C - Queen of the Valley Campus
<b>GWT</b>	Adventist Health - Glendale	<b>SFM</b>	St. Francis Medical Center
<b>HCH</b>	Providence Holy Cross Medical Center	<b>SJS</b>	Providence Saint Joseph Medical Center
<b>HGH</b>	LAC Harbor - UCLA Medical Center	<b>SMM</b>	Dignity Health - Saint Mary Medical Center
<b>HMH</b>	Huntington Hospital	<b>TOR</b>	Torrance Memorial Medical Center
<b>HMN</b>	Henry Mayo Newhall Hospital	<b>UCL</b>	Ronald Reagan UCLA Medical Center
<b>LCM</b>	Providence Little Co. of Mary Torrance	<b>USC</b>	LAC+USC Medical Center
<b>LBM</b>	Long Beach Memorial Medical Center		

## Additional Information

- **Required** field for all base hospital contacts
- Codes are also listed on the back of pages 1 and 4 of the Base Hospital Form

## Uses

- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- Base Hospital Log

# COMMUNICATION TYPE

---

## Definition

Checkbox indicating the device used by the paramedic to establish base hospital contact

## Field Values

- **Radio:** Radio
- **Phone:** Telephone
- **VMED28:** formerly known as Hospital Emergency Administrative Radio (HEAR)

## Additional Information

- **Required** field for all base hospital contacts

## Uses

- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form

# CALL TYPE

---

## Definition

Checkboxes indicating the level of EMS encounter

## Field Values

- **Full Call:** Paramedics establish base contact for online medical direction based upon a complete patient report (includes Against Medical Advice calls and calls downgraded from ALS to BLS)
- **SFTP:** Paramedics working for an authorized SFTP provider agency assess, treat, and transport patients according to existing protocols. Only limited patient and destination information is exchanged with the base hospital – no medical direction is given
- **Joint Run:** Paramedics initially utilize existing protocols, but then establish base contact when the patient requires treatment beyond what is covered by protocol or when additional medical direction or consultation is needed. A full patient report is given and medical direction is provided by the base hospital.
- **Info Only:** Base hospital contact is established for the purpose of documenting information only when base hospital orders are not possible or practical (i.e., patient elopes prior to establishment of base contact, or patient arrives at the receiving facility before base contact was possible)
- **MTP (Medical Treatment Protocol):** Paramedics assess, treat, and transport patients according to existing treatment protocols. Patient and destination information is exchanged with the base hospital – no medical direction is given.
- **IFT (Interfacility Transfer):** Patient is being transferred via ALS from one acute care facility to another

## Additional Information

- **Required** field for all base hospital contacts
- An AMA call is considered to be a Full Call – not Info Only
- If a call is an IFT and a protocol was utilized, check the IFT box as the protocol number will be documented elsewhere and can be used to identify SFTP/MTP calls

## Uses

- System evaluation and monitoring
- Establishes system participants' roles and responsibilities

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

## **ASSESSMENT SECTION**

# PROVIDER IMPRESSION

## Definition

Four-letter code(s) representing the provider's impression of the patient's presentation

## Field Values

<b>ABOP</b>	Abdominal Pain/Problems	<b>ELCT</b>	Electrocution	<b>PREG</b>	Pregnancy Complications
<b>AGDE</b>	Agitated Delirium	<b>ENTP</b>	ENT/Dental Emergencies	<b>LABR</b>	Pregnancy/Labor
<b>CHOK</b>	Airway Obstruction/Choking	<b>NOBL</b>	Epistaxis	<b>RARF</b>	Respiratory Arrest/Failure
<b>ETOH</b>	Alcohol Intoxication	<b>EXNT</b>	Extremity Pain/Swelling – Non-Traumatic	<b>SOBB</b>	Resp. Distress/Bronchospasm
<b>ALRX</b>	Allergic Reaction	<b>EYEP</b>	Eye Problem – Unspecified	<b>RDOT</b>	Resp. Distress/Other
<b>ALOC</b>	ALOC – Not Hypoglycemia or Seizure	<b>FEVR</b>	Fever	<b>CHFF</b>	Resp. Distress/Pulmonary Edema/CHF
<b>ANPH</b>	Anaphylaxis	<b>GUDD</b>	Genitourinary Disorder – Unspecified	<b>SEAC</b>	Seizure – Active
<b>PSYC</b>	Behavioral/Psychiatric Crisis	<b>DCON</b>	HazMat Exposure	<b>SEPI</b>	Seizure – Postictal
<b>BPNT</b>	Body Pain – Non Traumatic	<b>HPNT</b>	Headache – Non-Traumatic	<b>SEPS</b>	Sepsis
<b>BRUE</b>	BRUE	<b>HYPR</b>	Hyperglycemia	<b>SHOK</b>	Shock
<b>BURN</b>	Burns	<b>HYTN</b>	Hypertension	<b>SMOK</b>	Smoke Inhalation
<b>COMO</b>	Carbon Monoxide	<b>HEAT</b>	Hyperthermia	<b>STNG</b>	Stings/Venomous Bites
<b>CANT</b>	Cardiac Arrest– Non-Traumatic	<b>HYPO</b>	Hypoglycemia	<b>STRK</b>	Stroke/CVA/TIA
<b>DYSR</b>	Cardiac Dysrhythmia	<b>HOTN</b>	Hypotension	<b>DRWN</b>	Submersion/Drowning
<b>CPNC</b>	Chest Pain – Not Cardiac	<b>COLD</b>	Hypothermia/Cold Injury	<b>SYNC</b>	Syncope/Near Syncope
<b>CPMI</b>	Chest Pain – STEMI	<b>INHL</b>	Inhalation Injury	<b>CABT</b>	Traumatic Arrest – Blunt
<b>CPSC</b>	Chest Pain – Suspected Cardiac	<b>LOGI</b>	Lower GI Bleeding	<b>CAPT</b>	Traumatic Arrest – Penetrating
<b>BRTH</b>	Childbirth (Mother)	<b>FAIL</b>	Medical Device Malfunction – Fail	<b>TRMA</b>	Traumatic Injury
<b>COFL</b>	Cold/Flu Symptoms	<b>NAVM</b>	Nausea/Vomiting	<b>UPGI</b>	Upper GI Bleeding
<b>DRHA</b>	Diarrhea	<b>BABY</b>	Newborn	<b>VABL</b>	Vaginal Bleeding
<b>DIZZ</b>	Dizziness/Vertigo	<b>NOMC</b>	No Medical Complaint	<b>WEAK</b>	Weakness – General
<b>DEAD</b>	DOA – Obvious Death	<b>ODPO</b>	Overdose/Poisoning/Ingestion		
<b>DYRX</b>	Dystonic Reaction	<b>PALP</b>	Palpitations		

## Additional Information

- **Required** field for all base hospital contacts and notification calls
- First copy of Provider Impression cannot be a null value
- Do not enter more than one copy of the same Provider Impression code
- Provider Impression codes are found on the back of pages 1 and 4 of the Base Hospital Form

## Uses

- System evaluation and monitoring
- Epidemiological statistics

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Base Hospital Log
- Audio records
- Notification Form
- Notification Log

# CHIEF COMPLAINT CODES

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## Definition

Two-letter code(s) representing the patient's most significant medical or trauma complaints

## Field Values – Trauma Codes

- **No Apparent Injury (NA)**: No complaint, or signs or symptoms of injury following a traumatic event
- **BUrns/Elec. Shock (BU)**: Thermal or chemical burn, or electric shock
- **Critical Burn (CB)**: Patients  $\geq 15$  years of age with 2<sup>nd</sup> (partial thickness) and 3<sup>rd</sup> (full thickness) degree burns involving  $\geq 20\%$  Total Body Surface Area (TBSA) **OR** patients  $\leq 14$  years of age with 2<sup>nd</sup> and 3<sup>rd</sup> degree burns involving 10% TBSA
- **SBP  $<90$  ( $<70$  if under 1y) (90)**: Systolic blood pressure less than 90mmHg in a patient greater than one year of age (or systolic blood pressure less than 70mmHg in a patient less than one year of age) following a traumatic event
- **RR  $<10/>29$  ( $<20$  if  $<1y$ ) (RR)**: A sustained respiratory rate greater than 29 breaths/minute, or respiratory rate of less than 10 breaths/minute (or less than 20 breaths/minute in a patient less than one year of age), following a traumatic event
- **Susp. Pelvic FX (SX)**: Suspected pelvic fracture, excluding isolated hip fractures from a ground level fall
- **Spinal Cord Injury (SC)**: Suspected spinal cord injury, or presence of weakness/paralysis/parasthesia following a traumatic event
- **Inpatient Trauma (IT)**: Interfacility transfer (IFT) of an admitted, injured patient from one facility to an inpatient bed at another facility, excluding ER to ER transfers
- **Trauma Arrest (BT or PT)**: Cessation of cardiac output and effective circulation due to blunt or penetrating force
- **Head (BH or PH)**: Injury to the head or skull in the area from above the eyebrows to behind the ears, due to blunt or penetrating force. This code can also be applied in association with facial injuries when it is likely that the brain is involved
- **GCS  $\leq 14$  (14)**: Blunt force head injury associated with a Glasgow Coma Scale score of less than or equal to 14
- **Face/Mouth (BF or PF)**: Injury to the anterior aspect of the face, mouth, or skull, from and including the eyebrows, down to and including the angle of the jaw and the ears, due to blunt or penetrating force
- **Neck (BN or PN)**: Injury or pain to the area between the angle of the jaw and clavicles (including probable cervical spine injuries) due to blunt or penetrating force
- **Back (BB or PB)**: Injury to the area from the shoulders to the buttocks (but not including the buttocks) due to blunt or penetrating force
- **Chest (BC or PC)**: Injury to the anterior chest in the area between the clavicle and the xyphoid process, bordered on either side by the posterior axillary line, due to blunt or penetrating force
- **Flail Chest (FC)**: Blunt force injury to the chest wall resulting in an unstable chest wall, characterized by paradoxical chest wall movement with respirations
- **Tension Pneum (BP or PP)**: Air enters the pleural space due to blunt or penetrating force, and creates pressure on chest organs. Signs and symptoms can include: SOB, tachypnea, decreased or absent lung sounds on one side, shock, neck vein distention, and/or tracheal deviation
- **Abdomen (BA or PA)**: Injury to any of the abdominal quadrants, flanks, or pelvis due to blunt or penetrating force

- **Diffuse Abd. Tender. (BD):** Blunt force injury to the abdomen resulting in tenderness in two or more quadrants
- **Genitals (BG or PG):** Injury to the external reproductive structures due to blunt or penetrating force
- **Buttocks (BK or PK):** Injury to the buttocks due to blunt or penetrating force
- **Extremities (BE or PE):** Injury or pain to the shoulders, arms, hands, legs, or feet due to blunt or penetrating force
- **EXtrem. above knee/elbow (PX):** Penetrating force injury to an extremity, proximal to (above) the knee or elbow
- **FRactures ≥ 2 long bones (BR):** Blunt force injury resulting in apparent fracture of 2 or more proximal long bones (humerus, femur)
- **AmputatIon above wrist/ankle (BI or PI):** Amputation proximal to (above) the wrist or ankle due to blunt or penetrating force
- **Neur/Vasc/Mangled (BV or PV):** Injury to an extremity with neurological and/or vascular compromise, or that is crushed, degloved, or mangled due to blunt or penetrating force
- **Minor Lacerations (BL or PL):** Superficial or non-serious lacerations, abrasions, or contusions involving the skin or subcutaneous tissue, due to blunt or penetrating force

### Field Values – Medical Codes

- **Abd/Pelvic Pain (AP):** Pain or discomfort in the abdomen or pelvic region not associated with trauma
- **Agitated Delirium (AD):** Acute onset of extreme agitation and combative or bizarre behavior that may be accompanied by paranoid delusions, hallucinations, aggression with unusual increase in human strength, and hyperthermia
- **Allergic Reaction (AR):** Acute onset of rash, hives, itching, redness of the skin, runny nose, facial and/or airway swelling, wheezing, shortness of breath, and/or abdominal pain in apparent reaction to ingestion or contact with a substance.
- **Altered LOC (AL):** Any state of arousal other than normal, such as confusion, lethargy, combativeness, coma, etc., not associated with trauma
- **Apneic Episode (AE):** Episode of cessation of respiration for a brief or prolonged period of time
- **BEHavioral (EH):** Abnormal behavior of apparent mental or emotional origin
- **Bleeding Other Site (OS):** Bleeding from a site not elsewhere listed that is not associated with trauma (e.g. dialysis shunt)
- **Brief Resolved Unexplained Event (RU):** An event occurring in an infant <1 year of age when the observer reports a sudden, brief, and now resolved episode of ≥1 of the following: cyanosis or pallor, absent, decreased, or irregular breathing, marked change in tone (hyper – or hypotonia), and altered level of responsiveness
- **Cardiac Arrest (CA):** Sudden cessation of cardiac output and effective circulation not associated with trauma
- **Chest Pain (CP):** Pain in the anterior chest occurring anywhere from the clavicles to the lower costal margins not associated with trauma
- **CHoking/Airway Obstruction (CH):** Acute onset of apnea, choking and/or difficulty breathing due to apparent partial or complete obstruction of the airway
- **Cough/Congestion (CC):** Cough and/or congestion in the chest, nasal passages, or throat
- **Device (Medical) Complaint (DC):** Any complaint associated with a patient's existing medical device (e.g. G-tube, AICD, ventilator, etc.)
- **Dizzy (DI):** The patient complains of sensation of spinning or feeling off-balance. If associated with complaint of weakness, code both complaints



- **DOA (DO):** Patient is determined to be dead upon arrival of EMS, as per the Prehospital Care Manual
- **DYsrhythmia (DY):** Cardiac monitor indicates an abnormal cardiac rhythm (SVT, VT, etc.)
- **FEver (FE):** Patient exhibits or complains of an elevated body temperature
- **Foreign Body (FB):** Patient complains of a foreign body anywhere in the body
- **GI Bleed (GI):** Signs or symptoms of gastrointestinal bleeding such as vomiting blood, coffee-ground emesis, melena, rectal bleeding, etc.
- **Head Pain (HP):** Headache or any other type of head pain not associated with trauma
- **HYpoglycemia (HY):** Patient is symptomatic and has a measured blood glucose level that is below normal
- **Inpatient Medical (IM):** Interfacility transfer (IFT) of an admitted, ill (not injured) patient from one facility to an inpatient bed at another facility
- **LABor (LA):** Patient is greater than 20 weeks pregnant, and experiencing signs or symptoms of labor such as uterine contractions, vaginal bleeding, spontaneous rupture of membranes, crowning, etc.
- **Local Neuro Signs (LN):** Weakness, numbness, or paralysis of a body part or region – including slurred speech, facial droop, and/or expressive aphasia
- **Nausea/Vomiting (NV):** Patient is vomiting, or complains of nausea and/or vomiting
- **Near Drowning (ND):** Submersion causing water inhalation, unconsciousness, or death not associated with trauma
- **Neck/Back Pain (NB):** Pain in any area from base of skull and the shoulders to the buttocks not associated with trauma
- **NeWborn (NW):** Newborn infant delivered out of the hospital setting
- **No Medical Complaint (NC):** No complaint, or signs or symptoms of illness in a patient not involved in a traumatic event
- **NOsebleed (NO):** Bleeding from the nose, not associated with trauma
- **OBstetrics (OB):** Any complaints, signs, or symptoms which may be related to a known pregnancy (e.g., bleeding, abdominal pain/cramping, high blood pressure, edema, convulsions, severe headaches)
- **Other Pain (OP):** Complaint of pain at a site not listed, and which is not associated with trauma (e.g. toothache, ear pain, etc.)
- **OverDose (OD):** Ingestion of or contact with a drug or other substance in quantities greater than recommended or generally practiced
- **PalpitationS (PS):** Sensation that the heartbeat is irregular or fast
- **POisoning (PO):** Ingestion of or contact with a toxic substance
- **Respiratory Arrest (RA):** Sudden cessation of breathing not associated with trauma
- **SEizure (SE):** Convulsions or involuntary body movements or gaze (not associated with trauma), or signs, symptoms, or history of recent seizure
- **Shortness of Breath (SB):** Sensation of not being able to catch one's breath, and/or signs or symptoms of difficulty breathing such as gasping, wheezing, rapid respiratory rate, cyanosis, retractions, use of accessory muscles, etc.
- **SYncope (SY):** Transient loss of consciousness, including sensation of “near syncope” when other associated symptoms such as weakness/dizziness do not apply
- **VAGinal Bleeding (VA):** Abnormal vaginal bleeding
- **WEak (WE):** Patient complains of feeling weak, or exhibits signs or symptoms of decreased strength and/or muscle tone
- **OTHer (OT):** Signs or symptoms not listed above, that are not associated with trauma

### **Additional Information**

- **Required** field for all base hospital contacts
- First copy of Chief Complaint cannot be a null value
- Do not enter more than one copy of the same chief complaint
- If the patient has multiple complaints, enter in order of significance
- Two-letter codes for trauma can be derived from the bolded, capitalized letters in the Trauma area of the Base Hospital Form
- Medical complaint codes are found on the back of pages 1 and 4 of the Base Hospital Form
- Medical complaints should not be documented with trauma complaints, unless it is suspected that a medical complaint preceded/caused the injury, or vice versa (e.g., chest pain/dizziness that caused an MVA, or seizure activity following a blow to the head.) Do not document a medical complaint such as “HP” (head pain) if the pain is due to a gunshot wound to the head – instead use only the trauma code of “PH.”

### **Uses**

- System evaluation and monitoring
- Epidemiological statistics

### **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Base Hospital Log
- Audio records

# LEVEL OF DISTRESS

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## Definition

Checkboxes indicating paramedics' impression of the level of discomfort or severity of illness of the patient, based on assessment of signs, symptoms, and complaints

## Field Values

- **None:** The patient appears well and has no acute signs or symptoms related to the incident. Advanced life support techniques and transportation may not be necessary
- **Mild:** Indicates that the patient does not have a life-threatening problem. Advanced life support techniques and transportation may not be necessary
- **Moderate:** Patient may have a life-threatening problem, or the degree of patient discomfort is high. Advanced life support techniques, base hospital contact, and patient transportation are usually necessary
- **Severe:** Refers to a life-threatening condition. Advanced life support techniques, base hospital contact, and patient transportation are generally necessary

## Additional Information

- **Required** field for all base hospital contacts

## Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

# mLAPSS MET

---

## Definition

Checkboxes indicating whether or not patient met all Modified Los Angeles Prehospital Stroke Screen (mLAPSS) criteria as defined in Reference 521 – Stroke Patient Destination

## Field Values

- **Y:** Yes, patient met all mLAPSS criteria
- **N:** No, patient did not meet all mLAPSS criteria

## Additional Information

- mLAPSS criteria include:
  - No history of seizures or epilepsy
  - Age  $\geq$  40
  - At baseline, patient is not wheelchair bound or bedridden
  - Blood glucose value between 60 and 400 mg/dL
  - Obvious asymmetry or unilateral weakness is observed in one or more of the following:
    - Facial Smile/Grimace
    - Grip
    - Arm Strength
- **Required** field for all base hospital contacts with a chief complaint of “LN”, a provider impression code of “STRK”, or a destination of Primary Stroke Center, “PSC”, or Comprehensive Stroke Center, “CSC”
- If mLAPSS performed, blood glucose value must also be documented
- Patients who meet mLAPSS criteria should also have a LAMS performed and be transported, at a minimum, to the nearest available PSC

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Stroke Center Log
- Audio records

# LAST KNOWN WELL DATE

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## Definition

Date when the patient was last known to be well, symptom-free, or at baseline or usual state of health

## Field Values

- Collected as MMDDYYYY

## Additional Information

- **Required** field for all base hospital contacts with a “Y” value for “mLAPSS Met” or with a destination of “PSC” or “CSC” for suspected stroke
- If unknown, enter “Not Applicable” (F7)

## Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Stroke Center Log
- Audio records

# LAST KNOWN WELL TIME

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## Definition

Time of day when the patient was last known to be well, symptom-free, or at baseline or usual state of health

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- **Required** field for all base hospital contacts with a “Y” value for “mLAPSS Met” or with a destination of “PSC” or “CSC” for suspected stroke
- If unknown, enter “Not Applicable” (F7)

## Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Stroke Center Log
- Audio records

# LAMS SCORE

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## Definition

Patient's total score for the Los Angeles Motor Scale (LAMS)

## Field Values

- Numeric value range from 0 to 5

## Additional Information

- LAMS includes 3 components:
  - Facial Droop
    - Absent=0
    - Present=1
  - Arm Drift
    - Absent=0
    - Drifts Down=1
    - Falls Rapidly=2
  - Grip Strength
    - Normal=0
    - Weak Grip=1
    - No Grip=2
- **Required** field for all base hospital contacts with a "Y" value for "mLAPSS Met"
- Patients with a LAMS score of < 4 should be transported to the nearest available PSC
- Patients with a LAMS score of  $\geq 4$  should be transported to the nearest available CSC

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Stroke Center Log
- Audio records

# PROTOCOL (Prior to EMS Update 2018 Training)

## Definition

Four-digit numeric code of the Standing Field Treatment Protocol (SFTP) utilized by approved SFTP providers

## Field Values

General Advanced Life Support			
1202	General ALS		
Dysrhythmias			
1210	Non-Traumatic Cardiac Arrest (Adult)		
Medical			
1243	Altered Level of Consciousness	1249	Respiratory Distress
1244	Chest Pain	1250	Seizure (Adult)
1247	Overdose/Poisoning (Suspected)	1251	Stroke/Acute Neurological Deficits
1248	Pain Management	1252	Syncope
Pediatrics/Childbirth			
1261	Emergency Childbirth - Mother	1264	Pediatric Seizure
1262	Emergency Childbirth - Newborn		
Trauma			
1271	Burns	1277	Traumatic Arrest
1275	General Trauma		

## Additional Information

- **Required** field for all SFTP and Joint call types
- More than one protocol can be used
- Do not enter more than one copy of the same protocol number
- Protocol identified must match the patient's chief complaint

## Uses

- Allows for data sorting and tracking by protocol
- System evaluation and monitoring
- Epidemiological statistics

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records



# PROTOCOL (After EMS Update 2018 Training)

## Definition

Four- or five-digit code of the Medical Treatment Protocol (MTP) utilized by the providers

## Field Values

<b>1201</b>	Assessment		
<b>General Medical</b>			
<b>1202</b>	General Medical	<b>1202-P</b>	General Medical (Pediatric)
<b>1203</b>	Diabetic Emergencies	<b>1203-P</b>	Diabetic Emergencies (Pediatric)
<b>1204</b>	Fever/Sepsis	<b>1204-P</b>	Fever/Sepsis (Pediatric)
<b>1205</b>	GI/GU Emergencies	<b>1205-P</b>	GI/GU Emergencies (Pediatric)
<b>1206</b>	Medical Device Malfunction	<b>1206-P</b>	Medical Device Malfunction (Pediatric)
<b>1207</b>	Shock/Hypotension	<b>1207-P</b>	Shock/Hypotension (Pediatric)
<b>Behavioral</b>			
<b>1208</b>	Agitated Delirium	<b>1208-P</b>	Agitated Delirium (Pediatric)
<b>1209</b>	Behavioral/Psychiatric Crisis	<b>1209-P</b>	Behavioral/Psychiatric Crisis (Pediatric)
<b>Cardiovascular/Chest Pain</b>			
<b>1210</b>	Cardiac Arrest	<b>1210-P</b>	Cardiac Arrest (Pediatric)
<b>1211</b>	Cardiac Chest Pain		
<b>1212</b>	Cardiac Dysrhythmia-Bradycardia	<b>1212-P</b>	Cardiac Dysrhythmia-Bradycardia (Pediatric)
<b>1213</b>	Cardiac Dysrhythmia-Tachycardia	<b>1213-P</b>	Cardiac Dysrhythmia-Tachycardia (Pediatric)
<b>1214</b>	Pulmonary Edema/CHF		
<b>Childbirth/Pregnancy</b>			
<b>1215</b>	Childbirth (Mother)	<b>1215-P</b>	Childbirth (Mother) (Pediatric)
		<b>1216-P</b>	Newborn/Neonatal Resuscitation (Pediatric)
<b>1217</b>	Pregnancy Complication	<b>1217-P</b>	Pregnancy Complication (Pediatric)
<b>1218</b>	Pregnancy/Labor	<b>1218-P</b>	Pregnancy/Labor (Pediatric)
<b>Environmental</b>			
<b>1219</b>	Allergy	<b>1219-P</b>	Allergy (Pediatric)
<b>1220</b>	Burns	<b>1220-P</b>	Burns (Pediatric)
<b>1221</b>	Electrocution	<b>1221-P</b>	Electrocution (Pediatric)
<b>1222</b>	Hyperthermia (Environmental)	<b>1222-P</b>	Hyperthermia (Environmental) (Pediatric)
<b>1223</b>	Hypothermia/Cold Injury	<b>1223-P</b>	Hypothermia/Cold Injury (Pediatric)
<b>1224</b>	Stings/Venomous Bites	<b>1224-P</b>	Stings/Venomous Bites (Pediatric)
<b>1225</b>	Submersion	<b>1225-P</b>	Submersion (Pediatric)
<b>ENT Emergencies</b>			
<b>1226</b>	ENT/Dental Emergencies	<b>1226-P</b>	ENT/Dental Emergencies (Pediatric)
<b>1228</b>	Eye Problem	<b>1228-P</b>	Eye Problem (Pediatric)
<b>Neurology</b>			
<b>1229</b>	ALOC	<b>1229-P</b>	ALOC (Pediatric)
<b>1230</b>	Dizziness/Vertigo	<b>1230-P</b>	Dizziness/Vertigo (Pediatric)
<b>1231</b>	Seizure	<b>1231-P</b>	Seizure (Pediatric)
<b>1232</b>	Stroke/CVA/TIA	<b>1232-P</b>	Stroke/CVA/TIA (Pediatric)
<b>1233</b>	Syncope/Near Syncope	<b>1233-P</b>	Syncope/Near Syncope (Pediatric)
<b>Respiratory</b>			
<b>1234</b>	Airway Obstruction	<b>1234-P</b>	Airway Obstruction (Pediatric)
		<b>1235-P</b>	BRUE (Pediatric)
<b>1236</b>	Inhalation Injury	<b>1236-P</b>	Inhalation Injury (Pediatric)
<b>1237</b>	Respiratory Distress	<b>1237-P</b>	Respiratory Distress (Pediatric)
<b>Toxicology</b>			
<b>1238</b>	Carbon Monoxide Exposure	<b>1238-P</b>	Carbon Monoxide Exposure (Pediatric)
<b>1239</b>	Dystonic Reaction	<b>1239-P</b>	Dystonic Reaction (Pediatric)
<b>1240</b>	HazMat	<b>1240-P</b>	HazMat (Pediatric)
<b>1241</b>	Overdose/Poisoning/Ingestion	<b>1241-P</b>	Overdose/Poisoning/Ingestion (Pediatric)

Trauma			
<b>1242</b>	Crush Injury/Syndrome	<b>1242-P</b>	Crush Injury/Syndrome (Pediatric)
<b>1243</b>	Traumatic Arrest	<b>1243-P</b>	Traumatic Arrest (Pediatric)
<b>1244</b>	Traumatic Injury	<b>1244-P</b>	Traumatic Injury (Pediatric)

### Additional Information

- **Required** field for all base hospital contacts and notification calls
- More than one protocol can be used
- Do not enter more than one copy of the same protocol number
- Protocol identified must correlate to the provider impression

### Uses

- Allows for data sorting and tracking by protocol
- Assists with determination of appropriate treatment
- System evaluation and monitoring
- Epidemiological statistics

### Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Notification Form
- Notification Log
- Audio Records

# O/P,Q,R,S,T

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## Definition

Acronym used as a tool to assess and document the following symptom attributes:

- **O/P**: Onset/Provocation
- **Q**: Quality
- **R**: Region/Radiation/Relief
- **S**: Severity
- **T**: Time

## Field Values

- Free text

## Uses

- Prompts thorough assessment and documentation of patient's symptoms
- Assists with determination of appropriate treatment and transport

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

# MEDICAL HX

---

## **Definition**

Space to indicate previous medical problem(s) experienced by the patient, if applicable

## **Field Values**

- Free text

## **Uses**

- Prompts thorough assessment and documentation of patient's symptoms
- Assists with determination of appropriate treatment and transport

## **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio records

# MEDICATIONS

---

## **Definition**

Space to indicate medications currently being taken by the patient, if applicable

## **Field Values**

- Free text

## **Additional Information**

- Indicate patient compliance, if applicable
- Include nonprescription drugs and herbal supplements

## **Uses**

- Assists with determination of appropriate treatment and transport

## **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio Records

# ALLERGIES

---

## Definition

Checkbox and space to indicate patient history of adverse reactions or allergies to medications or other substances, if applicable

## Field Values

- Free text, or
- NKA: No known allergies checkbox

## Additional Information

- If the patient has no known allergies, mark the “NKA” box
- Allergies to non-medication items may be listed if they are related to the current problem or potential treatments (e.g., adhesive tape, or latex)

## Uses

- Patient safety

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# DNR/AHCD/POLST?

---

## Definition

Checkbox indicating presence of a valid DNR, Advance Healthcare Directive (AHCD), or Physician Order for Life Sustaining Treatment (POLST) form for the patient

## Field Values

- **Y:** Yes
- **N:** No
- **U:** Unknown

## Additional Information

- EMS personnel need not validate authenticity of document provided – should provide base hospital with the type of document and its contents

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- DNR/AHCD/POLST
- Audio Records

# PRIOR TO BASE MEDS

---

## Definition

Checkboxes and spaces indicating medications and dosages administered prior to base contact, if applicable

## Field Values

<b>ADE</b>	Adenosine	<b>NAR</b>	Narcan
<b>ALB</b>	Nebulized Albuterol	<b>NTG</b>	Nitroglycerin
<b>ASA</b>	Aspirin	<b>OND</b>	Ondansetron
<b>EPI</b>	Epinephrine	<b>Morphine</b>	Morphine Sulfate
<b>FEN</b>	Fentanyl	<b>GLU/GLP</b>	Glucagon/Glucose Paste
<b>MID</b>	Midazolam	<b>D50/25/10</b>	D50W/25W/D10W

## Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records



# PRIOR TO BASE TXS

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## Definition

Checkboxes indicating treatments rendered prior to base contact, if applicable

## Field Values

<b>BMV</b>	Bag-Mask Ventilation	<b>CAR</b>	Cardioversion
<b>CPAP</b>	Continuous Positive Airway Pressure	<b>TCP</b>	Transcutaneous Pacing
<b>ETT</b>	Endotracheal Tube Intubation	<b>AED- Analyzed</b>	AED Analyzed Rhythm
<b>King</b>	King Airway	<b>AED- Defibrillated</b>	AED Defibrillated Patient
<b>SMR</b>	Spinal Motion Restriction	<b>Needle THoracost.</b>	Needle Thoracostomy
<b>GLucometer</b>	Glucometer Reading	<b>Tourniquet (TK)</b>	Tourniquet
<b>DEFibrillated X</b>	Number of defibrillation attempts	<b>OTHer</b>	Other Treatment Not Listed

## Additional Information

- Checked Glucometer checkbox should be accompanied by the reading obtained
- Checked Defibrillated checkbox should be accompanied by the number of times defibrillation performed

## Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

## **PHYSICAL SECTION**

# LOC

---

## Definition

Checkboxes indicating the patient's initial level of consciousness

## Field Values

- **Alert:** Patient is awake and responsive to the environment
- **O X 3:** Patient is oriented to person, time, and place
- **Disoriented:** Patient is not oriented to person, time, and/or place
- **Combative:** Patient is physically resistant to interaction with on-scene personnel
- **NoT Alert:** Patient is awake, but is drowsy or lethargic – may include intoxicated patients
- **NorMal for Patient:** Patient's behavior, although not typical of most patients, is reported by family, caregivers, etc., to be the same as it was before the incident (e.g., patients who suffer from mental illness, dementia, developmental delays, etc.). Can also be used for infants and children who are age appropriate
- **No Response:** Patient is unresponsive to verbal and painful stimuli

## Additional Information

- **Required** field for all base hospital contacts
- Mark all that apply

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

# IUP\_ WKS

---

## **Definition**

Checkbox and space indicating the number of weeks of intrauterine pregnancy, if applicable

## **Additional Information**

- Patients may only be able to provide the number of months, not weeks, of their pregnancy – in this case, pregnancies reported of greater than 4½ months can be assumed to be greater than 20 weeks
- Patients injured while at least 20 weeks pregnant meet trauma triage special considerations for transport to a trauma center

## **Uses**

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio Records

# SUSPECTED DRUGS/ETOH

---

## **Definition**

Checkbox indicating that the situation, patient behavior, or statements made by the patient, family members or bystanders cause the paramedics to suspect that chief complaint may be related to alcohol and/or drug use

## **Uses**

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio Records

# EYE

---

## Definition

Checkboxes indicating the Glasgow Coma Scale numerical value that corresponds to the patient's initial eye opening response to stimuli

## Field Values

- **4:** Spontaneous – opens eyes spontaneously, no stimuli required
- **3:** To Verbal – opens eyes only when spoken to or asked
- **2:** To Pain – opens eyes only in response to noxious stimuli such as sternal rub or nail bed pressure
- **1:** None – patient does not open eyes in response to noxious stimuli

## Additional Information

- **Required** field for all base hospital contacts
- GCS eye opening values are the same for adult and pediatric patients

## Uses

- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# VERBAL

---

## Definition

Checkboxes indicating the Glasgow Coma Scale numerical value that corresponds to the patient's initial verbal response to stimuli

## Field Values – Adult and Verbal Pediatric Patients

- **5:** Oriented x 3 – patient is oriented to person, time, and place
- **4:** Confused – patient may respond to questions coherently, but is disoriented or confused
- **3:** Inappropriate – random words or speech unrelated to questions or conversation
- **2:** Incomprehensible – makes incoherent sounds or moans only
- **1:** None – patient has no verbal response to noxious stimuli

## Field Values – Infants and Toddlers

- **5:** Smiles and tracks objects, speech appropriate for age
- **4:** Cries but consolable, or confused
- **3:** Inconsistently consolable, or random words
- **2:** Moaning, incoherent sounds only
- **1:** No verbal response to noxious stimuli

## Additional Information

- **Required** field for all base hospital contacts

## Uses

- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# MOTOR

---

## Definition

Checkboxes indicating the Glasgow Coma Scale numerical value that corresponds to the patient's initial motor response to stimuli

## Field Values

- **6:** Obedient – obeys verbal commands / spontaneous purposeful movement
- **5:** Purposeful – purposeful movement is made in response to noxious stimuli (e.g., attempts to push away or grab source of stimuli)
- **4:** Withdrawal – withdraws body part from source of noxious stimuli
- **3:** Flexion –extremities move towards body core in response to noxious stimuli (decorticate posturing)
- **2:** Extension – extremities move away from body core in response to noxious stimuli (decerebrate posturing)
- **1:** None – patient has no motor response to noxious stimuli

## Additional Information

- **Required** field for all base hospital contacts
- GCS motor values are the same for adult and pediatric patients

## Uses

- Element necessary to calculate the overall GCS score
- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records



# TOTAL GCS

---

## Definition

Sum of the initial three numerical values documented for each element of the Glasgow Coma Scale.

## Field Values

- One- or two-digit numeric value between 3 and 15

## Additional Information

- Maximum total score is 15, which is considered normal. Minimum score possible is 3, which may indicate severe or fatal brain injury
  - 3 to 8 may indicate severe brain injury
  - 9 to 13 may indicate moderate brain injury
  - 14 or 15 may indicate mild or no brain injury
- Space is provided for documentation of a repeat GCS, if applicable

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# PUPILS

---

## Definition

Checkboxes indicating findings from assessment of the patient's initial pupillary response to light

## Field Values

- **PERL:** Pupils are equal in size and react to light
- **Unequal:** Pupils are unequal in size
- **Fixed/Dilated:** Pupils are dilated and do not react to light
- **Cataracts:** Cataracts in one or both eyes interfere with pupil exam
- **Sluggish:** Pupils react to light slower than normal

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# RESPIRATION

---

## Definition

Checkboxes indicating findings from initial assessment of the patient's respiratory system

## Field Values

- **Clear:** No abnormal sounds are heard on auscultation
- **Normal rate/effort:** Breathing appears effortless and rate is within normal limits for patient
- **Tidal Volume:**
  - **N:** Normal depth of inspiration is observed
  - **+**: Increased depth of inspiration is observed
  - **-:** Decreased depth of inspiration is observed
- **Wheezes:** Coarse, whistling sound heard on auscultation, associated with inspiration and/or expiration
- **Rales:** Rattling or crackling noises heard on auscultation, associated with inspiration
- **Rhonchi:** Coarse, rattling or snoring sound heard on auscultation, associated with inspiration and/or expiration
- **Stridor:** High-pitched, audible wheezing sound associated with inspiration and/or expiration
- **Labored:** Breathing appears to be difficult or requires extra effort
- **Unequal:** Chest rise or breath sounds diminished on one side
- **JVD:** Distended jugular veins are observed in the supine patient
- **Accessory Muscle Use:** Patient is using additional muscles to assist with difficulty breathing, such as those of the neck, shoulders, or abdomen
- **Apnea:** Patient is not breathing or stops breathing for periods of time
- **Snoring:** Prolonged snorting sound/soft palate vibration that is audible during inspiration
- **Capnography #:** The initial numerical CO<sub>2</sub> measurement from the capnometer
- **Waveform:** Indicates whether or not a waveform is observed on the capnography tracing:
  - **Yes**
  - **No**

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# ADV AIRWAY

---

## Definition

Checkboxes indicating initial assessment of findings after placement of an advanced airway, if applicable

## Field Values

- BS after ETT/King: Mark appropriate box to indicate whether or not breath sounds are auscultated after placement of an endotracheal tube or King LTs-D
  - Yes
  - No
- ETCO<sub>2</sub>: Mark appropriate box to indicate presence or absence of CO<sub>2</sub> detected after placement of an endotracheal tube or King LTs-D:
  - +: present
  - -: absent

## Additional Information

- **Required** field for all base hospital contacts with advanced airway placement in the field

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# SKIN

---

## Definition

Checkboxes indicating findings from assessment of the patient's initial skin signs

## Field Values

- **NML:** All aspects of skin assessment are normal (color, temperature, moisture, and appearance)
- **Pale:** Skin appears abnormally pale, ashen, or gray
- **Cool/Cold:** Skin feels cool or cold to touch
- **Diaphoretic:** Skin is sweaty or moist to touch
- **Cyanotic:** Skin or lips appear blue
- **Flushed:** Skin appears red
- **Hot:** Skin feels warmer than normal or hot to touch
- **Cap Refill NoRmal:** Capillary refill is less than or equal to 2 seconds
- **Cap Refill DElayed:** Capillary refill is greater than 2 seconds

## Additional Information

- Capillary refill must be completed for all pediatric patients without a documented systolic blood pressure

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# GLUCOMETER

---

## Definition

Numeric value of the patient's blood glucose measurement, if applicable

## Field Values

- Up to three-digit numeric value
- #1: The initial blood glucose level
- #2: The second blood glucose level, if applicable

## Additional Information

- **Required** field for all base hospital contacts if mLAPSS is performed **OR** if Protocol 1251 is utilized (prior to EMS Update 2018 training) **OR** Protocol 1232 is utilized (after EMS Update 2018 training).
- If equipment used yields an alpha reading indicating blood sugar is "LOW," enter the number "1"
- If equipment used yields an alpha reading indicating blood sugar is "HIGH," enter the number "999"

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# GLUCOMETER ORDERED?

---

## Definition

Checkboxes indicating whether or not a glucometer was ordered by the base hospital, if applicable

## Field Values

- **Y:** Yes
- **N:** No

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

## **ECG/ARREST**



# INITIAL RHYTHM

---

## Definition

Two- or three-letter code indicating patient's initial cardiac rhythm from the cardiac monitor

## Field Values

<b>1HB</b>	1 <sup>st</sup> Degree Heart Block	<b>PEA</b>	Pulseless Electrical Activity
<b>2HB</b>	2 <sup>nd</sup> Degree Heart Block	<b>PM</b>	Pacemaker Rhythm
<b>3HB</b>	3 <sup>rd</sup> Degree Heart Block	<b>PST</b>	Paroxysmal Supraventricular Tachycardia
<b>AFI</b>	Atrial Fibrillation	<b>PVC</b>	Premature Ventricular Contraction
<b>AFL</b>	Atrial Flutter	<b>SA</b>	Sinus Arrhythmia
<b>AGO</b>	Agonal Rhythm	<b>SB</b>	Sinus Bradycardia
<b>ASY</b>	Asystole	<b>SR</b>	Sinus Rhythm
<b>AVR</b>	Accelerated Ventricular Rhythm	<b>ST</b>	Sinus Tachycardia
<b>IV</b>	Idioventricular Rhythm	<b>SVT</b>	Supraventricular Tachycardia
<b>JR</b>	Junctional Rhythm	<b>VF</b>	Ventricular Fibrillation
<b>PAC</b>	Premature Atrial Contraction	<b>VT</b>	Ventricular Tachycardia
<b>PAT</b>	Paroxysmal Atrial Tachycardia		

## Additional Information

- **Required** field for all base hospital contacts where patients are reported to be placed on a cardiac monitor
- ECG codes are also found on the back of pages 1 and 4 of the Base Hospital Form
- Additional cardiac rhythm information can be documented in the Assessment section

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ECG strip
- Audio Records

# 12 LEAD ECG @

---

## Definition

Time of day that a 12-lead ECG was performed, if applicable

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- **Required** field for all base hospital contacts where either the software or EMS interpretation of the 12 lead ECG indicates STEMI
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, enter the 12-lead time from the STEMI ECG in this field

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ECG strip
- SRC Log
- Audio records

# SOFTWARE INTERPRETATION

NORMAL  ABNORMAL  STEMI

---

## Definition

Checkboxes indicating the software's interpretation of 12-lead ECG, if applicable

## Field Values

- **NormalL**: Electronic interpretation indicates ECG is normal
- **ABnormal**: Electronic interpretation indicates ECG is abnormal
- **STEMI**: Electronic interpretation indicates an ST-Elevation Myocardial Infarction, or manufacturer's equivalent

## Additional Information

- **Required** field for all base hospital contacts where a 12-lead ECG is performed
- If electronic interpretation indicates an ST-Elevation Myocardial Infarction (or manufacturer's equivalent) the patient should be transported to the nearest available STEMI Receiving Center (SRC)
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, enter STEMI (two-letter code **MI**) in this field

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ECG strip
- SRC Log
- Audio records

# EMS INTERPRETATION

NORMAL  ABNORMAL  STEMI

---

## Definition

Checkboxes indicating EMS personnel's interpretation of 12-lead ECG, if applicable

## Field Values

- **Normal**: EMS personnel interpretation indicates ECG is normal
- **AB**normal: EMS personnel interpretation indicates ECG is abnormal
- **STEMI**: EMS personnel interpretation indicates an ST-Elevation Myocardial Infarction

## Additional Information

- **Required** field for all base hospital contacts where a 12-lead ECG is performed
- If EMS personnel interpretation indicates an ST-Elevation Myocardial Infarction the patient should be transported to the nearest available STEMI Receiving Center (SRC)
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, enter STEMI (two-letter code **MI**) in this field

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ECG strip
- SRC Log
- Audio records

# ARTIFACT?

---

## Definition

Checkbox indicating whether or not artifact is observed on 12-lead ECG tracing

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- **Required** field for all base hospital contacts where either the software or EMS interpretation of the 12 lead ECG indicates STEMI
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, indicate whether artifact is present on the STEMI ECG in this field
- Electronic artifact interferes with accurate ECG interpretation, and may indicate need to repeat ECG

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ECG strip
- Audio records

# WAVY BASELINE?

---

## Definition

Checkbox indicating whether or not baseline of 12-lead ECG tracing moves with respiration

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- **Required** field for all base hospital contacts where either the software or EMS interpretation of the 12 lead ECG indicates STEMI
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, indicate whether wavy baseline is present on the STEMI ECG in this field
- Wavy baseline can interfere with accurate ECG interpretation, and may indicate need to reposition leads and repeat ECG

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ECG strip
- Audio Records

# PACED RHYTHM?

---

## Definition

Checkbox indicating whether or not 12-lead ECG or electronic interpretation indicates presence of a pacemaker-generated rhythm

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- **Required** field for all base hospital contacts where either the software or EMS interpretation of the 12 lead ECG indicates STEMI
- If an ECG indicating STEMI is obtained by a clinic, doctor's office, or transferring hospital, indicate whether a paced rhythm is present on the STEMI ECG in this field
- Pacemakers can interfere with accurate ECG interpretation and must be reported

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ECG strip
- Audio Records

# WITNESSED BY:

---

## Definition

Checkbox indicating witnesses to a patient's collapse due to cardiac arrest, if applicable

## Field Values

- **Citizen:** Witnessed by a non-EMS person (e.g., law enforcement or nursing home personnel, bystanders, family, etc.)
- **EMS:** Witnessed by EMS personnel
- **None:** Not witnessed

## Additional Information

- **Required** field for all base hospital contacts with a chief complaint of "CA" (cardiac arrest) or provider impression of "CANT" (cardiac arrest – non-traumatic)

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records



# CPR BY:

---

## Definition

Checkbox indicating by whom CPR was performed on a patient in cardiac arrest, if applicable

## Field Values

- **Citizen:** CPR was initiated by a non-EMS person (e.g., law enforcement or nursing home personnel, bystanders, family, etc.)
- **EMS:** CPR was initiated by EMS upon arrival
- **None:** No CPR was initiated

## Additional Information

- **Required** field for all base hospital contacts with a chief complaint of “CA” (cardiac arrest) or provider impression of “CANT” (cardiac arrest – non-traumatic)

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# ARREST TO CPR

---

## Definition

Estimated time, in minutes, from the time of arrest to the time of initiation of CPR, if applicable

## Field Values

- Collected as minutes

## Additional Information

- **Required** field for all base hospital contacts with a witnessed, non-traumatic cardiac arrest/collapse
- If the arrest was unwitnessed, field will be entered as “Not Applicable” (F7 key) in TEMIS
- If arrest was witnessed, but minutes from arrest to CPR is not provided, field will be entered as “Not Documented” (F6 key) in TEMIS

## Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# RTN OF PULSE (ROSC)?

---

## Definition

Checkbox indicating whether or not return of spontaneous circulation (ROSC) – or 'sustained restoration of a spontaneous, perfusing rhythm that results in a palpable pulse, breathing (more than occasional gasp), coughing, movement, and/or a measureable blood pressure following cardiac arrest' – occurred, if applicable

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- **Required** field for all base contacts patients with a chief complaint of "CA" (cardiac arrest) or provider impression of "CANT" (cardiac arrest – non-traumatic)
- Document even if the pulses are lost prior to arrival at the receiving facility
- Non-traumatic cardiac arrest patients with ROSC in the field should be transported to the nearest available STEMI Receiving Center (SRC)
- Patients in traumatic arrest should be transported according to trauma destination policies

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# RTN OF PULSE (ROSC) @

---

## Definition

Time of day when return of spontaneous circulation (ROSC) occurs, if applicable

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- **Required** field for base hospital contacts with ROSC in the field
- Document even if the pulses are lost prior to arrival at the receiving facility
- Patients with ROSC in the field should be transported to the nearest available STEMI Receiving Center (SRC)
- If patient has a DNR/AHCD, field will be entered as “Not Applicable” (F7 key) in TEMIS

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# RESUS D/C TIME

---

## Definition

Time of day when resuscitative measures were terminated or patient was pronounced dead by the base hospital, if applicable

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- **Required** field for all base hospital contacts where resuscitative measures were discontinued in the field

## Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# RESUS D/C RHYTHM

---

## Definition

Two- or three-letter code identifying the cardiac rhythm reported when resuscitative measures were terminated or patient was pronounced dead by the base hospital, if applicable

## Field Values

<b>AGO</b>	Agonal	<b>PEA</b>	Pulseless Electrical Activity
<b>ASY</b>	Asystole	<b>VF</b>	Ventricular Fibrillation
<b>IV</b>	Idioventricular Rhythm		

## Additional Information

- **Required** field for all base hospital contacts where resuscitative measures were discontinued in the field
- PEA is not a defined rhythm, but rather a finding that may be present at time of pronouncement where electrical activity and/or rhythm seen on the cardiac monitor does not produce a palpable pulse or auscultatable heartbeat

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# TOTAL MIN. EMS CPR:

---

## Definition

Time in minutes from the initiation of CPR by EMS personnel, to the time when resuscitative measures were terminated or patient was pronounced dead by the base hospital, if applicable

## Field Values

- Collected in minutes
- Up to two-digit numeric field

## Additional Information

- **Required** field for all base hospital contacts where resuscitative measures were discontinued in the field

## Uses

- Assists with determination of appropriate treatment and transport
- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

## **VITALS & TXS SECTION**



## O2 @ \_\_\_\_ LPM

---

### **Definition**

Numeric value of the number of liters per minute of oxygen delivered to the patient, if applicable

### **Field Values**

- One- or two-digit numeric value between 2 and 15

### **Additional Information**

- The oxygen delivery device used must also be indicated

### **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio Records

# TITRATED?

---

## Definition

Checkbox indicating that the number of liters per minute of oxygen ordered by the base was given in a range, to be adjusted to desired effect, if applicable

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- The oxygen delivery device used must also be indicated

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

## VIA:

---

### Definition

Checkboxes indicating the type of device used to deliver oxygen to the patient, if applicable

### Field Values

- **NC:** Nasal Cannula
- **Mask:** Oxygen mask
- **BMV:** Bag-Mask Ventilation
- **BloW By:** Oxygen delivery device is used to “blow” oxygen towards patient’s face
- **EXisting Trach.:** Patient is being oxygenated/ventilated via an existing tracheostomy tube
- **ETT:** Endotracheal Tube
- **King:** King LTS-D (laryngeal tube suction device)
- **CPAP:** Continuous Positive Airway Pressure

### Additional Information

- The number of liters per minute of oxygen delivered must also be indicated

### Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

## IV:

---

### Definition

Checkboxes indicating whether or not IV access was ordered for the patient, and type

### Field Values

- **SL:** Saline Lock device
- **FC:** Fluid challenge –specified amount of IV fluid is ordered to be given over a specified amount of time. In the space provided, enter the number of cc's of IV fluid ordered
- **TKO:** To keep open – minimum drip rate necessary to keep line patent
- **WO:** Wide open – maximum drip rate possible (clamp wide open)
- **Not Ordered:** No IV ordered
- **IV Unable:** Paramedics were not able to successfully establish an IV
- **Refused:** Patient refused to allow paramedics to establish IV access
- **IO:** Intraosseous device
- **Preexisting IV:** Upon arrival of EMS personnel, the patient already had IV access established (by a clinic, urgent care, doctor's office, etc.)

### Additional Information

- **Required** field for all base hospital contacts

### Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# TRANSCUTANEOUS PACING @ mA:

---

## Definition

Numeric value of the electrical current strength in milliamps (mA) required to achieve capture (as evidenced by a palpable pulse that corresponds with rhythm observed on cardiac monitor) during transcutaneous pacing, if applicable

## Field Values

- Up to three-digit numeric value

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# RATE:

---

## **Definition**

Numeric value of the rate of capture during transcutaneous pacing (as evidenced by a palpable pulse that corresponds with rhythm observed on cardiac monitor), if applicable

## **Field Values**

- Up to three-digit numeric value

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio Records

# CAPTURE?

---

## Definition

Checkbox indicating whether or not mechanical capture (as evidenced by a palpable pulse that corresponds with rhythm observed on cardiac monitor) was achieved during transcutaneous pacing, if applicable

## Field Values

- **Y:** Yes
- **N:** No

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# NEEDLE THORACOSTOMY

---

## Definition

Checkbox indicating whether or not a needle thoracostomy was ordered, if applicable

## Field Values

- Y: Yes
- N: No

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records



# SPINAL MOTION RESTRICTION?

---

## Definition

Checkbox indicating whether or not the patient was placed in spinal motion restriction

## Field Values

- Y: Yes
- N: No

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# CMS INTACT:

---

## Definition

Checkboxes indicating whether patient's circulation, motor function, and sensation (CMS) were intact before and after spinal motion restriction, if applicable

## Field Values

- Intact **B**efore: CMS intact in all extremities prior to spinal immobilization
- Intact **A**fter: CMS intact in all extremities after spinal immobilization

## Additional Information

- CMS should always be assessed before and after spinal immobilization

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# SMR REFUSED

---

## Definition

Checkboxes indicating that spinal motion restriction was refused by the patient, if applicable

## Field Values

- Y: Yes
- N: No

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# TOURNIQUET

---

## Definition

Checkbox indicating that a device for stopping the flow of blood through a vein or artery was applied for bleeding control in the prehospital setting, if applicable

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# TIME

---

## Definition

Time of day that corresponds to the adjacent vital signs, ECG, and treatments fields

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- May write “PTC” if event occurred prior to base contact – will be entered as “Not Documented” (F6 key) in TEMIS
- Time on radio console should only be used if vital signs are repeated during the course of the base contact. Time base contact was initiated should not be used as the time for vital signs obtained prior to base contact

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

## B/P

---

### **Definition**

Numeric values of the patient's systolic and/or diastolic blood pressure

### **Field Values**

- Up to three-digit numeric value
- Documented as numeric systolic value / numeric diastolic value

### **Additional Information**

- If the blood pressure is palpated, write "P" for the diastolic value – will be entered as "Not Documented" (F6 key) in TEMIS

### **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio Records

# PULSE

---

## **Definition**

Numeric value of the patient's palpated pulse rate

## **Field Values**

- Up to three-digit numeric value

## **Additional Information**

- Measured in beats palpated per minute
- If cardiac monitor shows a rhythm that does not produce signs of perfusion, rate is documented as "0"

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio Records

# RR

---

## **Definition**

Numeric values of the patient's initial, unassisted respiratory rate

## **Field Values**

- Up to three-digit numeric value

## **Additional Information**

- Measured in breaths per minute
- If patient requires mechanical assistance, then unassisted rate is documented only, not the assisted rate

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio Records



# O2 SAT

---

## **Definition**

Numeric value of the patient's percent oxygen saturation in the prehospital setting

## **Field Values**

- Up to three-digit percentage from 0 to 100

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio Records

# PAIN

---

## **Definition**

Numeric value indicating the patient's subjective pain level

## **Field Values**

- Up to two-digit value from 0 to 10

## **Additional Information**

- Pain level should be assessed whenever trauma or pain is the chief complaint, a mechanism of injury exists, and before and after administration of pain medication

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio Records

## CO2 #

---

### **Definition**

Numeric value indicating the concentration of carbon dioxide measured by the capnometer, if applicable

### **Field Values**

- Up to three-digit value

### **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio Records

# ECG

---

## Definition

Two- or three-letter code indicating the patient's subsequent rhythm(s) on cardiac monitor, if applicable

## Field Values

<b>1HB</b>	1 <sup>st</sup> Degree Heart Block	<b>PEA</b>	Pulseless Electrical Activity
<b>2HB</b>	2 <sup>nd</sup> Degree Heart Block	<b>PM</b>	Pacemaker Rhythm
<b>3HB</b>	3 <sup>rd</sup> Degree Heart Block	<b>PST</b>	Paroxysmal Supraventricular Tachycardia
<b>AFI</b>	Atrial Fibrillation	<b>PVC</b>	Premature Ventricular Contraction
<b>AFL</b>	Atrial Flutter	<b>SA</b>	Sinus Arrhythmia
<b>AGO</b>	Agonal Rhythm	<b>SB</b>	Sinus Bradycardia
<b>ASY</b>	Asystole	<b>SR</b>	Sinus Rhythm
<b>AVR</b>	Accelerated Ventricular Rhythm	<b>ST</b>	Sinus Tachycardia
<b>IV</b>	Idioventricular Rhythm	<b>SVT</b>	Supraventricular Tachycardia
<b>JR</b>	Junctional Rhythm	<b>VF</b>	Ventricular Fibrillation
<b>PAC</b>	Premature Atrial Contraction	<b>VT</b>	Ventricular Tachycardia
<b>PAT</b>	Paroxysmal Atrial Tachycardia		

## Additional Information

- Cardiac rhythm should be assessed and documented here any time a change is noted, or after any cardiac-related treatments

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- ECG strip
- Audio Records

# DRUG/DEFIB

---

## Definition

Space for documenting defibrillation/cardioversion and medication codes ordered by the base hospital

## Field Values

<b>ADE</b>	Adenosine	<b>DEF</b>	Defibrillation
<b>ALB</b>	Nebulized Albuterol	<b>DOP</b>	Dopamine
<b>AMI</b>	Amiodarone	<b>EPI</b>	Epinephrine
<b>ASA</b>	Aspirin	<b>P-EPI</b>	Push-dose Epinephrine
<b>ATR</b>	Atropine	<b>FEN</b>	Fentanyl
<b>BEN</b>	Benadryl	<b>GLP</b>	Glucose Paste
<b>BIC</b>	Sodium Bicarbonate	<b>GLU</b>	Glucagon
<b>CAL</b>	Calcium Chloride	<b>MID</b>	Midazolam
<b>CAR</b>	Cardioversion	<b>Morphine</b>	Morphine Sulfate
<b>D10</b>	D10W	<b>NAR</b>	Narcan
<b>D25</b>	D25W	<b>NTG</b>	Nitroglycerin
<b>D50</b>	D50W	<b>OND</b>	Ondansetron

## Additional Information

- **Required** field for all base hospital contacts in which medications are ordered
- Each drug/defibrillation ordered should be written on a separate line so that dose and results can be clearly documented
- Mark the “Refused” box if the patient refused medication administration
- Mark the “PRN” box if the medication and/or defibrillation are ordered as PRN

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- Audio records

# SEDs IN PAST 48 HRS

---

## Definition

Checkboxes indicating whether or not patient has used sexually enhancing drugs (SED) within the past 48 hours

## Field Values

- **Y:** Yes
- **N:** No

## Additional Information

- Use of SEDs must be assessed prior to ordering nitroglycerin for any patient

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

# DOSE

---

## **Definition**

Space for alphanumeric value of joules of defibrillation/cardioversion and/or dose of medication ordered by the base hospital

## **Field Values**

- Free text

## **Additional Information**

- Include dose and unit of measurement: e.g., “1mg” or “300J”

## **Uses**

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio Records

# ROUTE

---

## Definition

Two-letter code indicating the route of medication administration ordered by the base hospital, if applicable

## Field Values

- **IV:** Intravenous
- **IO:** Intraosseous
- **SQ:** Subcutaneous
- **IM:** Intramuscular
- **PO:** By Mouth (per os) / oral disintegrating tablets (ODT)
- **IN:** Intranasal/Inhalation (e.g, HHN)
- **SL:** Sublingual

## Additional Information

- Drug route codes are listed on the back of pages 1 and 4 of the Base Hospital Form

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records



# TX/RESULTS

---

## Definition

Space for brief documentation of results of medications given or treatments rendered

## Field Values

- “-”: Deteriorated
- “+”: Improved
- “N”: No Change

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

## **TRAUMA SECTION**

# TRAUMA

---

## Definition

Checkboxes indicating the nature and location of the patient's injury, if applicable

## Field Values

- **No Apparent Injury (NA)**: No complaint, or signs or symptoms of injury following a traumatic event
- **BUrns/Elec. Shock (BU)**: Thermal or chemical burn, or electric shock
- **Critical Burn (CB)**: Patients  $\geq 15$  years of age with 2<sup>nd</sup> (partial thickness) and 3<sup>rd</sup> (full thickness) degree burns involving  $\geq 20\%$  Total Body Surface Area (TBSA) **OR** patients  $\leq 14$  years of age with 2<sup>nd</sup> and 3<sup>rd</sup> degree burns involving  $\geq 10\%$  TBSA
- **SBP  $<90$  ( $<70$  if under 1y) (90)**: Systolic blood pressure less than 90mmHg in a patient greater than one year of age (or systolic blood pressure less than 70mmHg in a patient less than one year of age) following a traumatic event
- **RR  $<10/>29$  ( $<20$  if  $<1y$ ) (RR)**: A sustained respiratory rate greater than 29 breaths/minute, or respiratory rate of less than 10 breaths/minute (or less than 20 breaths/minute in a patient less than one year of age), following a traumatic event
- **Susp. Pelvic FX (SX)**: Suspected pelvic fracture, excluding isolated hip fractures from a ground level fall
- **Spinal Cord Injury (SC)**: Suspected spinal cord injury, or presence of weakness/paralysis/parasthesia following a traumatic event
- **Inpatient Trauma (IT)**: Interfacility transfer (IFT) of an admitted, injured patient from one facility to an inpatient bed at another facility, excluding ER to ER transfers
- **Trauma Arrest (BT or PT)**: Cessation of cardiac output and effective circulation due to blunt or penetrating force
- **Head (BH or PH)**: Injury to the head or skull in the area from above the eyebrows to behind the ears, due to blunt or penetrating force. This code can also be applied in association with facial injuries when it is likely that the brain is involved
- **GCS  $\leq 14$  (14)**: Blunt force head injury associated with a Glasgow Coma Scale score of less than or equal to 14
- **Face/mouth (BF or PF)**: Injury to the anterior aspect of the face, mouth, or skull, from and including the eyebrows, down to and including the angle of the jaw and the ears, due to blunt or penetrating force
- **Neck (BN or PN)**: Injury or pain to the area between the angle of the jaw and clavicles (including probable cervical spine injuries) due to blunt or penetrating force
- **Back (BB or PB)**: Injury to the area from the shoulders to the buttocks (but not including the buttocks) due to blunt or penetrating force
- **Chest (BC or PC)**: Injury to the anterior chest in the area between the clavicle and the xyphoid process, bordered on either side by the posterior axillary line, due to blunt or penetrating force
- **Flail Chest (FC)**: Blunt force injury to the chest wall resulting in an unstable chest wall, characterized by paradoxical chest wall movement with respirations
- **Tension Pneum (BP or PP)**: Air enters the pleural space due to blunt or penetrating force, and creates pressure on chest organs. Signs and symptoms can include: SOB, tachypnea, decreased or absent lung sounds on one side, shock, neck vein distention, and/or tracheal deviation
- **Abdomen (BA or PA)**: Injury to any of the abdominal quadrants, flanks, or pelvis due to blunt or penetrating force

- **Diffuse Abd. Tender. (BD):** Blunt force injury to the abdomen resulting in tenderness in two or more quadrants
- **Genitals (BG or PG):** Injury to the external reproductive structures due to blunt or penetrating force
- **Buttocks (BK or PK):** Injury to the buttocks due to blunt or penetrating force
- **Extremities (BE or PE):** Injury or pain to the shoulders, arms, hands, legs, or feet due to blunt or penetrating force
- **EXtr ↑ knee/elbow (PX):** Penetrating force injury to an extremity, proximal to (above) the knee or elbow
- **FRactures ≥ 2 long bones (BR):** Blunt force injury resulting in apparent fracture of 2 or more proximal long bones (humerus, femur).
- **Amputatlon ↑ wrist/ankle (BI or PI):** Amputation proximal to (above) the wrist or ankle due to blunt or penetrating force
- **Neur/Vasc/Mangled (BV or PV):** Injury to an extremity with neurological and/or vascular compromise, or that is crushed, degloved, or mangled due to blunt or penetrating force
- **Minor Lacerations (BL or PL):** Superficial or non-serious lacerations, abrasions, or contusions involving the skin or subcutaneous tissue, due to blunt or penetrating force

### Additional Information

- **Required** field for all base hospital contacts where patient is reported to be injured or a mechanism of injury is present
- Check all that apply - if the patient has multiple complaints, enter Chief Complaints in order of significance
- Codes beginning with “B” or “P” indicate Blunt or Penetrating injury, respectively
- Two-letter codes can be derived from the bolded, capitalized letters of the trauma descriptions – trauma codes should be listed in order of significance in the “Chief Complaint Code” fields
- Patients with injuries documented must also have a mechanism of injury documented – and vice versa
- Medical complaints should not be documented with trauma complaints, unless it is suspected that a medical complaint preceded/caused the injury, or vice versa (e.g., chest pain/dizziness that caused an MVA, or seizure activity following a blow to the head.) Do not document a medical complaint such as “HP” (head pain) if the pain is due to a gunshot wound to the head – instead use only the trauma code of “PH.”
- Penetrating injuries may be inflicted by dull objects travelling at high velocity (e.g., bullets), sharp objects with a low velocity, or from a slashing or puncturing force
- Blunt injuries occur from a forces that do not typically penetrate the skin (e.g., baseball bat) though lacerations may be caused by the tearing/crushing force of a blunt object or broken bones
- Injury descriptions listed in **red** meet trauma triage criteria for transport to the nearest available trauma center

### Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

### Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio Records

# MECHANISM OF INJURY

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## Definition

Checkboxes indicating how the patient was injured

## Field Values

- Protective Devices – **HeLmet (HL)**: The patient riding on an unenclosed motorized vehicle/bicycle was wearing a helmet at the time of impact
- Protective Devices – **Seat Belt (SB)**: Patient was wearing a seat belt at the time of impact
- Protective Devices – **AirBag (AB)**: Airbag deployed at the time of impact and directly protected the patient
- Protective Devices – **Car Seat/Booster (CS)**: The patient was riding in a car seat or booster at the time of impact
- **Enclosed Veh. (EV)**: Patient involved in collision while in an enclosed vehicle, such as a an automobile, bus, or other enclosed motorized vehicle
- **Ejected (EJ)**: Patient was fully or partially thrown from a vehicle, including convertibles and trucks. Does **NOT** include motorcycles
- **EXtricated @ (EX)**: Time of day that the patient was removed from the vehicle when use of a pneumatic tool was required
- **Passenger Space Intrusion (PS)**: Intrusion of greater than 12 inches into an occupied passenger space of a motor vehicle, or greater than 18 inches into an unoccupied passenger space – check this box if amount of intrusion is not known or not specified by paramedics
- **12**: Intrusion of greater than 12 inches into an occupied passenger space of a motor vehicle – check this box when amount of intrusion is specified by paramedics
- **18** : Intrusion of greater than 18 inches into an unoccupied passenger space – check this box when amount of intrusion is specified by paramedics
- **Survived Fatal Accident (SF)**: The patient survived a collision where another person **in the same vehicle** was fatally injured
- **Impact > 20mph Unenclosed (20)**: An unenclosed transport crash (e.g., skateboard, bicycle, horse, etc.) with an estimated impact greater than 20mph
- **Ped/Bike: Runover/Thrown/>20mph (RT)**: Pedestrian, bicyclist, or motorcyclist struck by an automobile and is thrown, run over, or has an estimated impact of greater than 20mph
- **Ped/Bike < 20mph (PB)**: Pedestrian, bicyclist, or motorcyclist struck by a motorized vehicle, who is NOT thrown or run over, at an estimated impact of less than 20 mph
- **Motorcycle/Moped (MM)**: The patient was riding on a motorcycle or moped at the time of impact
- **SPorts/Rec (SP)**: Any injury that occurs during a sporting or recreational athletic activity, such as aerobics, football, jogging, etc.
- **ASsault (AS)**: Patient was physically assaulted (kicked, punched, strangled, etc.) by means other than stabbing or shooting
- **STabbing (ST)**: A sharp or piercing instrument (e.g. knife, broken glass, ice pick, etc.) caused an injury which penetrated the skin
- **GSW (GS)**: Gunshot Wound - injury was caused by discharge of a gun (accidental or intentional)
- **ANimal Bite (AN)**: The teeth of a human, reptile, dog, cat, or other animal inflicted an injury, whether or not the skin was punctured. Insect bites and bee stings are not considered animal bites, and should be coded as “Other”

- **CRush (CR):** Injury sustained as the result of external pressure being placed on body parts between two opposing forces
- **Telemetry Data (TD):** Vehicle telemetry data is encountered that is consistent with high risk of serious injury
- **Special Consid. (SC):** Injured patients that meet Special Considerations due to age greater than 55 years, pregnancy > 20 weeks, age greater than 65 years with a systolic BP of less than 110mmHg, or patients in blunt traumatic full arrest who, based on a paramedic's thorough patient assessment, believes transport is indicated
- **AntiCoagulants (AC):** Injured patient is on anticoagulant medication other than aspirin (excludes minor extremity injury)
- **FAIl (FA):** Any injury resulting from a fall from any height
- **>15 ft. (>10 ft. Peds) (15):** A vertical, uninterrupted fall of greater than 15 feet for an adult or greater than 10 feet or 3 times the height of the child for a pediatric patient. This mechanism is a subcategory of "Fall." This does not include falling down stairs or rolling down a sloping cliff.
- **Self-Inflict'd/Accid. (SA):** The injury appears to have been accidentally caused by the patient
- **Self-Inflict'd/Intent. (SI):** The injury appears to have been intentionally caused by the patient
- **Electrical Shock (ES):** Passage of an electrical current through body tissue as a result of contact with an electrical source
- **Thermal Burn (TB):** Burn caused by heat
- **Hazmat Exposure (HE):** The patient was exposed to toxic or poisonous agents, such as liquids, gases, powders, foams, or radioactive material
- **Work- Related (WR):** Injury occurred while patient was working, and may be covered by Worker's Compensation
- **UNknown (UN):** The cause or mechanism of injury is unknown
- **OTHer (OT):** A cause of injury that does not fall into any of the existing categories

### Additional Information

- **Required** field for all base hospital contacts where patient is reported to be injured or a mechanism of injury is present
- Check all that apply
- Two-letter codes can be derived from the bolded, capitalized letters of the mechanisms of injury (MOI) – MOIs should be listed in order of significance in the MOI code fields
- Patients with a mechanism of injury documented must also have a trauma code documented – and vice versa
- Mechanisms of injury listed in **red** meet trauma triage criteria for transport to the nearest available trauma center
- Mechanisms of injury listed in **blue** meet trauma guidelines for transport to the nearest available trauma center - strong consideration should be given to a trauma center destination
- Do not enter more than one copy of the same mechanism of injury
- Cannot have a MOI that is only Anticoagulants (AC) or Special Considerations (SC), an additional mechanism of injury must be entered

### Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio Records

## **TRANSPORT SECTION**



# CODE ALL OPTIONS

## Definition

Three-letter code for each of the potential patient destination facilities

## Field Values

LOS ANGELES COUNTY 9-1-1 RECEIVING			
ACH	Alhambra Hospital Medical Center	LBC	Community Hospital of Long Beach
AHM	Catalina Island Medical Center	LBM	Long Beach Memorial Medical Center
AMH	Methodist Hospital of Southern California	LCH	Palmdale Regional Medical Center
AVH	Antelope Valley Hospital	LCM	Providence Little Co. of Mary Hospital Torrance
BEV	Beverly Hospital	MCP	Mission Community Hospital
BMC	Southern California Hospital at Culver City	MHG	Memorial Hospital of Gardena
CAL	Dignity Health - California Hospital Medical Center	MID	Olympia Medical Center
CHH	Children's Hospital Los Angeles	MLK	Martin Luther King Jr. Community Hospital
CHP	Community Hospital of Huntington Park	MPH	Monterey Park Hospital
CNT	Centinela Hospital Medical Center	NOR	LA Community Hospital at Norwalk
CPM	Coast Plaza Doctors Hospital	NRH	Dignity Health - Northridge Hospital Medical Center
CSM	Cedars-Sinai Medical Center	OVM	LAC Olive View Medical Center
DCH	PIH Health Hospital - Downey	PAC	Pacifica Hospital of the Valley
DFM	Marina Del Rey Hospital	PIH	PIH Health Hospital- Whittier
DHL	Lakewood Regional Medical Center	PLB	College Medical Center
ELA	East Los Angeles Doctors Hospital	PVC	Pomona Valley Hospital Medical Center
ENH	Encino Hospital Medical Center	QOA	Hollywood Presbyterian Medical Center
FPH	Foothill Presbyterian Hospital	QVH	Citrus Valley M.C. - Queen of the Valley Campus
GAR	Garfield Medical Center	SDC	San Dimas Community Hospital
GEM	Greater El Monte Community Hospital	SFM	St. Francis Medical Center
GMH	Dignity Health - Glendale Memorial Hospital and Health Center	SGC	San Gabriel Valley Medical Center
GSH	Good Samaritan Hospital	SJH	Providence Saint John's Health Center
GWT	Adventist Health - Glendale	SJS	Providence Saint Joseph Medical Center
HCH	Providence Holy Cross Medical Center	SMH	UCLA Medical Center, Santa Monica
HEV	Glendora Community Hospital	SMM	Dignity Health - St. Mary Medical Center
HGH	LAC Harbor-UCLA Medical Center	SOC	Sherman Oaks Hospital
HMH	Huntington Hospital	SPP	Providence Little Co. of Mary San Pedro
HMN	Henry Mayo Newhall Hospital	SVH	Saint Vincent Medical Center
HWH	West Hills Hospital & Medical Center	TOR	Torrance Memorial Medical Center
ICH	Citrus Valley M.C. - Intercommunity Campus	TRM	Providence Tarzana Medical Center
KFA	Kaiser Foundation Hospital- Baldwin Park	UCL	Ronald Reagan UCLA Medical Center
KFB	Kaiser Permanente Downey Med Ctr	USC	LAC+USC Medical Center
KFH	Kaiser Permanente South Bay Med Ctr	VHH	USC Verdugo Hills Hospital
KFL	Kaiser Permanente Los Angeles Med Ctr	VPH	Valley Presbyterian Hospital
KFO	Kaiser Permanente Woodland Hills M.C.	WHH	Whittier Hospital Medical Center
KFP	Kaiser Permanente Panorama City M.C.	WMH	Adventist Health - White Memorial
KFW	Kaiser Permanente West LA Med Ctr		

<b>ORANGE COUNTY 9-1-1 RECEIVING</b>			
ANH	Anaheim Regional Medical Center	LPI	La Palma Intercommunity Hospital
CHO	Children's Hospital of Orange County	PLH	Placentia Linda Hospital
FHP	Fountain Valley Regional Hospital and Medical Center	SJD	St. Jude Medical Center
KHA	Kaiser Foundation Hospital- Anaheim	UCI	UCI Medical Center
KFI	Kaiser Permanente Irvine Medical Center	WMC	Western Medical Center Santa Ana
LAG	Los Alamitos Medical Center		
<b>SAN BERNARDINO COUNTY 9-1-1 RECEIVING</b>			
ARM	Arrowhead Regional Medical Center	KFN	Kaiser Foundation Hospital- Ontario
CHI	Chino Valley Medical Center	LLU	Loma Linda University Medical Center
DHM	Montclair Hospital Medical Center	SAC	San Antonio Community Hospital
KFF	Kaiser Foundation Hospital- Fontana		
<b>OTHER COUNTY 9-1-1 RECEIVING</b>			
LRR	Los Robles Hospital & Med Ctr (Ventura)	SJO	St. John's Regional Medical Center (Ventura)
SIM	Simi Valley Hospital (Ventura)	RCC	Ridgecrest Regional Hospital (Kern)
<b>NON-BASIC HOSPITALS</b>			
LBV	Long Beach VA	WVA	Wadsworth VA Medical Center

### Additional Information

- **Required** field for all base hospital contacts
- A three-letter code for MAR must be documented for all patients, regardless of age
- A three-letter code for EDAP must be documented for all pediatric patients of less than or equal to 14 years of age

### Uses

- System evaluation and monitoring

### Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

# CHECK ACTUAL DESTINATION

---

## Definition

Checkboxes indicating actual destination of patient

## Field Values

- **MAR:** Most Accessible Receiving facility (licensed basic emergency department) that can be reached in the shortest amount of time. Depending on traffic and geography, this may not necessarily be the closest facility. Must be documented for all patients regardless of actual destination
- **EDAP:** Most accessible Emergency Department Approved for Pediatrics approved to receive patients of less than or equal to 14 years of age. Must be documented for all pediatric patients regardless of actual destination
- **TC:** Most accessible Trauma Center approved to receive critically injured patients. Must be documented for all adult patients that meet criteria, guidelines, or special considerations for transport to a TC, regardless of actual destination
- **PTC:** Most accessible Pediatric Trauma Center approved to receive critically injured pediatric patients of less than or equal to 14 years of age. Must be documented for all pediatric patients that meet criteria, guidelines, or special considerations for transport to a PTC, regardless of actual destination
- **PMC:** Most accessible Pediatric Medical Center approved to receive critically ill pediatric patients of less than or equal to 14 years of age. Must be documented for all pediatric patients that meet guidelines for transport to a PMC, regardless of actual destination
- **STEMI Receiving Center:** Most accessible ST-Elevation Myocardial Infarction (STEMI) Receiving Center approved to receive patients with a suspected STEMI, or who have Return of Spontaneous Circulation (ROSC) following a non-traumatic cardiac arrest. Must be documented for all patients who meet criteria for transport to a SRC, regardless of actual destination
- **Primary Stroke Center:** Most accessible Primary Stroke Center approved to receive suspected stroke patients or patients with a positive mLAPSS exam. Must be documented for all patients who meet guidelines for transport to a PSC, regardless of actual destination
- **Comprehensive Stroke Center:** Most accessible Comprehensive Stroke Center approved to receive patients with a positive mLAPSS exam and a LAMS score  $\geq 4$
- **Perinatal:** Most accessible Perinatal Center approved to receive patients greater than or equal to 20 weeks pregnant. Must be documented for all patients who meet guidelines for transport to a Perinatal Center
- **SART:** Most accessible Sexual Assault Response Team facility approved to receive actual or suspected victims of sexual assault/abuse. Must be documented for patients who meet guidelines for transport to a SART Center
- **Other:** Licensed basic emergency department that may also appropriately receive the patient in addition to those listed above. Most frequently used when the closest facility is inaccessible (e.g., is requesting diversion.) The reason for using "Other" as a destination must be documented in the "Destination Rationale" section

**Additional Information**

- **Required** field for all base hospital contacts where patients are transported by EMS personnel
- Check only the actual patient destination
- If more than one specialty center option applies, choose the option most applicable to the patient's presentation (e.g., pregnant pediatric patients, or sexually assaulted trauma patients)

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- Audio records

# ETA

---

## **Definition**

Estimated time of arrival (ETA) for each of the possible destinations documented

## **Field Values**

- Collected as minutes

## **Additional Information**

- ETA must be provided for each possible destination

## **Uses**

- System evaluation and monitoring

## **Data Source Hierarchy**

- Base Hospital Form
- Audio records

# CHECK ONE

---

## Definition

Checkboxes indicating whether or not a specialty center destination was indicated for the patient

## Field Values

- **Specialty Center Not Required:** Patient does not meet guidelines or criteria for transport to a specialty center
- **Specialty Center Required/Criteria Met:** Patient meets criteria or requirements for transport to a specialty center
- **Specialty Center Guidelines Met:** Patient meets guidelines for transport to a specialty center

## Additional Information

- **Required** field for all base hospital contacts
- Check one box only
- If more than one specialty center option applies, choose the option most applicable to the patient's presentation
- If patient meeting requirements, criteria, or guidelines is not transported to specialty center, must indicate reason in the "Destination Rationale" section

## Uses

- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- Audio records

# DESTINATION RATIONALE

---

## Definition

Checkboxes indicating the reason that the patient was transported to a facility other than the most accessible receiving facility or specialty center, if applicable

## Field Values

- **ED Saturation:** Most accessible receiving facility or EDAP has requested diversion due to emergency department saturation
- **Internal Disaster:** Most accessible receiving facility or specialty center is closed due to internal disaster such as fire, flood, etc.
- **CT Diversion:** CT scanner at the most accessible receiving facility or specialty center is non-functioning
- **IFT:** Patient is being transferred from one facility to another
- **SC Diversion TC/PTC:** Most accessible TC/PTC is closed due to encumbrment of the trauma team or OR
- **SC Diversion PMC:** Most accessible PMC is closed due to lack of critical equipment
- **SC Diversion STEMI:** Most accessible SRC is closed due to Cath lab encumbrment or malfunction
- **SC Diversion Cardiac Arrest (X):** Injured patient meeting trauma criteria is in blunt traumatic cardiac arrest (BT), and is transported to the MAR rather than the most accessible TC/PTC
- **SC Diversion Primary Stroke Center:** Most accessible primary stroke center is closed when there is no means (CT scan or MRI) to perform diagnostic brain imaging
- **SC Diversion Comprehensive Stroke Center:** Most accessible comprehensive stroke center is closed due to stroke resource encumbrment or critical equipment/interventional radiology room unavailability
- **SC Not Accessible:** Specialty center not accessible due to transport time constraints or geography
- **Judgment (Provider/Base):** Patient does not meet specialty center criteria, requirements, or guidelines, but is transported to a specialty center based on Base or the Provider judgment; or, meets, but is not transported to a specialty center
- **Shared Ambulance:** The patient does not meet specialty center criteria, requirements, or guidelines, but is transported to SC because they are sharing an ambulance with a patient who does meet SC criteria/guidelines/requirements
- **Minimal Injuries:** Patient meets trauma criteria or guidelines but is determined to have only minimal injuries which do not warrant transport to a specialty center
- **Unmanageable Airway:** Patient meets specialty center criteria, requirements, or guidelines, but airway cannot be adequately managed due to injury or illness, and patient's life may be jeopardized by transport to any facility but the closest
- **Requested By:** Patient is transported to a facility other than the most accessible receiving facility or specialty center by request from the patient, a family member, patient's private medical doctor (PMD), or other authorized person
- **Other:** Patient is transported a facility other than the most accessible receiving facility or specialty center for any reason other than those listed above (use space below to briefly document reason)

**Additional Information**

- **Required** field for all base hospital contacts where the patient is transported to “Other,” (not the closest receiving facility or specialty center)

**Uses**

- System evaluation and monitoring

**Data Source Hierarchy**

- Base Hospital Form
- Audio records



# PT TRANSPORTED VIA:

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## Definition

Checkboxes indicating the type of transport unit used

## Field Values

- **ALS:** An Advanced Life Support Transport unit in which patient was accompanied by at least one paramedic
- **BLS:** Basic Life Support Transport unit in which patient was accompanied by EMTs only
- **Other:** Type of transport not listed above
- **Helicopter ETA:** Helicopter transport requested – indicate ETA of helicopter to scene
- **No Transport:** Patient was not transported (must indicate reason for no transport in the “Reason for No Transport” field)

## Additional Information

- **Required** field for all base hospital contacts

## Uses

- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

# REASON FOR NO TRANSPORT

---

## Definition

Checkboxes indicating reason why patient was not transported, if applicable

## Field Values

- **AMA:** Patient refuses transport
- **DOA:** Patient is determined to be dead on arrival as per Prehospital Care Manual
- **Unwarranted:** Patient's condition does not require transportation to a hospital
- **T.O.R.:** Resuscitative measures are terminated by EMS personnel
- **Pronounced by:** Enter the name of the physician who pronounced the patient dead, if applicable
- **Other:** Mark this box if the patient was not transported due a reason not listed above

## Additional Information

- **Required** field for all base hospital contacts where the patient is not transported

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- EMS Report Form
- Audio records

# TIME CLEAR

---

## Definition

The time of day that paramedic contact with the base hospital ends

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- **Required** field for all base hospital contacts
- Use one timepiece throughout call to ensure accurate time intervals

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form

# TIME RECEIVING HOSPITAL NOTIFIED

---

## Definition

The time of day that the receiving hospital was notified of an arriving patient

## Field Values

- Collected as HHMM
- Use 24-hour clock

## Additional Information

- **Required** field for all base hospital contacts where the patient is transported to a receiving facility other than the base hospital
- Use one timepiece throughout call to ensure accurate time intervals

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form

# NAME OF PERSON NOTIFIED:

---

## Definition

Space to document the name of the person at the receiving facility notified of an arriving patient

## Field Values

- Free text

## Additional Information

- Not necessary if base hospital is the receiving facility
- Document whatever name is given – e.g., “Mary” or “Dr. Jones”

## Uses

- Provides documentation of communication

## Data Source Hierarchy

- Base Hospital Form
- Audio records

## **TRANSPORT SCENARIOS**

## Specialty Care Center Not Required

70 y/o female, short of breath x 2 hours, speaking in full sentences, in mild/moderate distress:

TRANSPORT	CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input checked="" type="checkbox"/> MAR		PIH	7	Specialty Center: <input checked="" type="checkbox"/> Not Required	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X)
	<input type="checkbox"/> EDAP (age ≤14)				<input type="checkbox"/> Required/Criteria Met	<input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center
	<input type="checkbox"/> TC				<input type="checkbox"/> Guidelines Met	<input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base)
	<input type="checkbox"/> PTC (trauma, age ≤14)				PT TRANSPORTED VIA:	<input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway
	<input type="checkbox"/> PMC (medical, age ≤14)				<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other	<input type="checkbox"/> Requested by: <input type="checkbox"/> Other:
	<input type="checkbox"/> STEMI Receiving Center				<input type="checkbox"/> Helicopter-ETA: _____	REASON FOR NO TRANSPORT:
	<input type="checkbox"/> PrimAry Stroke Center				<input type="checkbox"/> No Transport	<input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other
	<input type="checkbox"/> Comprehensive StroKe Center				DISPO	<input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB
<input type="checkbox"/> SART				Transferred to: _____  ____  (Hosp. code) <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other				ED Diagnosis: _____		
Time Clear						
Time Receiving Hospital Notified						
Name of Person Notified:						

- Enter hospital code for the closest MAR
- Indicate the actual destination by checking MAR
- Check Specialty Center: Not Required (SOB as described meets no specialty center criteria or guidelines as per Reference No. 502)
- Destination Rationale is left blank, as there is no deviation from destination principles

## Pediatric: EDAP Required

2 y/o male, febrile, witnessed tonic/clonic seizure. No signs of trauma, GCS is improving:

TRANSPORT	CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR		LCM	5	Specialty Center: <input type="checkbox"/> Not Required	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X)
	<input checked="" type="checkbox"/> EDAP (age ≤14)		LCM	5	<input checked="" type="checkbox"/> Required/Criteria Met	<input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center
	<input type="checkbox"/> TC				<input type="checkbox"/> Guidelines Met	<input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base)
	<input type="checkbox"/> PTC (trauma, age ≤14)				PT TRANSPORTED VIA:	<input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway
	<input type="checkbox"/> PMC (medical, age ≤14)				<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other	<input type="checkbox"/> Requested by: <input type="checkbox"/> Other:
	<input type="checkbox"/> STEMI Receiving Center				<input type="checkbox"/> Helicopter-ETA: _____	REASON FOR NO TRANSPORT:
	<input type="checkbox"/> PrimAry Stroke Center				<input type="checkbox"/> No Transport	<input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other
	<input type="checkbox"/> Comprehensive StroKe Center				DISPO	<input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB
<input type="checkbox"/> SART				Transferred to: _____  ____  (Hosp. code) <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other				ED Diagnosis: _____		
Time Clear						
Time Receiving Hospital Notified						
Name of Person Notified:						

- Enter hospital codes for the closest MAR and EDAP
- Indicate the actual destination by checking EDAP
- Check Specialty Center: Required/Criteria Met (EDAP specialty center is required for patients 14yrs of age or younger, as per Reference No. 510)
- Destination Rationale is left blank, as there is no deviation from destination principles

## Pediatric: PTC Criteria

5 y/o female, fell from a second story window, GCS 4-6-5. CC = BB, PI=TRMA, MOIs = FA and 15:

T R A N S P O R T	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	KFL	4	Specialty Center:	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT
	<input type="checkbox"/> EDAP (age ≤14)	UCL	7	<input type="checkbox"/> Not Required	SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X)
	<input type="checkbox"/> TC			<input checked="" type="checkbox"/> Required/Criteria Met	<input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center
	<input checked="" type="checkbox"/> PTC (trauma, age ≤14)	UCL	7	<input type="checkbox"/> Guidelines Met	<input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base)
	<input type="checkbox"/> PMC (medical, age ≤14)			PT TRANSPORTED VIA:	<input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway
	<input type="checkbox"/> STEMI Receiving Center			<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other	<input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> PrimAry Stroke Center			<input type="checkbox"/> Helicopter-ETA: _____	REASON FOR NO TRANSPORT:
	<input type="checkbox"/> Comprehensive StroKe Center			<input type="checkbox"/> No Transport	<input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)			D I S P O	<input type="checkbox"/> Pronounced by: _____, MD
<input type="checkbox"/> SART			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation		
<input type="checkbox"/> Other			<input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB		
Time Clear			Transferred to: _____  _____  (Hosp. code) <input type="checkbox"/> Other: _____		
Time Receiving Hospital Notified			ED Diagnosis:		
Name of Person Notified:					

- Enter hospital codes for the closest MAR, EDAP, and PTC
- Indicate the actual destination by checking PTC
- Check Specialty Center: Required/Criteria Met (MOI=15 is a criteria for transport to a PTC as per Reference No. 506)
- Destination Rationale is left blank, as there is no deviation from destination principles

## Pediatric: PTC Guideline

7 y/o female, auto vs bicycle at less than 5mph, wearing a helmet. CC = BE, PI=TRMA, MOIs = PB and HL:

T R A N S P O R T	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	HEV	2	Specialty Center:	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT
	<input checked="" type="checkbox"/> EDAP (age ≤14)	AMH	8	<input type="checkbox"/> Not Required	SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X)
	<input type="checkbox"/> TC			<input type="checkbox"/> Required/Criteria Met	<input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center
	<input type="checkbox"/> PTC (trauma, age ≤14)	USC	20	<input checked="" type="checkbox"/> Guidelines Met	<input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base)
	<input type="checkbox"/> PMC (medical, age ≤14)			PT TRANSPORTED VIA:	<input type="checkbox"/> Shared AmBulance <input checked="" type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway
	<input type="checkbox"/> STEMI Receiving Center			<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other	<input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> PrimAry Stroke Center			<input type="checkbox"/> Helicopter-ETA: _____	REASON FOR NO TRANSPORT:
	<input type="checkbox"/> Comprehensive StroKe Center			<input type="checkbox"/> No Transport	<input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)			D I S P O	<input type="checkbox"/> Pronounced by: _____, MD
<input type="checkbox"/> SART			If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation		
<input type="checkbox"/> Other			<input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB		
Time Clear			Transferred to: _____  _____  (Hosp. code) <input type="checkbox"/> Other: _____		
Time Receiving Hospital Notified			ED Diagnosis:		
Name of Person Notified:					

- Enter hospital codes for the closest MAR, EDAP, and PTC
- Indicate the actual destination by checking EDAP
- Check Specialty Center: Guidelines Met (Auto vs Ped/Bike at less than 20mph [PB] is a guideline for transport to a PTC as per Reference No. 506.) If more than one specialty center option applies, choose the option most applicable to the patient's presentation.
- Check Destination Rationale: Minimal Injuries, as this is the reason patient was not transported to the PTC



## Pediatric: PMC Guideline

4 y/o male, witnessed tonic/clonic seizure. No signs of trauma, but GCS is not improving:

TRANSPORT	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	SJS	8	Specialty Center: <input type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input checked="" type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT <b>SC diversion:</b> <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X) <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> EDAP (age ≤14)	SJS	8		
	<input type="checkbox"/> TC			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> PTC (trauma, age ≤14)				
	<input checked="" type="checkbox"/> PMC (medical, age ≤14)	CHH	15	<b>D</b> <b>I</b> <b>S</b> <b>P</b> <b>O</b>	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____  _____  (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____
	<input type="checkbox"/> STEMI Receiving Center				
	<input type="checkbox"/> PrimAry Stroke Center				
	<input type="checkbox"/> Comprehensive StroKe Center				
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART					
<input type="checkbox"/> Other					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital codes for the closest MAR, EDAP, and PMC
- Indicate the actual destination by checking PMC
- Check Specialty Center: Guidelines Met (persistent altered mental status is a guideline for transport to a PMC, as per Reference No. 510)
- Destination Rationale is left blank, as there is no deviation from destination principles

## Perinatal: Specialty Center Guidelines Met

24 y/o female, 22 weeks pregnant with abdominal cramping x 2 hours. No signs of trauma:

TRANSPORT	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	ENH	5	Specialty Center: <input type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input checked="" type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT <b>SC diversion:</b> <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X) <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> EDAP (age ≤14)				
	<input type="checkbox"/> TC			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> PTC (trauma, age ≤14)				
	<input type="checkbox"/> PMC (medical, age ≤14)			<b>D</b> <b>I</b> <b>S</b> <b>P</b> <b>O</b>	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____  _____  (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____
	<input type="checkbox"/> STEMI Receiving Center				
	<input type="checkbox"/> PrimAry Stroke Center				
	<input type="checkbox"/> Comprehensive StroKe Center				
	<input checked="" type="checkbox"/> PeriNatal (≥20wks pregnancy)	NRH	15		
<input type="checkbox"/> SART					
<input type="checkbox"/> Other					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital codes for the closest MAR and Perinatal Center
- Indicate the actual destination by checking Perinatal Center
- Check Specialty Center: Guidelines Met (patients who are at least 20 weeks pregnant and who appear to have a pregnancy related complaint or complication is a guideline for transport to a Perinatal, as per Reference No. 511)
- Destination Rationale is left blank, as there is no deviation from destination principles

## PSC: Specialty Center Guidelines Met

50 y/o male, L facial droop x 1 hr, positive mLAPSS exam, LAMS Score = 2:

T R A N S P O R T	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	HGH	5	Specialty Center: <input type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input checked="" type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X) <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> EDAP (age ≤14)			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> TC				
	<input type="checkbox"/> PTC (trauma, age ≤14)			DISPO If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____  _____  (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
	<input type="checkbox"/> PMC (medical, age ≤14)				
	<input type="checkbox"/> STEMI Receiving Center				
	<input checked="" type="checkbox"/> PrimAry Stroke Center	TOR	12		
	<input type="checkbox"/> Comprehensive StroKe Center				
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART					
<input type="checkbox"/> Other					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital codes for the closest MAR and PSC
- Indicate the actual destination by checking PSC
- Check Specialty Center: Guidelines Met (positive mLAPSS exam & a LAMS score of 3 or less meets guidelines for transport to a PSC as per Reference No. 521)
- Destination Rationale is left blank, as there is no deviation from destination principles

## CSC: Specialty Center Guidelines Met

62 y/o female, R arm drift and no R grip strength x 3 hours, positive mLAPSS exam, LAMS Score = 4:

T R A N S P O R T	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	QOA	6	Specialty Center: <input type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input checked="" type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X) <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> EDAP (age ≤14)			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> TC				
	<input type="checkbox"/> PTC (trauma, age ≤14)			DISPO If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____  _____  (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____	
	<input type="checkbox"/> PMC (medical, age ≤14)				
	<input type="checkbox"/> STEMI Receiving Center				
	<input type="checkbox"/> PrimAry Stroke Center	QOA	6		
	<input checked="" type="checkbox"/> Comprehensive StroKe Center	KFL	9		
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART					
<input type="checkbox"/> Other					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital codes for the closest MAR, PSC, and CSC
- Indicate the actual destination by checking CSC
- Check Specialty Center: Guidelines Met (positive mLAPSS exam & a LAMS Score of 4 or greater meets guidelines for transport to a CSC as per Reference No. 521)
- Destination Rationale is left blank, as there is no deviation from destination principles

## Specialty Center Judgment

66 y/o male, crushing chest pain and SOB for 15min, Abnormal ECG, hx of MI, DM, HTN. MICN directs transport to SRC due to high suspicion of MI:

TRANSPORT	CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR		CNT	5	Specialty Center: <input checked="" type="checkbox"/> Not Required	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT
	<input type="checkbox"/> EDAP (age ≤14)				<input type="checkbox"/> Required/Criteria Met	SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X)
	<input type="checkbox"/> TC				<input type="checkbox"/> Guidelines Met	<input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center
	<input type="checkbox"/> PTC (trauma, age ≤14)					<input type="checkbox"/> SC Not AccessibLe <input checked="" type="checkbox"/> JudGment (Provider/Base)
	<input type="checkbox"/> PMC (medical, age ≤14)				PT TRANSPORTED VIA:	<input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway
	<input checked="" type="checkbox"/> STEMI Receiving Center		UCL	15	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other	<input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> PrimAry Stroke Center				<input type="checkbox"/> Helicopter-ETA: _____	REASON FOR NO TRANSPORT:
	<input type="checkbox"/> Comprehensive StroKe Center				<input type="checkbox"/> No Transport	<input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					<input type="checkbox"/> Pronounced by: _____, MD
<input type="checkbox"/> SART				DISPO	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation	
<input type="checkbox"/> Other					<input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INt'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB	
Time Clear					Transferred to: _____  __ __  (Hosp. code) <input type="checkbox"/> Other: _____	
Time Receiving Hospital Notified					ED Diagnosis: _____	
Name of Person Notified:						

- Enter hospital codes for the closest MAR and SRC
- Indicate the actual destination by checking SRC
- Check Specialty Center Not Required
- Check Destination Rationale: Judgment

## 9-1-1 Interfacility Transfer

66 y/o male presented by private auto to a non-SRC facility, c/o crushing chest pain and SOB for 15min, ECG in ED shows STEMI. 9-1-1 is activated for rapid transport to closest SRC:

TRANSPORT	CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR		CNT	0	Specialty Center: <input type="checkbox"/> Not Required	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT
	<input type="checkbox"/> EDAP (age ≤14)				<input checked="" type="checkbox"/> Required/Criteria Met	SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X)
	<input type="checkbox"/> TC				<input type="checkbox"/> Guidelines Met	<input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center
	<input type="checkbox"/> PTC (trauma, age ≤14)					<input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base)
	<input type="checkbox"/> PMC (medical, age ≤14)				PT TRANSPORTED VIA:	<input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway
	<input checked="" type="checkbox"/> STEMI Receiving Center		UCL	15	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other	<input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> PrimAry Stroke Center				<input type="checkbox"/> Helicopter-ETA: _____	REASON FOR NO TRANSPORT:
	<input type="checkbox"/> Comprehensive StroKe Center				<input type="checkbox"/> No Transport	<input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					<input type="checkbox"/> Pronounced by: _____, MD
<input type="checkbox"/> SART				DISPO	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation	
<input type="checkbox"/> Other					<input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INt'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB	
Time Clear					Transferred to: _____  __ __  (Hosp. code) <input type="checkbox"/> Other: _____	
Time Receiving Hospital Notified					ED Diagnosis: _____	
Name of Person Notified:						

- (Run Type at top right of form is IFT)
- Enter hospital codes for the closest MAR and SRC
- Indicate the actual destination by checking SRC
- Destination Rationale is left blank, as there is no deviation from destination principles

## ED Saturation

55 y/o female, c/o abdominal pain x 3 days. The closest facility has requested diversion due to ED saturation:

TRANSPORT	CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR		NRH	5	Specialty Center: <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input checked="" type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X) <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> EDAP (age ≤14)					
	<input type="checkbox"/> TC					
	<input type="checkbox"/> PTC (trauma, age ≤14)				PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> PMC (medical, age ≤14)					
	<input type="checkbox"/> STEMI Receiving Center					
	<input type="checkbox"/> PrimAry Stroke Center				DISPO	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____  _____  (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____
	<input type="checkbox"/> Comprehensive StroKe Center					
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					
<input type="checkbox"/> SART						
<input checked="" type="checkbox"/> Other		MCP	12			
Time Clear						
Time Receiving Hospital Notified						
Name of Person Notified:						

- Enter hospital code for the closest MAR
- Indicate the actual destination by checking Other, and enter the hospital code for the actual destination
- Check Specialty Center: Not Required (AP as described meets no specialty center criteria or guidelines as per Reference No. 502)
- Destination Rationale is ED Saturation, as patient did not go to the MAR due to diversion request for ED Saturation

## Specialty Center Diversion

17 y/o male, single stab wound to LUQ, CC = PA, PI=TRMA, MOI = ST. Most accessible trauma center has requested trauma diversion:

TRANSPORT	CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR		MHG	8	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input checked="" type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X) <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> EDAP (age ≤14)					
	<input type="checkbox"/> TC		SFM	10		
	<input type="checkbox"/> PTC (trauma, age ≤14)				PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> PMC (medical, age ≤14)					
	<input type="checkbox"/> STEMI Receiving Center					
	<input type="checkbox"/> PrimAry Stroke Center				DISPO	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____  _____  (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____
	<input type="checkbox"/> Comprehensive StroKe Center					
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					
<input type="checkbox"/> SART						
<input checked="" type="checkbox"/> Other		HGH	15			
Time Clear						
Time Receiving Hospital Notified						
Name of Person Notified:						

- Enter hospital codes for the closest MAR and TC
- Indicate the actual destination by checking Other, and enter the hospital code for the actual destination
- Check Specialty Center: Required/Criteria Met (PA is a criteria for transport to a TC as per Reference No. 506)
- Destination Rationale is SC Diversion: TC/PTC, as patient was not transported to closest TC due to diversion request

## Conducted Electrical Weapon (CEW, aka Taser®)

34 y/o male, status post deployment of a conducted electrical weapon (CEW, trade name Taser®) dart to chest, minor laceration to chest, no other trauma or associated signs or symptoms. CC = PL, PI=TRMA, MOI = OT:

TRANSPORT	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input checked="" type="checkbox"/> MAR	PLB	3	Specialty Center: <input checked="" type="checkbox"/> Not Required	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X)
	<input type="checkbox"/> EDAP (age ≤14)			<input type="checkbox"/> Required/Criteria Met	<input type="checkbox"/> Primary Stroke Center <input type="checkbox"/> Comprehensive Stroke Center
	<input type="checkbox"/> TC	LBM	5	<input type="checkbox"/> Guidelines Met	<input type="checkbox"/> SC Not Accessible <input type="checkbox"/> Judgment (Provider/Base)
	<input type="checkbox"/> PTC (trauma, age ≤14)			PT TRANSPORTED VIA:	<input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Minimal Injuries <input type="checkbox"/> Unmanageable Airway
	<input type="checkbox"/> PMC (medical, age ≤14)			<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Other	<input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> STEMI Receiving Center			<input type="checkbox"/> Helicopter-ETA: _____	REASON FOR NO TRANSPORT:
	<input type="checkbox"/> Primary Stroke Center			<input type="checkbox"/> No Transport	<input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other
	<input type="checkbox"/> Comprehensive Stroke Center			DISPO	<input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> Observation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB
<input type="checkbox"/> SART			Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____	ED Diagnosis: _____	
<input type="checkbox"/> Other					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital codes for the closest MAR and TC
- Indicate the actual destination by checking MAR
- Check Specialty Center: Not Required (PL is not a criteria or guideline for transport to a TC as per Reference No. 506)
- Destination Rationale is left blank, as there is no deviation from destination principles

## Minimal Injuries

17 y/o male, status post leg struck by car in parking lot, minor abrasion to foot, no deformity, no other trauma or associated signs or symptoms. CC = BE, PI=TRMA, MOI = PB:

TRANSPORT	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input checked="" type="checkbox"/> MAR	BMC	3	Specialty Center: <input type="checkbox"/> Not Required	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X)
	<input type="checkbox"/> EDAP (age ≤14)			<input type="checkbox"/> Required/Criteria Met	<input type="checkbox"/> Primary Stroke Center <input type="checkbox"/> Comprehensive Stroke Center
	<input type="checkbox"/> TC	UCL	15	<input checked="" type="checkbox"/> Guidelines Met	<input type="checkbox"/> SC Not Accessible <input type="checkbox"/> Judgment (Provider/Base)
	<input type="checkbox"/> PTC (trauma, age ≤14)			PT TRANSPORTED VIA:	<input type="checkbox"/> Shared Ambulance <input checked="" type="checkbox"/> Minimal Injuries <input type="checkbox"/> Unmanageable Airway
	<input type="checkbox"/> PMC (medical, age ≤14)			<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Other	<input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> STEMI Receiving Center			<input type="checkbox"/> Helicopter-ETA: _____	REASON FOR NO TRANSPORT:
	<input type="checkbox"/> Primary Stroke Center			<input type="checkbox"/> No Transport	<input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other
	<input type="checkbox"/> Comprehensive Stroke Center			DISPO	<input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> Observation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INT'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB
<input type="checkbox"/> SART			Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____	ED Diagnosis: _____	
<input type="checkbox"/> Other					
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital codes for the closest MAR and TC
- Indicate the actual destination by checking MAR
- Check Specialty Center: Guidelines Met (PB is a guideline for transport to a TC as per Reference No. 506)
- Destination Rationale is Minimal Injuries, as patient was not transported to the closest TC, due to minimal injuries

## Shared Ambulance

8 y/o male, restrained rear passenger in a moderate speed MVA. Pt. c/o LLE pain only, no deformity noted. CC = BE, PI=TRMA, MOIs = EV, SB. Patient's mother was unrestrained driver and meets trauma criteria:

TRANSPORT	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	DCH	3	Specialty Center: <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X) <input type="checkbox"/> Primary Stroke Center <input type="checkbox"/> Comprehensive Stroke Center <input type="checkbox"/> SC Not Accessible <input type="checkbox"/> Judgment (Provider/Base) <input checked="" type="checkbox"/> Shared Ambulance <input type="checkbox"/> Minimal Injuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> EDAP (age ≤14)	DCH	3		
	<input type="checkbox"/> TC				
	<input type="checkbox"/> PTC (trauma, age ≤14)	LBM	20	PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> PMC (medical, age ≤14)				
	<input type="checkbox"/> STEMI Receiving Center			DISPO	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> Observation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> Int'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____
	<input type="checkbox"/> Primary Stroke Center				
	<input type="checkbox"/> Comprehensive Stroke Center				
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART					
<input checked="" type="checkbox"/> Other	SFM	8			
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital codes for the closest MAR, EDAP, and PTC
- Indicate the child's actual destination by checking Other (patient not transported to MAR, EDAP, or PTC) and enter the hospital code for the actual destination
- Check Specialty Center: Required/Criteria Met (EDAP, PMC or PTC is required for all pediatric patients)
- Destination Rationale is Shared Ambulance, as patient was transported to Other

## Patient Request

82 y/o male, c/o cough and fever x 3 days, vital signs stable. Pt. is a Kaiser member and is requesting transport to Kaiser – which is accessible but not the MAR:

TRANSPORT	CODE all options, CHECK actual destination:	CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR	DCH	3	Specialty Center: <input type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X) <input type="checkbox"/> Primary Stroke Center <input type="checkbox"/> Comprehensive Stroke Center <input type="checkbox"/> SC Not Accessible <input type="checkbox"/> Judgment (Provider/Base) <input type="checkbox"/> Shared Ambulance <input type="checkbox"/> Minimal Injuries <input type="checkbox"/> Unmanageable Airway <input checked="" type="checkbox"/> Requested by: <i>Patient</i> <input type="checkbox"/> Other: _____
	<input type="checkbox"/> EDAP (age ≤14)				
	<input type="checkbox"/> TC				
	<input type="checkbox"/> PTC (trauma, age ≤14)			PT TRANSPORTED VIA: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter-ETA: _____ <input type="checkbox"/> No Transport	REASON FOR NO TRANSPORT: <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> PMC (medical, age ≤14)				
	<input type="checkbox"/> STEMI Receiving Center			DISPO	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> Observation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> Int'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____
	<input type="checkbox"/> Primary Stroke Center				
	<input type="checkbox"/> Comprehensive Stroke Center				
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)				
<input type="checkbox"/> SART					
<input checked="" type="checkbox"/> Other	KFB	6			
Time Clear					
Time Receiving Hospital Notified					
Name of Person Notified:					

- Enter hospital code for the closest MAR
- Indicate the actual destination by checking Other, and enter the hospital code for the actual destination
- Check Specialty Center: Not Required (CC and FE, as described meet no specialty center criteria or guidelines as per Reference No. 502)
- Destination Rationale is Requested by: Patient, as patient did not go to the MAR due to patient request

## AMA

36 y/o female, history of diabetes, status post altered mental status resolved with paramedic administration of D50 for blood glucose of 40. GCS now 4-6-5, no complaints, vital signs stable. The patient has decided she does not want to be transported to the hospital and wishes to sign out against the medical advice of the paramedics and MICN:

TRANSPORT	CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR		AMH	3	Specialty Center: <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X) <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: _____ <input type="checkbox"/> Other: _____
	<input type="checkbox"/> EDAP (age ≤14)					
	<input type="checkbox"/> TC					
	<input type="checkbox"/> PTC (trauma, age ≤14)				PT TRANSPORTED VIA:	<b>REASON FOR NO TRANSPORT:</b> <input checked="" type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> PMC (medical, age ≤14)					
	<input type="checkbox"/> STEMI Receiving Center				<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input type="checkbox"/> Helicopter-ETA: _____ <input checked="" type="checkbox"/> No Transport	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INt'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____
	<input type="checkbox"/> PrimAry Stroke Center					
	<input type="checkbox"/> Comprehensive StroKe Center				DISPO	
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					
<input type="checkbox"/> SART						
<input type="checkbox"/> Other						
Time Clear						
Time Receiving Hospital Notified						
Name of Person Notified:						

- Enter hospital code for the closest MAR
- No actual destination is indicated, as patient is not transported
- Check Specialty Center Not Required (adult with status post medical ALOC does not meet Specialty Center criteria or guidelines)
- Destination Rationale is left blank, as there is no destination
- Reason for No Transport is AMA

## Hyperbaric Chamber

25 y/o male, status post scuba diving accident, GCS 2-1-4, no signs of trauma, helicopter transport 5 minutes away:

TRANSPORT	CODE all options, CHECK actual destination:		CODE	ETA	CHECK ONE:	DESTINATION RATIONALE:
	<input type="checkbox"/> MAR		AHM	3	Specialty Center: <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> Required/Criteria Met <input type="checkbox"/> Guidelines Met	<input type="checkbox"/> ED Saturation <input type="checkbox"/> Int. Disaster <input type="checkbox"/> CT Diversion <input type="checkbox"/> IFT SC diversion: <input type="checkbox"/> TC/PTC <input type="checkbox"/> PMC <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac Arrest (X) <input type="checkbox"/> PrimAry Stroke Center <input type="checkbox"/> Comprehensive StroKe Center <input type="checkbox"/> SC Not AccessibLe <input type="checkbox"/> JudGment (Provider/Base) <input type="checkbox"/> Shared AmBulance <input type="checkbox"/> Minimal InJuries <input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Requested by: _____ <input checked="" type="checkbox"/> Other: HBC
	<input type="checkbox"/> EDAP (age ≤14)					
	<input type="checkbox"/> TC					
	<input type="checkbox"/> PTC (trauma, age ≤14)				PT TRANSPORTED VIA:	<b>REASON FOR NO TRANSPORT:</b> <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Other <input type="checkbox"/> Pronounced by: _____, MD
	<input type="checkbox"/> PMC (medical, age ≤14)					
	<input type="checkbox"/> STEMI Receiving Center				<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Other <input checked="" type="checkbox"/> Helicopter-ETA: 5 <input type="checkbox"/> No Transport	If Base is receiving hospital: <input type="checkbox"/> Discharged <input type="checkbox"/> Ward <input type="checkbox"/> Stepdown <input type="checkbox"/> ICU <input type="checkbox"/> ObserVation <input type="checkbox"/> OR <input type="checkbox"/> Cath Lab <input type="checkbox"/> INt'l Radiology <input type="checkbox"/> Expired in ED <input type="checkbox"/> OB Transferred to: _____ (Hosp. code) <input type="checkbox"/> Other: _____ ED Diagnosis: _____
	<input type="checkbox"/> PrimAry Stroke Center					
	<input type="checkbox"/> Comprehensive StroKe Center				DISPO	
	<input type="checkbox"/> PeriNatal (≥20wks pregnancy)					
<input type="checkbox"/> SART						
<input checked="" type="checkbox"/> Other		USC	25			
Time Clear						
Time Receiving Hospital Notified						
Name of Person Notified:						

- Enter hospital code for the closest MAR
- Indicate the actual destination by checking Other, and enter the hospital code for the actual destination
- Check Specialty Center Not Required (an unconscious patient status post scuba diving accident shall go immediately to a MAC-listed hyperbaric chamber, as per Reference No. 518)
- Destination Rationale is Other: HBC (hyperbaric chamber)

## **DISPO SECTION**



# IF BASE IS RECEIVING HOSPITAL

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## Definition

Checkboxes indicating the emergency department disposition of patients transported to the base hospital

## Field Values

- **Discharged:** Patient was discharged home from the emergency department
- **Ward:** Patient was admitted to a medical/surgical ward
- **Stepdown:** Patient was admitted to a Direct Observation Unit (DOU), Stepdown Unit, or Telemetry Unit
- **ICU:** Patient was admitted to an Intensive Care Unit or Cardiac Care Unit
- **Observation:** Observation unit (provides < 24 hour stays)
- **OR:** Patient was transferred directly from the emergency department to the operating room
- **Cath Lab:** Patient was transferred directly from the emergency department to the Cardiac Catheterization Lab
- **Interventional Radiology:** Patient was transferred directly from the emergency department to Interventional Radiology for embolization, angiography, etc.
- **Expired in ED:** Patient died in the emergency department
- **OB:** Patient was admitted to an obstetrics department
- **Transferred to:** Patient was transferred directly from the emergency department to another healthcare facility – document the name of the facility or the three-letter hospital code in the space provided
- **Other:** Patient disposition other than those listed above – document disposition on the line provided
- **ED Diagnosis:** Emergency department diagnosis as documented by a physician – is entered into TEMIS as an ICD-10 code

## Additional Information

- **Required** field for all patients for whom the base hospital contacted or notified is the receiving facility
- May be completed at a later time by personnel other than the MICN/MD initially contacted or notified

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- Notification Form
- Notification Log
- ED Records
- Other hospital records

# COMMENTS

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## **Definition**

Space provided for documentation of any additional information

## **Field Values**

- Free text

## **Additional Information**

- Base Hospital Form Page 2 can be utilized if additional space is needed for documentation

## **Uses**

- Additional documentation, if needed

## **Data Source Hierarchy**

- Base Hospital Form

# MICN/PHYSICIAN

---

## Definition

Signature and certification/identification number of the MICN and/or Base physician contacted

## Field Values

- Free text

## Additional Information

- **Required** field for all base hospital contacts
- First initial and last name is sufficient for signature
- If **both** a MICN and a physician handle the call, or if a physician is consulted during the run, both names and numbers are documented
- Physician #s are created by each base hospital and are not assigned by Lancet Technology or the EMS Agency

## Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

## Data Source Hierarchy

- Base Hospital Form
- Base Hospital Log

# PATIENT NAME/NUMBER

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## **Definition**

Patient's name/hospital medical record number

## **Field Values**

- Free text

## **Additional Information**

- May be completed at a later time by personnel other than the MICN/MD initially contacted

## **Uses**

- Patient identification
- Link between other databases

## **Data Source Hierarchy**

- Base Hospital Form
- EMS Report Form
- ED Records
- Other hospital records

## **APPENDIX**

# REQUIRED DATA FIELDS FOR ALL BASE HOSPITAL CONTACTS

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## Gen Info:

- Log and Sequence #
- Date and Time of Call
- Provider Code and Unit #
- Age, Age Units, and Sex of Patient
- Pediatric Weight (in kilograms, from length-based tape)
- Pediatric Weight Color Code
- Hospital Code of base handling the run
- Communication and Call Type
- Location

## Assessment:

- Provider Impression
- Chief Complaint
- Severity of Distress

## Physical:

- LOC/GCS
- mLAPSS (if CC=LN, PI=STRK, or actual destination =PSC or CSC for suspected stroke)
- Last Known Well Date/Time (if mLAPSS met = Y, or if patient was transported to a PSC or CSC for suspected stroke)
- LAMS Score (if mLAPSS met=Y)
- Adv Airway (if advanced airway placed): BS after ETT/King, and CO<sub>2</sub> Detection, if applicable

## ECG/Arrest:

- Initial Rhythm (for all patients placed on a cardiac monitor or on whom a 12-lead is performed)
- Interpretation (for all patients on whom a 12-lead is performed)
- For all 12-lead ECGs with an interpretation of "STEMI"
  - 12-lead time
  - Artifact?
  - Wavy Baseline?
  - Paced Rhythm?
- For all patients with a chief complaint of "CA" or provider impression of "CANT"
  - Initial Rhythm
  - Witnessed by
  - CPR by
  - Arrest to CPR (if arrest is witnessed)
  - Rtn of Pulse (ROSC)?
  - Rtn of Pulse (ROSC) @ (if patient has return of pulses)
  - Resus D/C Rhythm (if resuscitative measures are discontinued or patient is pronounced)
  - Total Min. EMS CPR (if resuscitative measures are discontinued or patient is pronounced)
  - Resuscitation D/C'd @ (if resuscitative measures are discontinued or patient is pronounced)

Vitals/TXs:

- Intravenous Access
- Medications ordered (name) and PRN, if applicable

Trauma:

- Trauma Complaint
- Mechanism of Injury
  - Includes PSI, 12" or 18" if applicable

Transport:

- Destination options (MAR, TC, etc.)
- Actual transport destination (if patient was transported)
- Check One
- Pt Transported Via
- Destination Rationale (if applicable)
- Reason For No Transport (if patient was not transported)

Dispo:

- Time Clear
- Time Receiving Hospital Notified (for all patients transported to a receiving facility other than the base hospital)
- ED Diagnosis (if the base is the receiving facility)
- Patient Disposition (if the base is the receiving facility)

Signature:

- MICN # (if MICN handled the call)
- Physician # (if the physician handled the call or was consulted by the MICN)

# REQUIRED DATA FIELDS FOR ALL SFTP CALLS (Prior to EMS UPDATE 2018 Training)

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## Gen Info:

- Log and Sequence #
- Date and Time of Call
- Provider Code and Unit Number
- Age, Age Units, and Sex
- Pediatric Weight (in kilograms, from length-based tape) and Color Code
- Hospital Code of base handling run
- Communication and Call Type
- Location

## Assessment:

- Provider Impression
- Chief Complaint
- Severity of Distress
- Protocol Used

## Physical:

- GCS (for Protocol 1243)
- mLAPSS, Last Known Well Date/Time, LAMS Score (for Protocol 1251)

## ECG/Arrest (for Protocol 1244)

- Initial Rhythm and Interpretation
- For all 12-lead ECGs with an interpretation of "STEMI"
  - 12-lead time
  - Artifact?
  - Wavy Baseline?
  - Paced Rhythm?
- ROSC? and ROSC@ (for Protocol 1210, if applicable)

## Vitals/TXs:

- Glucometer (for Protocol 1251)

## Trauma:

- Trauma Complaint
- Mechanism of Injury
- If patient was transported to a trauma center for criteria/guidelines/judgment:
  - Complete vital signs
  - GCS

## Transport:

- Actual Transport Destination (if patient was transported)
- Check One
- Pt Transported Via
- Destination Rationale (if applicable)
- Reason For No Transport (if patient was not transported)

## Dispo:

- Time Clear
- Time Receiving Hospital Notified (for all patients transported to a receiving facility other than the base hospital)
- ED Diagnosis (if the base is the receiving facility)
- Patient Disposition (if the base is the receiving facility)



Signature

- MICN # (if the MICN handled the call)
- Physician # (if the physician handled the call or was consulted by the MICN)

# REQUIRED DATA FIELDS FOR ALL NOTIFICATION CALLS

(After EMS UPDATE 2018 Training)

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## Gen Info:

- Log and Sequence #
- Date and Time of Call
- Provider Code and Unit #
- Age, Age Units, and Sex of Patient

## Assessment:

- Provider Impression

## Dispo:

- ED Diagnosis
- Patient Disposition

**BASE HOSPITAL COMMUNICATIONS EQUIPMENT**

**I. BASE HOSPITAL LEGACY COMMUNICATIONS EQUIPMENT**

A. The following list describes the minimum equipment requirements involved in the Hospital's portion of the Emergency Medical Services Communications System (EMSCS).

1. MED 1-8 RADIO STATIONS

a. Radio Equipment

- i. 2 each – Transceiver, 4-channel, transmitter output adjustable between 20-45 watts, with CTCSS and “AND” squelch
- ii. 2 Duplexer
- iii. 2 each – Antenna, Omni-directional, vertically polarized, typically 5.0 dB gain
- iv. 2 each – Hardware Kit, Antenna Mounting
- v. 2 each – Coaxial cable, (5/8 hardline type) low-loss at UHF, including connection, etc. (maximum length – approx. 100ft)

2. Radio Transmitter Power – Power output of each MED 1-8 transmitter shall be adjusted for 20 watts to appear at the base of the antenna.

B. MED 9 RADIO STATION

1. Radio Equipment

- a. 1 each – Transceiver, Single-Channel, transmitter output adjustable between 20-45 watts, with CTCSS and “AND” squelch
- b. 1 each – Duplexer
- c. 1 each – Coaxial cables (5/8 hardline type) low-loss at UHF, including connectors, etc. (maximum length – approx. 100ft)
- d. 1 each Antenna, Omni-directional, vertically polarized, typically 5.0 dB gain
- e. 1 lot Hardware Kit, Antenna Mounting

2. Radio Transmitter Power

Power output on the MED 9 transmitter shall be adjusted for 20 watts to appear at base of antenna.

- C. The Contractor shall maintain its base hospital legacy communications equipment until such time the radio portions of the EMCS is sufficiently transitioned to LARICS. This transition is anticipated to be completed in 2022.

**II. LARICS Compatible Base Hospital Communications Equipment**

The transition from the legacy system to LARICS will involve the following:

- A. The County will identify Trauma Centers to serve as regional paramedic radio equipped base hospitals based on geographic location and system reliability.
- B. These Trauma Centers shall serve as the regional back-up paramedic communications in the event of cellular communication failure.
- C. These Trauma Centers will be subsidized by the County through the Trauma Center Services Agreement.

## REMOTE BASE STATION RADIO SITES

	REMOTE POINT	ASSIGNMENT	FROM	BASE HOSPITAL	SOURCE	SUBSCRIBER	ACTIVE
1	BLACK JACK, DEACON PEAK, TOWER PEAK	MED 1-4	LOMITA SHERIFF	TORRANCE MEMORIAL MEDICAL CENTER	LEASED LINE	LEASED LINE TORRANCE MEMORIAL MEDICAL CENTER	YES
2	RIO HONDO MICROWAVE	MED 1-4	SAN DIMAS SHERIFF	POMONA VALLEY HOSPITAL MEDICAL CENTER	LACO MICROWAVE	LEASED LINE POMONA VALLEY HOSPITAL MEDICAL CENTER	YES
		MED 5-8	SAN DIMAS SHERIFF	POMONA VALLEY HOSPITAL MEDICAL CENTER	LACO MICROWAVE	LEASED LINE POMONA VALLEY HOSPITAL MEDICAL CENTER	YES
		MED 9	SAN DIMAS SHERIFF	POMONA VALLEY HOSPITAL MEDICAL CENTER	LACO MICROWAVE	LEASED LINE POMONA VALLEY HOSPITAL MEDICAL CENTER	
3	THE COUNTRY	MED 5-8	POINT	POMONA VALLEY HOSPITAL MEDICAL CENTER	LEASED LINE	LEASED LINE	YES
4	HAUSER PEAK	MED9 #970 MED 7a		HENRY MAYO NEWHALL			
5	OAT MOUNTAIN	MED 4a MED 5A		HENRY MAYO NEWHALL			
6	BALD MOUNTAIN	MED 4A #810		HENRY MAYO NEWHALL			
7	VERDUGO HILLS HOSPITAL	MED2A #92		HUNTINGTON MEMORIAL			
8	PASADENA CITY COLLEGE	MED 9v, MED 5v		HUNTINGTON MEMORIAL			
9	BEACH CITIES, HARBOR MASTER	MED 9 #860 MED-1Dv		LITTLE COMPANY OF MARY			

	REMOTE POINT	ASSIGNMENT	FROM	BASE HOSPITAL	SOURCE	SUBSCRIBER	ACTIVE
10	BLACKJACK MOUNTAIN	MED 6D #160		LITTLE COMPANY OF MARY			
11	LITTLE COMPANY OF MARY - SAN PEDRO	MED 9#190 MED 4E MED 8E		LITTLE COMPANY OF MARY			
12	SAN PEDRO HILL	MED 9#960 MED 8E		LITTLE COMPANY OF MARY			
13	VAN NUYS COURT	MED 8A		NORTHRIDGE HOSPITAL MEDICAL CENTER			
14	DIAMOND BAR	MED5A #250 OR #680		POMONA VALLEY HOSPITAL MEDICAL CENTER			
15	JOHNSTONE	MED 5A #250		POMONA VALLEY HOSPITAL MEDICAL CENTER			
16	LONG BEACH COMMUNITY HOSPITAL	MED 7Ev		ST MARY MEDICAL CENTER			
17	LAKEWOOD REGIONAL	MED 7Ev		ST MARY MEDICAL CENTER			
18	SIGNAL HILL	MED 7Ev		ST MARY MEDICAL CENTER			
19	HOLLYWOOD PRESBYTERIAN	MED 9 #750 MED 7C #750		LAC+USC MEDICAL CENTER			

**COMMUNICATIONS EQUIPMENT MAINTENANCE STANDARDS**

I. Radio station room, antenna structure and control lines

A. Radio Station Room

1. Radio equipment shelter (with sufficient space to install three (3) radio stations). Not required if the Hospital has suitable existing facility to house radio station equipment on roof or top floor of Hospital's tallest building.
2. One (1) each Power Distribution Panel (wired to hospital's emergency A.C. power as well as commercial power)
3. Five (5) each A.C. Power Outlets near radio stations and connected to Item No. 2 above

One (1) lot - Hardware Kit, Antenna Mounting

B. Antenna Structure

One (1) each Tower, antenna, up to sixty (60) ft. or other structure suitable for antenna mounting (installed near radio station room)

C. Radio Control Lines

At least four (4) sets of 4 wire circuits - one (1) set per transceiver and one (1) spare set must be installed by hospital from terminal block(s) in the radio station room termination points close to the control consoles.

D. Control Consoles and Paramedic Telephones

1. Location in the Emergency Department
2. Console Equipment
  - a. One (1) each - Hospital Coordination Console (HCC) per Specification No. 1928, or other suitable tone/remote control console with DTMF decoder
  - b. Two (2) each - Medical Communications Console per Revised. Specification No. 1927

Above items (a and b) can be a single equipment instead of two (2), if provision is made for control of both MED 1-8 transceivers from the single console. Provision must also be made for connection of both paramedic emergency telephones to the single console. The Console must provide means to log all traffic via radio channels and telephone calls to the console. The recording medium must be of archival quality. It is recommended that, unless space considerations for the consoles are the Hospital's primary concern, two MCTC's be installed.

E. Power Outlets

At least eight (8) A.C. power outlets shall be provided. Outlets must be connected to Hospital's emergency power system as well as commercial power.

F. Paramedic Emergency Telephones

Two (2) telephones with telephone lines shall be dedicated for paramedic/hospital communications.

G. Maintenance and Trouble Call Reporting

1. Purpose: To provide preventive and ongoing maintenance and/or repair for PCS Equipment.
2. Responsibilities of Hospital:
  - a. Provide the local EMS Agency with evidence of twenty-four (24) hours per day, seven (7) days per week maintenance and repair service for radio and system equipment.
  - b. Report problems to the Internal Services Department.
  - c. Perform or cause to be performed the following preventive maintenance:
    - (1) Quarterly:

Systems check to include:

      - a. console functions and operation;
      - b. Transmit and receive test of all frequencies.
      - c. Clean and service base hospital recording system.
    - (2) Annually:
      - a. FCC frequency and deviation test for all radios;
      - b. Visual inspection of the antenna structures;
      - c. Solicit report from assigned field provider units about any chronic communication problems to include but not be limited to field equipment, dead space, radio failure and co-channel interference, and submit a written report to the local EMS Agency about such problems.



LOS ANGELES COUNTY EMS AGENCY  
**BASE HOSPITAL RADIO CHANNEL ASSIGNMENTS / PARAMEDIC TELEPHONE NUMBERS**

BASE HOSPITAL	HAILING CHANNEL	SITES	BASE TRANSMIT PRIMARY	BASE RECEIVE PRIMARY	BASE TRANSMIT SECONDARY	BASE RECEIVE SECONDARY	TELEPHONE LANDLINE
Antelope Valley Hospital (AVH)	#760 on 9A	local	463.150 A	468.150 A	463.025 A	468.025 A	(661) 723-7169
		Hauser	463.150 A	468.150 A	463.025 A	468.025 A	
California Hospital Medical Center (CAL)	#62 on 9A	local	463.100 C	468.100 C	463.025 C	468.025 C	(213) 765-9519
	#37 on 9A	MLK	463.175 D	468.175 D	463.150 D	468.150 D	
Cedars-Sinai Medical Center (CSM)	#94 on 9A	local	463.000 B	468.000 B	463.125 B	468.125 B	(310) 657-0662 (310) 657-0663
Glendale Adventist Medical Center (GWT)	#17 on 9A	local	463.125 C	468.125 C			(818) 247-1532 (818) 247-1533
Harbor/UCLA Medical Center (HGH)	#64 on 9A	local	463.075 D	468.075 D	463.150 D	468.150 D	(310) 328-1800
		Baldwin Hills	463.050 B	468.050 B	463.150 B	468.150 B	(310) 328-1801
		Gardena	462.975 A	467.975 A			
Henry Mayo Newhall Memorial Hospital (HMN)	#81 on 9A	local	463.075 A	468.075 A	463.100 A	468.100 A	(805) 255-2730
	#81 on 4A	Bald Mtn	463.075 A	468.075 A			(805) 259-2731
		Oat Mtn	463.075 A	468.075 A	463.100 A	468.100 A	(805) 259-3061
Providence Holy Cross Medical Center (HCH)	#42 on 9A	local	463.125 A	468.125 A	463.025 A	468.025 A	(818) 361-7341 (818) 361-7342
Huntington Memorial Hospital (HMH)	#92 on 9A	local	463.100 F	468.100 F	463.050 F	468.050 F	(626) 397-8026
	#92 on 2A	Verdugo Hills Hosp	463.025 A	468.025 A			(626) 397-8027
	9A	PCC	463.100 F	468.100 F			(626) 397-8028
LAC/USC Medical Center (USC)	#28 on 9A	local	463.075 C	468.075 C	463.125 C	468.125 C	(323) 441-7222
	#75 on 7C	Vermont	463.050 C	468.050 C	463.150 C	468.150 C	
Providence Little Company of Mary Hospital (LCM)	#16 on 9A	local	463.125 D	468.125 D	463.025 D	468.025 D	(310) 540-7180
	9A #86 1D	Beach Cities Hosp	463.000 D	468.000 D			(310) 540-1009
	#16 on 6D	Blackjack	463.125 D	468.125 D			(310) 316-8576
	#19 on 9A	S. P. Peninsula Hosp	463.175 E	468.175 E	463.075 E	468.075 E	(310) 316-8436
	#96 on 9A	S. Pedro Hill	463.175 E	468.175 E			



**PARAMEDIC COMMUNICATIONS SYSTEM TROUBLE CONTROL PROCEDURES**

1. The Paramedic Communications System
  - A. The paramedic communications system, as it exists now, consists of the following items requiring Internal Services Department (ISD) maintenance.

LAC+USC Medical Center, Harbor-UCLA Medical Center: each of the two (2) County hospitals has three (3) base stations, MED 1-4, MED 5-8, MED 9, two (2) hot line telephones for incoming paramedic calls; one (1) VMED28 (formerly H.E.A.R.) radio, sometimes used by paramedics.
  - B. The non-County hospital or its consultant is responsible for maintenance of leased lines between the hospital and the base station location or the entry to the County microwave system unless noted. ISD involvement on leased lines is to provide access to County sites and work with the TELCO concerned as necessary to resolve the problem. When the Service Provider/Consultant determines that the fault is at the County site or equipment past their control, the fault will be reported to the Dispatcher (See Exhibit D.1).
2. Maintenance Control: Maintenance control revolves on the County ISD Dispatcher, who will act as the single point of contact between the entity requesting repair or maintenance and the maintenance personnel. After normal business hours, the Dispatcher may be reached at Emergency after hours (562) 922-0611 or Dispatch (562) 401-9349. Maintenance itself will be accomplished by personnel of the Microwave Maintenance Division, Radio Field Services, Antelope Valley Shop, and may require the involvement of third party Maintenance Service or other disciplines within ISD. Maintenance personnel may call the person requesting the repair for clarification of information provided by the Dispatcher, or if joint effort is required, to arrange for the parties to meet or communicate.
  - A. Routine Procedures – County Hospitals: The following procedures are guidelines to be used for controlling and resolving trouble reports:
    - (1) The Dispatcher will be notified of a problem by either hospital personnel or maintenance shop personnel.
    - (2) The Dispatcher requires the following information:
      - (a) description of the problem;
      - (b) classification of the problem: e.g., phone line, microwave circuit, console, logging recorder or radio;
      - (c) caller's name;
      - (d) caller's telephone number;

- (e) the address and room number where the problem exists;  
and
  - (f) if the problem was reported outside normal working hours, or late in the business day, ask whether or not work may be delayed until the next normal business day. (Normal County maintenance working days are from 7:30 A.M. to 4:00 P.M., Monday through Friday.)
- (3) The Dispatcher will assign a number to the trouble call.
  - (4) The Dispatcher will log the call and prepare a trouble ticket by entering the trouble number and will time stamp the trouble ticket.
  - (5) The Dispatcher will notify the appropriate maintenance personnel immediately, providing the trouble number and available details. When it cannot be determined which shop may be responsible for non-County hospital problems, the Field Services shop will be notified. During regular working hours, trouble calls will be provided to the maintenance shop concerned. When the shop is closed or after normal working hours, appropriate maintenance personnel will be called at their homes, unless it has been determined by the calling party that work may be held in abeyance until the next regular business day.
  - (6) The Dispatcher will log the time and to whom the call was given on the daily log.
  - (7) The Dispatcher will time stamp the trouble ticket and write the name of the person who took the call in the maintenance shop.
  - (8) When repair has been completed, the technician will contact the person who reported the problem and ask them to test the system. If that person informs the technician that the problem has been cleared, the technician will notify the Dispatcher of that fact.
  - (9) When the Dispatcher is notified that the trouble has been resolved, the dispatcher will so note on the log along with who reported the trouble resolved.
  - (10) The Dispatcher will then time stamp the trouble ticket.
  - (11) The Dispatcher will call the person reporting the trouble to confirm that the trouble has been cleared.
  - (12) If maintenance has determined that the problem at a County hospital is a leased line problem, this shall be reported to the Dispatcher with circuit information. The Dispatcher will take action with the appropriate TELCO.

- (13) When TELCO reports the problem has been cleared, the Dispatcher will so notify the person making the trouble report.

B. Non-County Hospitals: The following procedures are guidelines to be used for controlling and resolving trouble reports:

- (1) The Dispatcher will be notified of a problem by either a consultant or if at a hospital, hospital personnel or maintenance shop personnel, as designated by their agreement with the consultant.
- (2) The ISD Dispatcher requires the following information:
  - (a) description of the problem;
  - (b) classification of the problem: e.g., definitely a remote County site problem, no radio control, noisy receiver;
  - (c) caller's name;
  - (d) caller's telephone number;
  - (e) the address and room number where the problem exists; and
  - (f) if the problem was reported outside normal working hours, or if late in the business day, ask whether or not work may be delayed until the next normal business day.
- (3) The Dispatcher will assign a number to the trouble call.
- (4) The Dispatcher will log the call and prepare a trouble ticket by entering the trouble number and will time stamp the trouble ticket.
- (5) The Dispatcher will notify the appropriate maintenance personnel immediately, providing the trouble number and available details. When it cannot be determined which shop may be responsible for non-County hospital problems, the Field Services shop will be notified. During regular working hours, trouble calls will be provided to the maintenance shop concerned. When the shop is closed or after normal working hours, appropriate maintenance personnel will be called at their homes, unless it has been determined by the calling party that work may be held in abeyance until the next regular business day. In such case, the call will be made to the shop at 7:30 A.M. on the next business day.
- (6) The Dispatcher will log the time and to whom the call was given, on the daily log.
- (7) The Dispatcher will time stamp the trouble ticket and write the name of the person who took the call in the maintenance shop.

- (8) When repair has been completed, the technician will contact the person who reported the problem and ask them to test the system. If that person informs the technician that the problem has been cleared, the technician will notify the Dispatcher of that fact.
- (9) When the Dispatcher is notified that the trouble has been resolved, the Dispatcher will so note on the log along with who reported the trouble resolved.
- (10) The Dispatcher will then time stamp the trouble ticket.
- (11) The Dispatcher will call the person reporting the trouble to confirm that the trouble has been cleared.
- (12) If maintenance has determined that the problem is a leased line problem, this shall be reported to the Dispatcher (with circuit information). The Dispatcher will so inform the person reporting the problem and request that the person report back.
- (13) If the private agency calls back indicating that the trouble was a leased line problem, and that it has been cleared, the Dispatcher will note that on the trouble ticket, time stamp it and close it.
- (14) If the private agency calls back indicating that the trouble is not a leased line problem, the Dispatcher will reopen the trouble ticket and reinitiate the maintenance procedure. See Paragraph 2 above.

Escalation Procedure

- C. Dispatch Actions: In the event that the trouble has not been cleared up by 3:00 P.M., on normal business days, the Dispatcher shall do the following:
- (1) Call the appropriate maintenance shop for a follow-up report on the trouble.
  - (2) If the trouble will be carried over to the next business day, note that fact, the time and the name of the supervisor authorizing the carry over on the trouble ticket. These tickets will be placed in the carry-over slot.
  - (3) If work will continue until resolution of the problem, note the name of the technician assigned on the trouble ticket. These tickets will be passed on to each succeeding shift until closed out.
  - (4) If work in progress has not been resolved by 7:30 A.M. the next working day, the appropriate maintenance shop will be called requesting new completion times on these trouble calls.
  - (5) After logging the time, name of shop contact and status of actions taken, call the person reporting the trouble and provide a status

report.

D. Escalation:

- (1) After 24 hours have elapsed with no report of problem resolution, the Dispatcher will call the section head of the maintenance shop involved and report that fact. This information, the section head's response and the time will be logged and entered on the trouble ticket. The person reporting the problem will be called and apprised of the status of work on their problem.
- (2) After 48 hours have elapsed with no report of problem resolution, the Dispatcher will call the maintenance Division Chief concerned, requesting problem resolution. The person reporting the trouble and the Department of Health Services, EMS Division, will be called and given the status of actions taken, including the fact that the problem has escalated to the Division Chief. The DHS representative will be given the name and telephone number of the Division Chief.
- (3) After 72 hours have elapsed with report of problem resolution, the Dispatcher will call the Branch Manager notifying them of the problem and the fact that 72 hours have elapsed since the problem was first reported. This information will be logged by the Dispatcher. The person reporting the problem and the Department of Health Services, EMS Division, will be called and given the status if action taken, including the fact that the problem has been escalated to the Branch Manager. When the Division Chief or Branch Manager provides the Dispatcher with the status of the delayed repair action, the Dispatcher will note the status, who called, and the time in the log and will inform the person reporting the problem and DHS of the status of actions.

ISD TELEPHONE NUMBERS FOR MAINTENANCE SUPPORT

ISD DISPATCH 24/7      (562) 401-9349

## PROCEDURE FOR NON-COMPLIANCE WITH DATA COLLECTION REQUIREMENTS

Month	Action 1	Audit Result	Action 2
1 <sup>st</sup>	Contractor starts Base Hospital Form submission and electronic data entry of paramedic base hospital contacts occurring in the 1 <sup>st</sup> month.		
2 <sup>nd</sup>	Contractor starts Base Hospital Form submission and electronic data entry of paramedic base hospital contacts occurring in the 2 <sup>nd</sup> month.		
3 <sup>rd</sup>	EMS Agency reviews Contractor's 1 <sup>st</sup> month data compliance	Contractor does not meet 90% compliance in: 1. Submitting Base Hospital Forms within sixty (60) calendar days of incident, or 2. Submitting required data under County's automated data collection system within forty-five (45) calendar days following an incident, or 3. Submitting accurate and valid data on all mandatory data fields.	EMS Agency notifies Contractor's Prehospital Care Coordinator, via email or telephone, of audit results, requests corrective action plan and assists in determining solutions.
4 <sup>th</sup>	EMS Agency reviews Contractor's 2 <sup>nd</sup> month data compliance	No significant improvement  Significant Improvement	EMS Agency sends a written notice to Contractor notifying of audit results and continued non-compliance.  Monitor
5 <sup>th</sup>	EMS Agency reviews Contractor's 3 <sup>rd</sup> month data compliance	No significant improvement  Significant Improvement	EMS Agency notifies Contractor's Prehospital Care Coordinator in writing of audit results and request to submit within 15 calendar days a plan to correct deficiency.  Monitor
6 <sup>th</sup>	EMS Agency reviews Contractor's 4 <sup>th</sup> month data compliance	No significant improvement  Significant improvement	Within 15 days of County's receipt of Contractor's plan, the County will provide Contractor a written approval or request additional modifications to Contractor's plan.  Monitor



<b>Month</b>	<b>Action 1</b>	<b>Audit Result</b>	<b>Action 2</b>
7 <sup>th</sup>	EMS Agency reviews Contractor's 5 <sup>th</sup> month data compliance	No significant improvement  Significant improvement	County will notify Contractor CEO in writing of continued non-compliance and advise that a penalty will be assessed if compliance is not improved.  Monitor
8 <sup>th</sup>	EMS Agency reviews Contractor's 6 <sup>th</sup> month data compliance	No significant improvement  Improvement based on approved corrective action plan	County will assess \$2,600 penalty for non-compliance  Monitor
9 <sup>th</sup>	EMS Agency reviews Contractor's 7 <sup>th</sup> month data compliance	No significant improvement  Improvement based on approved corrective action plan	Still non-compliant  Monitor
10 <sup>th</sup>	EMS Agency reviews Contractor's 8 <sup>th</sup> month data compliance	No significant improvement  Improvement based on approved corrective action plan	Still non-compliant  Monitor
11 <sup>th</sup>	EMS Agency reviews Contractor's 9 <sup>th</sup> month data compliance	No significant improvement  Improvement based on approved corrective action plan	County will assess additional \$1,300 penalty for non-compliance  Monitor
12 <sup>th</sup>	EMS Agency reviews Contractor's 10 <sup>th</sup> month data compliance	No significant improvement  Improvement based on approved corrective action plan	Still non-compliant  Monitor
13 <sup>th</sup>	EMS Agency reviews Contractor's 11 <sup>th</sup> month data compliance	No significant improvement  Improvement based on approved corrective action plan	Still non-compliant  Monitor
14 <sup>th</sup>	EMS Agency reviews Contractor's 12 <sup>th</sup> month data compliance	No significant improvement  Improvement based on approved corrective action plan	County will assess additional \$1,300 penalty for non-compliance  Monitor two additional months of data. If two additional months of data show that Contractor remains non-compliant, Contractor will be evaluated for agreement termination.

**INTENTIONALLY OMITTED**

**INTENTIONALLY OMITTED**

**CONTRACTOR'S EEO CERTIFICATION**

\_\_\_\_\_  
Contractor Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Internal Revenue Service Employer Identification Number

**GENERAL CERTIFICATION**

In accordance with Section 4.32.010 of the Code of the County of Los Angeles, the contractor, supplier, or vendor certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

**CONTRACTOR'S SPECIFIC CERTIFICATIONS**

- 1. The Contractor has a written policy statement prohibiting discrimination in all phases of employment. Yes  No
- 2. The Contractor periodically conducts a self analysis or utilization analysis of its work force. Yes  No
- 3. The Contractor has a system for determining if its employment practices are discriminatory against protected groups. Yes  No
- 4. Where problem areas are identified in employment practices, the Contractor has a system for taking reasonable corrective action, to include establishment of goals or timetables. Yes  No

\_\_\_\_\_  
Authorized Official's Printed Name and Title

\_\_\_\_\_  
Authorized Official's Signature

\_\_\_\_\_  
Date

**COUNTY'S ADMINISTRATION**

MASTER AGREEMENT NO. \_\_\_\_\_

**FACILITY MASTER AGREEMENT PROJECT DIRECTOR (MAPD):**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**FACILITY PROJECT DIRECTOR:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**FACILITY PROJECT MANAGER:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## CONTRACTOR'S ADMINISTRATION

\_\_\_\_\_  
CONTRACTOR'S NAME

MASTER AGREEMENT NO. \_\_\_\_\_

**CONTRACTOR'S PROJECT DIRECTOR:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**CONTRACTOR'S AUTHORIZED OFFICIAL(S)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Notices to Contractor shall be sent to the following address:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**FORMS REQUIRED AT THE TIME OF MASTER AGREEMENT EXECUTION**

- G1 CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

**EXHIBIT G1**

(Note: This certification is to be executed and returned to County with Contractor's Master Agreement.)

Contractor Name \_\_\_\_\_

County Master Agreement No. \_\_\_\_\_

**GENERAL INFORMATION:**

The Contractor referenced above has entered into a Master Agreement with the County of Los Angeles to provide certain services to the County. The County requires the Corporation to sign this Contractor Acknowledgement and Confidentiality Agreement.

**CONTRACTOR ACKNOWLEDGEMENT:**

Contractor understands and agrees that the Contractor employees, consultants, Outsourced Vendors and independent contractors (Contractor's Staff) that will provide services in the above referenced agreement are Contractor's sole responsibility. Contractor understands and agrees that Contractor's Staff must rely exclusively upon Contractor for payment of salary and any and all other benefits payable by virtue of Contractor's Staff's performance of work under the above-referenced Master Agreement.

Contractor understands and agrees that Contractor's Staff are not employees of the County of Los Angeles for any purpose whatsoever and that Contractor's Staff do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of performance of work under the above-referenced Master Agreement. Contractor understands and agrees that Contractor's Staff will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

**CONFIDENTIALITY AGREEMENT:**

Contractor and Contractor's Staff may be involved with work pertaining to services provided by the County of Los Angeles and, if so, Contractor and Contractor's Staff may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, Contractor and Contractor's Staff may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. Contractor and Contractor's Staff understand that if they are involved in County work, the County must ensure that Contractor and Contractor's Staff, will protect the confidentiality of such data and information. Consequently, Contractor must sign this Confidentiality Agreement as a condition of work to be provided by Contractor's Staff for the County.

Contractor and Contractor's Staff hereby agrees that they will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced Master Agreement between Contractor and the County of Los Angeles. Contractor and Contractor's Staff agree to forward all requests for the release of any data or information received to County's Project Manager.

Contractor and Contractor's Staff agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to Contractor and Contractor's Staff under the above-referenced Master Agreement. Contractor and Contractor's Staff agree to protect these confidential materials against disclosure to other than Contractor or County employees who have a need to know the information. Contractor and Contractor's Staff agree that if proprietary information supplied by other County vendors is provided during this employment, Contractor and Contractor's Staff shall keep such information confidential.

Contractor and Contractor's Staff agree to report any and all violations of this agreement by Contractor and Contractor's Staff and/or by any other person of whom Contractor and Contractor's Staff become aware.

Contractor and Contractor's Staff acknowledge that violation of this agreement may subject Contractor and Contractor's Staff to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINTED NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_



INTENTIONALLY OMITTED

# *Safely* Surrendered



No shame. No blame. No names.

In Los Angeles County: 1-877-BABY SAFE • 1-877-222-9723

[www.babysafela.org](http://www.babysafela.org)



# Safely Surrendered Baby Law

## What is the Safely Surrendered Baby Law?

California's Safely Surrendered Baby Law allows parents or other persons, with lawful custody, which means anyone to whom the parent has given permission to confidentially surrender a baby. As long as the baby is three days (72 hours) of age or younger and has not been abused or neglected, the baby may be surrendered without fear of arrest or prosecution.

## How does it work?

A distressed parent who is unable or unwilling to care for a baby can legally, confidentially, and safely surrender a baby within three days (72 hours) of birth. The baby must be handed to an employee at a hospital or fire station in Los Angeles County. As long as the baby shows no sign of abuse or neglect, no name or other information is required. In case the parent changes his or her mind at a later date and wants the baby back, staff will use bracelets to help connect them to each other. One bracelet will be placed on the baby, and a matching bracelet will be given to the parent or other surrendering adult.

## What if a parent wants the baby back?

Parents who change their minds can begin the process of reclaiming their baby within 14 days. These parents should call the Los Angeles County Department of Children and Family Services at 1-800-540-4000.

## Can only a parent bring in the baby?

No. While in most cases a parent will bring in the baby, the Law allows other people to bring in the baby if they have lawful custody.

## Does the parent or surrendering adult have to call before bringing in the baby?

No. A parent or surrendering adult can bring in a baby anytime, 24 hours a day, 7 days a week, as long as the parent or surrendering adult surrenders the baby to someone who works at the hospital or fire station.

## Does the parent or surrendering adult have to tell anything to the people taking the baby?

No. However, hospital or fire station personnel will ask the surrendering party to fill out a questionnaire designed to gather important medical history information, which is very useful in caring for the baby. The questionnaire includes a stamped return envelope and can be sent in at a later time.

## What happens to the baby?

The baby will be examined and given medical treatment. Upon release from the hospital, social workers immediately place the baby in a safe and loving home and begin the adoption process.

## What happens to the parent or surrendering adult?

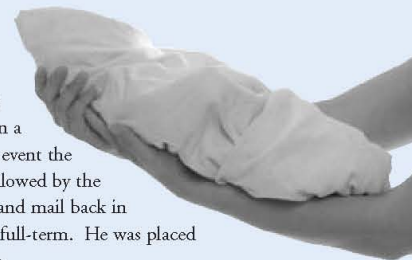
Once the parent or surrendering adult surrenders the baby to hospital or fire station personnel, they may leave at any time.

## Why is California doing this?

The purpose of the Safely Surrendered Baby Law is to protect babies from being abandoned, hurt or killed by their parents. You may have heard tragic stories of babies left in dumpsters or public bathrooms. Their parents may have been under severe emotional distress. The mothers may have hidden their pregnancies, fearful of what would happen if their families found out. Because they were afraid and had no one or nowhere to turn for help, they abandoned their babies. Abandoning a baby is illegal and places the baby in extreme danger. Too often, it results in the baby's death. The Safely Surrendered Baby Law prevents this tragedy from ever happening again in California.

## A baby's story

Early in the morning on April 9, 2005, a healthy baby boy was safely surrendered to nurses at Harbor-UCLA Medical Center. The woman who brought the baby to the hospital identified herself as the baby's aunt and stated the baby's mother had asked her to bring the baby to the hospital on her behalf. The aunt was given a bracelet with a number matching the anklet placed on the baby; this would provide some identification in the event the mother changed her mind about surrendering the baby and wished to reclaim the baby in the 14-day period allowed by the Law. The aunt was also provided with a medical questionnaire and said she would have the mother complete and mail back in the stamped return envelope provided. The baby was examined by medical staff and pronounced healthy and full-term. He was placed with a loving family that had been approved to adopt him by the Department of Children and Family Services.



# *Ley de* Entrega de Bebés *Sin Peligro*



*Los recién nacidos pueden ser entregados en forma segura al personal de cualquier hospital o cuartel de bomberos del Condado de Los Ángeles*

Sin pena. Sin culpa. Sin nombres.

En el Condado de Los Ángeles: 1-877-BABY SAFE • 1-877-222-9723

[www.babysafela.org](http://www.babysafela.org)



# Ley de Entrega de Bebés Sin Peligro

## ¿Qué es la Ley de Entrega de Bebés sin Peligro?

La Ley de Entrega de Bebés sin Peligro de California permite la entrega confidencial de un recién nacido por parte de sus padres u otras personas con custodia legal, es decir cualquier persona a quien los padres le hayan dado permiso. Siempre que el bebé tenga tres días (72 horas) de vida o menos, y no haya sufrido abuso ni negligencia, pueden entregar al recién nacido sin temor de ser arrestados o procesados.

*Cada recién nacido se merece la oportunidad de tener una vida saludable. Si alguien que usted conoce está pensando en abandonar a un recién nacido, infórmele que tiene otras opciones. Hasta tres días (72 horas) después del nacimiento, se puede entregar un recién nacido al personal de cualquier hospital o cuartel de bomberos del condado de Los Angeles.*

## ¿Cómo funciona?

El padre/madre con dificultades que no pueda o no quiera cuidar de su recién nacido puede entregarlo en forma legal, confidencial y segura dentro de los tres días (72 horas) del nacimiento. El bebé debe ser entregado a un empleado de cualquier hospital o cuartel de bomberos del Condado de Los Ángeles. Siempre que el bebé no presente signos de abuso o negligencia, no será necesario suministrar nombres ni información alguna. Si el padre/madre cambia de opinión posteriormente y desea recuperar a su bebé, los trabajadores utilizarán brazaletes para poder vincularlos. El bebé llevará un brazaletes y el padre/madre o el adulto que lo entregue recibirá un brazaletes igual.

## ¿Qué pasa si el padre/madre desea recuperar a su bebé?

Los padres que cambien de opinión pueden comenzar el proceso de reclamar a su recién nacido dentro de los 14 días. Estos padres deberán llamar al Departamento de Servicios para Niños y Familias (Department of Children and Family Services) del Condado de Los Ángeles al 1-800-540-4000.

## ¿Sólo los padres podrán llevar al recién nacido?

No. Si bien en la mayoría de los casos son los padres los que llevan al bebé, la ley permite que otras personas lo hagan si tienen custodia legal.

## ¿Los padres o el adulto que entrega al bebé deben llamar antes de llevar al bebé?

No. El padre/madre o adulto puede llevar al bebé en cualquier momento, las 24 horas del día, los 7 días de la semana, siempre y cuando entreguen a su bebé a un empleado del hospital o cuartel de bomberos.

## ¿Es necesario que el padre/madre o adulto diga algo a las personas que reciben al bebé?

No. Sin embargo, el personal del hospital o cuartel de bomberos le pedirá a la persona que entregue al bebé que llene un cuestionario con la finalidad de recabar antecedentes médicos importantes, que resultan de gran utilidad para cuidar bien del bebé. El cuestionario incluye un sobre con el sello postal pagado para enviarlo en otro momento.

## ¿Qué pasará con el bebé?

El bebé será examinado y le brindarán atención médica. Cuando le den el alta del hospital, los trabajadores sociales inmediatamente ubicarán al bebé en un hogar seguro donde estará bien atendido, y se comenzará el proceso de adopción.

## ¿Qué pasará con el padre/madre o adulto que entregue al bebé?

Una vez que los padres o adulto hayan entregado al bebé al personal del hospital o cuartel de bomberos, pueden irse en cualquier momento.

## ¿Por qué se está haciendo esto en California? ?

La finalidad de la Ley de Entrega de Bebés sin Peligro es proteger a los bebés para que no sean abandonados, lastimados o muertos por sus padres. Usted probablemente haya escuchado historias trágicas sobre bebés abandonados en basureros o en baños públicos. Los padres de esos bebés probablemente hayan estado pasando por dificultades emocionales graves. Las madres pueden haber ocultado su embarazo, por temor a lo que pasaría si sus familias se enteraran. Abandonaron a sus bebés porque tenían miedo y no tenían nadie a quien pedir ayuda. El abandono de un recién nacido es ilegal y pone al bebé en una situación de peligro extremo. Muy a menudo el abandono provoca la muerte del bebé. La Ley de Entrega de Bebés sin Peligro impide que vuelva a suceder esta tragedia en California.

## Historia de un bebé

A la mañana temprano del día 9 de abril de 2005, se entregó un recién nacido saludable a las enfermeras del Harbor-UCLA Medical Center. La mujer que llevó el recién nacido al hospital se dio a conocer como la tía del bebé, y dijo que la madre le había pedido que llevara al bebé al hospital en su nombre. Le entregaron a la tía un brazaletes con un número que coincidía con la pulsera del bebé; esto serviría como identificación en caso de que la madre cambiara de opinión con respecto a la entrega del bebé y decidiera recuperarlo dentro del período de 14 días que permite esta ley. También le dieron a la tía un cuestionario médico, y ella dijo que la madre lo llenaría y lo enviaría de vuelta dentro del sobre con franqueo pagado que le habían dado. El personal médico examinó al bebé y se determinó que estaba saludable y a término. El bebé fue ubicado con una buena familia que ya había sido aprobada para adoptarlo por el Departamento de Servicios para Niños y Familias.

