



**ADOPTED**

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

20 December 4, 2012

*Sachi A. Hamai*  
SACHI A. HAMAI  
EXECUTIVE OFFICER

Los Angeles County  
Board of Supervisors

December 04, 2012

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Second District

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Fifth District

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

Dear Supervisors:

**APPROVAL OF PARAMEDIC BASE HOSPITAL AGREEMENTS  
(ALL SUPERVISORIAL DISTRICTS)  
(3 VOTES)**

Mitchell H. Katz, M.D.  
Director

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

Christina Ghaly, M.D.  
Deputy Director, Strategic Planning

**SUBJECT**

Approval of new Agreements with 21 Paramedic Base Hospitals for the provision of Paramedic Base Hospital Services.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Authorize the Director of Health Services (Director), or his designee, to execute Agreements with 21 hospitals (Attachment I), effective for the period January 1, 2013 through June 30, 2017, with two additional one-year option periods for the provision of Paramedic Base Hospital (Base Hospital) services through June 30, 2019.
2. Delegate authority to the Director, or his designee, through the Emergency Medical Services (EMS) Agency, to charge fees associated with the data collection, monitoring, and evaluation of the Advanced Life Support (ALS) programs.
3. Delegate authority to the Director, or his designee, through the EMS Agency, to charge fees associated with the cost of providing the Mobile Intensive Care Nurse (MICN) Development Course, a training program to prepare emergency department registered nurses to function as MICNs.

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4. Delegate authority to the Director, or his designee to: (i) exercise the two additional one year extension options, through June 30, 2019, upon review and approval by County Counsel, with notification to the Board and the Chief Executive Office; and (ii) execute Amendments to the Agreement to add and/or change non-substantive terms and conditions in the Agreement.

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

Approval of the first recommendation will allow the Director to execute Base Hospital Agreements, substantially similar to Exhibit I, with two County and nineteen Non-County facilities to replace the current agreements that are scheduled to expire December 31, 2012. These Agreements will enable the Base Hospitals to continue to provide ALS services utilizing Emergency Medical Technician-Paramedics (paramedics) to deliver emergency medical care through on line (radio or telephonic) medical control.

A task force composed of representatives from the EMS Agency and each of the 21 base hospitals negotiated revisions to the current agreement and agreed to the proposed changes.

Approval of the second and third recommendations will allow the Director through the EMS Agency to recover: (1) the costs associated with the data collection, monitoring, and evaluation of the ALS programs; and (2) salary and supplies costs associated with providing a MICN Development Course.

The California Code of Regulations, Title 22, requires a base hospital to provide immediate medical direction to paramedic personnel via direct two-way voice communication with field units assigned to the hospital. In Los Angeles County, the majority of on-line medical control is directed by MICNs, registered nurses who have received advanced training to learn paramedic protocols and operate the base radio, and who function pursuant to Section 2725 of the Business and Professions Code. MICNs are responsible for obtaining and interpreting patient assessment information and directing ongoing field care interventions in accordance with the policies, procedures and protocols established by the EMS Agency.

To become a certified MICN, registered nurses working in a base hospital emergency department must complete an MICN Development Course and pass a qualifying examination with a satisfactory score, after which they are certified by the EMS Agency's Medical Director to provide on-line direction for prehospital advanced life support to paramedics.

Because hospital emergency departments functions on a 24 hours-per day, 7 days-per week basis, there is a continuous need at the base hospitals to maintain adequate MICN staffing and ensure that sufficient MICNs will be available to meet future needs. Like the base hospital system itself, the number of MICN development courses has declined over time.

To meet the ongoing need for qualified MICN personnel, the EMS Agency has developed a standardized course. This class is offered in a central County facility, and taught by the EMS Agency's own instructor staff in conjunction with voluntary assistance from experienced base hospital Prehospital Care Coordinators. Patients, paramedics, base hospitals and the ALS system benefit from the continuous provision of skilled field care delivered by well-educated MICN staff.

Approval of the fourth recommendation will allow the Director to exercise the option periods and execute Amendments to make necessary non-substantive changes in the Agreement.

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

The recommended actions support Goal 3, Integrated Services Delivery of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

Each Base Hospital pays the County EMS Agency an annual fee to offset County's costs for data collection, monitoring, and evaluation of ALS programs. In Fiscal Years (FY) 2012-13 and 2013-14, the fees paid by each of the eight non-County hospitals will be \$15,000 and \$15,500, respectively, for total estimated annual revenue of \$120,000 and \$124,000. The fees for future FYs will be determined when the new agreement for the data system is approved.

The estimated cost of providing an MICN Development Course is \$486 per student. The EMS Agency will charge these fees to the MICN Development Course participants. Each course will train approximately 30 students and it is projected that the EMS Agency will conduct up to two classes per year.

The revenue is included in FY 2012-13 Final Budget.

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

Pursuant to the authority granted under the Emergency Medical Services and Prehospital Emergency Medical Care Personnel Act, the County maintains an ALS system that utilizes paramedics for the delivery of emergency medical care. As part of this system, Base Hospitals provide prospective, concurrent, and retrospective medical control.

Division 2.5 of the California Health and Safety (H&S) Code authorizes the local EMS Agency to designate Base Hospitals to provide on line (radio or telephonic) medical control to paramedics treating patients in the prehospital setting.

On June 19, 2007, the Board approved the current Base Hospital Agreements, with the exception of Antelope Valley Hospital. On January 19, 2010, the Board approved the Base Hospital Agreement with Antelope Valley Hospital, bringing the current total to 21 base hospitals (Attachment I).

The Agreements were set to expire on June 30, 2012. A six month extension was approved by the Board on June 6, 2012, in order to allow time to fully resolve issues that arose during negotiations with the 21 base hospitals. The current agreements expire on December 31, 2012.

The recommended Agreement will be incorporated as Exhibit L into the existing Trauma Center Service Agreement (TCSA) with 11 non-County paramedic base/trauma hospitals and the Memorandum of Understanding (MOUs) with the two County-operated paramedic base/trauma hospitals identified in Attachment I.

The existing TCSA and MOU stipulate that the trauma hospitals must meet established Base Hospital Requirements, and this proposed Base Hospital Agreement 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 paramedic base hospital standard agreement as required by the Director.

The 11 non-County and two County paramedic base hospitals that also operate as trauma center hospitals are assessed an all-inclusive Trauma Center/Base Hospital fee under terms of the current TCSA and MOU.

The Agreement may be terminated for convenience by the County upon 10 days prior written notice.

This Agreement contains negotiated provisions regarding applicable laws, mutual indemnification, which were reviewed by County Counsel and the Chief Executive Office's Risk Management Division. County Counsel approved changes under their purview and those changes were incorporated into the Agreement. Risk Management approved the changes to mutual indemnification language and those changes have been included. The Department has determined that the value of the service provided to the County and its patients far outweighs any risk associated with the changes to County standard terms and conditions.

The Base Hospital service is not a Proposition A Agreement as the authority to contract with designated Base Hospitals is expressly provided by the California H&S Code, Sections 1797, et seq. and, therefore, 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 Base Hospitals will maintain the level of program services in the County.

Respectfully submitted,



Mitchell H. Katz, M.D.

Director

MHK:rg

Enclosures

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

## ATTACHMENT I

PARAMEDIC BASE HOSPITAL		ADDRESS
1	Citrus Valley Medical Center – Queen of the Valley Campus	1115 Sunset Avenue West Covina, CA 91790
2	Glendale Adventist Medical Center	1509 East Wilson Terrace Glendale, CA 91206
3	Methodist Hospital of Southern California	300 West Huntington Drive Arcadia, CA 91007
4	Pomona Valley Hospital Medical Center	1798 North Garey Avenue Pomona, CA 91767
5	Presbyterian Intercommunity Hospital	12401 East Washington Boulevard Whittier, CA 90602
6	Providence Little Company of Mary Hospital	4101 Torrance Boulevard Torrance, CA 90503
7	Providence St. Joseph Medical Center	501 South Buena Vista Street Burbank, CA 91505
8	Torrance Memorial Medical Center	3330 West Lomita Boulevard Torrance, CA 90505

PARAMEDIC BASE/TRAUMA HOSPITAL		ADDRESS
1	Antelope Valley Hospital	1600 West Avenue J Lancaster, CA 93534
2	California Hospital Medical Center	1401 South Grand Avenue Los Angeles, CA 90015
3	Cedars Sinai Medical Center	8700 Beverly Boulevard Los Angeles, CA 90048-1865
4	Henry Mayo Newhall Memorial Hospital	23845 West McBean Parkway Valencia, CA 91355-2083
5	Huntington Memorial Hospital	100 West California Boulevard Pasadena, CA 91109
6	LAC Harbor-UCLA Medical Center	1000 West Carson Street Torrance, CA 90502-2004
7	Long Beach Memorial Medical Center	2801 Atlantic Avenue Long Beach, CA 90806
8	Northridge Hospital Medical Center- Roscoe Campus	18300 Roscoe Boulevard Northridge, CA 91325-4105
9	Providence Holy Cross Medical Center	15031 Rinaldi Street Mission Hills, CA 91345
10	Ronald Reagan UCLA Medical Center	10833 LeConte Avenue Los Angeles, CA 90095
11	St. Francis Medical Center	3630 East Imperial Highway Lynwood, CA 90262-2678
12	St. Mary Medical Center	1050 Linden Avenue Long Beach, CA 90813-3393
13	LAC + USC Medical Center	1200 North State Street Los Angeles, CA 90033



**AGREEMENT**

**BY AND BETWEEN**

**COUNTY OF LOS ANGELES**

**AND**

**(CONTRACTOR)**

**FOR**

**PARAMEDIC BASE HOSPITAL SERVICES**

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- B Intentionally Omitted
- C Intentionally Omitted
- D Intentionally Omitted
- E COUNTY'S ADMINISTRATION
- F HOSPITAL'S ADMINISTRATION
- G FORM(S) REQUIRED AT THE TIME OF AGREEMENT EXECUTION
- H Intentionally Omitted
- I SAFELY SURRENDERED BABY LAW

### **UNIQUE EXHIBITS**

- J COMMUNICATIONS MANAGEMENT COMMITTEE (Ad Hoc)
- K BASE HOSPITAL COMMUNICATIONS EQUIPMENT
- L COMMUNICATIONS EQUIPMENT MAINTENANCE STANDARDS
- M PARAMEDIC SYSTEM TROUBLE CONTROL PROCEDURES
- N Intentionally Omitted
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- U PREHOSPITAL CARE POLICY REFERENCE NO. 214, BASE HOSPITAL AND PROVIDER AGENCY REPORTING RESPONSIBILITIES
- V EMERGENCY DEPARTMENT APPROVED FOR PEDIATRICS (EDAP) STANDARDS

**AGREEMENT BETWEEN  
COUNTY OF LOS ANGELES  
AND**

\_\_\_\_\_  
**FOR  
PARAMEDIC BASE HOSPITAL SERVICES**

This 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 Hospital \_\_\_\_\_ is located at \_\_\_\_\_.

**RECITALS**

WHEREAS, the County may contract with private businesses for Paramedic Base Hospital Services when certain requirements are met; and

WHEREAS, the Hospital is a private firm specializing in providing Paramedic Base Hospital Services; and

WHEREAS, pursuant to the authority granted under the Emergency Medical Services and Prehospital Emergency Medical Care Personnel Act ("Act") (Health and Safety Code, Sections 1797, et seq.), County maintains an Advanced Life Support ("ALS") system providing services utilizing Emergency Medical Technicians-Paramedics (hereafter "paramedics") for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport to a general acute care Hospital, during interfacility transfer, while in the emergency department of a general acute care Hospital, until care responsibility is assumed by the regular staff of that Hospital, and during training within the facilities of a participating general acute care Hospital; and

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

WHEREAS, the EMS Agency approves and designates selected paramedic base hospital(s) as the Agency deems necessary to provide immediate medical direction and supervision of paramedics within Los Angeles County in accordance with policies and procedures established by the Agency and State EMS Authority; and

WHEREAS, various general acute care Hospitals, both public and private, in Los Angeles County have been designated by the EMS Agency to serve as paramedic base hospitals pursuant to a selection procedure developed and implemented with the assistance of health services provider agencies and other qualified agencies and organizations; and

WHEREAS, Hospital, by virtue of its qualifications pursuant to such selection process and its execution of this Agreement, is a County designated paramedic base hospital (hereafter "base hospital"); and

WHEREAS, a County-designated 911 receiving facility which is also a base hospital shall provide medical direction for all ill and injured patients meeting base hospital contact criteria or guidelines within its area, in addition to other base contacts normally handled; and

WHEREAS, in the event a Hospital is approved as a County-designated trauma center during the term of this Agreement, this Agreement will be incorporated as Exhibit L into Hospital's new Trauma Center Service Agreement (hereafter "TCSA"); and

WHEREAS, "Director" as used herein, refers to County's Director of the Department of Health Services or his or her duly authorized designee; and

WHEREAS, the Act and related implementing regulations require commitment of hospital 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 and with paramedic provider agencies in the joint development and operation of an ALS system in Los Angeles County in order to efficiently and appropriately meet the needs of Los Angeles County residents for high quality paramedic services; and

WHEREAS, a physician in the base hospital's emergency department, under the direction of a base hospital medical director and with the assistance of registered nurses who are specially trained and certified as authorized mobile intensive care nurses (hereafter "MICNs") by the EMS Agency, exercises control over the delivery by paramedics of certain emergency care services in the field by issuance to them of verbal medical instructions over a radio or commercial telephone; and

WHEREAS, a base hospital supervises prehospital triage, treatment, patient destination, and advanced life support, and monitors personnel program compliance by providing medical direction; and

WHEREAS, a base hospital provides, or causes to be provided, emergency medical services, and prehospital personnel training and continuing education in accordance with EMS Agency policies and procedures; and

WHEREAS, a base hospital collects prehospital and emergency department data specified in the Base Hospital Form; and

WHEREAS, a base hospital utilizes and maintains two-way telecommunications equipment, as part of the County's Paramedic Communications System (hereafter "PCS"), as specified by the EMS Agency, capable of direct two-way voice communication with the paramedic advanced life support units (hereafter "ALS unit") assigned to a base hospital; and

WHEREAS, the PCS is composed of discrete radio subsystems licensed individually by the Federal Communications Commission (hereafter "FCC") with Hospital holding title to the PCS subsystem(s) used to link to a County facility and County holding title to the PCS subsystem(s) used to link the County facilities with the EMS Agency; and

WHEREAS, Hospital's commitment to provide and operate PCS equipment, and to otherwise establish and maintain a base hospital and to provide the professional and hospital services associated therewith represents a substantial and continuing commitment of financial, physical, professional, and personnel resources by Hospital and its professional staff; and

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

WHEREAS, Hospital agrees to share in a portion of costs required to implement and maintain a countywide computerized data collection and information management system (costs specified in body); and

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

WHEREAS, this Agreement is authorized by Health and Safety Code Sections 1797.58 and 1798.100 and Title 22 California Code of Regulations, Section 100168.

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, E, F, G, I, J, K L, M, O, P, Q, R, R1, R2, S, T, U, and V 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 base Agreement and the Exhibits, or between Exhibits, such conflict or inconsistency shall be resolved by giving precedence first to the Agreement and then to the Exhibits according to the following priority.

**Standard Exhibits:**

- 1.1 EXHIBIT A – Statement of Work
- 1.2 EXHIBIT B – Intentionally Omitted
- 1.3 EXHIBIT C – Intentionally Omitted
- 1.4 EXHIBIT D – Intentionally Omitted
- 1.5 EXHIBIT E – County’s Administration
- 1.6 EXHIBIT F – Hospital’s Administration
- 1.7 EXHIBIT G – Forms Required at the Time of Agreement Execution
- 1.8 EXHIBIT H – Intentionally Omitted
- 1.9 EXHIBIT I – Safely Surrendered Baby Law

**Unique Exhibits:**

- 1.10 EXHIBIT J – Communications Management Committee (Ad Hoc)
- 1.11 EXHIBIT K – Base Hospital Communications Equipment
- 1.12 EXHIBIT L – Communications Equipment Maintenance Standards
- 1.13 EXHIBIT M – Paramedic System Trouble Control Procedures
- 1.14 EXHIBIT N – Intentionally Omitted
- 1.15 EXHIBIT O – Charitable Contributions Certification
- 1.16 EXHIBIT P – Remote Base Station Radio Sites
- 1.17 EXHIBIT Q – Current Temis Hospital Hardware And Software Specifications
- 1.18 EXHIBIT R – Base Hospital Form
- 1.19 EXHIBIT R1 – Base Hospital Form (Page 2)

- 1.20 EXHIBIT R2 – MCI Base Hospital Form
- 1.21 EXHIBIT S – Receiving Hospital Outcome Data
- 1.22 EXHIBIT T – Base Hospital Radio Channel, Assignment/Paramedic Telephone Numbers
- 1.23 EXHIBIT U – Prehospital Care Policy Reference No. 214, Base Hospital and Provider Agency Reporting Responsibilities
- 1.24 EXHIBIT V – Emergency Department Approved for Pediatrics (EDAP) Standards. This 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 Agreement. No change to this Agreement shall be valid unless prepared pursuant to sub-paragraph 8.1 - Amendments and signed by both parties.

## 2.0 DEFINITIONS

The headings herein contained are for convenience and reference only and are not intended to define the scope of any provision thereof. The following words as used herein shall be construed to have the following meaning, unless otherwise apparent from the context in which they are used.

- 2.1 **Agreement:** Agreement executed between County and Hospital. It sets forth the terms and conditions for the issuance and performance of the Statement of Work, Exhibit A.
- 2.2 **Hospital:** The sole proprietor, partnership, or corporation that has entered into an agreement with the County to perform or execute the work covered by the Statement of Work.
- 2.3 **Hospital Project Manager:** The individual designated by the Hospital to administer the Agreement operations after the Agreement award.
- 2.4 **County Agreement Project Monitor:** Person with responsibility to oversee the day to day activities of this Agreement. Responsibility for inspections of any and all tasks, deliverables, goods, services and other work provided by Hospital.
- 2.5 **County Project Director:** Person designated by County with authority for County on contractual or administrative matters relating to this Agreement that cannot be resolved by the County's Project Manager.

- 2.6 **County Project Manager:** Person designated by County's Project Director to manage the operations under this Agreement.
- 2.7 **Day(s):** Calendar day(s) unless otherwise specified.
- 2.8 **Fiscal Year:** The twelve (12) month period beginning July 1st and ending the following June 30th.
- 2.9 **DHS:** Department of Health Services
- 2.10 **Director:** Director of Health Services or his/her authorized designee

### **3.0 WORK**

- 3.1 Pursuant to the provisions of this Agreement, Hospital shall fully perform, complete and deliver on time, all tasks, deliverables, services and other work as set forth herein.
- 3.2 If Hospital provides any tasks, deliverables, goods, services, or other work, other than as specified in this Agreement, the same shall be deemed to be a gratuitous effort on the part of the Hospital, and Hospital shall have no claim whatsoever against the County.

### **4.0 TERM OF AGREEMENT**

- 4.1 The term of this Agreement shall be four (4) years six (6) months commencing January 1, 2013 through June 30, 2017 after execution by the Director or his designee, unless sooner terminated or extended, in whole or in part, as provided in this Agreement.
- 4.2 The County shall have the sole option to extend this Agreement term for up to two (2) additional one-year periods for a maximum total Agreement term of six (6) years six (6) months. Each such option and extension shall be exercised at the sole discretion of the Director or his designee as authorized by the Board of Supervisors and must be agreed to and executed in writing by both parties.
- 4.3 The County maintains databases that track/monitor Hospital performance history and compliance with Title 22, California Code of Regulations, Section 100168. 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 Agreement, Director may suspend this Agreement immediately upon giving written notice to Hospital if Hospital'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 9.8, 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 Agreement upon giving at least thirty (30) calendar days prior written notice thereof to Hospital.

## **5.0 AGREEMENT SUM**

- 5.1 To provide ongoing financial support to County for data collection, monitoring, and evaluation of the ALS programs, all of which benefit Hospital in the provision of base hospital services, Hospital agrees to offset the portion of the cost outlined in Paragraph 6.20 of Exhibit A, Statement of Work.
- 5.2 Hospital 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 Hospital's duties, responsibilities, or obligations, or performance of same by any entity other than Hospital, 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 Agreement on behalf of the County. Director retains professional and administrative responsibility for the services rendered under this 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 Hospital 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 Agreement are met; and
- providing direction to Hospital in the areas relating to County policy, information requirements, and procedural requirements.

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

The responsibilities of the County's Project Manager include:

- meeting with Hospital'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 Hospital.

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

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

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

# **7.0 ADMINISTRATION OF AGREEMENT - HOSPITAL**

## **7.1 Hospital's Project Manager**

7.1.1 The Hospital's Project Manager is designated in Exhibit F - Hospital's Administration. The Hospital shall notify the County in writing of any change in the name or address of the Hospital's Project Manager.

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

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

7.2.1 Hospital's Authorized Official(s) are designated in Exhibit F. Hospital shall promptly notify County in writing of any change in the name(s) or address(es) of Hospital's Authorized Official(s).

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

## **7.3 Intentionally Omitted**

#### **7.4 Hospital's Staff Identification**

Hospital shall provide, at Hospital's expense, all staff providing services under this Agreement with a photo identification badge.

#### **7.5 Background and Security Investigations**

Mobile Intensive Care Nurses (MICN) performing services under this Agreement have undergone and passed a background investigation through the Board of Registered Nursing and Department of Justice as required by their license as Registered Nurses (RN).

#### **7.6 Confidentiality**

7.6.1 Hospital shall maintain the confidentiality of all records and information, including, but not limited to, billings, 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 Hospital 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, liabilities, losses, costs and expenses, including, without limitation, defense costs and legal, accounting and other expert, consulting, or professional fees, arising from, connected with, or related to any failure by Hospital, its officers, employees, agents, or subcontractors, to comply with this Paragraph 7.6, as determined by County in its sole judgment. Any legal defense pursuant to Hospital's indemnification obligations under this Paragraph 7.6 shall be conducted by Hospital and performed by counsel selected by Hospital and approved by 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 Hospital fails to provide County with a full and adequate defense, as determined by County in its sole judgment, County shall be entitled to retain its own counsel, including, without limitation, County Counsel, and reimbursement from Hospital for all such costs and expenses incurred by County in doing so. Hospital shall not have the right to enter into any settlement, agree to any injunction, or make any admission, in each case, on behalf of County without County's prior written approval.

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

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

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

Hospital shall not knowingly permit any employee to perform services under this 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, Agreement Sum, payments, or any term or condition included under this Agreement, an Amendment shall be prepared, mutually agreed to in writing, and executed by the Hospital and by Director.

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 Agreement during the term of this 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. To implement such changes, an Amendment to the Agreement shall be prepared and executed by the Hospital and by Director.

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

### **8.2 ASSIGNMENT AND DELEGATION**

8.2.1 The Hospital shall not assign its rights or delegate its duties under this Agreement, or both, whether in whole or in part, without timely written notice to and consent of County, in its discretion, and any attempted assignment or delegation without such consent shall be

null and void. For purposes of this sub-paragraph, County consent shall require a written amendment to the Agreement, which is formally approved and executed by the parties. Any payments by the County to any approved delegate or assignee on any claim under this Agreement shall be deductible, at County's sole discretion, against the claims, which the Hospital may have against the County.

8.2.2 Shareholders, partners, members, or other equity holders of Hospital may transfer, sell, exchange, assign, or divest themselves of any interest they may have therein. However, in the event any such sale, transfer, exchange, assignment, or divestment is effected in such a way as to give majority control of Hospital to any person(s), corporation, partnership, or legal entity other than the majority controlling interest therein at the time of execution of the Agreement, such disposition is an assignment requiring the written consent of County in accordance with applicable provisions of this Agreement.

8.2.3 Any assumption, assignment, delegation, or takeover of any of the duties, responsibilities, obligations, or performance of same by any entity other than the Hospital, whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without timely written notice to the County, shall be a material breach of the Agreement which may result in the termination of this Agreement. In the event of such termination, County shall be entitled to pursue the same remedies against Hospital as it could pursue in the event of default by Hospital. If County does not consent to such assignment and delegation, County may terminate this Agreement with 30 days written notice to Hospital.

### **8.3 AUTHORIZATION WARRANTY**

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

### **8.4 BUDGET REDUCTIONS**

In the event that the County's Board of Supervisors adopts, in any fiscal year, a County Budget which provides for reductions in the salaries and benefits paid to the majority of County employees and imposes similar

reductions with respect to County Contracts, the County reserves the right to reduce its payment obligation under this Agreement correspondingly for that fiscal year and any subsequent fiscal year during the term of this Agreement (including any extensions), and the services to be provided by the Hospital under this Agreement shall also be reduced correspondingly. The County's notice to the Hospital regarding said reduction in payment obligation shall be provided within thirty (30) calendar days of the Board's approval of such actions. Except as set forth in the preceding sentence, the Hospital shall continue to provide all of the services set forth in this Agreement unless it chooses to exercise its rights under Paragraph 8.42, Termination for Convenience.

## **8.5 COMPLAINTS**

The Hospital shall develop, maintain and operate procedures to comply with Exhibit V, Prehospital Care Policy Reference No. 214, Base Hospital and Provider Agency Reporting Responsibilities.

## **8.6 COMPLIANCE WITH APPLICABLE LAW**

8.6.1 In the performance of this Agreement, Hospital shall comply with all applicable Federal, State and local laws, rules, regulations, ordinances, directives, guidelines, policies and procedures. All provisions required thereby to be included in this Agreement are incorporated herein by reference.

8.6.2 Hospital and County shall indemnify, defend, and hold harmless each party, its officers, employees, and agents, from and against any and all claims, demands, damages, liabilities, losses, costs, and expenses, including, without limitation, defense costs and legal, accounting and other expert, consulting or professional fees, arising from, connected with, or related to any failure by Hospital, 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 Hospital's indemnification obligations under this Paragraph 8.6 shall be conducted by Hospital and performed by counsel selected by Hospital. 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 Hospital fails to provide County with a full and adequate defense. County shall be entitled to retain its own counsel, including, without limitation, County Counsel, and reimbursement from Hospital for all such costs and expenses incurred by County in doing so. Hospital 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.

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

- 8.7.1 The Hospital 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 Section 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 Agreement or under any project, program, or activity supported by this Agreement.
- 8.7.2 Hospital 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.
- 8.7.3 Hospital shall 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.
- 8.7.4 Hospital 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.

- 8.7.5 Hospital 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 Agreement or under any project, program, or activity supported by this Agreement.
- 8.7.6 Hospital shall allow County representatives access to the Hospital's employment records during regular business hours to verify compliance with the provisions of this sub-paragraph 8.7 when so requested by the County.
- 8.7.7 If the County finds that any provisions of this sub-paragraph 8.7 have been violated, such violation shall constitute a material breach of this Agreement upon which the County may terminate or suspend this Agreement. While the County reserves the right to determine independently that the anti-discrimination provisions of this Agreement have been violated, in addition, a determination by the California Fair Employment Practices Commission or the Federal Equal Employment Opportunity Commission that the Hospital has violated Federal or State anti-discrimination laws or regulations shall constitute a finding by the County that the Hospital has violated the anti-discrimination provisions of this Agreement.
- 8.7.8 The parties agree that in the event the Hospital violates any of the anti-discrimination provisions of this Agreement, the County shall, at its sole option, be entitled to the sum of Five Hundred Dollars (\$500) for each such violation pursuant to California Civil Code Section 1671 as liquidated damages in lieu of terminating or suspending this Agreement.

The parties agree that in the event the Hospital violates any of the anti-discrimination provisions of this Agreement, the County shall, at its sole option after considering any written evidence in mitigation or explanation of the violation presented by the Hospital, be entitled to the sum of Five Hundred Dollars (\$500) for each such violation or a maximum of One Thousand Five Hundred Dollars (\$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 Agreement.

## **8.8 INTENTIONALLY OMITTED**

## **8.9 CONFLICT OF INTEREST**

8.9.1 No County employee whose position with the County enables such employee to influence the award of this Agreement or any competing Agreement shall participate in the negotiation of this Agreement. No County employee with a spouse or economic dependent employed in any capacity by Hospital herein shall participate in the negotiation of this Agreement, or have a direct or indirect interest in this Agreement. No officer or employee of the Hospital who may financially benefit from the performance of work hereunder shall in any way participate in the County's approval, or ongoing evaluation, of such work, or in any way attempt to unlawfully influence the County's approval or ongoing evaluation of such work.

8.9.2 The Hospital shall comply with all conflict of interest laws, ordinances, and regulations now in effect or hereafter to be enacted during the term of this Agreement. The Hospital warrants that it is not now aware of any facts that create a conflict of interest. If the Hospital hereafter becomes aware of any facts that might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to the County. Full written disclosure shall include, but is not limited to, identification of all persons implicated and a complete description of all relevant circumstances. Failure to comply with the provisions of this sub-paragraph shall be a material breach of this Agreement.

## **8.10 CONSIDERATION OF HIRING COUNTY EMPLOYEES TARGETED FOR LAYOFF/OR RE-EMPLOYMENT LIST**

Should the Hospital require additional or replacement personnel after the effective date of this Agreement to perform the services set forth herein, the Hospital shall give consideration for such employment openings to qualified, permanent County employees who are targeted for layoff or qualified, former County employees who are on a re-employment list during the life of this Agreement.

## **8.11 CONSIDERATION OF HIRING GAIN/GROW PROGRAM PARTICIPANTS**

8.11.1 Should the Hospital require additional or replacement personnel after the effective date of this Agreement, the Hospital shall give consideration for any such employment openings to participants in

the County's Department of Public Social Services Greater Avenues for Independence (GAIN) Program or General Relief Opportunity for Work (GROW) Program who meet the Hospital's minimum qualifications for the open position. If the Hospital decides to pursue consideration of GAIN/GROW participants for hiring, the Hospital shall provide information regarding job openings and job requirements to DPSS' GAIN/GROW staff at [GAINGROW@dpss.lacounty.gov](mailto:GAINGROW@dpss.lacounty.gov). The County will refer GAIN/GROW participants by job category to the Hospital.

- 8.11.2 In the event that both laid-off County employees and GAIN/GROW participants are available for hiring, referred County employees shall be given first priority.

## **8.12 CONTRACTOR RESPONSIBILITY AND DEBARMENT**

### **8.12.1 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.

### **8.12.2 Chapter 2.202 of the County Code**

The Hospital is hereby notified that, in accordance with Chapter 2.202 of the County Code, if the County acquires information concerning the performance of the Hospital on this or other contracts which indicates that the Hospital is not responsible, the County may, in addition to other remedies provided in the Agreement, debar the Hospital 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 years but may exceed five years or be permanent if warranted by the circumstances, and terminate any or all existing Contracts the Hospital may have with the County.

### **8.12.3 Non-responsible Contractor**

The County may debar a Contractor if the Board of Supervisors finds, in its discretion, that the 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 the 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.

#### 8.12.4 Contractor Hearing Board

1. If there is evidence that the Hospital may be subject to debarment, the EMS Agency will notify the Hospital in writing of the evidence which is the basis for the proposed debarment and will advise the Hospital of the scheduled date for a debarment hearing before the Contractor Hearing Board.
2. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. The Hospital and/or the Hospital's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether the Hospital should be debarred, and, if so, the appropriate length of time of the debarment. The Hospital and the EMS Agency 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 the 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 the Contractor Hearing Board.
4. If a Hospital has been debarred for a period longer than five (5) years, that Hospital 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 the Hospital 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. The Contractor Hearing Board will consider a request for review of a debarment determination only where (1) the Hospital 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, the Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, the 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 the Contractor Hearing Board pursuant to the same procedures as for a debarment hearing.
6. The Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment. The 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 the Contractor Hearing Board.

#### **8.12.5 Subcontractors of Hospital**

These terms shall also apply to Subcontractors of County Hospitals.

### **8.13 HOSPITAL'S ACKNOWLEDGEMENT OF COUNTY'S COMMITMENT TO THE SAFELY SURRENDERED BABY LAW**

The Hospital acknowledges that the County places a high priority on the implementation of the Safely Surrendered Baby Law. The Hospital 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 the Hospital's place of business. The Hospital will also encourage its Subcontractors, if any, to post this poster in

a prominent position in the Subcontractor's place of business. The County's Department of Children and Family Services will supply the Hospital with the poster to be used. Information on how to receive the poster can be found on the Internet at [www.babysafela.org](http://www.babysafela.org).

#### **8.14 HOSPITAL'S WARRANTY OF ADHERENCE TO COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM**

8.14.1 The Hospital 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.

8.14.2 As required by the County's Child Support Compliance Program (County Code Chapter 2.200) and without limiting the Hospital's duty under this Agreement to comply with all applicable provisions of law, the Hospital warrants that it is now in compliance and shall during the term of this 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).

#### **8.15 COUNTY'S QUALITY ASSURANCE PLAN**

8.15.1 The County or its agent will evaluate the Hospital's performance under this Agreement on not less than a three year basis. Such evaluation will include assessing the Hospital's compliance with all Agreement terms and conditions and performance standards identified in the Statement of Work. Hospital deficiencies which the County determines are severe or continuing and that may place performance of the Agreement in jeopardy if not corrected will be reported to the Board of Supervisors.

8.15.2 The report will include improvement/corrective action measures taken by the County and the Hospital. If improvement does not occur consistent with the corrective action measures, the County may terminate this Agreement or in accordance with Paragraph 8.43

## **8.16 Intentionally Omitted**

## **8.17 EMPLOYMENT ELIGIBILITY VERIFICATION**

8.17.1 The Hospital 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 Agreement meet the citizenship or alien status requirements set forth in Federal and State statutes and regulations. The Hospital shall retain all such documentation for all covered employees for the period prescribed by law.

8.17.2 The Hospital 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 the Hospital 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 Agreement.

## **8.18 FACSIMILE, SCANNED REPRESENTATIONS**

The County and the Hospital hereby agree to regard facsimile and or scanned (sent via electronic mail) 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 communications facilities, as legally sufficient evidence that such original signatures have been affixed to Amendments to this Agreement, such that the parties need not follow up facsimile or scanned transmissions of such documents with subsequent (non-facsimile or non-scanned) transmission of "original" versions of such documents.

## **8.19 FAIR LABOR STANDARDS**

The Hospital 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 the Hospital's employees for which the County may be found jointly or solely liable.

## **8.20 FORCE MAJEURE**

- 8.20.1 Neither party shall be liable for such party's failure to perform its obligations under and in accordance with this 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").
- 8.20.2 Notwithstanding the foregoing, a default by a subcontractor of Hospital shall not constitute a force majeure event, unless such default arises out of causes beyond the control of both Hospital and such subcontractor, and without any fault or negligence of either of them. In such case, Hospital 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 Hospital to meet the required performance schedule. As used in this sub-paragraph, the term "subcontractor" and "subcontractors" mean subcontractors at any tier.
- 8.20.3 In the event Hospital's failure to perform arises out of a force majeure event, Hospital 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.

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

This Agreement shall be governed by, and construed in accordance with, the laws of the State of California. The Hospital agrees and consents to the exclusive jurisdiction of the courts of the State of California for all purposes regarding this Agreement and further agrees and consents that venue of any action brought hereunder shall be exclusively in the County of Los Angeles.

## **8.22 INDEPENDENT CONTRACTOR STATUS**

- 8.22.1 This Agreement is by and between the County and the Hospital and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between the County and the Hospital. The

employees and agents of one party shall not be, or be construed to be, the employees or agents of the other party for any purpose whatsoever.

- 8.22.2 The Hospital shall be solely liable and responsible for providing to, or on behalf of, all persons performing work pursuant to this Agreement all compensation and benefits. The County shall have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, Federal, State, or local taxes, or other compensation, benefits, or taxes for any personnel provided by or on behalf of the Hospital.
- 8.22.3 The Hospital understands and agrees that all persons performing work pursuant to this Agreement are, for purposes of Workers' Compensation liability, solely employees of the Hospital and not employees of the County. The Hospital shall be solely liable and responsible for furnishing any and all Workers' Compensation benefits to any person as a result of any injuries arising from or connected with any work performed by or on behalf of the Hospital pursuant to this Agreement.

### **8.23 INDEMNIFICATION**

The Hospital shall indemnify, defend and hold harmless the County, its Special Districts, elected and appointed officers, employees, and agents 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 Hospital's acts and/or omissions arising from and/or relating to this Agreement.

The County shall indemnify, defend and hold harmless Hospital, 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 from and/or relating to this Agreement.

### **8.24 GENERAL PROVISIONS FOR ALL INSURANCE COVERAGE**

Without limiting Hospital's indemnification of County, and in the performance of this Agreement and until all of its obligations pursuant to this Agreement have been met, Hospital shall provide and maintain at its own expense insurance coverage satisfying the requirements specified in Sections 8.24 and 8.25 of this 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 Hospital pursuant to this Agreement. The County in no way warrants that the Required Insurance is sufficient to protect the Hospital for liabilities which may arise from or relate to this Agreement.

#### 8.24.1 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 Hospital's General Liability policy, shall be delivered to County at the address shown below and provided prior to commencing services under this Agreement.
- Renewal Certificates shall be provided to County prior to Hospital's policy expiration dates. The County reserves the right to obtain complete, certified copies of any required Hospital 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 Hospital 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, its financial rating, 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 Hospital, 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 sent to:

County of Los Angeles  
Department of Health Services  
Contracts and Grants Division  
313 N. Figueroa Street, 6E  
Los Angeles, CA 90012  
Attention: Kathy K. Hanks, C.P.M.  
Director, Contracts and Grants

And

County of Los Angeles  
Department of Health Services  
Centralized Contract Monitoring Division  
5555 Ferguson Drive, Suite 210  
Commerce, CA 90022

And

County of Los Angeles-DHS  
Emergency Medical Services Agency  
10100 Pioneer Boulevard, Suite 200  
Santa Fe Springs, CA 90670  
Attention: Administrative Services

Hospital also shall promptly report to County any injury or property damage accident or incident, including any injury to a Hospital employee occurring on County property, and any loss, disappearance, destruction, misuse, or theft of County property, monies or securities entrusted to Hospital. Hospital also shall promptly notify County of any third party claim or suit filed against Hospital 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 Hospital and/or County.

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

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 Hospital's General Liability policy with respect to liability arising out of Hospital's ongoing and completed operations performed on behalf of the County. Use of a blanket additional insured

endorsement form is acceptable providing it satisfies the Required Insurance provisions herein.

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

Hospital shall provide County with, or Hospital'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.

#### **8.24.4 Failure to Maintain Insurance**

Hospital'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 Hospital, and/or suspend or terminate this Agreement.

#### **8.24.5 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.

#### **8.24.6 Hospital's Insurance Shall Be Primary**

Hospital'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 Hospital. Any County maintained insurance or self-insurance coverage shall be in excess of and not contribute to any Hospital coverage.

#### **8.24.7 Waivers of Subrogation**

To the fullest extent permitted by law, the Hospital hereby waives its rights and its insurer(s)' rights of recovery against County under all the Required Insurance for any loss arising from or relating to this Agreement. The Hospital shall require its insurers

to execute any waiver of subrogation endorsements which may be necessary to effect such waiver.

#### **8.24.8 Sub-Contractor Insurance Coverage Requirements**

**INTENTIONALLY OMITTED**

#### **8.24.9 Deductibles and Self-Insured Retentions (SIRs)**

Hospital's policies shall not obligate the County to pay any portion of any Hospital deductible or SIR. The Hospital agrees to carry at all times insurance of the kinds and in the amounts listed below with a deductible or self-insured retention that does not exceed \$50,000, provided it is commercially available, and provide notice to the County if any deductibles or self-insured retentions (SIR) with respect to the insurance coverages described below exceed \$50,000. Hospital's policies shall not obligate the County to pay any portion of any Hospital deductible or SIR.

#### **8.24.10 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. Hospital understands and agrees it shall maintain such coverage for a period of not less than three (3) years following Agreement expiration, termination or cancellation.

#### **8.24.11 Application of Excess Liability Coverage**

Hospitals may use a combination of primary, and excess insurance policies which provide coverage as broad as the underlying primary policies, to satisfy the Required Insurance provisions.

#### **8.24.12 Separation of Insureds**

With the exception of D&O liability insurance coverage, 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.

#### **8.24.13 Alternative Risk Financing Programs**

The County reserves the right to review, and then approve, Hospital 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.

#### 8.24.14 **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. Before adjusting any of the Required Insurance provision, the County must consult with the Hospital. If the Required Insurance provisions are increased, the Hospital may immediately terminate this Agreement.

### 8.25 **INSURANCE COVERAGE**

8.25.1 **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

8.25.2 **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 Hospital's use of autos pursuant to this Agreement, including owned, leased, hired, and/or non-owned autos, as each may be applicable.

8.25.3 **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 Hospital 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 County will receive not less than thirty (30)

days advance written notice of cancellation of this coverage provision. If applicable to Hospital'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.

#### **8.25.4 Unique Insurance Coverage**

- **Intentionally Omitted**
- **Professional Liability/Errors and Omissions**

Insurance covering Hospital's liability arising from or related to this Agreement, with limits of not less than \$1 million per claim and \$3 million aggregate. Further, Hospital 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.

- **Intentionally Omitted**
- **Intentionally Omitted**

#### **8.26 LIQUIDATED DAMAGES**

8.26.1 If the Director, or his/her designee, determines that there are deficiencies in the performance of this Agreement that the Director, or his/her designee, deems are correctable by the Hospital over a certain time span, the Director, or his/her designee, will provide a written notice to the Hospital to correct the deficiency within specified time frames. Should the Hospital fail to correct deficiencies within said time frame, the Director, or his/her designee, may impose penalties outlined in Exhibit 3, Statement of Work Exhibits.

8.26.2 This sub-paragraph shall not, in any manner, restrict or limit the County's right to damages for any breach of this Agreement provided by law or as specified in the Procedure for Non-Compliance with Data Collection Requirements or sub-paragraph 8.26.1, and shall not, in any manner, restrict or limit the County's right to terminate this Agreement as agreed to herein.

#### **8.27 Intentionally Omitted**

#### **8.28 Intentionally Omitted**

**8.29 Intentionally Omitted**

**8.30 Intentionally Omitted**

**8.31 Intentionally Omitted**

**8.32 NOTICE TO EMPLOYEES REGARDING THE FEDERAL EARNED INCOME CREDIT**

The Hospital 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.

**8.33 NOTICE TO EMPLOYEES REGARDING THE SAFELY SURRENDERED BABY LAW**

The Hospital 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 Agreement and is also available on the Internet at [www.babysafela.org](http://www.babysafela.org) for printing purposes.

**8.34 NOTICES**

8.34.1 All notices or demands required or permitted to be given or made under this 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 - Hospital's Administration. Addresses may be changed by either party giving ten (10) days' prior written notice thereof to the other party. The Director or his /her designee shall have the authority to issue all notices or demands required or permitted by the County under this Agreement.

8.34.2 **Electronic Notice:** In addition, and in lieu of written notification, the Director, or his/her designee, shall have the authority to issue any notice to Hospital electronically via e-mail at the designated email address as identified in Exhibit F – Hospital's Administration. This includes all notices or demands required or permitted by the County under this Agreement.

### **8.35 PROHIBITION AGAINST INDUCEMENT OR PERSUASION**

Notwithstanding the above, the Hospital and the County agree that, during the term of this Agreement and for a period of one year thereafter, neither party shall in any way intentionally induce or persuade any employee of one party to become an employee or agent of the other party. No bar exists against any hiring action initiated through a public announcement.

### **8.36 Intentionally Omitted**

### **8.37 PUBLICITY**

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

- The Hospital shall develop all publicity material in a professional manner; and
- During the term of this Agreement, the Hospital 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 County's Project Director. The County shall not unreasonably withhold written consent.

8.37.2 The Hospital may, without the prior written consent of County, indicate in its proposals and sales materials and signs that it has been awarded this Agreement with the County of Los Angeles.

### **8.38 RECORD RETENTION AND INSPECTION/AUDIT SETTLEMENT**

Hospital shall submit copies of all records, audio recordings, and logs pertaining to prehospital care of patients and personnel involved in the prehospital care system at the request of representatives of the EMS Agency. Records obtained from Hospital may be used for, but are not limited to, audit, investigation, statistical analysis or education. Representatives of the EMS Agency shall comply with all applicable State and federal laws relating to confidentiality and shall maintain the confidentiality of all records, audio recordings and logs submitted in compliance with this subparagraph.

Hospital shall retain the receiving Hospital copy of the EMS Report Form for a minimum of seven (7) years and include such reports with patient charts for patients brought to Hospital as part of the EMS system. Such records, if for a minor, shall be retained for a minimum of seven (7) years, or one (1) year past the age of majority, whichever is greater.

Hospital shall retain all records related to suspected or pending litigation in any way related to this Agreement until completion and resolution of all issues arising therefrom.

The Hospital shall maintain and provide upon request by County accurate and complete financial records of its activities and operations relating to this Agreement in accordance with generally accepted accounting principles. The Hospital shall also maintain accurate and complete employment and other records relating to its performance of this Agreement. The Hospital agrees that the County, or its authorized representatives, shall have access to and the right to examine, audit, excerpt, copy, or transcribe any pertinent transaction, activity, or record relating to this Agreement. All such material, including, but not limited to, all financial records, bank statements, cancelled checks or other proof of payment, timecards, sign-in/sign-out sheets and other time and employment records, and proprietary data and information, shall be kept and maintained by the Hospital and shall be made available to the County during the term of this Agreement and for a period of five (5) years thereafter unless the County's written permission is given to dispose of any such material prior to such time. All such material shall be maintained by the Hospital at a location in Los Angeles County, provided that if any such material is located outside Los Angeles County, then, at the County's option, the Hospital shall pay the County for travel, per diem, and other costs incurred by the County to examine, audit, excerpt, copy, or transcribe such material at such other location.

8.38.1 In the event that an audit of the Hospital is conducted specifically regarding this Agreement by any Federal or State auditor, then the Hospital shall file a copy of such audit report, with the County's Auditor-Controller within thirty (30) days of the Hospital's receipt thereof, unless otherwise provided by applicable Federal or State law or under this Agreement. Subject to applicable law, the County shall make a reasonable effort to maintain the confidentiality of such audit report(s).

8.38.2 Failure on the part of the Hospital to comply with any of the provisions of this sub-paragraph 8.38 shall constitute a material breach of this Agreement upon which the County may terminate or suspend this Agreement.

### **8.39 RECYCLED BOND PAPER**

Consistent with the Board of Supervisors' policy to reduce the amount of solid waste deposited at the County landfills, the Hospital agrees to use recycled-content paper to the maximum extent possible on this Agreement.

### **8.40 SUBCONTRACTING**

8.40.1 The requirements of this Agreement may not be subcontracted by the Hospital without the advance approval of the County. Any attempt by the Hospital to subcontract without the prior consent of the County may be deemed a material breach of this Agreement.

8.40.2 If the Hospital desires to subcontract, the Hospital shall provide the following information promptly at the County's request:

- A description of the work to be performed by the Subcontractor;
- A draft copy of the proposed subcontract; and
- Other pertinent information and/or certifications requested by the County.

8.40.3 The Hospital shall remain fully responsible for all performances required of it under this Agreement, including those that the Hospital has determined to subcontract, notwithstanding the County's approval of the Hospital's proposed subcontract.

8.40.4 The County's consent to subcontract shall not waive the County's right to prior and continuing approval of any and all personnel, including Subcontractor employees, providing services under this Agreement. The Hospital is responsible to notify its Subcontractors of this County right.

8.40.5 The County's Project Director is authorized to act for and on behalf of the County with respect to approval of any subcontract and Subcontractor employees. After approval of the subcontract by the County, Hospital shall forward a fully executed subcontract to the County for their files.

8.40.6 The Hospital shall be solely liable and responsible for all payments or other compensation to all Subcontractors and their officers, employees, agents, and successors in interest arising through services performed hereunder, notwithstanding the County's consent to subcontract.

8.40.7 The Hospital shall obtain certificates of insurance, which establish that the Subcontractor maintains all the programs of insurance required by the County from each approved Subcontractor. The Hospital shall ensure delivery of all such documents to:

County of Los Angeles  
Department of Health Services  
Contracts and Grants Division  
313 N. Figueroa Street, 6E  
Los Angeles, CA 90012  
Attention: Kathy K. Hanks, C.P.M.  
Director, Contracts and Grants

And

County of Los Angeles-DHS  
Emergency Medical Services Agency  
10100 Pioneer Boulevard, Suite 200  
Santa Fe Springs, CA 90670  
Attention: Administrative Services

before any subcontractor employee may perform any work hereunder.

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

Failure of the Hospital to maintain compliance with the requirements set forth in sub-paragraph 8.14 - Hospital's Warranty of Adherence to County's Child Support Compliance Program, shall constitute default under this Agreement. Without limiting the rights and remedies available to the County under any other provision of this Agreement, failure of the Hospital to cure such default within ninety (90) calendar days of written notice shall be grounds upon which the County may terminate this Agreement pursuant to sub-paragraph 8.43 - Termination for Default and pursue debarment of the Hospital, pursuant to County Code Chapter 2.202.

**8.42 TERMINATION FOR CONVENIENCE**

The EMS Agency may elect to restructure the prehospital care system as it deems necessary in accordance with paragraph 6.4 and 6.5 of Exhibit A, Statement of Work

#### **8.43 TERMINATION FOR DEFAULT**

8.43.1 The County may, by written notice to the Hospital, terminate the whole or any part of this Agreement, if, in the judgment of County's Project Director:

- Hospital has materially breached this Agreement; or
- Hospital fails to timely provide and/or satisfactorily perform any task, deliverable, service, or other work required either under this Agreement; or
- Hospital fails to demonstrate a high probability of timely fulfillment of performance requirements under this Agreement, or of any obligations of this Agreement and in either case, 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.
- Hospital expressly repudiates this Agreement by an unequivocal refusal to perform
- In the event the County intends to terminate this Agreement in accordance with Paragraph 8.43, it shall give thirty (30) days' notice to the Hospital that it is in material breach and/or anticipatory breach of the Agreement. In the notice of intended termination, the Director shall set forth the facts underlying its claim that the Hospital 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 Agreement in effect for the remaining term.

8.43.2 In the event that the County terminates this Agreement in whole or in part as provided in sub-paragraph 8.43.1, 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. The Hospital 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. The Hospital shall continue the performance of this 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 Agreement after breach or whichever time period is less.

- 8.43.3 Except with respect to defaults of any Subcontractor, the Hospital shall not be liable for any such excess costs of the type identified in sub-paragraph 8.43.2 if its failure to perform this Agreement arises out of causes beyond the control and without the fault or negligence of the Hospital. 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 the Hospital. 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 the Hospital and Subcontractor, and without the fault or negligence of either of them, the Hospital 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 the Hospital to meet the required performance schedule. As used in this sub-paragraph, the term "Subcontractor(s)" means Subcontractor(s) at any tier.
- 8.43.2 The rights and remedies of the County provided in this sub-paragraph 8.43 shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

#### **8.44 TERMINATION FOR IMPROPER CONSIDERATION**

- 8.44.1 The County may, by written notice to the Hospital, immediately terminate the right of the Hospital to proceed under this Agreement if it is found that consideration, in any form, was offered or given by the Hospital, either directly or through an intermediary, to any County officer, employee, or agent with the intent of securing this Agreement or securing favorable treatment with respect to the award, amendment, or extension of this Agreement or the making of any determinations with respect to the Hospital's performance pursuant to this Agreement. In the event of such termination, the County shall be entitled to pursue the same remedies against the Hospital as it could pursue in the event of default by the Hospital.

8.44.2 The Hospital 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.

8.44.3 Among other items, such improper consideration may take the form of cash, discounts, service, the provision of travel or entertainment, or tangible gifts.

#### **8.45 TERMINATION FOR INSOLVENCY**

8.45.1 The County may terminate this Agreement forthwith in the event of the occurrence of any of the following:

- The filing of a voluntary or involuntary petition regarding the Hospital under the Federal Bankruptcy Code;
- The appointment of a Receiver or Trustee for the Hospital; or
- The execution by the Hospital of a general assignment for the benefit of creditors.

8.45.2 The rights and remedies of the County provided in this subparagraph 8.45 shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

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

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

#### **8.47 Intentionally Omitted**

#### **8.48 SEVERABILITY**

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

#### **8.49 WAIVER**

No waiver by the County of any breach of any provision of this 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 Agreement shall not be construed as a waiver thereof. The rights and remedies set forth in this sub-paragraph 8.49 shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

#### **8.50 WARRANTY AGAINST CONTINGENT FEES**

8.50.1 The Hospital warrants that no person or selling agency has been employed or retained to solicit or secure this 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 the Hospital for the purpose of securing business.

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

#### **8.51 WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM**

Hospital acknowledges that County has established a goal of ensuring that all individuals and businesses that benefit financially from County through agreement are current in paying their property tax obligations (secured and unsecured roll) in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

Unless Hospital qualifies for an exemption or exclusion, Hospital warrants and certifies that to the best of its knowledge it is now in compliance, and during the term of this agreement will maintain compliance, with Los Angeles County Code Chapter 2.206.

## **8.52 TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM**

Failure of Hospital to maintain compliance with the requirements set forth in Paragraph 8.51 "Warranty of Compliance with County's Defaulted Property Tax Reduction Program" shall constitute default under this agreement. Without limiting the rights and remedies available to County under any other provision of this agreement, failure of Hospital to cure such default within 10 days of notice shall be grounds upon which County may terminate this agreement and/or pursue debarment of Hospital, pursuant to County Code Chapter 2.206.

## **9.0 UNIQUE TERMS AND CONDITIONS**

### **9.1 INTENTIONALLY OMITTED**

### **9.2 HOSPITAL'S OBLIGATIONS AS A "COVERED ENTITY" UNDER HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) AND THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT (HITECH)**

9.2.1 The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing regulations. Hospital understands and agrees that, as a provider of medical services, it is a "covered entity" under HIPAA/HITECH and, as such, has obligations with respect to the confidentiality, privacy, and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of its staff and the establishment of proper procedures for the release of such information, including the use of appropriate consents and authorizations specified under HIPAA/HITECH.

9.2.2 The parties acknowledge their separate and independent obligations with respect to HIPAA/HITECH, and that such obligations relate to transactions and code sets, privacy, and security. Hospital understands and agrees that it is separately and independently responsible for compliance with HIPAA/HITECH in all these areas and that County has not undertaken any responsibility for compliance on Hospital's behalf. Hospital has not relied, and will not in any way rely, on County for legal advice or other representations with respect to Hospital's

obligations under HIPAA/HITECH, but will independently seek its own counsel and take necessary measures to comply with the law and its implementing regulations.

- 9.2.3 Hospital and County understand and agree that each is independently responsible for HIPAA/HITECH compliance and agree to take all necessary and reasonable actions to comply with the requirements of the HIPAA/HITECH laws and implementing regulations related to transactions and code sets, privacy, and security.
- 9.2.4 Each party further agrees that, should it fail to comply with its obligations under HIPAA/HITECH, it shall indemnify and hold harmless the other party (including the other party's officers, employees, and agents), for damages to the other party that are attributable to such failure.

### **9.3 DUE PROCESS**

- 9.3.1 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 9.8.2 herein below, Hospital 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 Agreement, or interim system re-configuration, Hospital shall be afforded its due process right to a hearing before implementation of any of the actions which constitute grounds for a hearing. Hospital 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 EMSC.
- 9.3.2 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 Exhibit A, Paragraph 6.20.

9.3.3 Summary Suspension or Summary Suspension with Intent to Terminate: In the case of summary suspensions or summary suspensions with intent to terminate, Hospital, 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. Hospital 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 Hospital 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 Hospital's agreement be terminated, that other conditions be imposed on Hospital, or such other action as may seem warranted. If Director recommends any action other than immediate return of Hospital to full base hospital status, Hospital 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 Hospital of their written decisions.

9.3.4 Time and Place of Hearing: Director shall, within fifteen (15) calendar days of receipt of a Hospital request for hearing as set forth above, apply to the EMSC for such hearing. Director shall give notice to Hospital 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 Hospital 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.

- 9.3.5 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 Hospital 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.
- 9.3.6 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.
- 9.3.7 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.
- 9.3.8 Basis of Decision: Subject to the rules of the EMSC, the EMSC decision on a hearing under this 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.

9.3.9 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 Hospital 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.

9.3.10 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.

#### **9.4 RESPONSIBILITY FOR INDIGENT PATIENTS**

Nothing contained in this 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.

#### **9.5 STATUS OF HOSPITAL**

The parties hereto agree that Hospital, 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, Hospital shall employ all personnel (excluding physicians), assure physicians availability, provide supplies, equipment, equipment space, furniture, insurance, utilities, and telephones necessary for performance of Hospital's responsibilities as set forth in this Agreement. This Paragraph shall not preclude or limit Hospital from seeking reimbursement, contributions, tuition, or other payment from public or private paramedic provider agencies for services provided by Hospital. However, this Paragraph shall not be interpreted to mean that any such reimbursement, contributions, or payment is required or mandated.

IN WITNESS WHEREOF, Hospital has executed this Agreement, or caused it to be duly executed and the County of Los Angeles, by order of its Board of Supervisors has caused this Agreement to be executed on its behalf by the Chair of said Board and attested by the Executive Officer-Clerk of the Board of Supervisors thereof, the day and year first above written.

COUNTY OF LOS ANGELES

By \_\_\_\_\_  
Mitchell H. Katz, M.D.  
Director of Health Services

HOSPITAL

\_\_\_\_\_

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

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

\_\_\_\_\_  
Title

APPROVED AS TO FORM  
BY THE OFFICE OF THE  
COUNTY COUNSEL

**EXHIBIT A**

# **STATEMENT OF WORK**

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# **EXHIBIT A**

## **STATEMENT OF WORK (SOW)**

### **1.0 SCOPE OF WORK**

The basis of this 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 cooperative basis, 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.

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

- 2.1 The EMS Agency may elect to restructure the prehospital care system as it deems necessary in accordance with paragraph 6.4 and 6.5 of this Exhibit A, Statement of Work.
- 2.2 All changes must be made in accordance with sub-paragraph 8.1 Amendments of the Agreement.

### **3.0 QUALITY CONTROL**

The Hospital shall establish and utilize a comprehensive Quality Control Plan to assure the County a consistently high level of service throughout the term of the Agreement. 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:

- 3.1 Method of monitoring to ensure that Agreement requirements are being met;
- 3.2 A record of all inspections conducted by the Hospital, 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.

### **4.0 QUALITY ASSURANCE PLAN**

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

#### **4.1 Contract Discrepancy Report (SOW Exhibit 1)**

Verbal notification of a Contract discrepancy will be made to the Project Monitor as soon as possible whenever a Contract discrepancy is identified. The problem shall be resolved within a time period mutually agreed upon by the County and the Hospital.

The County Project Monitor will determine whether a formal Contract Discrepancy Report shall be issued. Upon receipt of this document, the Hospital is required to respond in writing to the County 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 Project Monitor within thirty (30) workdays.

#### **4.2 County Observations**

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

### **5.0 DEFINITIONS**

For convenience, specific terms and definitions can be found in the Agreement, Paragraph 2.0 Definitions.

### **6.0 RESPONSIBILITIES**

The County's and the Hospital's responsibilities are as follows:

#### **COUNTY**

##### **6.1 Personnel**

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

6.1.1 Monitoring the Hospital's performance in the daily operation of this Agreement.

6.1.2 Providing direction to the Hospital in areas relating to policy, information and procedural requirements.

6.1.3 Preparing Amendments in accordance with the Agreement, Paragraph 8.0, Standard Terms and Conditions, Sub-paragraph 8.1 Amendments.

##### **6.2 Intentionally Omitted**

### **6.3 Policies and Procedures**

- 6.3.1 Establish policies and procedures consistent with State and County laws, regulations, and standards to assure medical control of ALS personnel.
- 6.3.2 Review and revise policies every three years or as needed.
- 6.3.3 Make available to Hospital upon execution of this Agreement a complete manual containing all protocols and policies which the EMS Agency currently considers to be applicable to participants in the ALS system.
- 6.3.4 Establish policies and procedures that ensure a mechanism exists for replacing medical supplies and equipment used by advanced life support personnel during treatment of patients. Such policies and procedures shall not require hospital to provide or replace such medical supplies and equipment.
- 6.3.5 Establish policies and procedures that ensure a mechanism exists for replacing controlled drugs and narcotics used by advanced life support personnel during treatment of patients. Such policies and procedures shall not require hospital to provide or replace such medical supplies and equipment.

### **6.4 Interim System Re-Configuration**

DHS may, on an interim basis, restructure the prehospital care system as it deems necessary, including reassignment of ALS Units to or from Hospital 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, Hospital, 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 9.8, 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.

### **6.5 System Configuration**

Director shall notify Hospital 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 Hospital 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 Hospital to

serve as a base hospital can no longer be substantiated, or if Hospital is adversely affected by the addition of a new base hospital, Hospital, upon request, shall be provided with "due process" as specified in Paragraph 9.8, Due Process of the Agreement.

## **6.6 Data Management**

6.6.1 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 Forms Completion Manual.

The DHS base hospital data collection system includes:

1. A base hospital manual.
2. A minimum of sixteen (16) 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 Hospital, and as agreed upon by County, to enable Hospital personnel to perform data entry, database maintenance, and basic report generation functions.
3. A nonexclusive, nontransferable license to Hospital to use TEMIS software and documentation and any software updates for as long as County maintains its software license contract with Lancet Technology, Inc., or until Agreement is terminated as set forth herein. Such license also includes the right of Hospital to copy TEMIS software, data, and documentation for back-up or archive purposes, but such license further gives Hospital 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 Exhibit Q, 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 Agreement is terminated for any reason, DHS shall promptly remove all TEMIS software provided by County/County's TEMIS-related contractor and Hospital shall return to County all TEMIS data and documentation (and all copies thereof made by Hospital hereunder) provided by County to Hospital.

6.6.2 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.

6.6.3 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.

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

6.6.5 County does not assume and shall have no liability under this 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.

## **6.7 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 Hospital's continuing education programs, field care audits, and meetings related to the EMS system and shall perform contract compliance reviews as specified in this Agreement.

## **6.8 Assignment of ALS Units**

After consultation with Hospital and provider agencies, Director shall assign designated ALS units to operate under Hospital's primary control as base hospital. These assignments may be changed from time to time by Director after consultation with Hospital. Director shall take into consideration the number of base hospital contacts handled by each base hospital within a Base Hospital Region, 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.

## **6.9 Paramedic Communication System Management**

- 6.9.1 Designate one individual within DHS as the PCS manager to provide administration and direction of the PCS.
- 6.9.2 Utilize County's Internal Services Department ("ISD") for ongoing design, installation, maintenance, and technical consultation.
- 6.9.3 Assign Hospital frequencies and private line ("PL") tones in consultation with ISD.
- 6.9.4 Notify Hospital 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 Hospital, and until Hospital, if it wishes, has appropriately exhausted administrative due process remedies under the Agreement.
- 6.9.5 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 Exhibit J, attached hereto and incorporated herein by reference.
- 6.9.6 Notify the Hospital Association of Southern California ("HASC") of any proposals for changes in policies and procedures.

## **6.10 Responsibilities of County through ISD**

- 6.10.1 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.
- 6.10.2 Maintain and repair County-owned equipment.
- 6.10.3 Prepare PCS communications operating procedures and maintenance standards in cooperation with the EMS Agency

## **6.11 Agreement Compliance**

Should DHS, as determined by Hospital, fail to comply with any provision set forth hereunder as a DHS responsibility or obligation, Hospital may do any or all of the following in addition to other rights which Hospital 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 Agreement.
- 3) Institute the review procedures outlined in Paragraph 9.8, DUE PROCESS of the Agreement.

## **HOSPITAL**

### **6.12 Project Manager**

6.12.1 Hospital shall provide a full-time Project Manager or designated alternate.

6.12.2 Project Manager shall act as a central point of contact with the County.

6.12.3 Project Manager/alternate shall have full authority to act for Hospital on all matters relating to the daily operation of the Agreement. Project Manager/alternate shall be able to effectively communicate, in English, both orally and in writing.

### **6.13 Personnel**

6.13.1 Hospital shall assign a sufficient number of employees to perform the required work. At least one employee on site shall be authorized to act for Hospital in every detail and must speak and understand English.

6.13.2 Hospital shall be required to background check their employees as set forth in sub-paragraph 7.5 – Background & Security Investigations, of the Agreement.

### **6.14 Uniforms/Identification Badges**

6.14.1 Hospital shall ensure their employees are appropriately identified as set forth in sub-paragraph 7.4 – Hospital's Staff Identification, of the Agreement.

### **6.15 Materials and Equipment**

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

### **6.16 Training**

6.16.1 Hospital shall provide training programs for all new employees and continuing in-service training for all employees.

6.16.2 All employees shall be trained in their assigned tasks and in the safe handling of equipment. All equipment shall be checked daily for safety. All employees must wear safety and protective gear according to OSHA standards.

## **6.17 Intentionally Omitted**

## **6.18 General Requirements**

- 6.18.1 Hospital must be licensed by the State Department of Health Services as a general acute care hospital.
- 6.18.2 Hospital must be accredited by the Joint Commission or any accreditation deemed acceptable by the Centers for Medicare and Medicaid Services (CMS).
- 6.18.3 Hospital 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.
- 6.18.4 Hospital must meet or exceed standards for Emergency Departments Approved for Pediatrics (Exhibit V).
- 6.18.5 Hospital must satisfy the requirements of Title 22, California Code of Regulations, Section 100168.
- 6.18.6 Hospital must participate in the ReddiNet® communication system.
- 6.18.7 Hospital 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 Agreement.

## **6.19 Standards and Protocols**

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

## **6.20 Data Collection**

Hospital 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 Hospital:

- 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 base hospital paramedic contact involving a patient. Samples of the EMS Agency approved Base Hospital Form are attached as Exhibit R, (Base Hospital Form), R-1 (Page 2), R-2 (MCI Form), attached hereto and incorporated herein by reference. Hospital shall submit the Base Hospital Form within sixty (60) calendar days of the incident. Upon approval of Director, Hospital 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 Form Instruction Manual (Exhibit S) as posted in the EMS Agency's website.

- 2) Receiving Hospital Outcome Data: Hospital shall complete emergency department outcome data for all patients where Hospital provided base hospital medical direction to prehospital care personnel and patients were delivered to its emergency department via the County's prehospital care system. Hospital personnel shall enter the appropriate information as defined in Exhibit S, attached hereto and incorporated herein by reference, onto the Base Hospital Form and into the County's automated data collection system (TEMIS).
- 3) Required Data Elements: Hospital shall enter data elements as defined in Exhibit S.
- 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 Hospital, 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 Hospital 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) Hospital 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 Hospital's data to County via County defined media, or fail to correct any software errors that prevent Hospital from being able to perform data entry, Hospital's obligation to submit data electronically shall cease, until County has reinstalled the necessary software or corrected the software errors.
- 6) Hospital shall utilize TEMIS application programs and provide hardware which meets the requirements listed under Current TEMIS Hospital Hardware and Software Specifications described in Exhibit Q. Hospital shall in no way modify the structure or function of the software as set forth in the 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 Hospital in a secure location.
- 7) To provide ongoing financial support to County for data collection, monitoring, and evaluation of the ALS programs, all of which benefit Hospital in the provision of base hospital services, Hospital agrees to offset a portion of the costs attributed thereto. The amount payable to County by Hospital for the first one (1)-year period of Agreement shall be Fifteen Thousand Dollars (\$15,000) for the first year of the Agreement

(which shall be prorated if the first term is less than twelve months), and each subsequent year the amount shall be as follows:

-Year two: Fifteen Thousand Five Hundred Dollars (\$15,500)

Base fees are used to cover the cost of the Trauma and Emergency Medicine Information System Application Software and Support Services Agreement with Lancet Technology, Inc. This agreement is effective through June 2014. The Base fees for years three through five will be updated based on the new agreement with Lancet Technology, Inc.

If a Hospital chooses to upgrade from a single-user copy to a multi-user copy of the Lancet software under this agreement, an additional Three Thousand Dollars (\$3,000) will be added to the Base fees.

For any hospital that is a designated Trauma Center, the base hospital fee is included as part of the Trauma Center fee. In the event Hospital is approved as a County-designated trauma center before the end of any base Agreement year, the base fees paid for that Agreement year shall be applied to the prorated trauma center fees due at the time the TCSA is executed. The amount due for each consecutive year of the Agreement shall be paid on or before July 31 of the period. If this Agreement is canceled or terminated on a date other than June 30 of any one (1) year period (July 1 through June 30) of the Agreement term, the amount due by Hospital for that period shall be reduced by proration. If Hospital has already paid the annual amount, County shall return to Hospital that portion of the payment allocable to the period following the termination or cancellation date.

- 8) Hospital shall provide all supplies necessary for the ongoing use of their equipment (e.g., printer cartridges, printer paper, compact discs, DVDs, flash drives, etc.).
- 9) Hospital 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.
- 10) Hospital shall assign qualified back-up personnel, excluding PCC, to enter data into TEMIS, as reasonably appropriate for Hospital to meet Hospital's data collection responsibilities described herein. Furthermore, Hospital shall permit adequate time for complete training of such personnel. Arrangements for training of new or replacement Hospital personnel shall be the primary responsibility of Hospital.
- 11) 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". Hospital 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 Hospital 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.

- 12) Hospital 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 hospital or hospital personnel.
- 13) Nothing in this Agreement shall prohibit Hospital from seeking reimbursement, contributions, or other payment from municipalities, paramedic provider agencies, or receiving hospitals to defray Hospital costs associated with providing ALS services, including data collection. Nothing herein, however, requires reimbursement or other payment from municipalities, paramedic provider agencies, or receiving hospitals to defray such costs.

## **6.21 Program Monitoring**

6.21.1 Hospital extends to Director, or his designee and to authorized representatives of the State, the right to review and monitor Hospital's programs and procedures with respect to this Agreement, and to inspect its facilities for contractual compliance with State and EMS Agency policies and regulations.

Inspections by DHS staff shall be conducted during County's normal business hours and only after Director has given Hospital 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 Hospital'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 day period.

6.21.2 Program Review: At minimum, audits shall be conducted every three (3) years to ensure compliance with State and EMS Agency policies and regulations. Hospital shall be given no less than thirty (30) calendar days notice in advance of said review. Hospital's director of utilization review and director of medical records shall be permitted to participate in the review and Hospital and its staff shall fully cooperate with County representatives. In the conduct of such audit and review, Hospital shall allow such representatives access to all reports, audio recordings, medical

records, and other reports pertaining to this Agreement, and shall allow photocopies to be made of these documents, utilizing Hospital's photocopier.

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

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

6.22.1 Hospital shall communicate all appropriate ALS patient management information to the receiving hospital to which a patient is directed as result of a radio or telephone communications response. 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.

6.22.2 Hospital shall assist newly approved SFTP paramedic providers to utilize SFTPs in determining patient destination and in notifying the receiving hospital, for up to two (2) years after SFTP implementation or until such time paramedic providers are capable of so notifying the receiving hospital, whichever is less.

## **6.23 Reimbursement for ALS Direction**

Nothing in this Agreement shall prohibit Hospital 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 Hospital costs.

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

Except as otherwise may be noted herein, the number of ALS units assigned to Hospital on a primary basis shall be based upon the number of base hospital contacts handled by each base hospital within a geographic area; 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 9.8, 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 Hospital hereunder.

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

6.25.1 Hospital shall establish and maintain an EMS continuing education provider program in accordance with policies established in the Prehospital Care Manual and CE Manual by Director. County requirements for such programs shall be a minimum of twelve (12) hours of education per year, of which a minimum of six (6) hours per year are field care audits. A base hospital may require additional field care audits to maintain MICN sponsorship.

6.25.2 Hospital shall facilitate scheduling structured field observation for MICN certification.

6.25.3 In addition, Hospital 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.

6.25.4 Hospital 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 Agreement with Hospital.

6.25.5 Hospital shall coordinate a prehospital orientation program for new base hospital physician and nursing staff to the prehospital program.

6.25.6 Hospital shall facilitate the education of new MICNs by providing instructor(s) to lecture, perform radio simulations, or assist as needed at any County-sponsored MICN Development Course to which Hospital sends MICN candidates.

6.25.7 To the extent Hospital is required to provide mandatory formal education programs over and above those set forth in subparagraphs (1) and (2) immediately above, Hospital 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.

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

Hospital shall routinely record minutes of all base hospital meetings, and maintain attendance records of all such meetings, and continuing education classes. Hospital shall forward copies of base hospital meeting minutes to the EMS Agency's Hospital Programs Section on a regular basis, but no less than quarterly.

Hospital may also submit Newsletters and Other Communication Related Materials in lieu of meeting minutes if Hospital deems that such communication method is more effective. Hospital shall forward the following to the EMS Agency:

- 1) Copies of base hospital meeting minutes to the EMS Agency's Hospital Programs Section.
- 2) Monthly continuing education schedules to the Office of Program Approvals prior to scheduled date of course.
- 3) 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 Program Approvals by January 31 of the following year.
- 4) Course rosters for Los Angeles County mandated training programs to the Office of Prehospital Certification no later than fifteen (15) calendar days after the class concludes, but not to exceed established deadline of course.

#### **6.27 Base Hospital Medical Director**

Hospital 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 Hospital (including without limitation, the quality improvement program for the services provided herewithin), 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 at Hospital 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, 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 Hospital's prehospital care program.
- 5) Attend a mandatory 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 Hospital from seeking reimbursement, contributions, or other payment from municipalities, paramedic provider agencies, or receiving

hospitals to defray Hospital'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.

#### **6.28 Base Hospital Physicians**

Hospital 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 Hospital's emergency department physicians participating in Hospital's activities as a base hospital shall:

- 1) Satisfactorily complete Hospital's base hospital orientation program. Such a program shall include: base hospital protocols, base hospital treatment guidelines, base hospital radio operations, and prehospital medicine approved by the Medical Director of the EMS Agency, within thirty (30) days of assuming base physician responsibilities.
- 2) Be board certified in emergency medicine or have satisfied the requirements to take the emergency medical board examination, or have completed the Advanced Cardiac Life Support provider training program.
- 3) Comply with policies and procedures of the EMS Agency.
- 4) Be under the direction of the base hospital medical director.

#### **6.29 MICNs**

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

- 1) Be currently certified as an MICN in Los Angeles County.
- 2) Be currently certified as an 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

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

Hospital shall designate a dedicated MICN with experience and knowledge of base hospital radio operations and EMS Agency policies and regulations to serve as the Hospital'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 Hospital'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 Hospital 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 a mandatory EMS orientation course as provided for by the EMS Agency within six (6) months of assuming base hospital PCC responsibilities.

Nothing in this Agreement shall prohibit Hospital from seeking reimbursement, contributions, or other payment from municipalities, paramedic provider agencies, or receiving hospitals to defray Hospital'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.

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

Hospital 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 an 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.

### **6.32 Quality Improvement (QI)**

Hospital 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.

Hospital shall have a process developed, with input from the base hospital medical director, base hospital physician, the PCC, MICNs, paramedics, and Hospital 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.

Hospital shall also participate in the EMS Agency's Quality Improvement Program, with records provided by Hospital in accordance with the terms of this Agreement.

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

6.35.1 Provide the specific PCS base hospital communications equipment listed in Exhibit K, 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.

6.35.2 Acquire and maintain in effect throughout the term of this Agreement FCC licenses for such communications equipment in accordance with California Public Safety Radio Association ("CPSRA") procedures.

6.35.3 Operate, maintain, and repair Hospital-owned PCS equipment in accordance with standards promulgated hereunder.

6.35.4 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 Hospital, Director, and ISD, if Hospital is afforded capability of remote control radio stations located at a County site or other remotely located site. If the remote radio stations are located at a non-County site and are owned by Hospital, then Hospital 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.

6.35.5 Comply with the operating and maintenance standards for communications equipment as set forth in Exhibit L, attached hereto and incorporated herein by reference. Hospital further agrees to operate its PCS equipment in accordance with the transmitter power output and antenna specifications as shown in Exhibit K.

- 6.35.6 Comply with channel assignments made by the EMS Agency for communication with paramedics.
- 6.35.7 Provide training of Hospital personnel assigned to Hospital's PCS operation on the use of communications equipment listed in Exhibit K.
- 6.35.8 Comply with Paramedic System Trouble Control Procedures established by the EMS Agency PCS manager listed in Exhibit M.
- 6.35.9 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 Hospital and which has a demonstrated capability of providing the required services.
- 6.35.10 Nothing in this Agreement shall prohibit Hospital from seeking reimbursement, contributions, or other payment from municipalities, paramedic provider agencies, or receiving hospitals to defray Hospital's costs associated with providing ALS services. However, nothing in this Agreement shall be deemed to require any such reimbursement, contributions, or payment.

#### **6.34 County Provided TEMIS Hardware**

Hospital agrees to replace County provided TEMIS hospital hardware and return such equipment to the County by March 30, 2013. Hospital shall maintain their new equipment in fully functioning order until Agreement is terminated.

Hospital shall utilize TEMIS application programs and provide their own equipment in accordance with the specifications shown in Attachment Q, Current TEMIS Hospital Hardware and Software Specifications, attached hereto and incorporated herein by reference, in a reasonably secure area of the hospital provided by the Hospital.

#### **7.0 Intentionally Omitted**

#### **8.0 Intentionally Omitted**

#### **9.0 Intentionally Omitted**

#### **10.0 Intentionally Omitted**

#### **11.0 GREEN INITIATIVES**

- 11.1 Hospital shall use reasonable efforts to initiate "green" practices for environmental and energy conservation benefits.
- 11.2 Hospital shall notify County's Project Manager of Hospital's new green initiatives prior to the agreement commencement.

## **12.0 BASE HOSPITAL PROGRAM REVIEW CHECKLIST**

A Base Hospital Program Review Checklist, Exhibit 2, listing required services that will be monitored by the County during the term of this Agreement is an important monitoring tool for the County.

All listings of services used in the Base Hospital Program Review Checklist are intended to be completely consistent with the Agreement and the SOW, and are not meant in any case to create, extend, revise, or expand any obligation of Hospital beyond that defined in the Agreement and the SOW. In any case of apparent inconsistency between services as stated in the Agreement and the SOW and this PRS, the meaning apparent in the Agreement and the SOW will prevail. If any service seems to be created in this PRS which is not clearly and forthrightly set forth in the Agreement and the SOW, that apparent service will be null and void and place no requirement on Hospital.

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

Hospital's failure to meet data collection requirements for base hospital data elements shall be addressed by the County in accordance with Exhibit 3, Procedure for Non-Compliance with Data Collection Requirements.

# STATEMENT OF WORK EXHIBITS

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## **BASE HOSPITAL PROGRAM REVIEW CHECKLIST**

The purpose of the Base Hospital Review is to verify compliance with contractual requirements. Assessments of hospital documents, personnel credentials, the quality improvement program, data base maintenance, and prehospital continuing education programs are integrated into the review process.

### ADMINISTRATIVE REQUIREMENTS

#### A. License/Permit/Accreditation

Base Hospital (BH) meets all of the following:

1. Licensed by the State Department of Health Services as a general acute care hospital.
2. Above license indicates a special permit for Basic or Comprehensive Emergency Medicine Service.
3. Accredited by the Joint Commission or any accreditation deemed acceptable by the Centers for Medicare and Medicaid Services (CMS).
4. Has a current FCC license for paramedic communications equipment.
5. Approved as an Emergency Department Approved for Pediatrics (EDAP).

#### B. Insurance

BH insurance is current and specifically covers the facility, and meets all requirements in the Agreement.

### SERVICE REQUIREMENTS

#### A. Personnel

1. BH has designated a Medical Director who meets the following:
  - a. Board certified in emergency medicine or has met the Requirements to take the emergency medicine board examination; and,
  - b. Has completed the BH orientation program; and,

- c. BHMD is a full-time emergency physician as defined by working an average of at least 96 hours per month; and,
    - d. Has attended the Los Angeles County EMS Agency orientation program.
  - 2. BH has at least one full-time physician on duty at all times who meets the following:
    - a. Each BH physician is board certified in emergency medicine; or has met the requirements to take the emergency medicine board examination; or has completed the ACLS provider or instructor training program.
    - b. Each BH physician has completed a base hospital orientation within 30 days of assuming BH physician responsibilities.
  - 3. BH has designated a Prehospital Care Coordinator who meets the following requirements:
    - a. Certified Mobile Intensive Care Nurse (MICN) in Los Angeles County; and,
    - b. Has successfully completed the CLAS provider or instructor training program; and,
    - c. Has attended the Los Angeles County EMS Agency orientation program.
  - 4. BH Mobile Intensive Care Nurses are:
    - a. Currently certified in Los Angeles County; and,
    - b. Currently certified as an ACLS provider or instructor.
  - 5. Ancillary Personnel
    - a. BH has qualified back-up personnel who are trained in TEMIS data collection.
    - b. BH has personnel for maintenance and repair of radio and system equipment 24 hours/day and 7 days/week.
  - 6. General
 

All BH personnel are informed of contract required information on Confidentiality requirements.
- B. Quality Improvement (QI)
  - 1. BH implements a QI Plan that includes objectives, integration into the organization, scope and mechanisms to oversee the effectiveness of the program.
  - 2. BH designates a representative to participate in the system wide EMS QI Committee.
- C. Data Collection

1. The MICN and/or BH physician completes one DHS approved BH Form for every patient on whom base contact is made.
  2. The BH captures electronically all required fields from the BH Form.
  3. BH Forms and electronic data requirements:
    - a. The BH Forms are submitted within 60 calendar days following an incident.
    - b. Data is submitted electronically within 45 calendar days following an incident.
  4. The original "Base Hospital" copy is retained for seven years, or if the patient is a minor, one year past the age of majority, whichever is greater.
  5. BH maintains a chronological log/mechanism to track each paramedic radio contact.
  6. Copies of the requested BH field care audio recordings were submitted for compliance review of Treatment Protocols.
- D. Base Hospital Meeting Minutes
- BH meeting minutes are submitted to the EMS Agency on a regular basis, but no less than quarterly.
- E. Prehospital Continuing Education (CE) Provider
- BH meets all requirements outlined in Prehospital Care Manual Reference No. 1013.

#### FISCAL REQUIREMENTS

BH pays the annual fee within the time frame specified in the Agreement.

## PROCEDURE FOR NON-COMPLIANCE WITH DATA COLLECTION REQUIREMENTS

Month	Action 1	Audit Result	Action 2
1 <sup>st</sup>	Hospital 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>	Hospital 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 Hospital's 1 <sup>st</sup> month data compliance	Hospital 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 Hospital'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 Hospital's 2 <sup>nd</sup> month data compliance	No significant improvement  Significant Improvement	EMS Agency sends a written notice to Hospital notifying of audit results and continued non-compliance.  Monitor
5 <sup>th</sup>	EMS Agency reviews Hospital's 3 <sup>rd</sup> month data compliance	No significant improvement  Significant Improvement	EMS Agency notifies Hospital's Prehospital Care Coordinator in writing of audit results and request to submit within 15 calendar days a plan to correct deficiency.  Monitor

<b>Month</b>	<b>Action 1</b>	<b>Audit Result</b>	<b>Action 2</b>
6 <sup>th</sup>	EMS Agency reviews Hospital's 4 <sup>th</sup> month data compliance	No significant improvement  Significant improvement	Within 15 days of County's receipt of Hospital's plan, the County will provide Hospital a written approval or request additional modifications to Hospital's plan.  Monitor
7 <sup>th</sup>	EMS Agency reviews Hospital's 5 <sup>th</sup> month data compliance	No significant improvement  Significant improvement	County will notify Hospital 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 Hospital'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 Hospital'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 Hospital'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 Hospital'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 Hospital'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 Hospital'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 Hospital'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 <sup>1</sup>

<sup>1</sup> If two additional months of data show that Hospital remains non-compliant, Hospital will be evaluated for agreement termination.

**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 COMMUNICATIONS EQUIPMENT**

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

- (1) 2 each - Transceiver, 4-channel, transmitter output adjustable between 20-45 watts, with CTCSS and "AND" squelch
- (2) 2 - Duplexer
- (3) 2 each - Antenna, Omni-directional, vertically polarized, typically 5.0 dB gain
- (4) 2 each - Hardware Kit, Antenna Mounting
- (5) 2 each - Coaxial cable, (5/8 hardline type) low-loss at UHF, including connectors, etc. (maximum length - approx. 100 ft.)

- B. 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.

Base hospital agrees to upgrade EMSCS equipment as described in Radio Specifications 1927 and 1928 as revised by County of Los Angeles Internal Services, to meet the State Emergency Medical Services Authority EMSA. Future FCC mandates to operate on Digital Modes and Narrow Band Frequency standards, when adopted by public safety Radio Communications organizations, such as APCO, must be kept in

mind if replacing the State Emergency Medical Services Authority's EMSA Narrow Band Frequency Standard when adopted.

2. MED 9 RADIO STATION

A. Radio Equipment

- (1) 1 each - Transceiver, Single-Channel, transmitter output adjustable between 20-45 watts, with CTCSS and "AND" squelch.
- (2) 1 each - Duplexer
- (3) 1 each - Coaxial cables (5/8 hardline type) low-loss at UHF, including connectors, etc. (maximum length - approx. 100 ft.)
- (4) 1 each Antenna, Omni-directional, vertically polarized, typically 5.0 dB gain.
- (5) 1 lot Hardware Kit, Antenna Mounting.

B. Radio Transmitter Power

Power output of the MED 9 transmitter shall be adjusted for 20 watts to appear at base of antenna.

Base hospital agrees to upgrade Paramedic Communication System (PCS) equipment as described in Radio Specifications 1927 and 1928 to meet the State Emergency Medical Services Authority's EMSA Narrow Band Frequency Standard when adopted.

**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
    - (1) 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 item 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.

**PARAMEDIC SYSTEM TROUBLE CONTROL PROCEDURES**

1. The Paramedic System

- A. The paramedic 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) 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 P).

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 (213) 974-1234 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) 940-3305

**REMOTE BASE STATION RADIO SITES**

REMOTE POINT	ASSIGNMENT	FROM	BASE HOSPITAL	SOURCE	SUBSCRIBER	ACTIVE
1	MED 1-4	SAN PEDRO & PENINSULA	TORRANCE MEMORIAL MEDICAL CENTER	LEASED LINE	LEASED LINE TORRANCE MEMORIAL MEDICAL CENTER	YES
2	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	MED 5-8	POINT	POMONA VALLEY HOSPITAL MEDICAL CENTER	LEASED LINE	LEASED LINE	YES
4	MED 1-4	POINT	UCLA MEDICAL CENTER	LEASED LINE	LEASED LINE	NO
	MED 5-8	POINT	UCLA MEDICAL CENTER	LEASED LINE	LEASED LINE	NO
	MED 9	POINT	UCLA MEDICAL CENTER	LEASED LINE	LEASED LINE	NO
5	MED 9 #970 MED 7a		HENRY MAYO NEWHALL			
6	MED 4a MED 5A		HENRY MAYO NEWHALL			

	REMOTE POINT	ASSIGNMENT	FROM	TO	SOURCE	SUBSCRIBER	ACTIVE
7	BALD MOUNTAIN	MED 4A #810		HENRY MAYO NEWHALL			
8	VERDUGO HILLS HOSPITAL	MED2A #92		HUNTINGTON MEMORIAL			
9	PASADENA CITY COLLEGE	MED 9v, MED 5v		HUNTINGTON MEMORIAL			
10	BEACH CITIES, HARBOR MASTER	MED 9 #860 MED-1DV		LITTLE COMPANY OF MARY			
11	BLACKJACK MOUNTAIN	MED 6D #160		LITTLE COMPANY OF MARY			
12	LITTLE COMPANY OF MARY - SAN PEDRO	MED 9#190 MED 4E MED 8E		LITTLE COMPANY OF MARY			
13	SAN PEDRO HILL	MED 9#960 MED 8E		LITTLE COMPANY OF MARY			
14	VAN NUYS COURT	MED 8A		NORTHRIDGE HOSPITAL MEDICAL CENTER			
15	DIAMOND BAR	MED5A #250 OR #680		POMONA VALLEY HOSPITAL MEDICAL CENTER			
16	JOHNSTONE	MED 5A #250		POMONA VALLEY HOSPITAL MEDICAL CENTER			
17	LONG BEACH COMMUNITY HOSPITAL	MED 7EV		ST MARY MEDICAL CENTER			
18	LAKEWOOD REGIONAL	MED 7EV		ST MARY MEDICAL CENTER			
19	SIGNAL HILL	MED 7EV		ST MARY MEDICAL CENTER			
20	QUEEN OF ANGELS/HOLLYPRES	MED 9 #750 MED 7C #750		LAC+USC MEDICAL CENTER			

## EXHIBIT Q

### CURRENT TEMIS HOSPITAL HARDWARE AND SOFTWARE SPECIFICATIONS

#### Minimum Workstation Recommendations

- Intel® Pentium E5200 (2.5 GHz)
- [Microsoft Windows XP Professional SP3](#)
- 1 GB of RAM
- 2 GB of Available Disk Space\*
- Display Adapter and Monitor Capable of Displaying 1024 X 768
- 100 Mbps NIC Adapter or faster\*
- Mouse
- Keyboard
- LA Base Software

#### Recommended Workstation Specification

- Intel® Core i5 Processor
- [Microsoft Windows 7 Professional 64-bit](#)
- 4 GB of RAM
- 100 GB of Available Disk Space\*
- Display Adapter and Monitor Capable of Displaying 1024 X 768
- Graphics accelerator with 512MB RAM and Monitor Capable of Displaying 1024 X 768
- DirectX 9 graphics device with WDDM 1.0 or higher driver
- 1 Gbps NIC Adapter or faster\*
- Mouse
- Keyboard
- LA Base Software

BASE HOSPITAL FORM

BASE HOSPITAL FORM

Log # \_\_\_\_\_ SEQ. # \_\_\_\_\_ Pg2

Date MM/DD/YYYY Prov. Code \_\_\_\_\_ Pt. # \_\_\_\_\_ of \_\_\_\_\_  
 Time \_\_\_\_\_ Unit \_\_\_\_\_ Age \_\_\_\_\_ Sex:  M  F  
 Location \_\_\_\_\_ Weight \_\_\_\_\_ Kg  lbs.  Est  Too Tall  
 Hospital Code \_\_\_\_\_  
 Radio  Full Call  
 Phone  SFT Protocol  
 HEAR Radio  Joint Run  
 Info Only

**ASSESSMENT**

Chief Complaint Code \_\_\_\_\_ SEVERITY OF DISTRESS  None  Mild  Mod.  Severe  
 Protocol \_\_\_\_\_ O/P \_\_\_\_\_  
 \_\_\_\_\_ Q \_\_\_\_\_  
 \_\_\_\_\_ R \_\_\_\_\_  
 \_\_\_\_\_ S \_\_\_\_\_  
 \_\_\_\_\_ T \_\_\_\_\_  
 Medical HX \_\_\_\_\_  
 Medications \_\_\_\_\_  
 NKA Allergies: \_\_\_\_\_ Suspected Drugs/ETOH \_\_\_\_\_

**PHYSICAL**

**CONSCIOUS** (check one box/each col)  
 Alert  Oriented x 3  
 NoT Alert  Disoriented  
 Combative  NorMal for Pt.

**UNCONSCIOUS** (check only one box)  
 Responds  Verbal  Pain  
 Purposeful  Nonpurposeful  
 No Response

mLAPSS met  Y  N  
 Last known well: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

**PUPILS**  
 PERL  
 Unequal  
 Pinpoint  
 Fixed & Dil  
 Sluggish

**BREATHING**  
 Rate/Effort:  Norm  Abnormal  
 Labored  Snoring  
 Acc. Mus. Use  Apnea  
 T.V  ↑  N  ↓  
 Clear  Rales  
 Wheeze  RHonchi  
 Stridor  Unequal

**SKIN**  
 Normal  
 Warm  
 Hot  
 Cool  
 Pale  
 Diaphoretic  
 Cyanotic  
 Flushed  
 Jaundiced  
 Capillary Refill  
 NoRmal  
 DELayed

**ECG**  
 Init. Rhyth: \_\_\_\_\_  
 12 Lead \_\_\_\_\_ (time)  
 NL  ABnl  STEMI  
 Artifact  Paced Rhythm  
 Wavy Baseline

**ARRREST**  
 Witnessed By: \_\_\_\_\_  
 Citizen  EMS  None  
 CPR by: \_\_\_\_\_  
 Citizen  EMS  
 Est. Down Time: \_\_\_\_\_  
 PUIses w/ CPR  
 Restoration Pulse (ROSC)  
 Time: \_\_\_\_\_

**TREATMENTS**

O<sub>2</sub>  L/Min. via  NC  Mask  BVM  BlOw by  EXist. Trach  ET  KING  CPAP  
 Spinal Immob.  Refuse  Glucometer  
 IV  None Ordered  IV Unable  Refused  SL  IO  Preexist  TKO  WO  FC  
 CMS Intact  Before #1  
 After #2  
 T.C.P.: MA \_\_\_\_\_ Rate \_\_\_\_\_ Capture:  Y  N  Needle Thoracostomy \_\_\_\_\_  
 Clear by Algorithm

Time	B/P	P	R	O <sub>2</sub> Sat	Pain 0-10	Drug	SED's in the past 48 hrs <input type="checkbox"/> Y <input type="checkbox"/> N	Dose	Route	Treatment/Results
							<input type="checkbox"/> PRN			
							<input type="checkbox"/> PRN			
							<input type="checkbox"/> PRN			
							<input type="checkbox"/> PRN			
							<input type="checkbox"/> PRN			

**TRAUMA**

No Apparent Injuries  BUrns/Shock  Spinal Cord Inj.  
 <6 yr BP < 70 >7 yr BP < 90  
 B P  Abdomen  
 Minor Lac/  Head  Diffuse Tend  
 Flail Chest  GCS <14  Genital/Buttocks  
 T. Pneumo  Facial/Dental  Extremities  
 Trauma  Neck  FRactures  
 Arrest  Chest  Amputations  
 Back  Bet Mid Clav  Neuro/Vasc Comp

**Mechanism of Injury**  
 Enc. Veh.  S Belt  A Bag  ASsault  FAIL  
 Pass Space Intrusion  With Blunt Instr  > 15 ft  
 Surv. of Fatal Acc.  STabbing  Electric Shock  
 Ejected from Vehicle  GSW  Hazmat Expos.  
 EXtrication Required  TRunk  Thermal Burn  
 Ped/Bike vs Vehicle  SI Accidental  SPorts  
 Motorcycle/Moped  SI Intentional  Wk Related  
 Vs Vehicle  ANimal Bite  UNKnown  
 HeLmet  CRush  OTher \_\_\_\_\_

**TRANSPORT**

MAR: \_\_\_\_\_ ETA: \_\_\_\_\_ EDAP: \_\_\_\_\_ ETA: \_\_\_\_\_  
 REC: \_\_\_\_\_ ETA: \_\_\_\_\_  
 Destination \_\_\_\_\_  
 MAR  
 EDAP (<14 yrs)  
 PERINATAL (< 20 wks pregnancy)  
 TC  
 PTC (<14 yrs trauma)  
 PMC (<14 yrs medical)  
 SRC (12 Lead ECG = STEMI or ROSC)  
 ASC  Other \_\_\_\_\_

Indicate rationale below  
 ED SAT  
 Int Disaster  
 CT  
 Request  
 SART  
 SC Req  
 Extremis  
 No SC Access (w/i 30 mins)  
 Other \_\_\_\_\_

**NO TRANSPORT**  
 ALS  
 BLS  
 Heli ETA \_\_\_\_\_  
 Other \_\_\_\_\_  
 AMA  Pronounced  
 DOA  By \_\_\_\_\_ MD  
 Unwarranted  Resus D/C @ \_\_\_\_\_  
 Other \_\_\_\_\_ (rhythm)  
 Total min EMS CPR \_\_\_\_\_  
 DNR/AHCD/POLST

**DISPOSITION**  
 Time Clear \_\_\_\_\_  
 Time Receiving Hosp. Notified \_\_\_\_\_  
 Person Notified \_\_\_\_\_  
 If Base is = Receiving hospital:  Cath Lab  Ward  OB  Expired  Discharged  
 Adm. To Rm # \_\_\_\_\_  ICU/CCU  OR  Stepdown  Inter. Rad \_\_\_\_\_  
 Other \_\_\_\_\_ Transferred from E.D. to \_\_\_\_\_  
 E.D. Diagnosis \_\_\_\_\_

**COMMENTS**

MICN/Cert. # \_\_\_\_\_ Physician \_\_\_\_\_ Patient Name/Number \_\_\_\_\_



MCI BASE HOSPITAL FORM

<b>MCI BASE HOSPITAL FORM</b>				<b># of Patients Transported</b>		
DATE _____	TIME _____	PROVIDER CODE _____	HOSP CODE _____	Delayed	Minor	Destination
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			

<b>Pt #</b> _____		<input type="checkbox"/> M Seq # _____
Age _____	<input type="checkbox"/> F Log # _____	
Wt. _____		Kg/lbs
<b>GCS</b>		<b>Vital Signs</b>
E _____	BP/ Cap Refill _____	Peds Weight Color Code
M _____	Pulse _____	Immediate
V _____	Resp _____	Delayed
		Minor
<b>Chief Complaint</b> _____		<b>Complaint</b>
		<b>Mech of Inj</b>
<input type="checkbox"/> Field Decontamination		
<b>Treatment:</b> <input type="checkbox"/> O2 <input type="checkbox"/> IV <input type="checkbox"/> Sp. Immob. <input type="checkbox"/> Meds		<input type="checkbox"/> AMA
<b>Trans By:</b>	<b>Rec. Facil.</b> _____	<b>Trans To</b>
<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 <input type="checkbox"/> ICU/CCU <input type="checkbox"/> OR <input type="checkbox"/> Ward <input type="checkbox"/> Tele <input type="checkbox"/> OB <input type="checkbox"/> Other		
Transferred <input type="checkbox"/> Discharged <input type="checkbox"/> Expired		
ED Diagnosis Name: _____		

<b>Pt #</b> _____		<input type="checkbox"/> M Seq # _____
Age _____	<input type="checkbox"/> F Log # _____	
Wt. _____		Kg/lbs
<b>GCS</b>		<b>Vital Signs</b>
E _____	BP/ Cap Refill _____	Peds Weight Color Code
M _____	Pulse _____	Immediate
V _____	Resp _____	Delayed
		Minor
<b>Chief Complaint</b> _____		<b>Complaint</b>
		<b>Mech of Inj</b>
<input type="checkbox"/> Field Decontamination		
<b>Treatment:</b> <input type="checkbox"/> O2 <input type="checkbox"/> IV <input type="checkbox"/> Sp. Immob. <input type="checkbox"/> Meds		<input type="checkbox"/> AMA
<b>Trans By:</b>	<b>Rec. Facil.</b> _____	<b>Trans To</b>
<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 <input type="checkbox"/> ICU/CCU <input type="checkbox"/> OR <input type="checkbox"/> Ward <input type="checkbox"/> Tele <input type="checkbox"/> OB <input type="checkbox"/> Other		
Transferred <input type="checkbox"/> Discharged <input type="checkbox"/> Expired		
ED Diagnosis Name: _____		

<b>Pt #</b> _____		<input type="checkbox"/> M Seq # _____
Age _____	<input type="checkbox"/> F Log # _____	
Wt. _____		Kg/lbs
<b>GCS</b>		<b>Vital Signs</b>
E _____	BP/ Cap Refill _____	Peds Weight Color Code
M _____	Pulse _____	Immediate
V _____	Resp _____	Delayed
		Minor
<b>Chief Complaint</b> _____		<b>Complaint</b>
		<b>Mech of Inj</b>
<input type="checkbox"/> Field Decontamination		
<b>Treatment:</b> <input type="checkbox"/> O2 <input type="checkbox"/> IV <input type="checkbox"/> Sp. Immob. <input type="checkbox"/> Meds		<input type="checkbox"/> AMA
<b>Trans By:</b>	<b>Rec. Facil.</b> _____	<b>Trans To</b>
<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 <input type="checkbox"/> ICU/CCU <input type="checkbox"/> OR <input type="checkbox"/> Ward <input type="checkbox"/> Tele <input type="checkbox"/> OB <input type="checkbox"/> Other		
Transferred <input type="checkbox"/> Discharged <input type="checkbox"/> Expired		
ED Diagnosis Name: _____		

<b>Pt #</b> _____		<input type="checkbox"/> M Seq # _____
Age _____	<input type="checkbox"/> F Log # _____	
Wt. _____		Kg/lbs
<b>GCS</b>		<b>Vital Signs</b>
E _____	BP/ Cap Refill _____	Peds Weight Color Code
M _____	Pulse _____	Immediate
V _____	Resp _____	Delayed
		Minor
<b>Chief Complaint</b> _____		<b>Complaint</b>
		<b>Mech of Inj</b>
<input type="checkbox"/> Field Decontamination		
<b>Treatment:</b> <input type="checkbox"/> O2 <input type="checkbox"/> IV <input type="checkbox"/> Sp. Immob. <input type="checkbox"/> Meds		<input type="checkbox"/> AMA
<b>Trans By:</b>	<b>Rec. Facil.</b> _____	<b>Trans To</b>
<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 <input type="checkbox"/> ICU/CCU <input type="checkbox"/> OR <input type="checkbox"/> Ward <input type="checkbox"/> Tele <input type="checkbox"/> OB <input type="checkbox"/> Other		
Transferred <input type="checkbox"/> Discharged <input type="checkbox"/> Expired		
ED Diagnosis Name: _____		

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## **INTRODUCTION – READ ME FIRST!**

The nation and the world look to the Los Angeles County EMS program for answers to many basic prehospital care questions. Ours is one of the oldest systems and, in terms of number of personnel and population served, the largest EMS system in existence. What a gold mine of information!

However, complexity runs hand in hand with size, and in Los Angeles this is certainly true. Nowhere in the world is there such a diverse mix of providers, rescue vehicle types and operating procedures. Within this vast system, the Base Hospital Form is a vital component of emergency medical care.

### **THE PURPOSE OF THE BASE HOSPITAL FORM**

The Base Hospital Form is a one-page form utilized by all of the base hospitals in the Los Angeles County EMS system. The Base Hospital Form provides:

1. A clear summary of the patient's condition which the MICN or physician can use to order treatments.
  
2. A medical-legal record documenting the patient's signs, symptoms and the treatments ordered.
  
3. A means of capturing prehospital data for research and management purposes for the base hospital, receiving hospital and the Department of Health Services.

### **DATA COLLECTION AND "TEMIS"**

TEMIS stands for the Trauma and Emergency Medicine Information System. To examine prehospital medical issues for research and management purposes effectively, all providers must collect the same basic medical data in a consistent fashion and the data must be computable. TEMIS is a centralized database managed by the Los Angeles County Emergency Medical Services Agency, which is a division of the Department of Health Services. By standardizing and centralizing data analysis, TEMIS can maximize the benefits of prehospital data collection.

In addition, TEMIS integrates information from every base hospital within the County of Los Angeles with information from the trauma centers and paramedic providers. To accomplish its goals, TEMIS uses a computer system developed by Lancet Technology, a private firm that has implemented emergency medical computer systems worldwide.

**EXHIBIT S**

**BASE HOSPITAL FORM INSTRUCTION MANUAL**

---

## **WHAT REALLY IS THE POINT OF ALL THIS PAPERWORK?**

TEMIS has the same essential goal as all emergency medical services agencies: **to save lives.**

How does TEMIS save lives? Information obtained from the TEMIS database can enhance prehospital care research, assist with quality improvement, and help to provide a sound basis for the development of policies and procedures in order to maintain a quality EMS system throughout the County.

TEMIS data has recently been utilized for the following:

- System impact assessments relative to hospital closures
- Evaluation of trauma transport rationale
- Evaluation of patients transported by helicopter
- Evaluation of impact of pediatric color coding on pediatric medication orders
- Reassignment of ALS Units
- Needs assessment for proposed implementation of ALS services

## **DATA ENTRY ELEMENTS**

Data from the Base Hospital Form must be entered into the TEMIS (Trauma and Emergency Medicine Information System) database within 45 days of the incident date. To maintain a quality database, documentation on the Base Hospital Form must be complete and accurate. For the most part, only the person who originally filled out the form should modify the document.

**The following fields are mandatory for data entry into TEMIS:**

**EXHIBIT S**

**BASE HOSPITAL FORM INSTRUCTION MANUAL**

---

**REGULAR RUNS**

SECTION	FIELDS		
<b>GENERAL INFO</b>	Sequence Number and Log Number	Date/Time	Hospital Code
	Provider Code/Unit	Age	Sex
	Location	Pediatric Weight/Color Code	Communication Type and Call Type
<b>ASSESSMENT</b>	Chief Complaint	Severity of Illness	Prior to Base Contact Medication and Treatment
<b>PHYSICAL</b>	LOC	GCS/mLAPSS	EKG and Arrest 12-Lead time and Electronic Intrepretation
<b>TREATMENTS</b>	Intravenous Access	Medications Ordered	Glucometer
	Spinal Immobilization	Transcutaneous Pacing (if applicable)	
<b>TRAUMA</b>	Trauma Complaint	Mechanism of Injury	
<b>TRANSPORT</b>	Transport Options (MAR, Trauma/ PTC, PMC, etc.)	Actual Transport Destination (if transported)	Method of Transport (if transported)
	Trauma/Peds Rationale (all injured and all pediatric patients)	Not Transported Rationale (if applicable)	Rationale for Transport to Other (if applicable)
<b>DISPO</b>	Time Clear	Time Receiving Hospital Notified (if applicable)	ED Diagnosis and Patient Disposition (if Base is Receiving Facility)
<b>SIGNATURE</b>	MICN Certification# (if handled call)	Physician# (if handled call or was consulted by MICN)	

**EXHIBIT S**

**BASE HOSPITAL FORM INSTRUCTION MANUAL**

---

**SFTP RUNS**

SECTION	FIELDS		
<b>INFO</b>	Sequence Number and Log Number	Date/Time	Hospital Code
	Provider Code/Unit	Age	Sex
	Communication Type and Call Type		
<b>ASSESSMENT</b>	Chief Complaint	Severity of Illness	Protocol Used
<b>PHYSICAL</b>	EKG/Arrest: <b>STEMI Pts.</b> 12-Lead time and Electronic Interpretation		
<b>TREATMENTS</b>			
<b>TRAUMA</b>	Trauma Complaint	Mechanism of Injury	
<b>TRANSPORT</b>	Actual Transport Destination (if transported)	Rationale for Transport to Other (if applicable)	Not Transported Rationale (if applicable)
	Method of Transport (if transported)	Trauma/Peds Rationale (all injured and all pediatric patients)	
<b>DISPO</b>	Time Clear	Time Receiving Hospital Notified (if applicable)	ED Diagnosis and Patient Disposition (if Base is Receiving Facility)
<b>SIGNATURE</b>	MICN Certification# (if handled call)	Physician# (if handled call or was consulted by MICN)	

## **REPORT COMPLETION AND FORM DISTRIBUTION**

### **BY WHOM**

One Base Hospital Form must be completed for each base hospital contact involving a patient (one form per patient). The MICN or physician handling the voice contact between the paramedic and base hospital is responsible for thorough and accurate completion of the form.

### **WHEN**

To ensure accuracy, the Base Hospital Form should be fully completed at the time of the run.

Tight hospital schedules rarely allow personnel to return to complete these forms after-the-fact. Clerks entering the data have neither the expertise nor authority to revise forms.

### **DISTRIBUTION OF COPIES**

The original copy of the Base Hospital Form is retained by the base hospital as part of the record for each patient run. Prehospital Care records must be stored in accordance with Los Angeles County Department of Health Services, Prehospital Care Manual, Reference No. 610: Retention of Prehospital Care Records.

The second page (labeled “EMS Agency”) should be mailed to the Emergency Medical Services Agency. These forms should be received by the EMS Agency no later than sixty (60) days after the incident date. Generally, they are batched in chronological order and sent to the EMS Agency on a monthly (or more frequent) basis.

The third and page (labeled “Complimentary Copy”) is for discretionary use by the base hospital.

## **HOW TO USE THIS MANUAL**

Each item on the Base Hospital Form constitutes a “data element.” This manual provides a detailed explanation regarding the proper completion of each data element. The explanations in this manual are grouped in sections, each representing a section on the form. Each section contains a description of the data elements contained in that section and a brief explanation for completing the form. Additional information or clarifications often follow. Occasionally, clarifications are boxed to highlight their importance.

## **GENERAL GUIDELINES**

When completing the Base Hospital Form, be sure to do the following:

1. **Write or print legibly.**
2. **Use only a hard tipped, ink pen. Press firmly.** You are making three copies.
3. **Avoid stray marks.** Mark boxes carefully, placing a bold “X” in the center of the desired check box. Keep codes and numeric responses within the space provided. Accidental marks on the original top sheet may appear on subsequent copies and may look like entries.
4. **Correct errors properly.** Make corrections by drawing a single line through the incorrect item or narrative (the writing underneath the single line must remain readable). Make the changes on the original, noting the date and time the changes were made, with the signature of the individual making the changes, adjacent to the correction. Ideally, changes should be made by the individual who initially completed the form. Under no circumstances should changes to either patient assessment or patient treatment documentation be made by an individual who did not participate in the response.  
(Los Angeles County Department of Health Services, Prehospital Care Manual, Reference No. 606: Documentation of Prehospital Care).

Any person who alters or modifies the medical record of any person with fraudulent intent, or who, with fraudulent intent, creates any false medical record, is guilty of a misdemeanor (Section 471.5 of the California Penal Code).

5. **Use military time.** Use the same clock for the entire run to obtain consistent times.

## **FORM LAYOUT**

The Base Hospital Form is divided into nine sections. Some of the sections that contain crucial bits of information are color-coded.

- The **GREY SHADED** portions are mandatory and must be completed in their entirety for all responses.
- Sections with **BLACK HEADINGS** must have at least one entry.
- The **RED LETTERED** items represent the trauma criteria and identify patients who meet the qualifications for mandatory transport to a trauma center.
- The **BLUE LETTERED** items represent the trauma guidelines and identify patients who meet the guidelines for transport to a trauma center.
- **CODES** are required for certain items. The codes for the following are on the back of the Base Hospital Form.
  - Paramedic Provider Agency Codes
  - ECG Codes
  - Drug/Defib Codes
  - Drug Route Codes
- Contact Codes
- Medical Chief Complaint Codes
- Location Codes
- Basic Receiving Hospital Codes

## **A NOTE TO PHYSICIANS AND MICN'S**

Your care in filling out these reports is essential to their usefulness.

Hospitals are often chronically understaffed, and runs often occur at inconvenient times. You may be pulled away from performing other equally important tasks in the Emergency Department. Nevertheless, please take a couple of extra seconds to ensure the following:

- **COMPLETENESS**
- **ACCURACY**

Remember:

- These forms are medical-legal documents!
- The staff entering your information into the computer may not be able to recognize your mistakes. As a result, reports containing incorrect information may be generated.

# Section 1: GENERAL INFORMATION

## BASE HOSPITAL FORM

GENERAL	Log # _____	SEQ. # _____	Pt. # _____ of _____	Hospital Code _____	Pg2
	Date   M   M   D   Y   Y   Y   Y	Prov. Code	Age _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Radio <input type="checkbox"/> Full Call	
	Time	Unit	<input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> Est	<input type="checkbox"/> Phone <input type="checkbox"/> SFT Protocol	
	Location	Weight _____ <input type="checkbox"/> Kg <input type="checkbox"/> lbs. <input type="checkbox"/> Est	<input type="checkbox"/> Peds Weight <input type="checkbox"/> Color Code	<input type="checkbox"/> HEAR Radio <input type="checkbox"/> Joint Run	<input type="checkbox"/> Info Only
			<input type="checkbox"/> Too Tall		

This section, located at the top of the form contains general run information and must be completed in its entirety.

### DATA ELEMENTS:

The first two items in this section are medical record numbers used to identify and track patients from the prehospital phase of care through hospitalization. These two numbers both must be completed accurately.

#### Log#:

Enter the number assigned to the patient by your hospital.

- This number is from the base hospital log and is specific for each patient.

#### SEQ.#:

Enter the Sequence number the paramedic gives you to identify each patient. The paramedic will find this Sequence number preprinted in the "Patient Information" section of the EMS Report Form or prepopulated for those providers utilizing electronic patient care devices.

- A sequence number **must be entered correctly** for every patient. Each sequence is unique and contains 2 letters and 6 numbers for providers using paper EMS Report forms and contains 2 letters (which are the provider's code eg. CI=Los Angeles City Fire, MP=Monterey Park Fire; PF=Pasadena Fire) and 10 numbers. The electronic providers 2 letters will always be the same. A sequence number cannot be made up or altered in any way by the base hospital.
- Occasionally, the TEMIS database will not accept a Sequence number that has been correctly transmitted to the base hospital from a paramedic unit. If this occurs, contact the EMS Agency Base Hospital Data Coordinator.

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- If the physician or MICN did not obtain a Sequence number at the time of the run, every effort **must** be made to contact the provider prior to requesting a replacement (“dummy”) number from the EMS Agency.

### **Pg2:**

- A supplemental page to the Base Hospital Form when extra space is needed for documentation.

### **Date:**

Enter the date the run is called into the base hospital.

- Enter the month first, then the day and year.
- Use leading zeros when necessary.
- Use the (MM,DD,YYYY) format.

### **Time:**

Enter the time the run is called into the base hospital.

- Use military time.

### **Location:**

Enter the code that describes the environment of the incident: e.g., street, home, canyon, etc.

Location codes are listed on the back of the form.

- Additional details can be written on the adjacent line: e.g., the precise address, the name of a retirement home, or any other information that may need to be tracked.

### **Prov. Code (Provider Code ):**

Enter the two-letter provider code of the provider agency calling in the run.

Provider codes are listed on the back of the form. Letters correspond to the name of the agency.

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**Unit:**

Enter the number that identifies the specific unit that calls in the run.

- This number is preceded by a letter designating the type of apparatus:  
“E” for engine  
“R” for rescue ambulance  
“S” for squad  
“T” for truck  
“A” for private ambulance  
“H” for helicopter  
“AE” for Assessment Engine  
“AT” for Assessment Truck  
“PE” for Paramedic Engine

**Pt.# \_\_\_\_ of \_\_\_\_:**

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

- If there is only one patient write **PT.# 1 of 1**
- If there are multiple patients (for example, four patients), and the patient is identified by the paramedics as the third patient, then write Pt.# 3 of 4

**Age:**

Pt. # _____ of _____	
Age _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> Est	
Weight _____	<input type="checkbox"/> Kg <input type="checkbox"/> lbs. <input type="checkbox"/> Est

Enter the age of the patient in years. If the age is estimated, place an “X” in the checkbox in front of Est.

- Age units are as follows: Hours (H): newborn to 24 hours Days (D): 1day to 1 month. Months (M): 1 month to 2 years (24 months). Years (Y): over 2 years. These units of age are consistent with the California and National EMS databases.

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**Sex:**

Mark the appropriate box to identify the patient's gender.

- M Male  
 F Female

**Weight: \_\_\_\_\_ kg/lbs.:**

Enter the weight of the patient. Indicate kilograms or pounds by circling the appropriate modifier. If the weight is estimated, place an "X" in the checkbox in front of Est.

- Patient weight should be entered for all pediatric patients and all patients for whom medications are ordered.

**Peds Weight Color Code:**

Document the color that corresponds to the length of the child or infant as measured on a pediatric resuscitation measuring tape. Place an "X" in the checkbox in front of Too Tall if the child is taller than the measuring tape.

**Hospital Code:**

Enter the three-letter code of the base hospital.

Base hospital codes are listed on the back of the form.

**Communication Type:**

For **regular runs** where medical direction is provided, mark only one of the following:

- Radio**            The base station radio console transmits and records the run.
- Phone**            The run is called in via telephone and is automatically recorded.

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- Hear Radio** The run comes over the Hospital Emergency Administrative Radio.

**Run Type:**

Mark only one of the following:

- Full Call** The paramedics give the base hospital a full report and medical direction is provided by the base hospital (AMA calls are considered "Full Calls" even though medical direction may not be given).
- SFT Protocol** Paramedics working for an approved SFTP Provider agency make base hospital contact to receive destination information (no medical direction is provided by the base hospital).
- Joint Run** The paramedics initially make base hospital contact with a SFTP run. The base hospital or paramedics decide that medical direction or consultation is required. A full report is then given by the paramedics and medical direction is provided by the base hospital.
- Info Only** Mark this box if the run is called in for the purpose of documenting information only and no treatments or interventions were ordered.

**NOTE:** Against Medical Advise (AMA) calls are **not** considered "Information Only" calls. Los Angeles County Prehospital Care Manual, Reference No. 808: Base Hospital Contact and Transport Criteria, requires base hospital contact when a patient who meets base contact criteria, as specified in Section 1, refuses treatment or transport. Base contact should be made before the paramedics leave the scene. The MICN/Base Hospital MD should attempt to discuss the situation with the patient and continue the paramedics' efforts to convince the patient of their need to seek medical attention. (A patient's refusal of treatment/transportation is considered a "high-risk" situation and careful documentation of all of the run's details are essential.)

# Section 2: ASSESSMENT

<b>A S S E S S M E N T</b>	Chief Complaint Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<b>SEVERITY OF DISTRESS</b>	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<b>P R I O R  T O B A S E</b>	PTBC (Meds)	PTBC (Treatments)
	Protocol <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Mod.	<input type="checkbox"/> Severe	<input type="checkbox"/> ADE		<input type="checkbox"/> O2 _____ M/NC	
	<input style="width: 100%;" type="text"/>	O/P		<input type="checkbox"/> ASA		<input type="checkbox"/> BVM <input type="checkbox"/> CPAP	
	<input style="width: 100%;" type="text"/>	Q		<input type="checkbox"/> ATR		<input type="checkbox"/> ET <input type="checkbox"/> KING	
	Medical HX	R		<input type="checkbox"/> ALB		<input type="checkbox"/> IV <input type="checkbox"/> IO	
Medications	S		<input type="checkbox"/> D50/D25	<input type="checkbox"/> Monitor <input type="checkbox"/> 12 Lead			
<input type="checkbox"/> NKA Allergies: <input style="width: 100%;" type="text"/>	T		<input type="checkbox"/> OND	<input type="checkbox"/> Glucometer			
<input type="checkbox"/> Suspected Drugs/ETOH			<input type="checkbox"/> EPI	<input type="checkbox"/> Defib X _____			
			<input type="checkbox"/> GLU	<input type="checkbox"/> CAR			
			<input type="checkbox"/> GLP	<input type="checkbox"/> TCP			
			<input type="checkbox"/> MID	<input type="checkbox"/> AED-Defib			
			<input type="checkbox"/> NAR	<input type="checkbox"/> N. THor			
			<input type="checkbox"/> NTG	<input type="checkbox"/> Spinal Immob.			
			<input type="checkbox"/> Morphine				

This section identifies the patient’s chief complaint, severity of illness, any related medical history, and provides space for written comments.

## DATA ELEMENTS:

### Chief Complaint Code:

Enter the two-letter code that best identifies the patient’s problem. If the patient has more than one problem, list the **most significant** problem first. Up to three codes can be entered.

### Trauma Complaint Codes:

Chief complaint codes for **injuries** are in the trauma section on the front of the form. They are the two bold letters of the items listed in the “Trauma” portion of the Trauma/Mechanism of Injury Section. Trauma injury codes are “Blunt” or “Penetrating”, with the exception of NA (No Apparent Injuries), IT (Inpatient Trauma), BU (Burns/Shock), and SC (Spinal Cord Inj.).

- Enter the two-letter code identifying the type of injury, “B” for blunt force vs. “P” for penetrating and the location of the injury (head, chest, etc.).
- If the patient has more than one injury, enter the most significant injury code first, followed by the less significant injury codes. **Indented injury codes (subcategory) are always more significant than the injury code (primary) they follow and therefore should be used instead of the complaint (primary).**
  - For example:
    - Enter the subcategory “BR” for blunt fracture rather than the primary category "BE" for Blunt Extremities. It is redundant to enter “BE” as well as “BR” because there cannot be a fracture unless there is an extremity injury.

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- Enter the subcategory “14” for a blunt head trauma with a GCS < 15 rather than the primary category “BH” for Blunt Head. It is redundant to enter “BH” since there cannot be a “14” unless there is blunt head trauma.

**Medical Complaint Codes:**

Chief complaint codes for **medical** problems are listed on the back of the form.

The **medical** codes and their definitions are as follows:

AD	Agitated	Behavioral emergency where patient exhibits an acute onset of extreme agitation, combative and bizarre behavior that may be accompanied by paranoid delusions, hallucinations, aggression with an unusual increase in human strength, and hyperthermia.
AP	Abd/Pelvic Pain	Pain or discomfort in the abdomen or pelvic region <b>not associated with trauma.</b>
AR	Allergic Reaction	Hives, itching, redness of the skin, runny nose or shortness of breath that have occurred suddenly. The patient may have been in contact with a known allergen (shellfish, milk products, medication, etc.).
AL	Altered LOC (Level of Consciousness)	Characterized by an abnormal response to environment (e.g. disorientation, no spontaneous eye opening, etc.)
AE	Apnea Episode	One or more episodes where respiration has ceased <b>for a brief time.</b> This should not be confused with “Respiratory Arrest”, which is marked when the patient has stopped breathing and shows no sign of regaining spontaneous respirations.
TE	Apparent Life Threatening Event(ALTE) ( <b>&lt;12 mo.</b> )	An episode that is frightening to the observer and characterized by a <b>combination</b> of transient apnea, color change (usually cyanosis, but occasionally erythema or plethoric), marked change in muscle tone (usually limpness), and choking and/or gagging. The infant (12 months or younger) may appear normal by the time rescuers arrive.
EH	Behavioral	Abnormal behavior of mental or emotional origin. Do not mark this box for psychiatric patients unless their bizarre

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		behavior is the cause of, or related to, their current complaint.
OS	Bleeding Other Site	Bleeding ( <b>not related to trauma</b> ) from a site not elsewhere listed in the medical complaint section.
CA	Cardiac Arrest	Cardiac arrest is defined as a sudden cessation of cardiac output and effective circulation, usually precipitated by ventricular fibrillation, and in some instances, ventricular asystole. <b>This code should not be used when the arrest was caused by a traumatic injury.</b>
CP	Chest Pain	Pain in the chest occurring anywhere from the clavicles to the lower costal margins.
CH	Choking/Airway Obstruction	Characterized by apnea, choking and/or difficulty breathing of rapid onset, which appears to be due to an obstruction of the airway.
CC	Cough/Congestion	Cough and/or congestion in the chest, nasal passages, or throat.
DC	Device(Medical) Complaint	Any complaint with a medical device (e.g. G-tube dislodged or clogged, ventilator malfunction, etc.)
DI	Dizzy	The patient complains of feeling dizzy. If the patient is weak and dizzy – use both codes (WE and DI).
DO	DOA	Patient is dead upon EMS arrival and is determined dead per Los Angeles County <u>Prehospital Care Manual</u> : Reference No.814 Determination/Pronouncement of Death in the Field.
DY	Dysrhythmia	The cardiac monitor indicates a rhythm abnormality that may require medical attention (SVT, VT, etc.).
FE	Fever	The patient exhibits or complains of an elevated body temperature.
FB	Foreign Body	A foreign body within any orifice of the body.
GI	GI Bleed	Gastrointestinal Bleed. Bleeding from the upper or lower GI tract. The patient has coffee ground emesis, bloody stool or vomitus, and/or black tarry stool.

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HP	Head Pain	“Headache” or any other type of head pain <b>not associated with trauma.</b>
HY	Hypoglycemia	Patient exhibits signs/symptoms of hypoglycemia and the documented blood glucose is below normal.
IM	Inpatient Medical	Interfacility transfer of a patient with a medical chief complaint from a medical ward or ICU. <b>Do not use this complaint for patients transferred from the Emergency Department.</b>
MI	Myocardial Infarction	Patient has an acute myocardial infarction according to the electronic 12-Lead EKG interpretation.
LA	Labor	An obstetric patient late in her pregnancy experiencing regular uterine contractions.
LN	Local Neuro Signs	The patient exhibits or experiences weakness and/or numbness of a specific part of the body (slurred speech, facial droop, etc.) or expressive aphasia.
NV	Nausea/Vomiting	The patient is experiencing nausea and/or vomiting.
ND	Near Drowning	History of submersion causing signs/symptoms to include difficulty breathing. This category includes patients who die from drowning.
NB	Neck/Back Pain	Pain in the neck and/or the back from the shoulders to the buttocks <b>not associated with trauma.</b>
NW	Newborn	Use this as the chief complaint for a newborn infant delivered in the field. A separate Base Hospital Form and EMS Report Form are required for mother and newborn.
NC	No Medical Complaint	No physical or medical complaint. A patient without signs or symptoms of illness. <b>This should not be marked if the patient has a trauma complaint.</b>
NO	Nose Bleed	A type of external bleeding from the nose that occurs spontaneously and is <b>not associated with trauma.</b>
OB	Obstetrics/GYN	A patient who is known to be pregnant shows signs or symptoms related to the pregnancy. These signs and symptoms may include high blood pressure, convulsions, severe headaches, edema, vaginal

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		bleeding, abdominal pain and/or cramping.
OP	Other Pain	Complaint of pain in a site not listed in the medical complaint section and <b>not associated with trauma.</b>
OD	Overdose	Overdose of drugs by a purposeful act.
PO	Poisoning	Accidental ingestion of medication or chemical substance.
PS	Palpitations	Sensation of heartbeat that is irregular or fast.
RA	Respiratory Arrest	Absence of breathing.
SE	Seizure	Active convulsions or current incident that suggests the patient has had a recent seizure.
SB	Short of Breath	The patient states he is short of breath and/or breathing is characterized by gasping, rapid respirations, cyanosis, use of accessory muscles, retractions, etc.
SY	Syncope	Transient loss of consciousness. "Near syncope" may be coded SY unless there are other associated symptoms such as weakness/dizziness, which would be more descriptive.
VA	Vaginal Bleed	Abnormal vaginal bleeding.
WE	Weak	The patient is experiencing weakness. If the patient is weak and dizzy – use both codes (WE and DI).
OT	Other	Signs or symptoms that do not fit into any of the categories mentioned in this section.

<b>A S S E S S M E N T</b>	Chief Complaint Code				<b>SEVERITY OF DISTRESS</b>	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<b>P R I O R I T Y</b>	PTBC (Meds)	PTBC (Treatments)	
					<input type="checkbox"/> Mod.	<input type="checkbox"/> Severe			<input type="checkbox"/> ADE	<input type="checkbox"/> O2	<input type="checkbox"/> M/NC
	Protocol				O/P				<input type="checkbox"/> ASA	<input type="checkbox"/> BVM	<input type="checkbox"/> CPAP
					Q				<input type="checkbox"/> ATR	<input type="checkbox"/> ET	<input type="checkbox"/> KING
					R				<input type="checkbox"/> ALB	<input type="checkbox"/> IV	<input type="checkbox"/> IO
Medical HX				S			<input type="checkbox"/> D50/D25	<input type="checkbox"/> MonitoR	<input type="checkbox"/> 12 Lead		
Medications				T			<input type="checkbox"/> OND	<input type="checkbox"/> Glucometer	<input type="checkbox"/> Defib X		
<input type="checkbox"/> NKA Allergies:							<input type="checkbox"/> EPI	<input type="checkbox"/> CAR			
							<input type="checkbox"/> GLU	<input type="checkbox"/> TCP			
							<input type="checkbox"/> GLP	<input type="checkbox"/> AED-Defib			
							<input type="checkbox"/> MID	<input type="checkbox"/> N. THor			
							<input type="checkbox"/> NAR	<input type="checkbox"/> Spinal Immob.			
							<input type="checkbox"/> NTG				
							<input type="checkbox"/> Morphine				

**Severity Of Distress:**

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The objective assessment by EMS personnel of the patient's presentation of signs and symptoms related to the chief complaint.

- None** Exhibits no outward signs of distress and shows no adverse reaction related to the chief complaint.
  
- Mild** Exhibits a low level of distress. Shows few external cues indicating a low level of distress related to the chief complaint. The patient can easily divert attention from signs and symptoms related to the chief complaint.
  
- Mod**  
(moderate) Exhibits an increasing level of distress. The patient is not easily distracted and remains more focused on chief complaint/signs and symptoms. For example, signs and symptoms of a patient in moderate distress with a chief complaint of shortness of breath may include one or more of the following:
  - Speaks in short sentences
  - Accessory muscle use
  - Costal retractions
  - Moist or cool skin signs
  
- Severe** Exhibits a great level of distress. The patient is completely focused on the chief complaint/signs and symptoms. Nothing can distract the patient from the serious signs and symptoms that he/she is experiencing. For example, signs and symptoms of a patient in severe distress with a chief complaint of shortness of breath may include one or more of the following:
  - Speaks in one or two word sentences
  - Not able to speak
  - Diaphoresis
  - Costal/sternal retractions
  - Skin discoloration
  - Abnormal breath sounds
  - Breath sounds audible without a stethoscope
  - Tripod position

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A S S E S S M E N T	Chief Complaint Code <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	SEVERITY OF DISTRESS	<input type="checkbox"/> None	<input type="checkbox"/> Mild	P R I O R  T O B A S E	PTBC (Meds)	PTBC (Treatments)
	<b>Protocol</b>	<input type="checkbox"/> Mod.	<input type="checkbox"/> Severe	<input type="checkbox"/> ADE		<input type="checkbox"/> O2 _____ M/NC	
	<input style="width: 100%;" type="text"/>			<input type="checkbox"/> ASA		<input type="checkbox"/> BVM <input type="checkbox"/> CPAP	
	<input style="width: 100%;" type="text"/>	O/P		<input type="checkbox"/> ATR		<input type="checkbox"/> ET <input type="checkbox"/> KING	
	<input style="width: 100%;" type="text"/>	Q		<input type="checkbox"/> ALB		<input type="checkbox"/> IV <input type="checkbox"/> IO	
<b>Medical HX</b>	R		<input type="checkbox"/> D50/D25	<input type="checkbox"/> MonitoR <input type="checkbox"/> 12 Lead			
<input style="width: 100%;" type="text"/>	S		<input type="checkbox"/> OND	<input type="checkbox"/> Glucometer			
<b>Medications</b>	T		<input type="checkbox"/> EPI	<input type="checkbox"/> Defib X _____			
<input style="width: 100%;" type="text"/>			<input type="checkbox"/> GLU	<input type="checkbox"/> CAR			
<input type="checkbox"/> NKA Allergies:			<input type="checkbox"/> GLP	<input type="checkbox"/> TCP			
<input type="checkbox"/> Suspected Drugs/ETOH			<input type="checkbox"/> MID	<input type="checkbox"/> AED-Defib			
			<input type="checkbox"/> NAR	<input type="checkbox"/> N. THor			
			<input type="checkbox"/> NTG	<input type="checkbox"/> Spinal Immob.			
			<input type="checkbox"/> Morphine				

### Protocol:

Indicate the Standing Field Treatment Protocol (SFTP) used for the run (e.g. 1244, 1247) that is reported by the paramedic making base contact (more than one protocol may be used). The required data elements to be documented can be found on the table in “The Introduction Section” of the Base Hospital Form Training Manual.

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

Use the letters of the acronym to document pain. **O**nset, **P**rovocation, **Q**uality, **R**egion/**R**adiation/**R**elief, **S**everity, and **T**ime.

**For Example:** “Sudden onset, unprovoked crushing chest pain that radiates to the left arm and jaw began one (1) hour ago. The patient rates the pain as an “8” on the 1-10 scale and it is not affected by movement or respiration”.

### Medical HX:

Medical History. Enter any significant medical history that has or might have an effect on the patient’s problem.

- Medical history may include heart disease, diabetes, hypertension, pregnancy, etc.
- If a patient states that she is pregnant, or you suspect she is pregnant, write the estimated length of pregnancy in months followed by “mo”.

### Medications:

- List the patient’s current medications.
- This includes nonprescription drugs and herbal supplements.

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- List the prescribed medications and indicate whether it has been taken recently.
  - For Example: Has a seizure patient been taking his/her anticonvulsant medication regularly?
  
- If the patient is not currently taking medication, draw a circle with a line through it.
  - For Example: Medications  $\emptyset$

ASSESSMENT	Chief Complaint Code					<b>SEVERITY OF DISTRESS</b>	<input type="checkbox"/> None	<input type="checkbox"/> Mild	P R I O R  T O  B A S E	<b>PTBC (Meds)</b>	<b>PTBC (Treatments)</b>		
						<input type="checkbox"/> Mod.	<input type="checkbox"/> Severe	<input type="checkbox"/> ADE		<input type="checkbox"/> O2	<input type="checkbox"/> M/NC		
	Protocol					O/P	<input type="checkbox"/> ASA	<input type="checkbox"/> BVM		<input type="checkbox"/> CPAP	<input type="checkbox"/> ET	<input type="checkbox"/> KING	
						Q	<input type="checkbox"/> ATR	<input type="checkbox"/> ALB		<input type="checkbox"/> IV	<input type="checkbox"/> IO	<input type="checkbox"/> Monitor	<input type="checkbox"/> 12 Lead
						R	<input type="checkbox"/> D50/D25	<input type="checkbox"/> OND		<input type="checkbox"/> EPI	<input type="checkbox"/> Glucometer	<input type="checkbox"/> Defib X	
	Medical HX					S	<input type="checkbox"/> GLU	<input type="checkbox"/> GLP		<input type="checkbox"/> CAR	<input type="checkbox"/> TCP	<input type="checkbox"/> AED-Defib	<input type="checkbox"/> N. THor
Medications					T	<input type="checkbox"/> MID	<input type="checkbox"/> NAR	<input type="checkbox"/> NTG	<input type="checkbox"/> Morphine	<input type="checkbox"/> Spinal Immob.			
<input type="checkbox"/> NKA Allergies:						<input type="checkbox"/> Suspected Drugs/ETOH							

### PTBC (Prior To Base Contact) Meds:

Mark the box beside each medication that was administered by the paramedic prior to base hospital contact.

### PTBC (Prior To Base Contact) Treatments:

Mark the box beside each treatment that was performed by the paramedics prior to base hospital contact.

### NKA:

No known allergies. Mark this box if the patient denies having any allergies to medication.

- If the patient is unconscious or cannot answer, leave this box blank.

### Allergies:

If the patient is allergic to certain medications, list them on this line.

- Allergies to food, dust, bee stings, hay fever, etc., are not of importance unless they are responsible for the current problem.

### Suspected Drugs/ETOH:

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Mark this box if the situation, statements by the patient, family members or bystanders and/or patient behavior cause the paramedics to suspect that the patient has ingested alcoholic beverages or mind altering drugs.

- If the paramedic provides relevant information, note the reasons for checking this box in the Assessment section. Citing objective evidence concerning the patient’s suspected alcohol/drug consumption is particularly important; (e.g., slurred speech, staggered gait, glassy eyes, odor of alcohol, fresh track marks, etc.).

A S S E S S M E N T	Chief Complaint Code	<input type="checkbox"/> None <input type="checkbox"/> MIID <input type="checkbox"/> Mod. <input type="checkbox"/> Severe	P R I O R  T O  B A S E	PTBC (Meds)	PTBC (Treatments)
	Protocol	O/P		<input type="checkbox"/> ADE <input type="checkbox"/> O2 <input type="checkbox"/> M/NC	<input type="checkbox"/> ASA <input type="checkbox"/> BVM <input type="checkbox"/> CPAP
		Q		<input type="checkbox"/> ATR <input type="checkbox"/> ET <input type="checkbox"/> KING	<input type="checkbox"/> ALB <input type="checkbox"/> IV <input type="checkbox"/> IO
		R		<input type="checkbox"/> D50/D25 <input type="checkbox"/> MonitoR <input type="checkbox"/> 12 Lead	<input type="checkbox"/> OND <input type="checkbox"/> Glucometer
	Medical HX	S		<input type="checkbox"/> EPI <input type="checkbox"/> Defib X	<input type="checkbox"/> GLU <input type="checkbox"/> CAR
	Medications	T		<input type="checkbox"/> GLP <input type="checkbox"/> TCP	<input type="checkbox"/> MID <input type="checkbox"/> AED-Defib
<input type="checkbox"/> NKA Allergies:	<input type="checkbox"/> Suspected Drugs/ETOH	<input type="checkbox"/> NAR <input type="checkbox"/> N. THor	<input type="checkbox"/> NTG <input type="checkbox"/> Spinal Immob.	<input type="checkbox"/> Morphine	

**Assessment:**

General Comments/Narrative:

- On the lines provided, comment on crucial assessment information or information that is not covered elsewhere on the Base Hospital Form. Additional information may be written on a “Page 2”.

*Remember:*

- Write legibly.
- Written comments must be professional and list only medically pertinent facts and observations.
- Include pertinent negative findings relative to chief complaint.
- Document barriers to care (communication difficulties, combative patient, hostile environment, etc.).
- Explain deviations from usual standard of care (unable to obtain blood glucose on combative patient, blood pressure cuff too large/small to obtain complete vital signs, etc.).

The Base Hospital Form is a *legal* document!

## Section 3. PHYSICAL

<b>PHYSICAL</b>	<b>LOC</b> <input type="checkbox"/> CONSCIOUS (check one box/each col) <input type="checkbox"/> Alert <input type="checkbox"/> Oriented x 3 <input type="checkbox"/> NoT Alert <input type="checkbox"/> Disoriented <input type="checkbox"/> Combative <input type="checkbox"/> NorMal for Pt.	<b>PUPILS</b>	<input type="checkbox"/> PERL <input type="checkbox"/> Unequal <input type="checkbox"/> PInpoint <input type="checkbox"/> Fixed & Dil <input type="checkbox"/> Sluggish	<b>BREATHING</b>	Rate/Effort: <input type="checkbox"/> Norm <input type="checkbox"/> Abnormal <input type="checkbox"/> Labored <input type="checkbox"/> Snoring <input type="checkbox"/> Acc. Mus. Use <input type="checkbox"/> Apnea T.V <input type="checkbox"/> ↑ <input type="checkbox"/> N <input type="checkbox"/> ↓ <input type="checkbox"/> Clear <input type="checkbox"/> Rales <input type="checkbox"/> Wheeze <input type="checkbox"/> RHonchi <input type="checkbox"/> Stridor <input type="checkbox"/> Unequal <input type="checkbox"/> BS after ET/KING CO2 Detect. <input type="checkbox"/> + <input type="checkbox"/> — <input type="checkbox"/> Capno. # _____ Waveform <input type="checkbox"/> Y <input type="checkbox"/> N	<b>SKIN</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Pale <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced Capillary Refill <input type="checkbox"/> NoRmal <input type="checkbox"/> DELayed	<b>ECG</b>	Init. Rhyth: _____ <input type="checkbox"/> 12 Lead _____ (time) <input type="checkbox"/> NL <input type="checkbox"/> ABnl <input type="checkbox"/> STEMI <input type="checkbox"/> Artifact <input type="checkbox"/> Paced Rhythm <input type="checkbox"/> Wavy Baseline
	<b>mLAPSS</b> mLAPSS met <input type="checkbox"/> Y <input type="checkbox"/> N Last known well: Date: _____ Time: _____	<b>GCS</b>	Eye _____ Motor _____ Verbal _____	<b>ARREST</b>	Witnessed By: <input type="checkbox"/> Citizen <input type="checkbox"/> EMS <input type="checkbox"/> None CPR by: <input type="checkbox"/> Citizen <input type="checkbox"/> EMS Est. Down Time: _____ <input type="checkbox"/> PULses w/ CPR <input type="checkbox"/> Restoration Pulse (ROSC) Time: _____				

This section identifies the findings on **initial** assessment by EMS personnel. As the patient's condition improves/deteriorates with EMS intervention, the results should be documented in the Treatment Section. Additional information may be documented on a "Page 2".

The Physical Section is separated into eight subsections:

- A. LOC
- B. mLAPSS
- C. Pupils
- D. GCS
- E. Breathing
- F. Skin
- G. ECG
- H. Arrest

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DATA ELEMENTS:

**LOC and mLAPSS:**

P H Y S I C A L	L O C	<p><b>CONSCIOUS</b> (check one box/each col)</p> <p><input type="checkbox"/> Alert                      <input type="checkbox"/> Oriented x 3</p> <p><input type="checkbox"/> NoT Alert                  <input type="checkbox"/> Disoriented</p> <p><input type="checkbox"/> Combative                 <input type="checkbox"/> NorMal for Pt.</p>
	U N C O N S C I O U S	<p><b>UNCONSCIOUS</b> (check only one box)</p> <p>Responds <input type="checkbox"/> Verbal    <input type="checkbox"/> Pain</p> <p>              <input type="checkbox"/> Purposeful   <input type="checkbox"/> Nonpurposeful</p> <p><input type="checkbox"/> No Response</p>
	m L A P S S	<p>mLAPSS met</p> <p><input type="checkbox"/> Y   <input type="checkbox"/> N</p> <p>Last known well:</p> <p>Date: _____</p> <p>Time: _____</p>

This section describes the patient’s level of consciousness. Items within this section are divided into two categories: the upper group for patients who are conscious, and the lower for patients who are unconscious. **Select only one category to mark.**

**CONSCIOUS: (Mark one box in each column)**

**NOTE:** Do **not** mark oriented or disoriented for patients who are non-communicative; do not speak English, or are too young to communicate.

For the patient who is awake, mark whichever upper box is appropriate:

- Alert**                      The patient is awake and responsive to the environment.
  
- Not Alert**                The patient is awake, but is drowsy or lethargic. This includes intoxicated patients.
  
- Combative**              The patient physically resists treatment.
  
- Oriented x 3**              The patient is oriented to person, place, and time.

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- Disoriented**            The patient is not oriented to person, place, and/or time. If the patient is lacking orientation to **any** of these elements, this box is marked.
  
- Normal for Pt.**            The patient's behavior, although not typical of most patients, is the same as it was before the incident. Mark this box to describe patients who suffer from mental illness, dementia, developmental delays, etc. It can also be used for infants and children who are age appropriate.  
  
If this box is marked, further documentation should follow in the Narrative Section. Documentation should include who is stating that the patient is acting "normal" (family member, caregiver, etc.).

**UNCONSCIOUS:**

For patients who are unconscious, mark **only one** of the lower boxes. These items are in order which represent a decreasing level of responsiveness. Mark the box that represents the patient's highest level of responsiveness.

- Responds to Verbal**            The patient is unconscious but does respond to verbal stimuli. For instance, in response to a voice the patient turns his head and moans.
  
- Responds to Pain**            The patient is unconscious but does respond to Painful stimuli.
  - **Purposeful**                    The patient responds to painful stimuli by attempting to avoid the painful source (e.g. flinching or pushing it away).
  
  - **Non-purposeful**            The patient responds to pain in a non-purposeful fashion. This includes decorticate and decerebrate rigidity.
  
  - **No response**                The patient does not respond to any stimuli.

**mLAPSS**

P H Y S I C A L	L O C	<p><b>CONSCIOUS</b> (check one box/each col)</p> <p><input type="checkbox"/> Alert                      <input type="checkbox"/> Oriented x 3</p> <p><input type="checkbox"/> NoT Alert                      <input type="checkbox"/> Disoriented</p> <p><input type="checkbox"/> Combative                      <input type="checkbox"/> NorMal for Pt.</p>
		<p><b>UNCONSCIOUS</b> (check only one box)</p> <p>Responds <input type="checkbox"/> Verbal    <input type="checkbox"/> Pain</p> <p>                  <input type="checkbox"/> Purposeful    <input type="checkbox"/> Nonpurposeful</p> <p><input type="checkbox"/> No Response</p>
	m L A P S S	<p>mLAPSS met</p> <p><input type="checkbox"/> Y    <input type="checkbox"/> N</p> <p>Last known well:</p> <p>Date: _____</p> <p>Time: _____</p>

**mLAPSS**    **Modified Los Angeles Prehospital Stroke Screen Criteria (mLAPSS)**

1. Symptoms less than 2 hours duration
2. No history of seizures or epilepsy
3. Age equal to or greater than 40 years
4. At baseline, not wheelchair bound or bedridden
5. Blood glucose between 60 and 400 mg/dl
6. Motor Exam: Examine for obvious asymmetry (positive if one or more of the following is met)
  - a. Facial Smile/Grimace
  - b. Grip
  - c. Arm Strength

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**mLAPSS**

**Modified Los Angeles Prehospital Stroke Screen**

Must be documented on all patients exhibiting local neurological signs and/or patients showing signs/symptoms of a possible stroke.

**Mark:**

- “Met”**
  
- “Not Met”**

**Document:**

**Last Known Well:** Completed for all patients exhibiting acute stroke symptoms, neurological deficits or whenever a mLAPSS exam is performed.

**Date** The date the patient was last seen at their baseline neurological status.

**Time** The time the patient was last seen at their baseline neurological status. If the patient awakes with symptoms, then the time they were last known to be at baseline should be recorded.

**PUPILS**

<b>P U P I L S</b>	<input type="checkbox"/> <b>PERL</b> <input type="checkbox"/> <b>Unequal</b> <input type="checkbox"/> <b>Pinpoint</b> <input type="checkbox"/> <b>Fixed &amp; Dil</b> <input type="checkbox"/> <b>Sluggish</b>									
<b>G C S</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none; padding: 5px;">Eye</td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> </tr> <tr> <td style="border: none; padding: 5px;">Motor</td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> </tr> <tr> <td style="border: none; padding: 5px;">Verbal</td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> </tr> </table>	Eye			Motor			Verbal		
Eye										
Motor										
Verbal										

This section describes the patient's pupillary status. Mark **one** box in this section.

- PERL**      Pupils equal and reactive to light. Mark this box if the pupils are completely normal
  
- Unequal**      Mark if the pupils are unequal in size.
  
- Pinpoint**      Mark this box if the pupils are extremely constricted.
  
- Fixed & Dil**      Fixed and dilated. Mark this box if pupils are dilated and not reacting to light.
  
- Sluggish**      Pupils react slower to light than expected.

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**GCS**

The Glasgow Coma Scale must be used on all patients age one year and older per Los Angeles County EMS Agency Medical Control Guidelines, Altered Level of Consciousness, 2003. The Glasgow Coma Scale is a numerical system for describing a patient's level of consciousness. The three GCS fields describe the level of patient response to stimuli. The Glasgow Coma Scale numeric values are used for the following items:

**GLASGOW COMA SCALE**

**EYE OPENING**

Spontaneously	4
To Voice	3
To Pain	2
None	1

**BEST MOTOR RESPONSE**

Obedient	6
Purposeful	5
Withdrawal	4
Flexion	3
Extension	2
None	1

**BEST VERBAL RESPONSE**

Oriented	5
Confused	4
Inappropriate	3
Incomprehensible	2
None	1

**BREATHING**

B R E A T H I N G	Rate/Effort: <input type="checkbox"/> Norm <input type="checkbox"/> Abnormal
	<input type="checkbox"/> Labored <input type="checkbox"/> Snoring
	<input type="checkbox"/> Acc. Mus. Use <input type="checkbox"/> Apnea
	T.V <input type="checkbox"/> ↑ <input type="checkbox"/> N <input type="checkbox"/> ↓
	<input type="checkbox"/> Clear <input type="checkbox"/> Rales
	<input type="checkbox"/> Wheeze <input type="checkbox"/> RHonchi
	<input type="checkbox"/> Stridor <input type="checkbox"/> Unequal
	<input type="checkbox"/> BS after ET/KING
	CO2 Detect. <input type="checkbox"/> + <input type="checkbox"/> —
	<input type="checkbox"/> Capno. # _____
Waveform <input type="checkbox"/> Y <input type="checkbox"/> N	

This section describes the patient's breathing.

**Rate/Effort**

- Normal**            Mark this box if the patient's breathing appears normal in **all** respects, including rate, rhythm and depth.
  - If this box is marked, the tidal volume must also be marked as normal.
- Abnormal**        Mark this box if any or all respects of the patients breathing are not normal.
- Labored**            Mark this box if the patient's breathing appears labored.
- Snoring**            Mark this box if the patient has a rough, hoarse type of breathing which can be caused by relaxation of the soft palate or some type of obstruction in the patients airway. Snoring is usually heard in a sleeping or unconscious patient ,an unconscious patient cannot clear their throat of mucus.
- Acc. Mus. Use**        Mark this box if the patient is using accessory muscles to breathe.

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- Apnea**      Mark this box if the patient is not breathing or has periods of apnea.

**T.V. (Tidal Volume)**

Tidal Volume is the depth of the patient's respirations. Mark as increased, normal or decreased.

- ↑**      Increased
- N**      Normal
- ↓**      Decreased

**Breath Sounds**

- Clear**      Mark if the patient's lungs are clear bilaterally upon auscultation.
- Wheeze**      Mark this box if the patient is wheezing.
- Stridor**      Mark this box if the patient has stridor.
- Rales**      Mark this box if the patient has rales.
- Rhonchi**      Mark this box if the patient has rhonchi.
- Unequal**      Mark this box if the patient has unequal breath sounds.

**Airway Interventions:**

- BS after ET/KING**      Breath sounds are heard bilaterally after insertion of an endotracheal tube or a King LTs-D.
- CO2 Detector**      Mark if Co2 is present (+) or absent (-).
- Capno #**      Mark the numerical CO2 measurement from the capnometry.
- Waveform**      Mark  **Y** Yes or  **N** No to indicate if there is good waveform noted on the capnography tracing.

## SKIN

S K I N	<input type="checkbox"/> Normal
	<input type="checkbox"/> Warm
	<input type="checkbox"/> Hot
	<input type="checkbox"/> Cool
	<input type="checkbox"/> Pale
	<input type="checkbox"/> Diaphoretic
	<input type="checkbox"/> Cyanotic
	<input type="checkbox"/> Flushed
	<input type="checkbox"/> Jaundiced
	Capillary Refill
	<input type="checkbox"/> NoRmal
	<input type="checkbox"/> DELayed

The skin subsection requires at least one entry.

- Normal** Skin is normal in **all** respects (color, temperature, moisture, appearance).
- Warm** Skin feels warm to the touch.
- Hot** Skin feels warmer than normal and patient appears to have a fever.
- Cool** Skin feels cool to the touch.
- Pale** Skin appears abnormally pale, ashen, or gray.
- Diaphoretic** Skin is sweaty or moist to the touch.
- Cyanotic** Skin or lips appear blue.
- Flushed** Skin appears abnormally red.
- Jaundiced** Skin and/or sclera appear yellow.
- Other** Any skin abnormality not previously listed.

### Capillary Refill

- Normal** Capillary refill is less than or equal to 2 seconds.
- Delayed** Capillary refill is greater than 2 seconds.

## ECG and Arrest

	<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div>
	Init. Rhyth: _____
<b>E</b>	<input type="checkbox"/> 12 Lead _____ (time)
<b>C</b>	<input type="checkbox"/> NL <input type="checkbox"/> ABnl <input type="checkbox"/> STEMI
<b>G</b>	<input type="checkbox"/> Artifact <input type="checkbox"/> Paced Rhythm
	<input type="checkbox"/> Wavy Baseline
<b>Witnessed By:</b>	
<b>A</b>	<input type="checkbox"/> Citizen <input type="checkbox"/> EMS <input type="checkbox"/> None
<b>R</b>	CPR by:
<b>R</b>	<input type="checkbox"/> Citizen <input type="checkbox"/> EMS
<b>E</b>	Est. Down Time: _____
<b>S</b>	<input type="checkbox"/> Pulses w/ CPR
<b>T</b>	<input type="checkbox"/> Restoration Pulse (ROSC)
	Time: _____

### Initial Rhythm

This section identifies an EKG (electrocardiogram) found on **initial** assessment. Write the three-letter code in the space provided. EKG Codes are located on the back of the Base Hospital Form. Additional information about the rhythm, such as the presence of PVC's, should be described in the Assessment Section of the form.

### 12 Lead EKG

Write the time that the 12 Lead EKG was done on the line to the right of 12 Lead. This information is critical and allows tracking of the time of EMS contact to the time the patient receives definitive treatment.

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Normal (NL)</b>     | Electronic interpretation indicates a normal 12 Lead.  |
| <input type="checkbox"/> <b>Abnormal (ABNL)</b> | Electronic interpretation indicates an abnormal 12 Lead but does not show an acute MI.   |
| <input type="checkbox"/> <b>STEMI</b>           | Electronic interpretation indicates an acute MI. Patient should be transported to a STEMI Receiving Facility (SRC), if possible. |
| <input type="checkbox"/> <b>Artifact</b>        | Mark if there is artifact that may give a false  |

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positive STEMI.

- Wavy Baseline**                      Mark if the baseline is wavy on the 12 Lead ECG.
- Paced Rhythm**                      Mark if the underlying rhythm is paced.

**Arrest Details**

**Witnessed By:**

- Citizen**                      Mark this box if the arrest was witnessed by a non-medical person (law enforcement are considered citizens).
- EMS**                              Mark this box if the arrest was witnessed by EMS personnel.
- None**                              Mark this box if the arrest was not witnessed.

**CPR By:**

- Citizen**                      Mark this box if CPR was initiated by a non-medical person prior to EMS arrival (law enforcement are considered citizens).
- EMS**                              Mark this box if CPR was initiated by EMS.

**Est. Down Time:**              Indicate the approximate down time if known. The estimated time in minutes from the time of witnessed cardiac arrest/collapse to the initiation of CPR. (If unwitnessed arrest this would be UNK [unknown]).

- Pulses With CPR**              Mark if pulses are palpated with CPR during compressions.
- Restoration of Pulse (ROSC)**              Mark this box if the reason CPR was discontinued was because the patient's pulse was restored. Mark on any patient who was in full arrest and had pulses restored at any time during the prehospital phase, even if the pulses were lost prior to arrival at the receiving facility.

**Time**                              Note the time (use military time) that pulses were restored.

## Section 4. TREATMENTS

T R E A T M E N T S	O <sub>2</sub> ____ L/Min. via <input type="checkbox"/> NC <input type="checkbox"/> Mask <input type="checkbox"/> BVM <input type="checkbox"/> BloW by <input type="checkbox"/> Exist. Trach <input type="checkbox"/> ET <input type="checkbox"/> KING <input type="checkbox"/> CPAP										<input type="checkbox"/> Spinal Immob.	<input type="checkbox"/> Refuse	<input type="checkbox"/> Glucometer
	IV <input type="checkbox"/> None Ordered <input type="checkbox"/> IV Unable <input type="checkbox"/> Refused <input type="checkbox"/> SL <input type="checkbox"/> IO <input type="checkbox"/> Preexist <input type="checkbox"/> TKO <input type="checkbox"/> WO <input type="checkbox"/> FC										CMS Intact <input type="checkbox"/> Before		#1 _____
	T.C.P.: MA _____ Rate _____ Capture: <input type="checkbox"/> Y <input type="checkbox"/> N										<input type="checkbox"/> Needle Thoracostomy		<input type="checkbox"/> After
											<input type="checkbox"/> Clear by Algorithm		#2 _____
	Time	B/P	P	R	O <sub>2</sub> Sat	Pain 0-10	Drug SED's in the past 48 hrs <input type="checkbox"/> Y <input type="checkbox"/> N	Dose	Route	Treatment/Results			
							<input type="checkbox"/> PRN						
							<input type="checkbox"/> PRN						
							<input type="checkbox"/> PRN						
							<input type="checkbox"/> PRN						
							<input type="checkbox"/> PRN						
							<input type="checkbox"/> PRN						

This section documents the treatments (including medication) ordered by the Base Hospital for paramedic personnel to perform in the field. If treatments ordered are **not carried out**, indicate the reason in the results section.

### DATA ELEMENTS:

O<sub>2</sub> \_\_\_\_\_ L/M.:

If oxygen is ordered, enter the amount of oxygen in liters per minute to be administered.

- If an amount of O<sub>2</sub> is entered, the device used must also be indicated in the “via” section to the right on the form.

### VIA:

If oxygen is administered, indicate the device used. If an amount of oxygen is entered for the previous data element, one of the following must be marked:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>N/C</b>          | Nasal cannula.   |
| <input type="checkbox"/> <b>Mask</b>         | Oxygen mask.   |
| <input type="checkbox"/> <b>BVM</b>          | Bag/valve/mask.  |
| <input type="checkbox"/> <b>Blow by</b>      | Oxygen delivery device held near the patient’s face.                     |
| <input type="checkbox"/> <b>Exist. Trach</b> | Patient is being oxygenated/ventilated via an existing tracheotomy tube. |
| <input type="checkbox"/> <b>ET</b>           | Endotracheal tube.   |
| <input type="checkbox"/> <b>KING</b>         | King LTs-D (Laryngeal Tube (suction) – Device                            |
| <input type="checkbox"/> <b>CPAP</b>         | Continuous Positive Airway Pressure                                      |

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**Spinal Immobilization:**

Mark this box if spinal immobilization is ordered. Mark the pre and post immobilization circulation/motor/sensation (CMS).

- Refused:** Mark if patient refused to be placed in Spinal immobilization.
- CMS Intact Before:** Mark if CMS is reported intact before immobilization.
- CMS Intact After:** Mark if CMS is reported intact after Immobilization
- Clear by algorithm:** Mark this box if spinal immobilization was not performed in the field based on the spinal immobilization algorithm, Los Angeles County EMS Agency, Medical Control Guidelines, Spinal Immobilization, 2002.

**Glucometer**

- #1** Enter the glucose level reported by the paramedics for the initial glucometer reading.
- #2** Enter the glucose level reported by the Paramedics for the second glucometer reading (if applicable).

**IV:**

This is a **required** item for all regular runs (not required for SFTPs). One of the boxes will pertain to every patient.

- None Ordered** No IV Ordered
- IV Unable** Paramedics are not able to successfully establish an IV.
- Refused** Patient refused to allow EMS personnel to establish IV access.
- SL** Saline Lock. An IV line is established using a catheter and a flush or normal saline to keep the vein open.

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- IO**                      An intraosseous device was established.
  
- Preexist**                Upon arrival of EMS personnel, patient already had IV access established. Usually by a clinic, urgent care, doctor's office, etc.
  
- TKO**                      To Keep Vein Open (IV rate)
  
- WO**                      Wide Open (IV rate)
  
- FC\_\_\_\_\_cc**        Fluid Challenge (IV rate). The administration of a specific amount of IV fluids given over a specified amount of time.
  - On the line provided, enter the amount in cc's of IV fluid ordered for the fluid challenge

**T.C.P.**

On the lines provided, enter the MA and Rate ordered for Transcutaneous pacing; Check appropriate box for capture Y or N.

**Needle Thoracostomy**

Mark this box if a needle thoracostomy was attempted or performed.

**Time:**                      Enter the time the patient's vital signs are reported or the times drugs/treatments are ordered. If initial vital signs are prior to contact, you may enter PTC and will be entered into the computer as F7. Use military time.

**B/P:**                      Blood Pressure. Enter the patient's blood pressure in the space provided. A systolic **and** diastolic reading should be recorded.

If the B/P is palpated, mark "P" for the diastolic. If the diastolic B/P is not recorded, the data entry personnel should enter it with the F6 key to indicate that it was not documented.

**P:**                          Pulse. Enter the patient's heart rate per minute in the space provided.

**R:**                          Respiratory rate. Enter the patient's respiratory rate per minute in the space provided.

**O<sub>2</sub> SAT:**                Enter the numeric value for pulse oximetry.

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**Pain 0-10:** Indicate the pain level using the 0-10 scale, when applicable. Ongoing pain assessment should be recorded when medications to relieve the pain are administered.

**Drug:**

**SED's in the past 48 hrs**  Y  N

Document whether the patient has used any sexually enhancing medications in the past 48 hours.

In the space provided, indicate: drugs ordered, EKG codes, and treatments rendered.

- Write each drug/treatment ordered on a separate line. Even if multiple drugs are ordered at the same time, write them on separate lines so the dose and results can be clearly documented. Use a Pg 2 continuation form if needed.
- Medication and ECG codes are listed on the back of the Base Hospital Form. Recent JCAHO surveys have penalized hospitals for using abbreviations that are not listed in the hospital approved abbreviation list. Follow guidelines established by your facility. It may be advisable to write the complete name of each medication, rather than utilizing an abbreviation.
- If a drug has been administered and an ECG Rhythm noted within a two-minute period, they can both be documented on the same line.

**PRN:** Mark this box if the medication is ordered as a "PRN" medication.

**Dose:**

- Enter the dose of the medication order. For example: Epinephrine 1:10,000 1 mg IVP.
- Enter the joules delivered for defibrillation or synchronized cardioversion.

**Route:**

- Enter the route of administration for each medication (rate/route of administration). Drug routes are listed on the back of the Base Hospital Report Form. For example: Epinephrine 1:10,000 1mg IVP.

**Treatment/Results:**

Enter the results of the administered drug/treatment.

Symbols can be used to indicate the patient's condition after administration.

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↑ Or +	Improved
N	No Change
↓ Or -	Deteriorated

# Section 5. TRAUMA

<b>T R A U M A</b>	<input type="checkbox"/> No Apparent Injuries	<input type="checkbox"/> BUrns/Shock	<input type="checkbox"/> Spinal Cord Inj.	<b>M E C H O F I N J</b>	<input type="checkbox"/> Enc. Veh.	<input type="checkbox"/> S Belt	<input type="checkbox"/> A Bag	<input type="checkbox"/> ASSault	<input type="checkbox"/> FAIL	<input type="checkbox"/> > 15 ft	<input type="checkbox"/> MOI 1	<input type="checkbox"/> MOI 2
	<input type="checkbox"/> ≤6 yr BP < 70	<input type="checkbox"/> ≥7 yr BP < 90			<input type="checkbox"/> Pass Space Intrusion	<input type="checkbox"/> With Blunt Instr	<input type="checkbox"/> STabbing	<input type="checkbox"/> Electric Shock				
	<input type="checkbox"/> B P	<input type="checkbox"/> B P	<input type="checkbox"/> B P		<input type="checkbox"/> Sur. of Fatal Acc.	<input type="checkbox"/> GSW	<input type="checkbox"/> TRunk	<input type="checkbox"/> Hazmat Expos.				
	<input type="checkbox"/> Minor Lac/	<input type="checkbox"/> Head	<input type="checkbox"/> Abdomen		<input type="checkbox"/> Ejected from Vehicle	<input type="checkbox"/> SI Accidental	<input type="checkbox"/> SI Intentional	<input type="checkbox"/> Thermal Burn				
	<input type="checkbox"/> Flail Chest	<input type="checkbox"/> GCS ≤14	<input type="checkbox"/> Diffuse Tend		<input type="checkbox"/> EXtrication Required	<input type="checkbox"/> Ped/Bike vs Vehicle	<input type="checkbox"/> Motorcyle/Moped	<input type="checkbox"/> SPorts				
	<input type="checkbox"/> T. Pneumo	<input type="checkbox"/> Facial/Dental	<input type="checkbox"/> Genital/ButtocKs		<input type="checkbox"/> Vs Vehicle	<input type="checkbox"/> ANimal Bite	<input type="checkbox"/> HeLmet	<input type="checkbox"/> WK Related				
	<input type="checkbox"/> Trauma	<input type="checkbox"/> Neck	<input type="checkbox"/> Extremities		<input type="checkbox"/> CRush	<input type="checkbox"/> UNKnown	<input type="checkbox"/> OTHER					
	<input type="checkbox"/> Arrest	<input type="checkbox"/> Chest	<input type="checkbox"/> FRactures									
	<input type="checkbox"/> Back	<input type="checkbox"/> Bet Mid Clav	<input type="checkbox"/> Amputatlons									
			<input type="checkbox"/> Neuro/Vasc Comp									

The Trauma section describes complaints caused by injury. This section is divided into two parts:

- Trauma Complaint: Describes the location of the injury
- Mechanism of Injury: Describes how the injury occurred.

**AT LEAST ONE BOX MUST BE MARKED IN EACH PART**  
(if the patient has sustained an injury)

Trauma Criteria are in **RED** ink and some of the Trauma Guidelines are in **BLUE** ink.

A patient who meets one of these criteria is automatically transported to the nearest trauma center. An exception occurs when the patient's problem is so severe that it cannot be controlled in the field. If this uncontrollable condition makes transportation to the nearest trauma center impossible, the patient is transported to the most accessible receiving hospital.

## TRAUMA

<b>T R A U M A</b>	<input type="checkbox"/> No Apparent Injuries	<input type="checkbox"/> BUrns/Shock	<input type="checkbox"/> Spinal Cord Inj.
	<input type="checkbox"/> ≤6 yr BP < 70	<input type="checkbox"/> ≥7 yr BP < 90	
	<input type="checkbox"/> B P	<input type="checkbox"/> B P	<input type="checkbox"/> B P
	<input type="checkbox"/> Minor Lac/	<input type="checkbox"/> Head	<input type="checkbox"/> Abdomen
	<input type="checkbox"/> Flail Chest	<input type="checkbox"/> GCS ≤14	<input type="checkbox"/> Diffuse Tend
	<input type="checkbox"/> T. Pneumo	<input type="checkbox"/> Facial/Dental	<input type="checkbox"/> Genital/ButtocKs
	<input type="checkbox"/> Trauma	<input type="checkbox"/> Neck	<input type="checkbox"/> Extremities
	<input type="checkbox"/> Arrest	<input type="checkbox"/> Chest	<input type="checkbox"/> FRactures
	<input type="checkbox"/> Back	<input type="checkbox"/> Bet Mid Clav	<input type="checkbox"/> Amputatlons
			<input type="checkbox"/> Neuro/Vasc Comp

This section identifies the type, general severity and location of the patient's injuries. Each mark should represent a separate injury. Mark all items that describe the patient's problem(s).

- No Apparent Injuries**      No complaints, signs or symptoms of injury

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following a traumatic event. Use this code **ONLY** if there is a traumatic mechanism of injury but the patient has no complaints – **DO NOT MARK FOR MEDICAL COMPLAINTS.**

- Burns/Shock** Thermal/chemical burn or electric shock.
  
- Spinal Cord Inj.** Spinal cord injury is suspected, or weakness/paralysis/paresthesia are presented after a traumatic injury.
  
- ≤6 yr BP < 70**  
**≥7 yr BP < 90** Systolic blood pressure below 70 in a patient who is six years of age or under meets **trauma criteria**. Systolic blood pressure below 90 in a patient who is seven years of age or older meets **trauma criteria**.

Below are the majority of injuries that are associated with excessive blunt force or penetration beyond the skin and subcutaneous tissue. These injuries are marked as either blunt or penetrating in the boxes adjacent to the portion of the body that is affected.

**Blunt injuries** occur from a force that has not actually penetrated the skin, although a laceration may have been caused by the tearing/crushing force of a blunt object such as a boxing glove or striking one's head against the windshield.

**Penetrating injuries** may be inflicted by dull objects traveling at high velocity or a sharp object with a relatively low velocity (e.g., broken glass, knives, etc.). Penetrating injuries may occur from a slashing or puncturing force.

**B P (Blunt or Penetrating)**

- Minor Lac** Minor laceration/contusion/abrasion. An insignificant laceration, abrasion, or contusion involving the skin or subcutaneous tissue.
  
- Flail Chest** **Blunt** injury to the chest resulting in an unstable chest wall, identified by paradoxical chest wall movement.
  
- Tension Pneumo.** A life-threatening collection of air under increased pressure in the pleural cavity. Signs may include those of a pneumothorax (shortness of breath, tachypnea, decreased or absent lung sounds on one side) plus shock, neck vein distension and tracheal deviation (late sign).

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- Trauma Arrest**                      A cessation of cardiac output and effective circulation due to a traumatic injury. Indicate blunt or penetrating.  
**NOTE:**  
Do not mark the “Cardiac Arrest” box when the arrest occurs as a result of trauma.
- Back**    All injuries from the shoulders to the buttocks. Does not include the buttocks.
- Head**    Any injury to the head or skull from above the eyebrows and behind the ears.  
**NOTE:**  
An open skull fracture caused by blunt force is marked “blunt” not “penetrating”. “Head” should also be marked in association with facial injuries when it is likely that the brain was involved. The following subcategory should be marked if applicable:
- GCS≤14**                      **Blunt** head injuries when the GCS is less than or equal to 14. This code may be used when a strong index of suspicion for a blunt head injury is suspected by mechanism of injury (windshield spidered, etc.)
- Facial/Dental**                              Injury to the face. Face is defined as the area from the eyebrows down to and including the angle of the jaw, and the ears.  
**NOTE:**  
Circle one or both items (facial and/or dental). Often an injury caused by excessive blunt force to the face will result in head and/or neck injuries. It may be necessary to mark the blunt head and/or blunt neck boxes.
- Neck**    Any injury or pain occurring between the angle of the jaw and clavicle, including probably cervical spine injuries.
- Chest**    Any injury to the chest occurring below the

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- clavicle to the sixth rib, bordered on either side by the **posterior** axillary line.
- Bet Mid Clav.** **Penetrating** injury between the mid-clavicular lines. Refers to **anterior** penetrating injuries that occur above the sixth rib between the mid-clavicular lines.
  
  - Abdomen** Includes the flank and pelvis as well as the four abdominal quadrants. The following subcategory should be marked if indicated:
    - Diffuse Tend** The abdomen is tender in response to palpation in two or more of the four abdominal quadrants.
  
  - Genital/Buttocks** An injury to the buttocks or external reproductive structure. **NOTE:** Circle genitals and/or buttocks.
  
  - Extremities** Any injury, strain or sprain to the shoulders, arms, hands, legs, or feet. One or more of the following boxes should be marked when appropriate:
    - Fractures** Fracture of an extremity, hip, or clavicle.
    - Amputations** Amputation of any digit or extremity.
    - Neuro/Vas Comp** Extremity injury with neurological and/or vascular compromise.

**MECHANISM OF INJURY**

M E C H O F I N J	<input type="checkbox"/> Enc. Veh.	<input type="checkbox"/> S Belt	<input type="checkbox"/> A Bag	<input type="checkbox"/> ASSault	<input type="checkbox"/> FALL		
	<input type="checkbox"/> Pass Space Intrusion			<input type="checkbox"/> With Blunt Instr	<input type="checkbox"/> > 15 ft	MOI 1	MOI 2
	<input type="checkbox"/> Surv. of Fatal Acc.			<input type="checkbox"/> STabbing	<input type="checkbox"/> Electric Shock		
	<input type="checkbox"/> Ejected from Vehicle			<input type="checkbox"/> GSW	<input type="checkbox"/> Hazmat Expos.		
	<input type="checkbox"/> EXtrication Required			<input type="checkbox"/> TRunk	<input type="checkbox"/> Thermal Burn		
	<input type="checkbox"/> Ped/Bike vs Vehicle			<input type="checkbox"/> SI Accidental	<input type="checkbox"/> SPorts		
	<input type="checkbox"/> Motorcycle/Moped			<input type="checkbox"/> SI Intentional	<input type="checkbox"/> Wk Related		
	<input type="checkbox"/> Vs Vehicle			<input type="checkbox"/> ANimal Bite	<input type="checkbox"/> UNknown		
<input type="checkbox"/> HeLmet			<input type="checkbox"/> CRush	<input type="checkbox"/> OTher _____			

The Mechanism of Injury subsection identifies **how** an injury was sustained. Whenever a patient suffers from a traumatic injury, at least one box in this section must be marked. Mark as many boxes as apply. **Red lettered items** within this

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section are trauma criteria. **Blue lettered items** within this section are trauma guidelines.

**DATA ELEMENTS**

- Enclosed Vehicle**      Patient was riding in an enclosed vehicle. Automobile, truck (including the back of a pick-up), jeep, convertible, bus, tractor or other motorized vehicle.

Mark the subcategories (under enclosed vehicle) below, if applicable:

- Seat Belt**      Patient was wearing a seat belt at the time of impact.
- Air Bag**      Air bag inflated at the time of impact and directly protected the patient.
- Passenger Space Intrusion**      The space in which the passenger was sitting prior to the accident is so damaged that it is impossible for the patient to sit comfortably in the same location.
- Survivor of Fatal Accident**      The patient survived a collision where another person **in the same vehicle** was fatally injured.
- Ejected From Vehicle**      Patient was thrown from an enclosed vehicle. Convertibles and pick-up trucks are considered enclosed vehicles; however, motorcycles are not.
- Extrication Required**      Special equipment such as the jaws of life were required to remove the injured person from the vehicle. Popping a window or removing a door is not considered extrication.
- Ped/Bike vs Vehicle**      The patient is a bicyclist or pedestrian who hit or was hit by a motorized vehicle.
- Motorcycle/Moped**      The patient was riding on an unenclosed motorized vehicle at the time of the accident. Unenclosed vehicles include mopeds, ATV's, motorcycles, etc.

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If the patient was involved in an unenclosed vehicle accident, the following additional boxes should be marked when applicable.

- Vs Vehicle**                      The patient riding on an unenclosed vehicle struck, or was struck by another vehicle.
  
- Helmet**                              The patient riding on an unenclosed motorized vehicle was wearing a helmet at the time of impact.  
**NOTE:** If a motorcycle/moped patient was not wearing a helmet, draw a circle with a line over the word "helmet" to show that an assessment for safety devices was performed.
  
- Assault**                              Patient was assaulted (punched, kicked, strangled, etc.) without a blunt instrument.
  - With Blunt Instr**                      A blunt instrument (bat, belt, fists, etc.) was used during the assault.
  - Stabbing**                              A sharp or piercing instrument (e.g., knife broken glass, ice pick, etc.) caused the injury, which penetrated the skin during the attack.
  
- GSW**                                      Injury was caused by a gunshot (accidental or intentional).
  - Trunk**                                      The GSW is located in the trunk. Trunk refers to the chest, shoulder, back, abdomen, pelvis and/or buttocks.
  
- S.I. Accidental**                      Self-inflicted, accidental. The injury appears to have been accidentally caused by the patient.
  
- S.I. Intentional**                      Self-inflicted, intentional. The injury appears to have been intentionally caused by the patient.

**NOTE:**  
EMS personnel should base their opinions on objective evidence whenever possible. Statements by the patient or witnesses can also

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be of help. Important factors in the decision should be noted in the Assessment Section. Do not use as the chief MOI when other mechanisms would be more appropriate (i.e., GSW, fall/jump, etc.)

- Animal Bite**

The teeth of a human, reptile, dog, cat, or other animal inflicted the injury. This box can be marked whether the skin was punctured or not. Insect bites and bee stings are **not** considered animal bites.
  
- Crush**

The injuries sustained were a result of external pressure being placed on body parts between two opposing forces.
  
- Fall**

An injury resulting from a fall from any height. This category includes slipping in a bathtub, falling off a bicycle, jumping from a ledge, falling from a horse, etc.

  - >15 ft.**

Greater than (>) 15 feet – A subcategory of Fall. A **vertical uninterrupted** fall of greater than 15 feet. This does not include falling down stairs or rolling down a sloping cliff.
  
- Electric Shock**

Passage of an electrical current through body tissue as a result of contact with an electrical source.
  
- Hazmat Expos**

Hazardous Material Exposure. The patient was exposed to any toxic or poisonous agents. Agents included are liquids, gases, powders, foams or radioactive material.  
**NOTE:**  
For pepper spray incidents or brief exposures to other minor irritants use the **medical** code “OT” unless another more appropriate major chief complaint exists.
  
- Thermal Burn**

Burn was caused by excessive heat.
  
- Sports**

Any injury that occurs during a sporting or

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recreational athletic activity. This includes such activities as aerobics and jogging.

**Work Related**

An injury occurred on the job and would likely be covered by Worker's Compensation.

**Unknown**

The cause or mechanism of injury is unknown.

**Other**

A mechanism of injury that does not fall into any of the existing categories.

**NOTE:**

On the line provided, write in the mechanism of injury.

**MOI 1, MOI 2:**

Enter the two-letter code of the most **general** mechanism of injury first. Enter the subcategory of injury in the MOI 2 box or an additional MOI if one exists. This field is **required** for all patients whose chief complaint is a result of injury.

- Mark all boxes that apply; however, the "MOI 1" is the **MAIN CATEGORY** (not the sub-category). Main categories include **EV, PB, MM, AS, GS, OT, FA, ES, HE, TB, SP, UN.**

# Section 6. TRANSPORT

<b>T R A N S P O R T</b>	MAR: _____	ETA: _____	EDAP: _____	ETA: _____	<b>V I A</b>	<input type="checkbox"/> ALS	<b>N O T R A N S P O R T</b>	<input type="checkbox"/> BLS	<input type="checkbox"/> Pronounced	
	REC: _____	ETA: _____				<input type="checkbox"/> Heli ETA _____		<input type="checkbox"/> Other _____	<input type="checkbox"/> AMA	By _____ MD
<b>Destination</b>									<input type="checkbox"/> Resus D/C @ _____	
<input type="checkbox"/> MAR <input type="checkbox"/> EDAP (≤14 yrs) <input type="checkbox"/> PERINATAL (≤ 20 wks pregnancy) <input type="checkbox"/> TC <input type="checkbox"/> PTC (≤14 yrs trauma) <input type="checkbox"/> PMC (≤14 yrs medical) <input type="checkbox"/> SRC (12 Lead ECG = STEMI or ROSC) <input type="checkbox"/> ASC <input type="checkbox"/> Other _____		<input type="checkbox"/> Criteria <input type="checkbox"/> Guidelines <input type="checkbox"/> Judgment <input type="checkbox"/> IFT		<b>Indicate rationale below</b> <input type="checkbox"/> ED SAT <input type="checkbox"/> Int Disaster <input type="checkbox"/> CT <input type="checkbox"/> Request <input type="checkbox"/> SART <input type="checkbox"/> SC Req <input type="checkbox"/> Extremis <input type="checkbox"/> No SC Access (w/i 30 mins) <input type="checkbox"/> Other _____					<input type="checkbox"/> Total min EMS CPR _____ <input type="checkbox"/> DNR/AHCD/POLST	

This section identifies if and where a patient is transported, the mode of transportation, ETA's and the rationale for transporting to a facility.

This section is divided into four sections:

## Section 1

The transport codes section:

<b>T</b>	MAR: _____	ETA: _____	EDAP: _____	ETA: _____
	REC: _____	ETA: _____		

Document the three letter code of the Most Accessible Receiving (MAR) and the actual Receiving (REC) facility on **all** patients.

Document the EDAP on **all** pediatric patients.

The estimated time of arrival (ETA) must be documented on the corresponding line.

## Section 2

The Destination section:

<b>R A N S P O R T</b>	<b>Destination</b>			
	<input type="checkbox"/> MAR <input type="checkbox"/> EDAP (≤14 yrs) <input type="checkbox"/> PERINATAL (≤ 20 wks pregnancy) <input type="checkbox"/> TC <input type="checkbox"/> PTC (≤14 yrs trauma) <input type="checkbox"/> PMC (≤14 yrs medical) <input type="checkbox"/> SRC (12 Lead ECG = STEMI or ROSC) <input type="checkbox"/> ASC <input type="checkbox"/> Other _____	<input type="checkbox"/> Criteria <input type="checkbox"/> Guidelines <input type="checkbox"/> Judgment <input type="checkbox"/> IFT	<b>Indicate rationale below</b> <input type="checkbox"/> ED SAT <input type="checkbox"/> Int Disaster <input type="checkbox"/> CT <input type="checkbox"/> Request <input type="checkbox"/> SART <input type="checkbox"/> SC Req <input type="checkbox"/> Extremis <input type="checkbox"/> No SC Access (w/i 30 mins) <input type="checkbox"/> Other _____	

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The destination section is broken down to explain why the patient went to a certain receiving facility and if the patient met any criteria or guidelines requiring transport to a specialty center (e.g. trauma center, pediatric trauma center or pediatric medical center).

### DATA ELEMENTS:

<b>MAR</b>	Most Accessible Receiving Hospital. The licensed, basic emergency hospital that can be reached in the shortest possible time. Depending on traffic or geography, this hospital may not necessarily be the closest facility. The paramedics determine the MAR.
<b>EDAP</b>	Emergency Department Approved for Pediatrics. The most accessible licensed, basic emergency department that has been confirmed as meeting specific service criteria to provide basic emergency pediatric care. Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 510, Pediatric Patient Destination.
<b>Perinatal</b>	Perinatal Center. A hospital with a licensed, basic emergency department and an obstetrical department. Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 511, Perinatal Patient Destination.
<b>TC</b>	Trauma Center. The trauma center assigned to receive patients from the area in which the patient is located. Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 504, Trauma Patient Destination.
<b>PTC (≤14yrs trauma)</b>	Pediatric Trauma Center. A designated acute care hospital approved to receive critically <b>injured</b> pediatric patients. For information regarding which pediatric patients require PTC care, refer to the Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 510, Pediatric Patient Destination.
<b>PMC (≤14yrs medical)</b>	Pediatric Medical Care. A designated acute care hospital approved to receive critically <b>ill</b> pediatric patients. For information regarding which pediatric patients require PMC care, refer to the Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 510, Pediatric Patient Destination.
<b>SRC(12 Lead ECG</b>	ST Elevation Myocardial Infarction (STEMI) Receiving

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= STEMI or ROSC                      Center (SRC) is a facility that has been approved to receive STEMI patients. Los Angeles County Prehospital Care Manual, Reference No. 513, STEMI Patient Destination.

**ASC**                                      Approved Stroke Center (ASC) is a facility that has been approved to receive suspected stroke patients. Los Angeles County Prehospital Care Manual, Reference No. 521 Stroke Patient Destination.

**Other**                                      A licensed, basic emergency department that may receive the patient in place of one of the categories of hospitals listed above. This item is used most frequently to designate the receiving hospital was unavailable for some reason (on diversion). The reason must be documented by indicating the rationale in the section designated for rationale.

When a patient is transported to a TC/PTC or PMC a box needs to be checked in this section:

<input type="checkbox"/> Criteria <input type="checkbox"/> Guidelines <input type="checkbox"/> Judgment <input type="checkbox"/> IFT
---

**DATA ELEMENTS:**

**Criteria**                                      Mark this box if the patient meets TC/PTC criteria and is transported to a TC/PTC. Los Angeles County Prehospital Care Manual, Reference No. 506: Trauma Triage.

**Guidelines**                                      Mark this box if the patient meets TC/PTC/PMC guidelines and is transported to a TC/PTC/PMC. Los Angeles County Prehospital Care Manual, Reference No. 506: Trauma Triage.

**Judgment**                                      Mark this box if the patient does not meet

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TC/PTC/PMC criteria/guidelines but is transported to a TC/PTC/PMC because the MICN/BHMD feels that the patient would benefit from a higher level of care.

- IFT** Interfacility Transfer/Transport. Mark this box if the patient is being transferred to from one facility to another.

If the “Other” box is marked in the “destination section”, one of the following reasons must be marked. As stated in the previous section, the “Other” box will be marked for all diversions. Refer to Los Angeles County Prehospital Care Manual, Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Units for additional information regarding diversion categories.

<p><b>Indicate rationale below</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ED SAT</li> <li><input type="checkbox"/> Int Disaster</li> <li><input type="checkbox"/> CT</li> <li><input type="checkbox"/> Request</li> <li><input type="checkbox"/> SART</li> <li><input type="checkbox"/> SC Req</li> <li><input type="checkbox"/> Extremis</li> <li><input type="checkbox"/> No SC Access (w/i 30 mins)</li> <li><input type="checkbox"/> Other _____</li> </ul>
--

- ED Sat.** The desired hospital is closed due to emergency department saturation.
- Int. Disaster** The desired hospital is closed due to internal disaster, e.g., fire, flood, bomb threat, etc.
- CT** The patient may require a CT scan for diagnosis and the CT scanner at the desired hospital is non-functioning.
- Request** The patient, family member, private medical doctor (PMD), or other authorized party requests transport to an alternate facility.
- SART** A licensed general acute care hospital, a licensed basic emergency department or a hospital sponsored program clinic that has met specific requirements approved by the County of

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Los Angeles to receive patients who are victims of sexual assault/abuse.

Every effort should be made to transport sexual assault patients to the most accessible receiving (MAR) facility that has an affiliated designated SART Center. If EMS personnel determine that such a transport would unreasonably remove unit from its primary response area, the patient should be transported to the MAR facility.

In **all** cases the health and well-being of the patient is the overriding consideration in determining hospital destination.

- SC Req**                      The patient met the criteria/guidelines for transport to a specialty center (TC/PTC/PMC/SRC/ASC/Perinatal) however the designated specialty center was closed d/t one of the above reasons. (ED sat; Internal Disaster., etc). Patient is transported to the next closest Specialty Center that is open.
  
- Extremis**                      The patient is transported to the most accessible facility because the severity of the injury/illness precludes transportation to a specialty center. Extremis patients include patients with an obstructed airway; patients in cardiopulmonary arrest (excluding traumatic penetrating torso injuries); and other patients as determined by the base hospital personnel whose lives would be jeopardized by transportation to any but the most accessible receiving(MAR).
  
- No SC Access**  
(w/i 30mins)                      The patient meets criteria/ guidelines for transport to a specialty center however is transported to a non-specialty center due to time constraints or geography. Refer to Los Angeles County Prehospital Care Manual, Reference No. 506, Trauma Triage; Reference No. 510, Pediatric Patient Destination; Reference No. 511, Perinatal Patient Destination; Reference No. 513, STEMI Patient Destination; Reference No. 521, Stroke Patient Destination.

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- Other**                      Mark this box and document reason the line Adjacent if the patient is not transported to the MAR or designated Specialty Center for any reason other than those previously listed above.

**Section 3:**

**VIA**

<b>V I A</b>	<input type="checkbox"/> <b>ALS</b> <input type="checkbox"/> <b>BLS</b> <input type="checkbox"/> <b>Heli ETA</b> _____ <input type="checkbox"/> <b>Other</b> _____
----------------------	---

Method of Transport

- ALS**                      ALS unit accompanied by at least one paramedic.
- BLS**                      BLS without paramedics.
- Heli ETA**                Helicopter. The ETA designates when the helicopter is expected to arrive on scene.
- Other**                      If marked, indicate type of transport used.

**Section 4**

<b>N O T T R A N S P O R T</b>	<input type="checkbox"/> <b>AMA</b>	<input type="checkbox"/> <b>Pronounced</b>
	<input type="checkbox"/> <b>DOA</b>	By _____ MD
	<input type="checkbox"/> <b>Unwarranted</b>	<b>Resus D/C @</b> _____
	<input type="checkbox"/> <b>Other</b>	_____ (rhythm)
		Total min EMS CPR _____
		<input type="checkbox"/> <b>DNR/AHCD/POLST</b>

If the patient is not transported mark one of the following boxes:

- AMA**                      Mark if a competent patient refuses treatment and/or transport to a hospital as recommended by EMS personnel.
- Refer to Los Angeles County Prehospital Care Manual, Reference No. 834, Patient Refusal of Treatment or Transport.

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- Base hospital contact is required when a patient, who meets base contact criteria, as specified in Los Angeles County Prehospital Care Manual, Reference No. 808, Base Hospital Contact and Transport Criteria, Section 1, refuses treatment and/or transport. Base contact must be made while the patient is still on scene and available to speak with the MICN.
- Physical/mental impairment, drugs, alcohol intoxication, etc. may significantly impair a patient's ability to make competent decisions.
- If the patient refuses medical attention, the patient (or for minors, a parent or guardian) must sign a release. Two witnesses must also sign. EMT's may sign as witnesses if no others can be found. This release should not be signed if the patient's condition does not warrant treatment or transport.

When possible, direct communication between the patient and the MICN/BHMD should be established. Base hospital personnel should reiterate the necessity of medical treatment and thoroughly document the explanation of the risks and consequences of refusal of treatment and/or transport.

- DOA** Base hospital contact is **not required** for patients who are determined to be dead based on specific criteria (decapitation, incineration, decomposition, evisceration of major organ, etc.) set forth in Los Angeles County Prehospital Care Manual, Reference No. 814. Determination/Pronouncement of Death in the Field. **For patients who have the signs and symptoms of death but do not meet the above criteria**, EMS personnel should begin resuscitative measures and contact the base hospital. Resuscitative measures may be discontinued if a base hospital physician, on the basis of a complete description of the circumstances and the findings, determines that resuscitative intervention is futile. The "Pronounced" box should be marked. **If there is any objection or disagreement by family members or caretakers** about withholding resuscitation, or if prehospital personnel have any reservations about the validity of the DNR/AHCD/POLST order, resuscitation

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should begin immediately and paramedics should contact the base hospital for further direction.

**Unwarranted**

The patient's condition does not require transportation by paramedics.

**Pronounced**

Mark for patients who have received resuscitative efforts in the field and have subsequently been pronounced by a physician. Enter the name of the physician who pronounced the patient.

**Resus D/C @**

Write in the time that CPR and other lifesaving therapies are terminated by decision of the base hospital physician. The time should be documented using military time. Document the code of the rhythm the patient was in when pronounced in the boxes provided.

**Total min EMS CPR**

The total elapsed time in minutes from the beginning of EMS CPR to time of pronouncement by base hospital physician.

**DNR/AHCD/POLST**

Do-Not-Resuscitate/Advance Health Care Directive/Physician Order for Life Sustaining Treatment. The patient has a valid DNR or Advance Healthcare Directive (AHCD) or Physician Order for Life Sustaining Treatment (POLST) form. Refer to Los Angeles County Prehospital Care Manual, Reference No. 815, Honoring Prehospital Do-Not-Resuscitate Orders and Physician Orders For Life Sustaining Treatment.

## Section 7. DISPOSITION

<b>D I S P O</b>	Time Clear	_ _ _ _ _ _ _	If Base is = Receiving hospital: <input type="checkbox"/> Cath Lab <input type="checkbox"/> Ward <input type="checkbox"/> OB <input type="checkbox"/> Expired <input type="checkbox"/> Discharged	
	Time Receiving Hosp. Notified	_ _ _ _ _ _ _	Adm. To Rm # _____	<input type="checkbox"/> ICU/CCU <input type="checkbox"/> OR <input type="checkbox"/> Stepdown <input type="checkbox"/> Inter. Rad
	Person Notified _____		<input type="checkbox"/> Other _____	Transferred from E.D. to _____
			E.D. Diagnosis _____	HOSP. CODE

This section identifies specific information regarding the disposition of the patient.

### DATA ELEMENTS:

#### Time Clear:

Enter the military time when the MICN or Physician hangs up or signs off the radio with the provider. This time may be after the time the receiving hospital was notified, if the receiving hospital was notified while the base was still in contact with the provider.

- Use leading zeros when necessary.
- Use the same clock during the run for accurate time recordings.

#### Time Receiving Hosp. Notified:

If the patient is transported to a facility other than the base hospital, enter the time the receiving hospital was notified of the run.

If the receiving hospital is different than the base hospital, the following must also be filled out:

#### Person Notified:

Enter the name of the person at the receiving hospital notified of the incoming patient.

#### If Base is also the Receiving Hospital:

If Base is = Receiving hospital: <input type="checkbox"/> Cath Lab <input type="checkbox"/> Ward <input type="checkbox"/> OB <input type="checkbox"/> Expired <input type="checkbox"/> Discharged	
Adm. To Rm # _____	<input type="checkbox"/> ICU/CCU <input type="checkbox"/> OR <input type="checkbox"/> Stepdown <input type="checkbox"/> Inter. Rad
<input type="checkbox"/> Other _____	Transferred from E.D. to _____
E.D. Diagnosis _____	HOSP. CODE

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This subsection deals with the disposition of a patient from the base hospital emergency department. This section is filled out when a patient is admitted to the hospital, transferred, or discharged from the emergency department or has expired within the emergency department. This section may be completed at a later time by personnel other than the MICN/MD who handled the run.

Mark the appropriate disposition for the patient:

- Cath Lab**                      Went to the Cardiac Catheterization Lab. This information is used to cross reference patient in the STEMI database.
  
- Ward**                                Admitted to a medical-surgical area. Although most facilities have private or semi-private rooms – the term “ward” is used for data collection purposes.
  
- OB**                                    Admitted to the obstetrics ward.
  
- Expired**                            The patient died in the emergency department.
  
- Discharged**                      The patient was discharged home from the emergency department.
  
- ICU/CCU**                        Admitted to the Intensive Care Unit or the Cardiac Care Unit
  
- OR**                                    Transferred directly from the emergency department to the operating room.
  
- Stepdown**                        Transferred to the Direct Observation Unit (DOU) or Stepdown Unit. This includes the Telemetry Unit.
  
- Inter. Rad**                        Transferred directly from the emergency department to Interventional Radiology for embolization, angiography, etc.
  
- Other**                                Write a comment on the line provided.

**Adm. To Rm.# \_\_\_\_\_:**

- Enter the room number that the patient was admitted to.

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**Transferred from E.D. to** \_\_\_\_\_

- If the patient is transferred from the emergency department to another health care facility, write the name of the facility on the line provided.

**E.D. Diagnosis** \_\_\_\_\_

- On the line provided, enter the emergency department diagnosis documented on the emergency department chart by the physician.

The E.D. diagnosis is entered into TEMIS as an ICD-9 code.

## Section 8. COMMENTS

C O M M	
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Any additional information regarding the disposition of the patient at the base hospital can be added here. Comments regarding crucial run information not noted elsewhere should be written on the available lines in the "Assessment" section. Additional documentation can be continued on the Base Hospital Form Page 2, if needed.

## Section 9. SIGNATURE

<b>S I G N</b>	MICN/Cert. #	Physician	Patient Name/Number
----------------------------	--------------	-----------	---------------------

This section identifies the nurse and base hospital physician responsible for the run, and the patient's medical record number, if known.

### DATA ELEMENTS:

#### MICN/Cert. #:

If an MICN handles the run, his/her signature and certification number is written here. Writing a first initial and last name is sufficient for the signature.

Enter the letter "N" in the first space, followed by the certification number. If the physician on duty handles the run, this box will be left blank.

#### Physician:

If a physician **handles** the run, his/her signature and identification number is written here. Writing a first initial and last name is sufficient for the signature.

If **both an MICN and a physician handle** the call or if the physician is **consulted** during the run, both names and numbers should appear.

#### Patient Name/Number:

Enter the patient's name and medical record number (when the base is the receiving facility).

- This item is optional

# Section 10. MULTIPLE CASUALTY INCIDENT FORM (MCI)

## INTRODUCTION

The Multiple Casualty Incident Form (MCI) has been developed by the Los Angeles County EMS Agency as a replacement form for use by base hospitals in situations where multiple patients are encountered on scene and reported to the base hospital. The form is a “shortened” version of the Los Angeles County Base Hospital Form that encompasses the essential data for the incident while providing a valuable tool to MICN’s and Physician’s for multi-patient incidents. The MCI Base Hospital Form may be used in place of the standard Base Hospital Form for incident involving 3 or more patients.

## WHO COMPLETES THE FORM

The MICN or Physician handling the voice contact between the paramedic and base hospital is responsible for thorough and accurate completion of the form.

## WHEN TO USE THE FORM

A standard Base Hospital Form (one per patient) or an EMS Agency approved MCI Base Hospital Form (up to four patients per form) may be used.

**ALS Patients:** Pertinent information must be documented for each ALS patient.

**BLS Patients:** If the incident involves only BLS patients on whom no medical direction has been given, only one form (for one patient) needs to be initiated in order to document the Sequence number for the incident.

**ALS and BLS Patients:** Pertinent information must be documented for each ALS patient. BLS patients on whom no medical direction has been given do not require a Base Hospital Form. The number and disposition of BLS patients may be documented in the Comments Section of the Base Hospital Report Form on an ALS patient.

See Los Angeles County, [Prehospital Care Manual](#), Reference No. 606, Documentation of Prehospital Care.

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DISTRIBUTION OF COPIES

Distribution of the copies of the MCI Base Hospital Form is identical to the distribution of the normal Base Hospital Form.

INCIDENT INFORMATION SECTION

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

DATE [ ] [ ] [ ] [ ] [ ] [ ] TIME [ ] [ ] [ ] [ ] [ ] [ ] PROVIDER CODE [ ] [ ] [ ] [ ] HOSP CODE [ ] [ ] [ ] [ ]

LOCATION \_\_\_\_\_ UNIT \_\_\_\_\_  RADIO  FULL CALL

MICN \_\_\_\_\_ TOTAL PATIENTS \_\_\_\_\_  PHONE  SFTP

PHYSICIAN \_\_\_\_\_ TIME CLEAR \_\_\_\_\_  HEAR  JOINT

Comb R/P/H  Info Only

The top of the form contains Incident Information. The information in this area is similar to the Base Hospital Form in an abbreviated version. In addition, the right side of this area contains a section that can be used as a quick worksheet listing *Triage Categories* and patient destination (Hospital code). See Section 1 of this manual for more information regarding Incident Information.

PATIENT ASSESSMENT/GCS/TRIAGE CATEGORIES

<b>Pt #</b>	<input type="checkbox"/> M Seq # _____
Age _____	<input type="checkbox"/> F Log # _____
Wt. _____ Kg/lbs	
<b>GCS</b>	<b>Vital Signs</b>
E _____	BP/ _____
M _____	Cap Refill _____
V _____	Pulse _____
	Resp _____
Peds Weight _____	
Color Code	
<b>Immediate</b>	
<b>Delayed</b>	
<b>Minor</b>	
<b>Chief Complaint</b> _____	<b>Complaint</b>
_____	[ ] [ ] [ ] [ ]
_____	<b>Mech of Inj</b>
_____	[ ] [ ] [ ] [ ]
<input type="checkbox"/> Field Decontamination	

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*Sequence Number/Patient Number*

Each of the four (4) sections on the Base MCI form has a space for a separate Sequence Number (one for each patient). This alleviates the need to fill out a full Base Hospital Form on each patient. In the top left portion of the section is the patient number for the incident. For example there are three (3) patients on the incident; the patients would be numbered 1 through 3.

*Triage Categories*

<b>Immediate</b>
<b>Delayed</b>
<b>Minor</b>

There are three (3) categories (Immediate, Delayed, and Minor) which correspond to Triage Tags commonly used in Los Angeles County. Mark the box that corresponds to the Triage Category reported by the provider. There is a fourth category (DOA); however, the base hospital will not need to document the DOA patient in an MCI.

*Age/Gender/Name/Weight*

M Seq # \_\_\_\_\_  
 \_\_\_\_\_  F Log # \_\_\_\_\_  
 Age  
 Wt. \_\_\_\_\_ Kg/lbs  

Peds Weight  
 Color Code

To the left of the Sequence Number is the Age and Gender of the patient. Write in the Age and Age units of the patient and mark the gender that corresponds to the patient. Below the Sequence Number is a space for the Pediatric Color Code and weight of the patient if indicated.

*GCS/Vital Signs*

<b>GCS</b>	<b>Vital Signs</b>
E _____	BP/ Cap Refill _____
M _____	Pulse _____
V _____	Resp _____

This section contains the Glasgow Coma Scale (GCS). Refer to Section 3 of this manual for definitions regarding GCS. The vital signs consist of the Blood Pressure (BP) or Cap Refill if using the START system, Pulse and Respirations.

**CHIEF COMPLAINT/COMPLAINT CODES/MECHANISM OF INJURY/FIELD DECONTAMINATION**

Chief Complaint _____	Complaint
_____	
_____	Mech of Inj
<input type="checkbox"/> Field Decontamination _____	

*Chief Complaint*

The Chief Complaint section is a short narrative summary of the complaints of the patient.

*Complaint Codes*

Complaint

|
|
|
|

This area contains two (2) spaces for complaints. Each complaint code is a unique two-letter code. The Chief Complaint (most significant) should be placed first (left) followed by the less significant complaint. See Sections 2 and 6 of this manual for more information on Complaint codes.

*Mechanism of Injury*

Mech of Inj

|
|
|
|

This area contains two (2) spaces for mechanism of injury. The primary Mechanism of Injury should be placed first (left) followed by the less significant mechanism of injury. See Section 6 of this manual for more information on Mechanism of Injury codes.

*Field Decontamination*

This section is used to signify that some form of field decontamination such as showering has occurred. Mark box if any type of field decontamination has been performed.

## TREATMENT/AMA

<b>Treatment:</b> <input type="checkbox"/> O2 <input type="checkbox"/> IV <input type="checkbox"/> Sp. Immob. <input type="checkbox"/> Meds
---

### *Treatment*

This section contains common Treatments performed on patients as well as a section to write in other Treatments. When indicated, a mark should be placed in the box to the left of the corresponding Treatment performed on a patient.

### *AMA*

AMA

When a patient signs out *Against Medical Advice*, place a check mark in the box to the left of **AMA**. See Section 7 of this manual for more information on AMA.

## TRANSPORT SECTION

<b>Transported By:</b>	<b>Rec Facility</b>	<b>Trans To</b>
<input type="checkbox"/> No Transport		<input type="checkbox"/> MAR <input type="checkbox"/> PeriNat <input type="checkbox"/> EDAP <input type="checkbox"/> PCCC <input type="checkbox"/> Trauma <input type="checkbox"/> Other

### *Transported By:*

<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;"> <h3 style="margin: 0;">Transported By:</h3> </div> <div style="border: 2px solid black; padding: 5px;"> <input type="checkbox"/> <b>No Transport</b> </div>
--

This section contains the information about the EMS unit transporting the patient. Space is provided to write the Provider/Unit and the time the patient was transported. The bottom section provides a box to designate a patient that was not transported.

### *Receiving Facility*

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<p><b>Rec Facility</b></p>     <p>_____</p>
--

Write in the three-letter Hospital Code that corresponds to the facility the patient is being transported.

*Trans To*

<b>Trans To</b>	
<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

Transport To.

Place mark on the box that corresponds to the designated type of facility to which the patient is transported.

See Section 7 of this manual for more information on patient transport.

**DISPOSITION**

Admit	<input type="checkbox"/> ICU/CCU	<input type="checkbox"/> OR	<input type="checkbox"/> Ward	<input type="checkbox"/> Tele	<input type="checkbox"/> OB	<input type="checkbox"/> Other
Transferred	_____		<input type="checkbox"/> Discharged	<input type="checkbox"/> Expired		
ED Diagnosis	_____					
Name:	_____					

This section is utilized in the same way as the Base Hospital Form (see Section 8 of this manual for more information on Disposition).

# Section 11. STANDING FIELD TREATMENT PROTOCOLS (SFTP'S)

The following is required information for all runs on which SFTPs have been utilized.

**DOCUMENT ALL INFORMATION PROVIDED TO YOU!**

## 1. GENERAL INFORMATION

<small>PARAMEDIC ONE</small>	Log # _____	SEC. SEQ # _____	(IF APPLICABLE)	SEQ. # _____
Date	M M D D Y Y Y Y	Prov. Code	Pt. # _____ of _____	Hospital Code
Time	_____	Unit	Age _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Radio <input type="checkbox"/> Full Call
Location	_____	<input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> H	Weight _____ Kg   lbs.	<input type="checkbox"/> Phone <input type="checkbox"/> SFT Protocol
			<input type="checkbox"/> Too Tall	<input type="checkbox"/> HEAR Radio <input type="checkbox"/> Joint Run
			Peds Weight	<input type="checkbox"/> Comb R/P/H <input type="checkbox"/> Info Only
			Color Code	

This section located at the top of the form, contains general run information and must be completed for all calls.

The first two items in this section are medical record numbers used to identify and track patients from the prehospital care phase through hospitalization. Both of these numbers (Log# and SEQ. #) must be completed accurately.

- Log #: Enter the Base Hospital Log Number.
- SEQ. #: Enter the sequence number the paramedic gives you to identify each patient.
- Date: Enter the date the run is called into the base hospital.
- Time: Enter the time the run is called into the base hospital.
- Prov. Code: Enter the two-letter provider code of the provider agency calling in the run.
- Unit: Enter the number that identifies the specific unit of the provider agency that calls in the run.
- Age: Enter the age of the patient in years. If the age is estimated, write the age followed by "est".
- Sex: Mark the appropriate box to identify the patient's gender.

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**Communication Type** For regular runs where medical direction is provided, mark only one of the following: Radio, Phone, Hear Radio, Combination (R/P/H).

**SFT Protocol:** Mark this box for SFTP runs in which the base is contacted for destination information ONLY.

**Joint Run:** Mark this box when the base hospital provides medical direction during a run that began as a Standard Field Treatment Protocol run.

### 2. ASSESSMENT:

A S S E S S M E N T	Chief Complaint Code	<input type="checkbox"/> None <input type="checkbox"/> MID <input type="checkbox"/> Mod. <input type="checkbox"/> Severe	P T B C	PTBC (Meds)	PTBC (Treatments)
	Protocol	O/P		<input type="checkbox"/> ADE	<input type="checkbox"/> O2 _____ M/NC
	Medical HX	Q		<input type="checkbox"/> ASA	<input type="checkbox"/> BVM
	Medications	R		<input type="checkbox"/> ATR	<input type="checkbox"/> ET <input type="checkbox"/> ETC/KING
	<input type="checkbox"/> NKA Allergies:	S		<input type="checkbox"/> ALB	<input type="checkbox"/> IV <input type="checkbox"/> IO
	T	<input type="checkbox"/> D50	<input type="checkbox"/> MonitorR <input type="checkbox"/> 12 Lead		
	Suspected Drugs/ETOH	<input type="checkbox"/> D25	<input type="checkbox"/> Glucometer		
		<input type="checkbox"/> EPI	<input type="checkbox"/> Defib X _____		
		<input type="checkbox"/> GLU	<input type="checkbox"/> CAR		
		<input type="checkbox"/> GLP	<input type="checkbox"/> AED-Analyzed		
		<input type="checkbox"/> MID	<input type="checkbox"/> AED-Defib		
		<input type="checkbox"/> NAR	<input type="checkbox"/> N. THor		
		<input type="checkbox"/> NTG	Spinal Immob.		
		<input type="checkbox"/> Other	<input type="checkbox"/> Y <input type="checkbox"/> N		

This section identifies the patient’s chief complaint, its severity, and the protocol utilized.

**Chief Complaint Code:**

Enter the two-letter code of the patient’s problem. If the patient has more than one problem, list the most significant problem first. Up to three codes can be entered.

- Chief complaint codes of the patient’s problems are listed on the backside of the Base Hospital Form.
- Chief complaint codes for trauma are on the front of the form. They consist of two bold letters from the items listed in the “Trauma” portion of the Trauma/Mech of Injury Section.

Whenever a trauma subcategory has been marked, enter the subcategory code rather than the major category.

**Severity of Distress:**

Mark one of the following which best describes the severity of the chief complaint:

- None** Exhibits no outward signs of distress and shows no adverse reaction related to the chief complaint.
- Mild** Exhibits a low level of distress. Shows few external cues indicating a low level of distress related to the chief complaint. The patient can

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- easily divert attention from signs and symptoms related to the chief complaint.
- Mod** Exhibits an increasing level of distress. The patient is not easily distracted and remains more focused on chief complaint/signs and symptoms. For example, signs and symptoms of a patient in moderate distress with a chief complaint of shortness of breath may include one or more of the following:
    - Speaks in short sentences
    - Accessory muscle use
    - Costal retractions
    - Moist or cool skin signs
  
  - Severe** Exhibits a great level of distress. The patient is completely focused on the chief complaint/signs and symptoms. Nothing can distract the patient from the serious signs and symptoms of a patient in severe distress with a chief complaint of shortness of breath. For example, signs and symptoms of severe shortness of breath may include one or more of the following:
    - Speaks in one or two word sentences
    - Not able to speak
    - Diaphoresis
    - Costal/sternal retractions
    - Cool skin
    - Skin discoloration
    - Abnormal breath sounds
    - Breath sounds audible without a stethoscope
    - Tripod position

**Protocol:**

Indicate which protocol was used:

General ALS:

- ALS General ALS
- CA Cardiac Arrest

Medical:

- M2 Altered Level of Consciousness
- M4 Chest Pain
- M7 NonTraumatic Abdominal/Pelvic Pain
- M9 Overdose/Poisoning Suspected
- M13 Seizure (Adult)
- M14 Stroke/Acute Neuro Deficits
- M15 Syncope

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- M17 Respiratory Distress
- Pediatric/Childbirth:
  - P1 Active Labor/Emergency Childbirth(Mother)
  - P2 Emergency Childbirth (Newborn)
  - P5 Seizure (Pediatric)
- Trauma:
  - T1 Burns
  - T2 Minor Trauma
  - T3 Major Trauma
  - T4 Traumatic Arrest

3. TRAUMA:

T R A U M A	<input type="checkbox"/> No Apparent Injuries	<input type="checkbox"/> Burns/Shock	<input type="checkbox"/> Spinal Cord Inj.	M E C H O F I N J	<input type="checkbox"/> Enc. Veh. <input type="checkbox"/> S Belt <input type="checkbox"/> A Bag	<input type="checkbox"/> Assault	<input type="checkbox"/> Fall		
	<input type="checkbox"/> Inpatient Trauma				<input type="checkbox"/> Pass Space Intrusion	<input type="checkbox"/> With Blunt Instr	<input type="checkbox"/> > 15 ft	MOT 1	MOT 2
	<input type="checkbox"/> B P	<input type="checkbox"/> B P	<input type="checkbox"/> B P		<input type="checkbox"/> Surv. of Fatal Acc.	<input type="checkbox"/> Stabbing	<input type="checkbox"/> Electric Shock		
	<input type="checkbox"/> Minor Lac/Flail Chest	<input type="checkbox"/> Head	<input type="checkbox"/> Abdomen		<input type="checkbox"/> Ejected from Vehicle	<input type="checkbox"/> GSW	<input type="checkbox"/> Hazmat Expos.		
	<input type="checkbox"/> T. Pneumo	<input type="checkbox"/> GCS ≤14	<input type="checkbox"/> Diffuse Tend		<input type="checkbox"/> Extrication Required	<input type="checkbox"/> Trunk	<input type="checkbox"/> Thermal Burn		
	<input type="checkbox"/> Trauma	<input type="checkbox"/> Facial/Dental	<input type="checkbox"/> Genital/Buttocks		<input type="checkbox"/> Ped/Bike vs Vehicle	<input type="checkbox"/> SI Accidental	<input type="checkbox"/> Sports		
	<input type="checkbox"/> Arrest	<input type="checkbox"/> Neck	<input type="checkbox"/> Extremities		<input type="checkbox"/> Motorcycle/Moped	<input type="checkbox"/> SI Intentional	<input type="checkbox"/> Wk Related		
	<input type="checkbox"/> Back	<input type="checkbox"/> Chest	<input type="checkbox"/> Fractures		<input type="checkbox"/> Vs Vehicle	<input type="checkbox"/> Animal Bite	<input type="checkbox"/> UNKNOWN		
		<input type="checkbox"/> Bet Mid Clav	<input type="checkbox"/> Amputations		<input type="checkbox"/> Helmet	<input type="checkbox"/> CRush	<input type="checkbox"/> OTHER		
			<input type="checkbox"/> Neuro/Vasc Comp						

The paramedic report for an SFTP run is generally limited to pertinent information. On trauma SFTPs the paramedics should give the major complaint(s) and mechanism of injury. Base Hospitals may request additional information as needed to activate the trauma team. Trauma information should be documented on the Base Hospital Form as specified in Section 6 – Trauma

4. TRANSPORT:

T R A N S P O R T	Indicate Codes & ETA's on all Transport Options		Rationale for Trans. to Other	<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Heli ETA _____ <input type="checkbox"/> Police <input type="checkbox"/> Other _____ Not Transported <input type="checkbox"/> AMA <input type="checkbox"/> DOA <input type="checkbox"/> Unwarranted <input type="checkbox"/> Pronounced By _____ MD <input type="checkbox"/> Other _____	T R A U M A / P E D S	Complete on ALL injured patients and ALL pediatric patients	
	Transported to:	CODE				ETA	<input type="checkbox"/> Does Not Meet Criteria/Guidelines
	<input type="checkbox"/> MAR						Meets Rationale AND Transported to TC/PTC/PMC because:
	<input type="checkbox"/> EDAP (Age < 15 years)						<input type="checkbox"/> Criteria <input type="checkbox"/> Shared Ambulance
	<input type="checkbox"/> Other (rationale req'd)						<input type="checkbox"/> Guidelines <input type="checkbox"/> Requested By _____
	SP Center Type						<input type="checkbox"/> B.H. Judgment <input type="checkbox"/> Other _____
	<input type="checkbox"/> TC						Meets Rationale and NOT trans. to TC/PTC/PMC because:
	<input type="checkbox"/> PTC (Age < 15 years)						<input type="checkbox"/> ETA > 20 min (PMC) or 30 min (TC/PTC)
	<input type="checkbox"/> PMC (Age < 15 years)						<input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Hemorrhage (uncontrolled)
	<input type="checkbox"/> PERINATAL						<input type="checkbox"/> Airway (unmanageable) <input type="checkbox"/> Requested By _____
<input type="checkbox"/> SRC (STEMI)			<input type="checkbox"/> Minimal Injuries <input type="checkbox"/> Diversion				
<input type="checkbox"/> ASC (Stroke)			<input type="checkbox"/> Other _____				

This section identifies if and where a patient is transported and the mode of transportation, ETA's and the rationale for transporting to a facility.

See Section 7 for information regarding completion of this section.

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- Transported To
- Rationale for Transport to Other
- Method of Transport/Reason if Not Transported

**5. DISPOSITION:**

<b>D I S P O</b>	Time Clear <span style="float: right;"> _ _ _ _ _ _ _ </span>	If Base is = Receiving hospital: <input type="checkbox"/> Cath Lab <input type="checkbox"/> Ward <input type="checkbox"/> OB <input type="checkbox"/> Expired <input type="checkbox"/> Discharged	
	Time Receiving Hosp. Notified <span style="float: right;"> _ _ _ _ _ _ _ </span>	Adm. to Rm # _____ <input type="checkbox"/> ICU/CCU <input type="checkbox"/> OR <input type="checkbox"/> Stepdown <input type="checkbox"/> Other _____	
	Person Notified _____	Transferred from E.D. to _____ <span style="float: right;">HOSP CODE</span> E.D. Diagnosis _____	

This section identifies specific information regarding the disposition of the patient. See Section 8 for information regarding completion of this section.

Time Clear:

Time Rec. Hosp. Notified:

Person Notified \_\_\_\_\_:

If Base is also the Receiving Hospital:

This subsection deals with the disposition of a patient from the base hospital emergency department. This section is filled out when a patient is transferred out of the emergency department.

To complete this section, mark the appropriate disposition of the patient from the emergency department:

- Cath Lab            Patient went to the cardiac catheterization lab.
- Ward                Admitted to the ward.
- OB                    Admitted to the obstetrics ward.
- ICU/CCU            Admitted to the Intensive Care Unit or the Cardiac Care Unit.
- OR                    Transferred directly from the emergency department to the operating room.
- Stepdown            Transferred to the Direct Observation Unit (DOU) or Stepdown Unit. This includes the telemetry unit.

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- Expired                      Mark if the patient dies in the emergency department.
- Discharged                    Mark if the patient is discharged home from the emergency department.
- Other                            When marked, write a comment on the line provided.

Adm. to Rm.# \_\_\_\_\_:

Transferred from E.D. to:

E.D. Diagnosis:

On the line provided, enter the emergency department diagnosis documented on the emergency department chart by the physician. This section may be completed at a later time by personnel other than the MICN/MD who handled the run.

6. SIGNATURE:

SIGN	MICN/Cert. #	Physician	Patient Name/Number

This section identifies the nurse and base hospital physician responsible for the run, and the patient’s medical record number, if known. See Section 10 for information regarding completion of this section.

# GLOSSARY

The following are the data elements and element definitions for the Los Angeles County Base Hospital Form. Definitions are explained as they apply to the Base Hospital Form.

Term	Section(s) of Form	Definition
<b>Abdomen</b>	Trauma/Complaints	Injury to abdomen including the flank and pelvis as well as the four quadrants of the abdomen.
<b>Abd/Pelvic Pain</b> (Abdominal/Pelvic Pain)	Medical Chief Complaint	Pain or discomfort in the abdomen or pelvic region.
<b>Acc. Mus. Use</b> (Accessory Muscle Use)	Physical/Breathing	The patient is using accessory muscles to breathe (sternal/intercostal indrawing, etc.)
<b>Adm. To Rm#</b> (Admitted to Room #)	Disposition	The specific room number within a hospital unit that the patient is admitted to. The hospital unit is specified in one of the adjacent boxes.
<b>AED Defib.</b> (Automated External Defibrillator)	Assessment/PTBC	The EMS personnel used the AED on a patient in cardiac arrest and a shock or shocks were delivered.
<b>Age</b>	General Information	Hours (up to 24 hours) Days (up to 1 month) Months (up to 2 years [24 months]) Years (over 2 years [24months])

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Term	Section(s) of Form	Definition
<b>Agitated</b>	Medical Chief Complaint	Behavioral emergency where patients exhibit an acute onset of extreme agitation, combative and bizarre behavior that may be accompanied by paranoid delusions, hallucinations, aggression with an unusual increase in human strength, and hyperthermia.
<b>Air Bag</b>	Trauma/Mechanism of Injury	An air bag inflated at the time of impact in an enclosed vehicle accident and directly protected the patient; i.e., a driver side air bag protecting a driver, or a passenger-side air bag protecting a front-seat passenger.
<b>Alert</b>	Physical/LOC	Patient is awake and responsive to the environment.
<b>Allergic Reaction</b>	Medical Chief Complaint	Hives, itching, redness of the skin, runny nose or shortness of breath that have occurred suddenly. The history may relate the signs and symptoms to a known allergen (e.g. animals, cologne, plants, milk products, medications, etc.) with which the patient has had contact.
<b>Allergies</b>	Assessment	The patient has an allergy to one or more medications. The medication(s) to which the patient is allergic must be identified on the adjacent line. List any allergies to food, dust, bee stings, hay fever, etc., only if they are relevant to the current problem. See also, NKA.

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Term	Section(s) of Form	Definition
<b>ALTE</b> (Apparent Life Threatening Event)	Medical Chief Complaint	An infant (12 months or younger) has an episode that is frightening to the observer and characterized by a <b>combination</b> of transient apnea, color change (usually cyanosis, but occasionally erythematic), marked change in muscle tone (usually limpness), and choking and/or gagging. The infant (12 months or younger) may appear normal by the time rescuers arrive.
<b>ALS</b>	Transport/VIA	Patient is transported accompanied by at least one paramedic.
<b>Altered LOC</b> (Altered Level of Consciousness)	Medical Chief Complaint	Characterized by an abnormal response to the environment, (e.g. disorientation, no spontaneous eye opening, etc.). Refer to Los Angeles County, <u>Prehospital Care Manual</u> , Reference No. 1243 Altered Level of Consciousness.
<b>AMA</b> (Against Medical Advice)	Transport/No Transport	Patient refuses medically recommended treatment and/or transportation by EMS personnel. Patient must be oriented and aware of the consequences of his/her actions. Patient (or parent/legal guardian, etc.) must sign a release. Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 834, Patient Refusal of Treatment or Transport.
<b>Amputations</b>	Trauma/Complaints	A subcategory of Extremities that identifies amputation of any digit or extremity.

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Term	Section(s) of Form	Definition
<b>Animal Bite</b>	Mechanism of Injury	The injury was inflicted by the teeth of a human, reptile, dog, cat, or other animal. This box can be marked whether the skin was punctured or not. Insect bites and bee stings are not considered animal bites.
<b>Apnea</b>	Physical/ Breathing	The patient is not breathing.
<b>Apnea Episode</b>	Medical Chief Complaint	The patient suffers one or more brief episodes during which respiration has ceased for a brief period of time.
<b>Artifact</b>	Physical/ECG 12-lead	Artifact is evident on the 12-Lead ECG (may be electronically read as positive for STEMI).
<b>Approved Stroke Center (ASC)</b>	Transport/Specialty Center	A facility designated as a 9-1-1 receiving hospital and approved as a stroke center by Los Angeles (LA) County Emergency Medical Services (EMS) Agency. Patients with signs of a stroke as exhibited by meeting the mLAPSS screening criteria and a transport time of 30 minutes or less should be taken to a designated open ASC.
<b>Assault</b>	Trauma/Mechanism of Injury	A violent physical attack by one or more persons upon another with a blunt instrument (fist, bat, etc.).
<b>B/P</b> (Blood Pressure)	Treatments	Blood pressure – systolic and diastolic.
<b>Back</b>	Trauma/Complaints	An injury occurring to the back from the shoulders down to, but not including the buttocks.

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Term	Section(s) of Form	Definition
<b>Behavioral</b>	Medical Chief Complaint	Any abnormal behavior that seems to be of mental or emotional origin. Do not mark this box for psychiatric patients unless their bizarre behavior is the cause of, or related to, their current complaint.
<b>Bet. Mid. Clav.</b> (Between Mid-Clavicular Lines)	Trauma/Complaints	A subcategory of Chest. Penetrating injury between the mid-clavicular lines. Refers to anterior penetrating injuries that occur above the sixth rib between the mid-clavicular lines.
<b>Bleeding Other Site</b>	Medical Chief Complaint	Bleeding (not related to trauma) from a site other than GI, nasal, or vaginal, which are listed in the Medical Complaint Section.
<b>Blood Pressure</b>	Treatments	See "B/P".
<b>Blow by O<sub>2</sub></b> (Blow By Oxygen)	Treatments	Oxygen delivered by a device placed near but not connected to the patient's face. Utilized primarily for infants or small children.
<b>BLS</b> (Basic Life Support)	Transport/VIA	Patient is transported by EMT personnel only.
<b>BS after ET/KING</b> (Breath Sounds after Advanced Airway)	Physical/Breathing	Breath sounds are heard bilaterally after insertion of an endotracheal tube, or a King LTs-D.
<b>Burns/Shock</b>	Trauma/Complaints	Thermal/chemical burn or electric shock.
<b>Blunt</b>	Trauma/Complaints	An injury that was caused by a non-piercing or non knife-like object. A blunt object can cause laceration (e.g. a facial laceration from a boxing glove).

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Term	Section(s) of Form	Definition
<b>BVM</b> (Bag-Valve-Mask)	Treatments	Patient is ventilated by way of a bag-valve-mask device.
<b>Capillary Refill</b>	Physical/Skin	Indicate whether the patient has normal (2 seconds or less) or delayed (more than 2 seconds) capillary refill.
<b>Capno # (Capnometry measure)</b>	Physical/Breathing	A device used to measure the amount of CO <sub>2</sub> present in the exhaled air. Document the number that the device displays. Must also ensure that there an adequate “waveform” on the device.
<b>Cardiac Arrest</b>	Medical Chief Complaint	Cardiac arrest is defined as a sudden cessation of cardiac output and effective circulation. This code should <b>not</b> be used when the arrest was caused by a traumatic injury.
<b>CAR(Cardioversion)</b>	Prior To Base/PTBC treatments	The patient received synchronized cardioversion to convert an unstable cardiac rhythm (e.g.: Supraventricular Tachycardia) to a stable rhythm
<b>CCU</b> (Coronary Care Unit)	Disposition	See “ICU/CCU.”
<b>Chest</b>	Trauma/Complaints	Injury occurring in the chest from below the clavicles to the lower costal margin, bordered on each side by the posterior axillary line.
<b>Chest Pain</b>	Medical Chief Complaint	Pain in the chest from the clavicles to the lower costal margin.

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Term	Section(s) of Form	Definition
<b>Chief Complaint Code</b>	Assessment	Two letter codes to identify specific complaints of both medical and trauma patients. Medical Chief Complaint Codes are listed on the back of the form. Trauma Chief Complaint Codes are the two bolded letters of items in the Trauma portion of the “Trauma/ Mechanism of Injury” section. The primary reason(s) the patient or third party has called 9-1-1. May be medical, trauma, or both.
<b>Chief M.O.I. 1/Chief M.O.I 2</b> (Chief Mechanism of Injury)	Trauma/Mechanism of Injury	<b>M.O.I. 1</b> Two bold letters taken from the most general category of Mechanism of Injury. <b>M.O.I. 2</b> Two bold letters taken from the subcategory of Mechanism of Injury (e.g. PS for passenger space intrusion, SB for seat belt, etc.)
<b>Choking/Airway Obstruction</b>	Medical Chief Complaint	Characterized by apnea, choking and/ or difficulty breathing of rapid onset, which appears to be due to an obstruction of the airway.
<b>Clear</b>	Physical/Breathing	The patient’s lungs are clear bilaterally to auscultation.
<b>Clear by Algorithm</b>	Treatments	Spinal immobilization was not performed based on negative indications per the spinal immobilization algorithm. Refer to Los Angeles County <u>Medical Control Guidelines</u> , Spinal Immobilization.
<b>CMS Intact - After</b>	Treatments	Indicate that the patient’s circulation, sensation, and motor function of the extremities are intact after applying spinal immobilization.

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Term	Section(s) of Form	Definition
<b>CMS Intact - Before</b>	Treatments	Indicate that the patient's circulation, sensation, and motor function of the extremities were intact prior to applying spinal immobilization.
<b>CO2 Detected +/-</b>	Physical/Breathing	Denoting the presence or absence of carbon dioxide when using an end tidal CO2 monitoring device.
<b>Cough/Congestion</b>	Medical Chief Complaint	Cough and/or congestion in the chest, nasal passages, or throat.
<b>Combative</b>	Physical/LOC	The patient is physically resisting medical aid.
<b>Comments</b>	Comments	Any additional information regarding the disposition of the patient at the base hospital can be added here. Comments regarding crucial run information or run information not noted elsewhere should be written on the available lines in the "Assessment" section.
<b>Cool</b>	Physical/Skin	The patient's skin feels cooler than normal.
<b>Crush</b>	Trauma/Mechanism of injury	The injuries sustained were a result of external pressure being placed on body parts between two opposing forces.
<b>CPAP</b> (Continuous Positive Airway Pressure)	Treatments	A non-invasive mechanically assisted oxygen delivery system designed to decrease the work of breathing. CPAP is approved for patients >14 years of age with moderate to severe respiratory distress.

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<b>Term</b>	<b>Section(s) of Form</b>	<b>Definition</b>
<b>CPR</b>	Physical/Arrest	Cardiopulmonary Resuscitation.
<b>CPR by Citizen</b>	Physical/Arrest	CPR performed by a layperson (law enforcement personnel are to be considered citizens).
<b>CPR by EMS</b>	Physical/Arrest	CPR performed by EMT's, paramedics, or firefighters.
<b>CT</b> (Cat Scan)	Transport/rationale	The patient is transported to a facility other than the Emergency Department of the most accessible receiving (MAR) hospital because the MAR is closed to patients whose treatment would depend on the CT Scanner. Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Units.
<b>Cyanotic</b>	Physical/Skin	The patient's skin or lips appear blue.
<b>Date</b>	General Info	The date the Provider contacted the base hospital
<b>Defibrillation(Defib)</b>	Assessment/Prior to Base PTBC(treatments)	The patient received an unsynchronized counter shock in an effort to convert a ventricular fibrillation or pulseless ventricular tachycardia to a more stable rhythm.
<b>Device (Medical) Complaint</b>	Medical Chief Complaint	Any complaint with a medical device (e.g. G-tube dislodged or clogged, ventilator malfunction, etc.)
<b>Diaphoretic</b>	Physical/Skin	The patient's skin is sweaty or moist to the touch.

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<b>Term</b>	<b>Section(s) of Form</b>	<b>Definition</b>
<b>Diffuse Tenderness</b>	Trauma/Complaints	A subcategory of Abdomen. The abdomen is tender in response to palpation in two or more of the four quadrants.
<b>Discharged</b>	Disposition	The patient is discharged from the emergency department.
<b>Disoriented</b>	Physical/LOC	The patient is not oriented to person, place or time.
<b>Dizzy</b>	Medical Chief Complaint	The patient is experiencing dizziness or lightheadedness.
<b>DNR/AHCD/POLST</b> (Do-Not-Resuscitate/Advance Health Care Directive/Physician Order for Life Sustaining Treatment)	Transport/No Transport	The patient has a valid DNR or Advance Healthcare Directive (AHCD) or Physician Order for Life Sustaining Treatment (POLST) form. Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 815, Honoring Prehospital Do-Not-Resuscitate Orders and Physician Orders for Life Sustaining Treatment.
<b>Dose</b>	Treatments	Identifies the medication dosage or the joules used during defibrillation.
<b>Drug</b>	Treatments	Identifies the medication(s) given and/or ordered during the run.
<b>Dysrhythmia</b>	Medical Chief Complaint	The ECG indicates a cardiac rhythm that requires medical attention.
<b>E.D. Diagnosis</b> (Emergency Department Diagnosis)	Disposition	Physician's diagnosis of the patient made at the time of discharge from the emergency department. Enter into TEMIS as an ICD-9 code.

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Term	Section(s) of Form	Definition
<b>ED Sat</b> (Emergency Department Saturation)	Transport/Rationale	The patient is transported to a facility other than the Emergency Department of the Most Accessible Receiving (MAR) hospital because the most accessible receiving (MAR) hospital is closed due to emergency department saturation. Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Units.
<b>EDAP</b> (Emergency Department Approved for Pediatrics)	Transport	A licensed basic emergency department (physician on duty 24 hours) that has been confirmed as meeting specific service criteria in order to provide optimal pediatric care. A code and ETA is entered when such a facility is a transport option for the patient.
<b>Ejected From Vehicle</b>	Trauma/Mechanism of Injury	A subcategory of Enclosed Vehicle resulting from a traffic accident in which the victim was thrown from the car, truck or other enclosed vehicle. Patients thrown from a motorcycle are <b>not</b> included.
<b>ECG Codes (Initial Rhythm)</b>	Physical/ECG	A code identifying the patient's <b>initial</b> ECG; found on the back of the form.
<b>Electric Shock</b>	Trauma/Mechanism of Injury	Passage of electrical current through body tissue.
<b>Enc Veh.</b> (Enclosed Vehicle)	Trauma/Mechanism of Injury	An accident in which the victim was riding in a car, truck or back of a pickup truck at the time of impact. Convertibles, buses, and large construction/farm vehicles are also considered enclosed vehicles.

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<b>Term</b>	<b>Section(s) of Form</b>	<b>Definition</b>
<b>ET</b> (Endotracheal Tube)	Treatments	An airway was established with an endotracheal tube.
<b>ETA</b> (Est. Time of Arrival)	Transport	The estimated time the patient will arrive at each transport option.
<b>Estimated Age(Est)</b>	General Info	The actual patient age is not available and the age recorded is an estimate.
<b>Estimated Weight(Est)</b>	General Info	The actual patient weight is not available and the weight recorded is an estimate.
<b>Est. Down Time (Estimated Down Time)</b>	Physical/Arrest	The estimated time in minutes from the time of witnessed cardiac arrest/collapse to the initiation of CPR. (If unwitnessed arrest this would be UNK [unknown]).
<b>King</b> (King LTs - D [Laryngeal Tube suction])	Treatments	An airway was established with a King LTs- D airway.
<b>Exist. Trach ( existing tracheostomy)</b>	Treatments	The patient has an existing tracheotomy tube which can be used to deliver oxygen or ventilate the patient.
<b>Expired</b>	Disposition	The patient is pronounced dead in the emergency department.
<b>Extremities</b>	Trauma/Complaints	Any significant blunt injury, strain, sprain to shoulders, arms, hands, legs or feet; or any penetrating injury that extends beneath the skin and subcutaneous tissue of the shoulders, arms, hands, legs or feet.

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Term	Section(s) of Form	Definition
<b>Extrication Required</b>	Trauma/Mechanism of Injury	A subcategory of Enclosed Vehicle. Use of special equipment is necessary to free the patient from the automobile.
<b>Eye</b>	Physical/GCS	A number indicating eye status according to Glasgow Coma Scale standards.
<b>Facial/Dental</b>	Trauma/Complaints	Blunt or penetrating injury (when penetration extends beyond the skin and subcutaneous tissue) to the face, jaw, or ears. When caused by excessive blunt force that might be associated with cranial injury, "head" should also be marked.
<b>Fall</b>	Trauma/Mechanism of Injury	The patient's injuries resulted from a fall. This category includes all injuries that result from any height (e.g., falls in a bathtub, from a bicycle, out of a window, from a horse, etc.).
<b>&gt; 15 Ft.</b> (Greater than 15 Feet)	Trauma/Mechanism of Injury	A subcategory of Fall. A vertical <b>uninterrupted</b> fall of <b>greater</b> than 15 feet. This type of fall meets <b>criteria</b> for transport to a trauma center.
<b>FC</b> (Fluid Challenge)	Treatments	One of the possible rates of infusion for an IV administered by paramedics in the field. A specific amount of IV fluid is given as fast as possible over a short period of time. The amount ordered (usually 200-500 cc's) is written on the adjacent line.
<b>Fever</b>	Medical Chief Complaint	The patient exhibits an elevated body temperature.

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<b>Term</b>	<b>Section(s) of Form</b>	<b>Definition</b>
<b>Fixed &amp; Dilated</b>	Physical/Pupils	The patient's pupils are dilated and unresponsive to light.
<b>Flail Chest</b>	Trauma/Complaints	Blunt injury to the chest resulting in an unstable chest wall identified by paradoxical chest wall movement.
<b>Flushed</b>	Physical/Skin	The patient's skin appears abnormally red.
<b>Foreign Body</b>	Medical Chief Complaint	A foreign object within any orifice of the body.
<b>Fractures</b>	Trauma/Complaints	A subcategory of Extremities. Identifies fractures to the extremities, clavicle or hip.
<b>GCS</b> (Glasgow Coma Scale)	Physical/GCS	A numerical system for describing a patient's level of consciousness.
<b>GCS<math>\leq</math>14</b>	Trauma/Complaints	A subcategory of blunt head trauma to identify patients who have sustained blunt head trauma and have a GCS of 14 or less.
<b>Genital/Buttocks</b>	Trauma/Complaints	Injury to the buttocks or external reproductive structures.
<b>GI Bleed</b> (Gastrointestinal Bleeding)	Medical Chief Complaint	Bleeding from the upper or lower GI tract. Patient may have bloody or tarry stool or coffee ground emesis.
<b>Glucometer</b>	Treatments	Blood glucose result obtained using a metered device.
<b>GSW</b> (Gunshot Wound)	Trauma/Mechanism of Injury	The victim received a wound from a firearm.

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Term	Section(s) of Form	Definition
<b>Guidelines</b>	Transport	Guidelines that have been established under trauma triage protocol. These guidelines assist the paramedics and the base hospitals in determining patient destination. Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 506, Trauma Triage.
<b>Hazmat Exposure</b> (Hazardous Material Exposure)	Trauma/Mechanism in Injury	The patient was exposed to toxic or poisonous agent(s). Agents included are liquids, gases, powders, foams and radiation. This item includes chemical burns.  <b>NOTE:</b> For pepper spray incidents or brief exposures to other minor irritants use the <b>medical</b> code "OT" unless another more appropriate major chief complaint exists.
<b>Head</b>	Trauma/Complaints	An injury to the head or skull, from above the eyebrows and behind the ears.
<b>Head Pain</b>	Medical Chief Complaint	"Headache" or any other type of head pain <b>not</b> associated with trauma.
<b>HEAR Radio</b> (Hospital Emergency Administrative Radio)	General Information	These calls are routed through the Centralized Medical Alert System. This radio system is typically used when the paramedic's radio is unable to make contact with the base hospital, or during large-scale emergencies.

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Term	Section(s) of Form	Definition
<b>Heli ETA</b> (Helicopter Estimated Time of Arrival)	Transport/Via	Transportation is provided by a helicopter with paramedics on board. This is usually not the primary provider. ETA designates when the helicopter is expected to arrive on scene.
<b>Helmet</b>	Trauma/Mechanism of Injury	A patient is involved in motorcycle/moped accident and was wearing a helmet at the time of impact.
<b>Hospital Code</b>	General Information	A three-letter code used to identify the base hospital. Codes are listed on the back of the form.
<b>Hot</b>	Physical/Skin	The patient's skin feels much warmer than normal and the patient appears to have a fever.
<b>Hypoglycemia</b>	Medical Chief Complaint	The patient is experiencing signs/symptoms of hypoglycemia (altered, diaphoresis, seizures, combative, etc.) and the documented blood glucose is below normal limits.
<b>ICU/CCU</b> (Intensive Care/Cardiac Care Unit)	Disposition	Patient was admitted to an Intensive Care or Cardiac Care Unit.
<b>Indicate rationale below:</b>	Transport	The reason for the decision to transport a patient to the selected receiving hospital.
<b>Info Only</b>	General Information	The radio communication is for the purpose of documenting information only. No treatments or interventions are given. AMA's are <b>not</b> considered Information Only calls.

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Term	Section(s) of Form	Definition
<b>Initial ECG</b>	ECG and Arrest	The first rhythm recorded by the electrocardiograph when it is placed on the patient.
<b>Inpatient Medical</b>	Medical Chief Complaint	Interfacility transport of a patient with a medical chief complaint from a hospital ward or unit (not the Emergency Department).
<b>Int. Disaster</b> (Internal Disaster)	Transport/Rationale	The patient is transported to other than the Emergency Department of the most accessible receiving facility (MAR) because the most accessible receiving facility (MAR) is closed due to an internal disaster. These disasters include fire, flood, bomb threat, etc. Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Units.
<b>Inter. Rad</b> (Interventional Radiology)	Dispo	The patient is dispositioned from the Emergency Department directly to Interventional Radiology ( angio).
<b>I.V. Unobtainable</b>	Treatments	The paramedics are unable to start an IV on the patient. This typically occurs when a suitable vein cannot be found.
<b>Jaundiced</b>	Physical/Skin	A yellow appearance of the patient's skin or sclera.
<b>Joint Run</b>	General Information	A run that was initially called in to the base as a Standing Field Treatment Protocol (SFTP) but has evolved into a regular run due to the need for medical direction/consultation.

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<b>Term</b>	<b>Section(s) of Form</b>	<b>Definition</b>
<b>Judgment</b>	Transport	The patient in the judgment of the base hospital has sustained injuries that warrant transport to a trauma center. Explains why a patient not meeting Criteria or Guidelines is transported to a trauma center.
<b>Labor</b>	Medical Chief Complaint	An obstetric patient late in her pregnancy experiences regular uterine contractions.
<b>Labored</b>	Physical - Breathing	The patient is exhibiting signs of labored respiration and increased effort of breathing (accessory muscle use, pursed lip breathing, etc.)
<b>Last Known well: Date Time</b>	Physical/mLAPSS	The date the patient was last seen at their baseline neurological status. The time the patient was last seen at their baseline neurological status.
<b>Local Neuro Signs</b>	Medical Chief Complaint	Weakness/numbness of a specific part of the body, or expressive aphasia.
<b>Location</b>	General Information	The environment of the incident, (e.g. street, house, canyon, etc.).  Location codes are found on the back of the form.
<b>Log #</b>	Medical Record Information	A number specific to each patient found in the base hospital logbook.
<b>MAR</b> (Most Accessible Receiving)	Transport	The receiving hospital that can be accessed in the shortest possible time. Depending on traffic patterns, this facility is not necessarily the closest. The MAR is determined by the paramedic.

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Term	Section(s) of Form	Definition
<b>Mask</b>	Treatments	High flow oxygen is delivered to the patient via a facemask.
<b>Medical HX</b>	Assessment	Any significant medical history pertinent to the situation. This includes past occurrences of the current ailment.
<b>Medications</b>	Assessment	Any medication currently taken by the patient. This includes non-prescription drugs.
<b>Meds prior to BC</b> (Medications prior to Base Contact)	Assessment	Medications given by paramedics prior to initial radio contact with the base hospital. These medications include a limited number of specially approved drugs. Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 806, Procedures Prior to Base Contact.
<b>MICN/Cert. #</b>	Signature	The Los Angeles County Mobile Intensive Care Nurse Certification number. This number should be preceded by the letter "N."
<b>Mild</b>	Assessment	A subcategory of Severity of Distress. Exhibits a low level of distress. Shows few external cues indicating a low level of distress related to the chief complaint. The patient can easily divert attention from signs and symptoms related to the chief complaint.
<b>mLAPSS(Modified Los Angeles Prehospital Stroke Screen)</b>	Physical/mLaPSS	A screening tool used to determine patient destination to an ASC. Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 521, Stroke Patient Destination.

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Term	Section(s) of Form	Definition
<b>Minor Lac</b> (Minor Laceration /Contusion /Abrasion)	Trauma/Complaints	A minor surface injury not associated with excessive blunt force or penetration beyond the skin and subcutaneous tissue.
<b>Mod.</b> (Moderate)	Assessment	A subcategory of Severity of Distress. Exhibits an increasing level of distress. The patient is not easily distracted and remains more focused on chief complaint/ signs and symptoms.
<b>Motor Response</b>	Physical/GCS	A number indicating patient motor status according to the Glasgow Coma Scale.
<b>Motorcycle/Moped</b>	Trauma/Mechanism of injury	The victim was riding on an unenclosed motorized vehicle (motorcycle, moped, ATV, etc.) at the time of the accident.
<b>Myocardial Infarction</b>	Medical Chief Complaint	The patient has a myocardial infarction according to the 12-Lead ECG electronic interpretation.
<b>Nausea/Vomiting</b>	Medical Chief Complaint	The patient is experiencing nausea and/or vomiting.
<b>N/C</b> (Nasal Cannula)	Treatments	Low flow oxygen is delivered via nasal cannula.
<b>Near Drowning</b>	Medical Chief Complaint	History of submersion causing signs/symptoms (including difficulty breathing). This category includes patients who die from drowning.
<b>Neck</b>	Trauma/Complaints	Pain or injury occurring between the angle of the jaw and the clavicle, including probable cervical spine injuries.

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Term	Section(s) of Form	Definition
<b>Neck/Back Pain</b>	Medical Chief Complaint	Pain in the neck or the back from the shoulders to the buttocks not immediately resulting from trauma.
<b>Needle Thoracostomy</b>	Treatments	A needle thoracostomy was attempted or performed.
<b>Neuro/Vasc. Comp.</b> (Neurological and/or vascular Compromise)	Trauma/Complaints	The victim sustained a blunt or penetrating injury to an extremity that resulted in neurological and/or vascular compromise of that extremity.
<b>Newborn</b>	Medical Chief Complaint	The chief complaint for a baby who is born in the course of an EMS run. A separate report must be completed for both the mother and the newborn child.
<b>NKA</b> (No Known Allergies)	Assessment	The patient is not aware of any allergies to medicines. List allergies to food, dust, bee stings, hay fever, etc., only if they are relevant to the patient's <b>current</b> problem.
<b>No Medical Complaint</b>	Medical Chief Complaint	The patient has no medical complaint. Do <b>not</b> use this code for injured patients.
<b>No Apparent Injuries</b>	Trauma/Complaints	The patient has experienced a trauma mechanism of injury but does not have any complaints of, or visible signs of injury.
<b>No Response</b>	Physical/LOC	The patient is unconscious and does not respond to stimuli.
<b>Non-purposeful</b>	Physical/LOC	A subcategory of Response to Pain. The patient is unconscious and the response to painful stimulus is non-purposeful.

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Term	Section(s) of Form	Definition
<b>None</b>	Assessment	A subcategory of Severity of Illness. The patient appears well and has no acute signs or symptoms relative to the incident. Advanced life support and transportation are usually not necessary. Also used for DOA's (not Cardiac Arrests).
<b>Normal</b>	Physical/Breathing	Respirations appear normal with respect to rate and rhythm.
<b>Normal</b>	Physical/Skin	The skin is of normal color, temperature and moisture.
<b>Normal for Pt.</b>	Physical/LOC	The patient's behavior, although not typical, is the same as it was before the "incident". This should also be used for a child who is behaving appropriately for their age.
<b>Nosebleed</b>	Medical Chief Complaint	A type of external bleeding that refers to bleeding from the nose that occurs spontaneously and is not associated with trauma.
<b>Not Alert</b>	Physical/LOC	Patient is awake but is not as responsive to the environment as the alert person.
<b>O2</b> (Oxygen)	Treatments	Patient received oxygen. The flow rate entered in liters per minute and the device used to deliver the oxygen is indicated by marking an adjacent box. Types of devices include nasal cannula, mask, etc.
<b>O2Sat</b> (Oxygen Saturation)	Treatments	Oxygen saturation obtained using pulse oximetry.
<b>OB</b> (Obstetrics)	Disposition	The patient is admitted to the obstetrics ward.

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Term	Section(s) of Form	Definition
<b>Obstetrics/GYN</b>	Medical Chief Complaint	Any signs or symptoms, in a patient who is known to be pregnant, that are likely to be related to the pregnancy. These signs/symptoms may include: edema, severe headaches, vaginal bleeding, dizziness or any signs or symptoms of labor. If the patient exhibits signs or symptoms of labor, use the chief complain of "Labor".
<b>OD</b> (Overdose)	Medical Chief Complaint	Ingestion/injection of a poisonous substance.
<b>O/P/Q/R/S/T</b>	Assessment	An acronym to assist with documentation of pain. <ul style="list-style-type: none"> <li>• <b>O</b>nset (sudden or gradual)</li> <li>• <b>P</b>rovoking/Palliating factors</li> <li>• <b>Q</b>uality of the pain (sharp, dull, colicky, etc). The 0-10 pain scale should be used to rate the pain.</li> <li>• <b>R</b>egion/Radiation/Relief (location of the pain, relieving factors)</li> <li>• <b>S</b>everity</li> <li>• <b>T</b>ime (Time of onset or how long the patient has been in pain.</li> </ul>
<b>OR</b> (Operating Room)	Disposition	The patient is admitted directly from the emergency department to the operating room.
<b>Oriented x3</b>	Physical/LOC	Patient is oriented to person, place, and time.
<b>Other</b>	Disposition	Any disposition of the patient from the emergency department that is not listed.

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<b>Term</b>	<b>Section(s) of Form</b>	<b>Definition</b>
<b>Other</b>	Medical Chief Complaint	Signs or symptoms that do not fit into any of the categories mentioned in this section.
<b>Other</b>	Trauma/Mechanism of Injury	Any mechanism of injury that is not listed.
<b>Other</b>	Transport/Rationale	Mark this option only when another more specific reason is not listed. Specify the reason on the line provided.
<b>Other Pain</b>	Medical Chief Complaint	Pain in a site other than the chest, head, neck, abdomen, pelvis, or back.
<b>Paced Rhythm</b>	Physical/ECG 12-Lead	The underlying rhythm is paced (may be electronically read as a positive STEMI).
<b>Pain ( 0-10)</b>	Treatments	A <b>subjective</b> pain score obtained by the EMS personnel asking the patient to rate their pain on a 1-10 scale with 10 being the most severe pain the patient can imagine.
<b>P (Pulse)</b>	Treatments	The patient's heart rate for one minute.
<b>Page 2</b>	Medical Record Information	A supplemental page to the Base Hospital form when extra space is needed for documentation.
<b>Pale</b>	Physical/Skin	The patient's skin is abnormally pale, ashen or gray.
<b>Palpitations</b>	Medical Chief Complaint	The patient feels an abnormal heartbeat, which may be described as a pounding sensation or racing.

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Term	Section(s) of Form	Definition
<b>Pass. Space Intrus.</b> (Passenger Space Intrusion)	Trauma/Mechanism of Injury	A subcategory of Enclosed Vehicle. Following an accident the patient is unable to sit in the normal position in the space previously occupied due to encroachment of the dash, another auto, etc., into this patient's passenger space.
<b>Patient Name/Number</b>	Signature	The name and medical record number of the patient when transported to the Base hospital.
<b>PMC</b> (Pediatric Medical Care)	Transport	A designation for hospitals that are approved to receive critically <b>ill</b> pediatric patients. Guidelines for the mandatory transport of pediatric patients to a designated PMC are contained in Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 510, Pediatric Patient Destination.
<b>PTC</b> (Pediatric Trauma Center)	Transport	A designation for hospitals that are approved to receive critically <b>injured</b> pediatric patients. Criteria/Guidelines for the mandatory transport of pediatric patients to a designated PTC are contained in Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 510, Pediatric Patient Destination and Reference No. 506, Trauma Triage.
<b>PEA</b> (Pulseless Electrical Activity)	ECG Codes	A cardiac rhythm without pulses.
<b>Ped/Bike vs. Vehicle</b> (Pedestrian/Bicyclist versus Vehicle)	Mechanism of Injury	The victim is a pedestrian or bicyclist who hits or is hit by a motorized vehicle.

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Term	Section(s) of Form	Definition
<b>Peds Weight Color Code</b>	General Information	The color that corresponds to the length of an infant or child to determine approximate weight and to provide guidance in pediatric drug dosages.
<b>Penetrating</b>	Trauma/Complaints	The injury is piercing or knife-like in nature and extends beyond the skin through the subcutaneous tissue. See also, Minor Lac/Cont/Abra.
<b>Perinatal</b>	Transport	A hospital with an obstetrical department. Refer to Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 511, Perinatal Patient Destination.
<b>PERL</b> (Pupils Equal and Reactive to Light)	Physical/Pupils	Patient's pupils are the same size and react equally to light.
<b>Person Notified</b>	Disposition	If the patient is transported to a facility other than the base hospital, this is the name of the person at the receiving hospital who was notified of the impending transport.
<b>Phone</b>	General Information	Paramedics contact the base hospital by telephone.
<b>Physician</b>	Signature	The name and number of the physician who is responsible for handling the call or who was consulted during the call.
<b>Pinpoint</b>	Physical/Pupils	The patient's pupils are extremely constricted.
<b>Poisoning</b>	Medical Chief Complaint	Accidental ingestion of medication or chemical substance.

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<b>Term</b>	<b>Section(s) of Form</b>	<b>Definition</b>
<b>Preexist</b>	Physical/IV	A patient already who upon arrival of EMS personnel already had IV access established. Usually by a clinic, urgent care, doctor's office, etc.
<b>PRN</b>	Treatments	A medication that has been ordered to be given only if needed during transport based on certain parameters specified by the base hospital (e.g. glucose for glucometer reading of <60, Morphine for pain unrelieved by NTG, etc.).
<b>Pronounced</b>	Transport/No Transport	A patient who has had field resuscitation initiated and is subsequently declared dead in the field by a physician.
<b>Pronounced Rhythm</b>	Transport/No Transport	The ECG rhythm that exists on the cardiac monitor at the time of pronouncement.
<b>Protocol</b>	Assessment	Standing Field Treatment Protocol used by approved EMS Provider Agencies.
<b>Prov. Code</b> (Provider Code)	General Information	A two-letter code used to identify the provider agency making base hospital contact.
<b>Pt. # ___ of ___</b>	General Information	Identifies a particular patient among the total number of patients involved in an incident.
<b>Pulse</b>	Treatments	See "P."
<b>Pulses with CPR</b>	Physical/Arrest	The patient has pulses with CPR. Validates the effectiveness of CPR.

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<b>Term</b>	<b>Section(s) of Form</b>	<b>Definition</b>
<b>Purposeful</b>	Physical/LOC	A subcategory of Response to Pain. The patient is unconscious and responds to painful stimuli by avoiding or removing the source of pain.
<b>R</b> (Respiration)	Treatment	The patient's respiratory rate for one minute.
<b>Radio</b>	General Information	The base station radio console transmits and records the run.
<b>Rales</b>	Physical/Breathing	An abnormal crackling sound heard upon auscultation of the chest.
<b>Refused</b>	Physical/IV	Patient refused to allow paramedics to attempt to insert IV access.
<b>Request</b>	Transport/Rationale	At the request of the patient, patient's family, patient's physician, or other authorized party, the patient is transported to a hospital other than the one to which the paramedic would ordinarily transport the patient.
<b>Respiratory Arrest</b>	Medical Chief Complaint	The patient has stopped breathing.
<b>Responds to Pain</b>	Physical/LOC	The patient is unconscious and responds to pain either purposefully or non-purposefully. Check the appropriate box.
<b>Responds to Verbal</b>	Physical/LOC	The patient is unconscious but does respond to verbal stimuli.

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Term	Section(s) of Form	Definition
<b>Restoration of Pulse (ROSC)</b>	Physical/Arrest	A patient who was in full arrest has pulses restored at any time during the prehospital phase, even if the pulses are lost prior to arrival at the receiving facility. Not the time (use military time) that pulses were restored. All patients who have ROSC and are transported must go to a STEMI Receiving Center (SRC).
<b>Results</b>	Treatments	Identifies the effect of administration of a drug or therapy. The effect is either: <ul style="list-style-type: none"> <li>• improvement (up arrow ↑)</li> <li>• deterioration (down arrow ↓)</li> <li>• no change (N)</li> </ul>
<b>Resus DC @ (resuscitation Discontinued at )</b>	Transport/No Transport	The time that CPR and other life saving therapies are terminated by decision of the base hospital physician. The time should be documented using military time.
<b>Rhonchi</b>	Physical/Breathing	An abnormal coarse rattling sound heard on auscultation of the chest.
<b>Seat Belt</b>	Trauma/Mechanism of Injury	A subcategory of Enclosed Vehicle. At the time of the accident, the patient was wearing a seat belt.
<b>Seizure</b>	Medical Chief Complaint	Active convulsions or current incident history that suggests the patient was seizing.

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Term	Section(s) of Form	Definition
<b>Seq. #</b> (Sequence Number)	Medical Record Information	The EMS Report form number that the paramedics give to the base hospital. This number is printed in the "Patient Information" section of the EMS Report Form that the paramedics complete in the field or prepopulated for providers using electronic patient care records (ePCR's).
<b>Severe</b>	Assessment	A subcategory of Severity of Distress. Exhibits a great level of distress. The patient is completely focused on the chief complaint/signs and symptoms. Nothing can distract the patient from the serious signs and symptoms that he/she is experiencing.
<b>Severity of Distress</b>	Assessment	The objective assessment by EMS personnel of the patient's presentation of signs and symptoms related to the chief complaint.
<b>Sex</b>	General Information	The gender of the patient, indicated by "M" for male and "F" for female.
<b>SFT Protocol</b> (Standing Field Treatment Protocol - SFTP).	General Information	Designation to be used when paramedic treats the patient according to standing field treatment protocols and contacts the base for destination information <b>ONLY</b> (no medical direction is given).
<b>Short of Breath</b>	Medical Chief Complaint	The patient states he/she is short of breath and/or breathing is characterized by gasping, rapid respirations, cyanosis, use of accessory muscles, retractions, etc.
<b>S.I. Accidental</b> (Self Inflicted)	Trauma/Mechanism of Injury	The injury was caused accidentally by the patient.

**EXHIBIT S**  
**BASE HOSPITAL FORM INSTRUCTION MANUAL**

<b>Term</b>	<b>Section(s) of Form</b>	<b>Definition</b>
<b>S.I. Intentional</b> (Self Inflicted)	Trauma/Mechanism of Injury	The injury was caused intentionally by the patient.
<b>SL</b> (Saline Lock)	Treatments	An IV access is established using a catheter and a flush of Normal Saline to keep the vein open.
<b>Sluggish</b>	Physical/Pupils	One or both pupils react more slowly to light than normal.
<b>Snoring</b>	Physical/Breathing	A rough, hoarse breathing caused by relaxation of the soft palate.
<b>Spinal Cord Injury</b>	Trauma/Complaints	Spinal cord injury is suspected. Patient may have weakness, paralysis, paresthesia, etc. after a traumatic injury.
<b>Spinal Immob.</b> (Spinal Immobilization)	Treatments	The spine is stabilized using one or more immobilizing techniques. Mark if CMS is intact before and after immobilization.
<b>Sports</b>	Trauma/Mechanism of Injury	The injury occurred while the patient engaged in a sporting or recreational athletic activity.
<b>SRC</b> (STEMI Receiving Center)	Transport/Specialty Center	ST Elevation Myocardial Infarction approved receiving facility.
<b>Stabbing</b>	Trauma/Mechanism of Injury	A subcategory of Assault. Penetration beyond the skin and subcutaneous tissue using a sharp piercing instrument, such as a knife or ice pick.
<b>Stepdown</b>	Disposition	The patient was admitted to the DOU or Step-down Unit.
<b>Stridor</b>	Breathing	A harsh, high-pitched, crowing sound heard during respiration.

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Term	Section(s) of Form	Definition
<b>Surv. Of Fatal Acc.</b> (Survivor of Fatal Accident)	Trauma/Mechanism of Injury	A subcategory of Enclosed Vehicle. The patient's injuries resulted from a motor vehicle accident in which one or more fatalities occurred in the patient's vehicle.
<b>Suspected Drugs/ETOH</b>	Assessment	The situation, statements by the patient, family or bystanders and/or the patient's behavior cause the paramedics to suspect that the patient has been drinking or is under the influence of alcohol or an illicit drug.
<b>Syncope</b>	Medical Chief Complaint	The patient exhibits or exhibited a transient loss of consciousness.
<b>T. Pneumo</b> (Tension Pneumothorax)	Trauma/Complaints	A life-threatening collection of air under increased pressure in the pleural cavity. Signs and symptoms include those of a pneumothorax plus, shock, neck vein distension and tracheal deviation.
<b>Total min EMS CPR</b>	Transport/No Transport	The time in minutes from the beginning of EMS CPR to the time of pronouncement.
<b>TC</b> (Trauma Center)	Transport/Transport To	A designation for hospitals that are approved to receive critically <b>injured</b> patients. Criteria/Guidelines for the mandatory transport of trauma patients to a designated TC are contained in Los Angeles County <u>Prehospital Care Manual</u> , Reference No. 506, Trauma Triage.
<b>T.C.P</b> (Transcutaneous Pacing)	Treatments	Document the MA (milliamps), rate and indicate (Y or N) if capture is obtained.

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<b>Term</b>	<b>Section(s) of Form</b>	<b>Definition</b>
<b>Thermal Burn</b>	Trauma/Mechanism of Injury	A burn resulting from heat.
<b>Tidal Vol.</b> (Tidal Volume)	Physical/Breathing	The depth of respiration identified as increased, decreased or normal.
<b>Time</b>	General Information	The time of the incident. Use military time.
<b>Time</b>	Treatments	The time the vital signs are reported or the times drugs or treatments are ordered. Use military time.
<b>Time Clear</b>	Disposition	The time the run is finished. Use military time.
<b>Time Rec. Hosp. Notified</b> (Time the Receiving Hospital Notified)	Disposition	Time the receiving hospital was notified that a patient is being transported to their facility. Use military time.
<b>TKO</b> (To Keep Open)	Treatments	The slowest possible rate of infusion for an IV administered by paramedics in the field.
<b>Too Tall</b>	General Information/Peds weight color code	A pediatric patient is taller than the measuring tape.
<b>Transferred from E.D. to</b>	Disposition	The patient is transferred from the emergency department to another facility.
<b>Trauma Arrest</b>	Trauma/Complaints	An absence of heart beat as a result of either blunt or penetrating injury.
<b>Trauma Center</b>	Transport/Rationale for Transport to Other	The patient is transported to an "Other" facility because the designated Trauma Center is closed to trauma patients.
<b>Treatments</b>	Treatments	Identifies the treatment(s) ordered during the run.

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<b>Term</b>	<b>Section(s) of Form</b>	<b>Definition</b>
<b>Trunk</b>	Trauma/Mechanism of Injury	A subcategory of Gunshot Wound. A gunshot wound occurring to the chest, abdomen, back or buttocks.
<b>Unequal</b>	Physical/Breathing	Upon auscultation, breath sounds are absent or considerably decreased on one side of the chest.
<b>Unequal</b>	Physical/Pupils	A difference is observed between the right and left.
<b>Unit</b>	General Information	A numerical code to identify the specific squad or rescue ambulance of a given provider agency making base hospital contact.
<b>Unknown</b>	Trauma/Mechanism of Injury	The cause or the mechanism of injury is not known.
<b>Unwarranted</b>	Transport/No Transport	The patient's condition does not warrant transport.
<b>Vaginal Bleed</b>	Medical Chief Complaint	A type of external bleeding indicating abnormal vaginal bleeding.
<b>Verbal Response</b>	Physical/GCS	A number indicating the patient's verbal status according to Glasgow Coma Scale.
<b>VF</b> (Ventricular Fibrillation)	ECG Codes	The patient's initial ECG shows ventricular fibrillation ( i.e., an erratic heartbeat pattern).
<b>Vs Veh.</b> (Verses Vehicle)	Trauma/Mechanism of Injury	A subcategory of Motorcycle/ Moped. The patient on the motorcycle or moped struck, or was struck by, an automobile.
<b>Ward</b>	Disposition	The patient is admitted to a general ward of the hospital.
<b>Warm</b>	Physical/Skin	Skin feels warm to touch.

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<b>Term</b>	<b>Section(s) of Form</b>	<b>Definition</b>
<b>Wavy Baseline</b>	Physical/ECG 12-Lead	The baseline on the 12-Lead ECG is wavy (may be electronically read as a positive STEMI).
<b>Weak</b>	Medical Chief Complaint	The patient is experiencing weakness.
<b>Weight</b>	General Information	The weight of the patient in pounds or in kilograms.
<b>Wheezes</b>	Physical/Breathing	A high-pitched sound heard audibly or upon auscultation of the chest.
<b>With Blunt Instr.</b> (With Blunt Instrument)	Trauma/Mechanism of Injury	A subcategory of Assault. An assault using a non-penetrating instrument (i.e., club, tire iron, etc.).
<b>Witnessed by Citizen</b>	Physical/Arrest	A medical cardiac arrest or the collapse of a patient was witnessed by a citizen. Law enforcement personnel are considered citizens.
<b>Witnessed by EMS</b>	Physical/Arrest	A medical cardiac arrest witnessed by a paramedic, EMT, or firefighter.
<b>Wk. Related</b> (Work Related)	Trauma/Mechanism of Injury	Any injury that occurs while the patient is working, and would likely be covered by worker's compensation.
<b>WO</b> (Wide Open)	Treatments	The fastest possible rate of infusion for an IV administered by paramedics in the field.

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **BASE HOSPITAL AND PROVIDER AGENCY REPORTING RESPONSIBILITIES** EMT, PARAMEDIC, MICN  
REFERENCE NO. 214

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**PURPOSE:** To provide guidelines for reporting possible violations of the California Health and Safety Code Section 1798.200, Sub-sections (a) through (c) and comply with relevant employer reporting responsibilities.

**AUTHORITY:** California Health and Safety Code, Division 2.5, Sections 1797.200, 1798.200. California Code of Regulations, Title 22, Chapter 4, Sections 100168, 100172 100173; Chapter 6, Section 100208.1; Base Hospital Agreement.

**PRINCIPLE:** Prior to initiating disciplinary proceedings, all information available to the EMS Agency or received from a credible source shall be evaluated for evidence of a threat to public health and safety pursuant to Section 1798.200 of the Health and Safety Code.

**DEFINITIONS:**

**Certifying Entity:** A public safety agency, if the agency has a training program for EMT personnel, that is approved pursuant to the standards developed pursuant to Section 1797.109 of the Health and Safety Code or the medical director of the local EMS Agency (LEMSA).

**Disciplinary Cause:** An act that is substantially related to the qualification, functions, and duties of prehospital personnel and is evidence of a threat to public health and safety, per Health and Safety Code Section 1798.200.

**Discipline:** A disciplinary action taken by a relevant employer pursuant to California Code of Regulations, Title 22, Division 9, Chapter 6, Section 100206.2 or certification action taken by a medical director, or both a disciplinary plan and certification action.

**Disciplinary Plan:** A written plan of action that can be taken by a relevant employer as a consequence of any action listed in the California Health and Safety Code Section 1798.200. The disciplinary plan may include recommendation for certification actions pursuant to the Model Disciplinary Orders

**LEMSA:** Local emergency medical services agency

**Medical Director:** The medical director of the local emergency medical services agency.

**Model Disciplinary Orders:** The Recommended Guidelines for Disciplinary Orders and Conditions of Probation for EMT's. and Paramedics developed by the State EMS Authority to provide consistent and equitable discipline in cases dealing with disciplinary cause.

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EFFECTIVE DATE: 3-5-87

PAGE 1 OF 5

REVISED DATE: 8-1-11

SUPERSEDES: 10-3-05

APPROVED: \_\_\_\_\_  
Director

\_\_\_\_\_  
Medical Director

**Relevant Employer:** Ambulance providers permitted by the Department of the California Highway Patrol or a public safety agency, that the certificate holder works for or was working for at the time of the incident under review, as a paid employee or a volunteer.

**Valid, Validate or Validation:** Verification, within reasonable certainty, that a violation of Health and Safety Code Section 1798.200 may have occurred and that said violation may be reason for disciplinary cause.

POLICY:

- I. Base hospitals and provider agencies shall prepare and forward a written report within three working days to the local EMS Agency regarding any action of certificated or licensed EMS personnel which may potentially constitute a violation under Section 1798.200 (c) of the Health and Safety Code as listed in Section II. Any other items of concern resulting from an apparent deficiency of patient care should also be reported.
    - A. The report shall be signed by an authorized representative of the provider agency or base hospital and must contain, at a minimum, the following:
      1. Names and certification/license numbers of all EMS personnel involved in the incident.
      2. Date, time, and location of the incident.
      3. A written summary of the allegations related to the incident.
      4. The Health and Safety Code violation listed under 1798.200.
      5. A copy of the EMS Report Form, if applicable.
      6. A copy of the Base Hospital Report Form and audio recording, if applicable.
    - B. Any report made to the local EMS Agency shall be copied to the employer of the affected individual as approved by or per policies of the hospital or provider agency's Risk Management Department.
  - II. Any of the following actions by EMS personnel shall be considered evidence of a threat to the public health and safety and, if found to be true, **may** result in probation, denial, suspension, or revocation of a certificate or license issued by the EMS Agency and or under the Health and Safety Code, Division 2.5, Section 1798.200 (c).
    - A. Fraud in the procurement of a certificate or license
    - B. Gross negligence
    - C. Repeated negligent acts
    - D. Incompetence
    - E. The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.
    - F. Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of the conviction.
-

- G. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.
- H. Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- I. Addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- J. Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
- K. Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
- L. Unprofessional conduct exhibited by any of the following:
  - 1. The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT, Advanced EMT or paramedic from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT, Advanced EMT or paramedic, from using force that is reasonably necessary to effect a lawful arrest or detention.
  - 2. The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Sections 56 to 56.6, inclusive, of the Civil Code.
  - 3. The commission of any sexually related offense specified under Section 290 of the Penal Code.

## PROCEDURE:

## I. BASE HOSPITAL RESPONSIBILITIES

## A. MICN Personnel

- 1. May conduct investigations to determine disciplinary cause.
- 2. May request that the Agency conduct the investigation to determine disciplinary cause.
- 3. Shall notify the EMS Agency Medical Director that the alleged action occurred **within three (3) working days after an allegation has been**

**validated as potential for disciplinary cause.**

4. Upon determination of disciplinary cause, the Prehospital Care Coordinator may develop and implement a disciplinary plan.
  - a. The disciplinary plan, along with the relevant findings of the investigation related to disciplinary cause, shall be submitted to the EMS Agency Medical Director **within three (3) working days** of adoption of the disciplinary plan.
  - b. The disciplinary plan may include a recommendation that the EMS Agency Medical Director consider taking action against the holder's MICN certificate to include denial, suspension, revocation, or placement of a MICN certificate on probation.
5. Shall notify the EMS Agency Medical Director of the alleged action within three (3) working days or the occurrence of any of the following:
  - a. The MICN is terminated or suspended for a disciplinary cause.
  - b. The MICN resigns or retires following notification of an impending investigation based upon evidence that would indicate the existence of a disciplinary cause, or
  - c. The MICN is removed from their related duties for a disciplinary cause after the completion of the employer's investigation.

**II. PROVIDER AGENCY RESPONSIBILITIES****A. EMT Personnel**

1. May conduct investigations, to determine disciplinary cause.
2. May request that the local EMS agency (LEMSA) conduct the investigation to determine disciplinary cause.
3. Upon determination of disciplinary cause, the relevant employer may develop and implement a disciplinary plan in accordance with the Model Disciplinary Orders (MDOs).
  - a. The relevant employer shall submit that disciplinary plan along with the relevant findings of the investigation related to disciplinary cause to the LEMSA that issued the certificate, **within three (3) working days** of adoption of the disciplinary plan. In the case where the certificate was issued by a non-LEMSA certifying entity, the disciplinary plan shall be submitted to the LEMSA that has jurisdiction in the county in which the headquarters of the certifying entity is located.
  - b. The employer's disciplinary plan may include a recommendation that the LEMSA medical director consider taking action against the holder's certificate to include denial, suspension, revocation,

or placement of a certificate on probation.

4. Shall notify the LEMSA medical director that has jurisdiction in the county in which the alleged action occurred **within three (3) working days after an allegation has been validated as potential for disciplinary cause.**
5. Shall notify the LEMSA medical director that has jurisdiction in the county in which the alleged action occurred within three (3) working days or the occurrence of any of the following:
  - a. The EMT is terminated or suspended for a disciplinary cause
  - b. The EMT resigns or retires following notification of an impending investigation based upon evidence that would indicate the existence of a disciplinary cause, or
  - c. The EMT is removed from their related duties for a disciplinary cause after the completion of the employer's investigation.
6. Disciplinary plans shall be signed and dated by an authorized representative of the prehospital provider agency or base hospital.

B. Paramedic Personnel

1. Paramedic employers shall report in writing to the LEMSA medical director and the EMS Authority and provide all supporting documentation within 30 days of whenever the following actions are taken:
  - a. A paramedic is terminated or suspended for disciplinary cause or reason.
  - b. A paramedic resigns following notice of an impending investigation based upon evidence indicating disciplinary cause or reason.
  - c. A paramedic is removed from paramedic duties for disciplinary cause or reason.

CROSS REFERENCES:

Prehospital Care Policy Manual:

Reference No. 201, **Medical Management of Prehospital Care**

Reference No. 216, **EMT Certification Review Process**

Reference No. 304, **Role of the Base Hospital**

Reference No. 308, **Base Hospital Medical Director**

Reference No. 310, **Prehospital Care Coordinator**

Los Angeles County EMS Agency Situation Report

2005  
LOS ANGELES COUNTY  
DEPARTMENT OF HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES AGENCY  
EDAP STANDARDS  
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# EDAP STANDARDS

## **INTRODUCTION:**

The Emergency Department Approved for Pediatrics (EDAP) Standards were developed as a concerted effort by the Committee on Pediatric Emergency Medicine, 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, National EMSC Resource Alliance, California Chapter 2 of the American Academy of Pediatrics, Emergency Nurses Association, American College of Surgeons, and Los Angeles County Department of Health Services Emergency Medical Services Agency.

The Standards have been approved by The Hospital Association of Southern California and meet or exceed the standards established by the Emergency Medical Services for Children (EMSC) administration, personnel, and policy guidelines for the care of pediatric patients in the emergency department set forth by the California Emergency Medical Services Authority in 1995.

## **DEFINITIONS:**

***Board certified:*** Completed an approved educational training program and an evaluation process including an examination designed to assess the knowledge, skills and experience necessary to provide quality patient care in that specialty.

***Board prepared:*** Successful completion of a Board approved emergency medicine or pediatric residency training program and demonstrate active progression in the certifying process.

***Emergency Department Approved for Pediatrics (EDAP):*** A licensed basic emergency department that is approved by the County of Los Angeles to receive pediatric patients from 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, procedures, and protocols.

***ENPC:*** Emergency Nurses Association-Emergency Nursing Pediatric Course

***Medical Pediatric Critical Care Center (MPCCC):*** A licensed acute care hospital that is approved by the County of Los Angeles to receive critically ill non-trauma pediatric patients from the 9-1-1 system.

***PALS:*** American Heart Association Pediatric Advanced Life Support Course

***Pediatric Critical Care Center (PCCC):*** A licensed acute care hospital that is approved by the County of Los Angeles to receive patients from the 9-1-1 system. In addition, this center provides tertiary-level pediatric care services and serves as a referral center for critically ill and injured pediatric patients.

***Promptly available:*** Being in the emergency department within a period of time that is medically prudent and appropriate to the patient's clinical condition; and further, that the

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interval between the arrival of the patient to the emergency department and the arrival of the respondent should not have a measurably harmful effect on the course of patient management or outcome.

**PTC:** Pediatric Trauma Center

**Qualified specialist:** A physician licensed in the State of California who has: 1) taken special postgraduate medical training, or has met other specified requirements; and 2) active progression towards board certification in the corresponding specialty for those specialties that have board certification and are recognized by the American Board of Medical Specialties.

**Senior resident:** A physician licensed in the State of California who has completed at least two years of the residency under consideration and has the capability of initiating treatment when the clinical situation demands, and who is in training as a member of the residency program at the designated hospital.

**APLS:** American Academy of Pediatrics-American College of Emergency Physicians Advanced Pediatric Life Support Course

### I. ADMINISTRATION/COORDINATION

#### A. EDAP Medical Director

##### 1. Qualifications:

- a. Qualified specialist in Emergency Medicine or Pediatrics
- b. Completion of eight hours of CME in topics related to pediatrics every two years
- c. Current PALS or APLS provider or instructor

##### 2. Responsibilities:

- a. Oversight of EDAP quality improvement (QI) program
- b. Member of hospital emergency department committee and pediatric committee
- c. Liaison with pediatric critical care centers (PCCC), trauma centers, base hospitals, community hospitals, prehospital care providers, and the EMS Agency
- d. Identify needs and facilitate pediatric education for emergency department physicians
- e. Review, approve, and assist in the development of all pediatric policies and procedures

#### B. Designated Pediatric Consultant \*

##### 1. Qualifications:

- a. Qualified specialist in pediatrics or subspecialty in pediatric

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## emergency medicine

### 2. Responsibilities:

- a. Member of hospital emergency department committee and pediatric committee
- b. Participation with EDAP staff in developing and monitoring pediatric QI program, protocols, policies and procedures
- c. Consult with EDAP Medical Director and Pediatric Liaison Nurse as needed

\* Pediatric Consultant may also be the EDAP Medical Director

### C. Pediatric Liaison Nurse (PdLN)

#### 1. Qualifications:

- a. At least two years experience in pediatrics or in an emergency department that sees pediatric patients, within the previous five years
- b. Experience with QI programs is recommended
- c. Current PALS or APLS provider /instructor
- d. Completion of a two day pediatric emergency nursing course or ENPC course \*
- e. Completion of eight hours of Board of Registered Nursing (BRN) approved continuing education units (CEU) in pediatric topics every two years

#### 2. Responsibilities:

- a. Attend monthly meetings of the Pediatric Liaison Nurses of Los Angeles County
- b. Participate in the development and maintenance of a pediatric QI program
- c. Liaison with PCCC's, trauma centers, base hospitals, community hospitals, prehospital care providers, and the EMS Agency
- d. Member of selected hospital based emergency department and/or pediatric committees
- e. Notify the EMS Agency in writing of any change in status of the EDAP Medical Director, Pediatric Consultant, and Pediatric Liaison Nurse

\* A two day pediatric emergency nursing course should include but not limited to a broad spectrum of topics including: injury prevention, resuscitation, surgical emergencies, apparent life threatening event (ALTE), death

## EDAP STANDARDS

of a child to include SIDS, trauma, medical conditions, submersions, respiratory emergencies, airway management, ingestion, child abuse and neglect, fever to include bacterial and viral infections, seizures, and neonatal emergencies.

### II. PERSONNEL

#### A. Physicians-Qualifications/Education

1. Twenty four hour emergency department coverage shall be provided or directly supervised by physicians functioning as emergency physicians or pediatricians experienced in emergency care. This includes senior residents practicing at their respective hospitals only.
2. At least 75% of the emergency department coverage shall be provided by physicians who are Board certified or demonstrate active progression in the certifying process towards emergency medicine or pediatrics.
3. Those emergency department physicians who are not board certified or board prepared shall be a current PALS or APLS provider or instructor.

#### B. Nurses-Qualifications/Education

1. At least 75% of the total RN staff and at least one RN per shift in the emergency department shall be a current PALS or APLS provider or instructor.
2. At least one RN per shift shall have completed a two day pediatric emergency nursing course (within the last 4 years).

**NOTE:** It is highly recommended that all nurses regularly assigned to the emergency department meet the above requirements.

3. All nurses assigned to the emergency department shall attend at a minimum; eight hours of pediatric BRN approved education every two years, which may include the two day pediatric emergency nursing course.

#### C. Pediatric physicians/Specialty services

1. There shall be a pediatric on call panel that allows for telephone consultation and a promptly available pediatrician to the emergency department twenty four hours per day. This pediatrician shall be

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board certified or board prepared.

2. A plan shall exist whereby other pediatric specialists may be consulted and available in at least the following specialties: surgery, orthopedics, anesthesia and neurosurgery. This requirement may be met by a written agreement with a PCCC.
3. A plan shall exist whereby a second emergency physician or pediatrician will be available within thirty minutes to serve as back-up for the emergency department in critical situations.

### D. Physician Assistant-Qualifications/Education

1. Physician Assistant licensed by the State of California
2. PA working in the emergency department shall be a current PALS or APLS provider or instructor.

## III. POLICIES, PROCEDURES, AND PROTOCOLS

### A. Establish procedures and protocols for pediatric emergency patients to include but not limited to:

1. Triage and initial evaluation
2. Patient safety
3. Suspected child abuse and neglect
4. Transfers
5. Consents
6. Sedation/analgesia
7. Do-not-resuscitate (DNR)/Advanced Health Care Directives
8. Death to include SIDS and the care of the grieving family
9. Aeromedical transport to include landing procedure
10. Daily verification of proper location and functioning of equipment and supplies of the pediatric code cart.
11. Immunizations
12. Child abandonment to include a recent (within 72 hours) postpartum woman without evidence of a newborn
13. Family presence

### B. Establish a written interfacility consult and transfer agreement with a PCCC to facilitate transfers of critically ill (PTC or MPCCC) and injured pediatric patients (PTC). The consult shall be available twenty four hour a day for telephone consultation.

### C. Establish a written interfacility consult and transfer agreement with a California Children Services (CCS) approved Level II or Level III Neonatal Intensive Care Unit (NICU).

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## IV. QUALITY IMPROVEMENT (QI)

- A. A pediatric QI program shall be developed and monitored by the EDAP Medical Director and Pediatric Liaison Nurse with input from the Designated Pediatric Consultant as needed.
- B. The program should include an interface with prehospital care, emergency department, trauma, pediatric critical care, pediatric in-patient, and hospital wide QI activities.
- C. A mechanism shall be established to easily identify pediatric (14 years & under) visits to the emergency department.
- D. The pediatric QI program should include identification of the indicators, methods to collect data, results and conclusions, recognition of improvement, action(s) taken, assessment of effectiveness of actions and communication process for participants.
- E. The pediatric QI program should include review of the following pediatric patients seen in the emergency department:
  - 1. Deaths
  - 2. Cardiopulmonary and/or respiratory arrests, including all pediatric intubations
  - 3. Suspected child abuse or neglect
  - 4. Transfers to and/or from another facility
  - 5. Admissions from the ED to an adult ward or ICU
  - 6. Selected return visits to the ED
  - 7. Pediatric transports within the 9-1-1 system
- F. A mechanism to document and monitor pediatric education of EDAP staff shall be established.

## V. SUPPORT SERVICES

- A. Respiratory Therapy
  - 1. At least one respiratory therapist shall be in house twenty four hours per day.
  - 2. Current PALS provider or instructor
- B. Radiology

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1. Radiologist on call and promptly available twenty four hours per day
2. Radiology technician in house twenty four hours per day with a back up technician on call and promptly available
3. CT scan technician on call and promptly available

### C. Laboratory

1. Technician in house twenty four hours per day and a back up technician on call and promptly available
2. Clinical Laboratory capabilities in house:
  - a. Chemistry
  - b. Hematology
  - c. Blood bank
  - d. Arterial blood gas
  - e. Microbiology
  - f. Toxicology
  - g. Drug levels

**NOTE:** Toxicology and drug levels may be done offsite if routine tests are available within two hours.

## VI. EQUIPMENT, SUPPLIES, AND MEDICATIONS

Pediatric equipment, supplies, and medications shall be easily accessible, labeled, and logically organized. EDAP staff shall be appropriately educated as to the locations of all items. Each EDAP shall have a method of daily verification of proper location and function of equipment and supplies. It is highly recommended that each EDAP have a mobile pediatric crash cart.

The following are requirements for equipment, supplies, and medications for an EDAP:

### GENERAL EQUIPMENT

Foley catheters (8-22fr)

IV blood/fluid warmer

Length and weight tape for determining pediatric resuscitation drug dosages

Meconium Aspirator

OB Kit

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Posted or readily available pediatric drug dosage reference material calculated on a dose per kilogram basis.

Restraint device

Weight scale in kilograms

Warming device

## **MONITORING EQUIPMENT**

Blood pressure cuffs (infant, child, adult, and thigh)

Doppler

ECG monitor/defibrillator (0-400 Joules) with pediatric and adult paddles

End tidal CO<sub>2</sub> monitor or detector, (adult and pediatric sizes)

Hypothermia thermometer

Pulse oximeter

## **RESPIRATORY EQUIPMENT**

Bag-valve-mask device, self inflating (pediatric size: 450-900ml and adult size: 1000-2000ml)

Bag-valve, with clear masks (neonate, infant, child, and adult sizes)

Endotracheal tubes (uncuffed: 2.5-5.5 and cuffed: 6.0-9.0)

Laryngoscope (curved and straight: 0-3)

Magill forceps (pediatric and adult)

Nasal cannulae (infant, child, and adult)

Nasopharyngeal airways (infant, child, adult)

Nasogastric tubes (including 5 and 8fr feeding tubes)

Oral airways (sizes 0-5)

## **EDAP STANDARDS**

Clear oxygen masks (standard and non-rebreathing) for infant, child, and adult

Stylets for endotracheal tubes

Suction catheters (sizes 6-12fr)

Tracheostomy tubes (sizes 0-6)

Yankauer suction tips

## **VASCULAR ACCESS EQUIPMENT**

Arm boards (infant, child, and adult)

Infusion devices to regulate rate and volume

Intraosseous needles

IV administration sets with calibrated chambers

IV catheters (14-26ga)

IV solutions (D5.2NS, D5.45NS, D5NS, D10W, and NS)

Stopcocks (3 way)

Umbilical vein catheters

## **FRACTURE MANAGEMENT DEVICES**

Pediatric cervical spine immobilization devices

Pediatric femur splint

Spine board (long and short)

## **SPECIALIZED TRAYS OR KITS**

Cricothyrotomy tray

Pediatric lumbar puncture tray

Pediatric tracheostomy tray

Thoracostomy tray

## EDAP STANDARDS

Chest tube (sizes 10-28fr)

Venous cutdown tray

### PEDIATRIC SPECIFIC RESUSCITATION MEDICATIONS

Albuterol	Dobutamine
Amiodarone	Epinephrine (1:1000 and 1:10,000)
Atropine	Lidocaine
Adenosine	Naloxone
Calcium chloride	Procainamide
Dextrose (25% & 50%)	Racemic epinephrine for inhalation
Dopamine	Sodium Bicarbonate

**Note: It is suggested that these drugs be immediately available in the resuscitation room and not locked in a computerized system.**

### VII. TERMINATION OF THE HOSPITAL'S EDAP PROGRAM

The request for termination of EDAP status shall be submitted in writing to the EMS Agency 90 days prior to termination of services. The request shall be addressed to the EMS Director from the requesting hospital's CEO.