



**LOS ANGELES COUNTY  
BOARD OF SUPERVISORS**

**Hilda L. Solis**  
First District

**Holly J. Mitchell**  
Second District

**Sheila Kuehl**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

**COMMISSIONERS**

**Captain Brian S. Bixler**

Peace Officers Association of LA County

**Diego Caivano, MD, Vice-Chair**

LA County Medical Association

**Erick H. Cheung, M.D.**

Southern CA Psychiatric Society

**John Hisserich, Dr.PH.**

Public Member (3<sup>rd</sup> District)

**Lydia Lam, M.D., Chair**

American College of Surgeons

**James Lott, PsyD., MBA**

Public Member (2<sup>nd</sup> District)

**Carol Meyer, RN**

Public Member (4<sup>th</sup> District)

**Garry Olney, DNP**

Hospital Association of Southern CA

**Robert Ower, RN**

LA County Ambulance Association

**Chief Carl Povilaitis**

Los Angeles County Police Chiefs' Assn

**Chief Kenneth Powell**

Los Angeles Area Fire Chiefs Association

**Mr. Paul S. Rodriguez**

CA State Firefighters' Association

**Mr. Jeffrey Rollman**

Southern California Public Health Assn.

**Brian Saeki**

League of Calif. Cities/LA County Division

**Mr. Joe Salas**

Public Member (1<sup>st</sup> District)

**Carole A. Snyder, RN**

Emergency Nurses Association

**Jason Tarpley, MD, PhD, FAHA**

American Heart Association

Western States Affiliate

**Atilla Uner, MD, MPH**

California Chapter-American College of

Emergency Physicians (CAL-ACEP)

**Mr. Gary Washburn**

Public Member (5<sup>th</sup> District)

**EXECUTIVE DIRECTOR**

**Richard Tadeo**

(562) 378-1610

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

**COMMISSION LIAISON**

**Denise Watson**

(562) 378-1606

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

**COUNTY OF LOS ANGELES EMERGENCY  
MEDICAL SERVICES COMMISSION**

10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670

(562) 378-1610 FAX (562) 941-5835

<http://ems.dhs.lacounty.gov>

**DATE:** July 20, 2022  
**TIME:** 1:00 – 3:00 PM  
**LOCATION:** Zoom Video Conference Meeting

Join Zoom Meeting:

<https://us06web.zoom.us/j/85816449796?pwd=OVNCZEdPUkM0bHhckJzTkMxUnFwUT09>

Meeting ID: 858 1644 9796

Passcode: 162162

**Dial by your location (Use any number)**

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*The Commission meetings are open to the public. You may address the Commission on any agenda item before or during consideration of that item, and on other items of interest which are not on the agenda, but which are within the subject matter jurisdiction of the Commission. Public comment is limited to three (3) minutes and may be extended by Commission Chair as time permits.*

**NOTE:** Please INPUT YOUR NAME if you would like to address the Commission.

**AGENDA**

**I. CALL TO ORDER – Chair Lydia Lam**

**Instructions for Zoom:**

- 1) Please use your computer to join the Zoom meeting to see documents.
- 2) Join Zoom meeting by computer (preferable) or phone.
- 3) Input your name when you first join so we know who you are.
- 4) You can join Zoom by one tap mobile dialing.
- 5) Join meeting by landline using any of the “dial by location” numbers and manually entering the Meeting ID and following # prompts.
- 6) Mute and unmute yourself by clicking on the microphone icon at the bottom of computer screen, or \*6 by phone.
- 7) Volume is adjusted by using the little arrow next to the microphone icon.

**II. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS**

Brian Saeki, City Manager-Whittier, was appointed by the Board of Supervisors on June 14, 2022, to represent the League of California Cities/LA County Division on the EMS Commission.

**III. CONSENT AGENDA (Commissioners/Public may request that an item be held for discussion. All matters are approved by one motion unless held.)**

**1. MINUTES**

May 18, 2022

**2. COMMITTEE REPORTS**

2.1 Base Hospital Advisory Committee

2.2 Provider Agency Advisory Committee

**3. POLICIES**

- 3.1 Reference No. 406: Authorization for Paramedic Provider Status
- 3.2 Reference No. 411: Provider Agency Medical Director
- 3.3 Reference No. 422: Authorization for Paramedic Provider Status of a Los Angeles County Based Law Enforcement Agency
- 3.4 Reference No. 840: Medical Support During Tactical Operations

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**END OF CONSENT AGENDA**

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**IV. BUSINESS**

**BUSINESS (OLD)**

- 4.1 Prehospital Care of Mental Health and Substance Abuse Emergencies
- 4.2 Ambulance Patient Offload Time (APOT)
- 4.3 LA County COVID-19 Update – EMS Agency
- 4.4 EMSC Workplan (Goals/Objectives) for Fiscal Year 2021-22 Annual Report (Attachment)  
(Video: <https://www.youtube.com/watch?v=wJ-DSSSehVI>)  
(Presentation: Michael Gibson, MPA, PCC – Executive Director/EMS Corps)
- 4.5 EMS Commission Membership: Addition of Substance Use Disorder Representative

**BUSINESS (NEW)**

- 4.6 Public Education on Specialty Care Centers

**V. LEGISLATION**

**VI. EMS DIRECTOR'S AND MEDICAL DIRECTOR'S REPORTS**

**CORRESPONDENCE**

- 6.1 (05-24-2022) Distribution: Monkeypox Advisory
- 6.2 (06-06-2022) EMS Agency Staff: Assistant Nursing Directors – David Wells and Ami Boonjaluksa
- 6.3 (06-07-2022) Distribution: Sidewalk “Hands-Only” Cardiopulmonary Resuscitation (CPR)

**VII. COMMISSIONERS' COMMENTS / REQUESTS**

**VIII. ADJOURNMENT**

To the meeting of September 21, 2022



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**Atilla Uner, MD, MPH**

*California Chapter-American College of*

*Emergency Physicians (CAL-ACEP)*

**Mr. Gary Washburn**

*Public Member (5<sup>th</sup> District)*

**PENDING**

**Mr. Brian Saeki**

*League of Calif. Cities/LA County Division*

**EXECUTIVE DIRECTOR**

**Richard Tadeo**

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**COUNTY OF LOS ANGELES  
EMERGENCY MEDICAL SERVICES COMMISSION**

**10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670**

**(562) 378-1604 FAX (562) 941-5835**

<http://ems.dhs.lacounty.gov/>

**MINUTES**

**May 18, 2022**

**Zoom Meeting**

<input type="checkbox"/> *Brian S. Bixler	Peace Officers' Assn. of LAC	Richard Tadeo	Executive Director
<input checked="" type="checkbox"/> Diego Caivano, M.D.	L.A. County Medical Assn.	Denise Watson	Commission Liaison
<input checked="" type="checkbox"/> Erick H. Cheung, M.D.	So. CA Psychiatric Society	Marianne Gausche-Hill, MD	EMS Medical Director
<input type="checkbox"/> *John Hisserich, Dr.PH	Public Member, 3 <sup>rd</sup> District	Denise Whitfield	EMS Staff
<input checked="" type="checkbox"/> Lydia Lam, M.D.	So. CA Chapter American College of Surgeons	Roel Amara	EMS Staff
<input checked="" type="checkbox"/> James Lott, PsyD, MBA	Public Member, 2 <sup>nd</sup> District	Christine Clare	EMS Staff
<input checked="" type="checkbox"/> Carol Meyer, RN	Public Member, 4 <sup>th</sup> District	Jacqui Rifenburg	EMS Staff
<input type="checkbox"/> Vacant	League of CA Cities/LA County	Adrian Romero	EMS Staff
<input checked="" type="checkbox"/> Robert Ower, RN	LAC Ambulance Association	Andrea Solorio	EMS Staff
<input type="checkbox"/> *Garry Olney, DNP	Hospital Assn. of So. CA	Angelica Maldonado	EMS Staff
<input checked="" type="checkbox"/> Carl Povilaitis	LA County Police Chiefs' Assn.	Denise Whitfield	EMS Staff
<input checked="" type="checkbox"/> Kenneth Powell	LA Area Fire Chiefs' Assn.	Lorrie Perez	EMS Staff
<input checked="" type="checkbox"/> Paul S. Rodriguez	CA State Firefighters' Assn.	Susan Mori	EMS Staff
<input checked="" type="checkbox"/> Jeffrey Rollman	So. CA Public Health Assn.	David Wells	EMS Staff
<input type="checkbox"/> *Joseph Salas	Public Member, 1 <sup>st</sup> District	Laura Leyman	EMS Staff
<input type="checkbox"/> *Jason Tarpley, M.D.	American Heart Association	Christine Zaiser	EMS Staff
<input checked="" type="checkbox"/> Carole A. Snyder, RN	Emergency Nurses Assn.	Sara Rasnake	EMS Staff
<input checked="" type="checkbox"/> Atilla Uner, M.D., MPH	American College of Emergency Physicians CAL-ACEP	Kelsey Wilhelm	EMS Staff
<input checked="" type="checkbox"/> Gary Washburn	Public Member, 5 <sup>th</sup> District		

**GUESTS**

Shelly Trites/Torrance Memorial	Matthew Pall/Canejo Health	Adena Tessler/HASC	Jenn Nulty/Torrance-Fire Department
Andy Reno/Long Beach Fire	Clayton Kazan, MD/LACoFD	David Molyneux/West Coast Ambulance	R.J. Morrison
Samantha Gates/LBM	Shira Schlesinger/H-UCLA		
Brian Saeki/League of CA Cities/LA County Division	Aldrin Fontela	Andrew Pham	

(Ab) = Absent; (\*) = Excused Absence

**I. CALL TO ORDER**

The Emergency Medical Services (EMS) Commission (EMSC) meeting was held via Zoom Video Communications Conference Call due to the California Statewide Safer at Home Order related to the Coronavirus (COVID) pandemic. The meeting was called to order at 1:00 p.m. by Chair Lydia Lam. Denise Watson, EMSC Liaison, did roll call of the Commissioners. A quorum was present with 13 Commissioners on the call.

## **II. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS**

Chair Lam welcomed meeting participants and provided instructions for public comments using Zoom.

The Quality and Productivity Commission is hosting their 19<sup>th</sup> Annual Breakfast Conference on June 1, 2022 and provided three tickets for the EMSC to attend. Ms. Watson will email details to Commissioners for a show of interest.

Richard Tadeo, Los Angeles County EMS Director / EMSC Executive Director, reviewed the EMS Agency's organization chart and roster, and announced the following changes:

- Richard Tadeo promoted to EMS Agency Director / EMSC Executive Director
- Roel Amara promoted to Nursing Director, Disaster Programs/Administrative Services
- Christine Clare promoted to Nursing Director, EMS Programs
- Natalie Greco promoted to Senior Nursing Instructor, Pre-Hospital Care Section

## **III. CONSENT AGENDA**

Chair Lam called for approval of the Consent Agenda and opened the floor for discussion.

***Motion/Second by Commissioners Meyer/Uner to approve the Consent Agenda was approved and carried unanimously.***

### **1. MINUTES**

March 16, 2022 Minutes were approved

### **2. COMMITTEE REPORTS**

- 2.1 Base Hospital Advisory Committee
- 2.2 Provider Agency Advisory Committee

### **3. POLICIES**

- 3.1 Reference No. 202: Prehospital Care Policy Development and Revision
- 3.2 Reference No. 521: Stroke Patient Destination

## **END OF CONSENT AGENDA**

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## **IV. BUSINESS**

### **BUSINESS (OLD)**

- 4.1 Prehospital Care of Mental Health and Substance Abuse Emergencies  
Dr. Marianne Gausche-Hill, EMS Agency Medical Director, reported on policy updates going live with the EMS Update 2022 Part II. Train-the-Trainer will be initiated in June/July with a goal of completion by October 1, 2022. EMS Update Part II will include behavioral health emergencies and a module for the PediDOSE trial, which is a National Institute of Health (NIH) funded trial, that looks at standardized dosing for children based on age with status epilepticus. .

Director Tadeo reported that Santa Monica Fire Department will start a pilot project on June 1, 2022, for the Medical Control Guideline for Suicide Risk Assessment.

- 4.2 Ambulance Patient Offload Time (APOT)

Director Tadeo reported that the EMS Agency continues implementation of First Watch. First Watch real-time data is derived from dispatch data which is dynamic based on available data at the time of the actual call. APOT start time will be derived from

dispatch data, and the facility equipment time will be pulled out from electronic patient care records (ePCR). Interface with the ePCRs to derive facility equipment time is in process. Verdugo Dispatch is still upgrading their dispatch software. First Watch implementation will commence once the upgrade is complete.

The APOT Report for the first quarter of 2022 was discussed and will be forwarded to the EMSC. The data is from ePCRs and was compiled during the time that extra staffing (i.e., strike teams) from the State was provided. A before and after strike team placement APOT data analysis is being considered.

#### 4.3 LA County COVID-19 Update – EMS Agency

Dr. Gausche-Hill reported on status levels for respiratory distress and non-traumatic cardiac arrests for provider impressions from 2019 through 2022, noting surges in 2020 and down in 2021 back to 2019 levels.

CDPH data shows a bump in hospitalizations and cases with the Omicron BA.2 being very contagious. We will continue monitoring this. With Delta and Omicron 1, upward trending is concerning. We will monitor hospitalizations and inform the system weekly. We will monitor positivity rates daily.

Dr. Gausche-Hill sent out three memos regarding the contrast media issues, and we have been polling hospitals to identify critical shortages. Some trauma centers may need to pull back services if contrast media shortage continues. Hospitals are conserving contrast media and working with vendors to get additional contrast media. We are reviewing the data and polling to see if hospitals are willing to share.

Director Tadeo reported hospital polls from a week-and-a-half ago are concerning. Based on the responses, 60% of trauma centers, 50% STEMI, 45% Stroke, and 11 of 13 Disaster Resource Centers (DRC) reported anticipated shortages from the supply chain. The polling questions were designed to determine critical shortages for the immediate two weeks. Only 15 responded that they anticipated critical shortages within the next 14 days. We are following up with 21 hospitals that did not respond to the poll.

We are utilizing our DRC as a control point to reach out to the umbrella hospitals in terms of mutual aid and sharing the stock they have with other hospitals. We will assist with coordinating hospital needs with their umbrella hospitals. We looked at the State and national stockpiles, and contrast media is not part of the inventory. Mitigation/conservation strategies outlined by Dr. Gausche-Hill in her three memos are being implemented and hospitals are being judicious in the use of contrast media.

#### 4.4 EMSC Workplan (Goals/Objectives) for Fiscal Year 2021-22 Annual Report

The following EMSC goals/objectives were discussed:

- Ambulance Patient Offload Delays (APOD) – Ongoing – The EMSC will continue to work on processes/policies to address and reduce APOD/APOT
- Prehospital Care of Mental Health and Substance Abuse Emergencies – Ongoing – Will continue working on recommendations from the ad hoc committee report from September 2016
- Evaluate the Alameda County EMS Corps program that focuses on increasing the number of underrepresented emergency health care professions through youth development, mentorship, job training and sponsorship – Multiple discussions ensued surrounding:

- requirements to become a program for EMTs
- post-secondary educational requirements and background clearances
- State EMS Authority allocation of funds for this program
- need for prehospital care providers – EMTs and paramedics
- allowing other programs that would help with tuition to make this a lower cost
- reviewing/modifying prior interview processes to open opportunities for underrepresented demographic groups thereby addressing equity and inclusion
- partnering with other groups such as local ambulance providers who pay for training
- inviting someone from Alameda County to make a presentation
- the viability of this program for LA County
- Evaluate the Joint Statement on Lights and Sirens Vehicle Operations on Emergency Medical Services (EMS) Responses and determine what actions if any LA County should adopt –  
 Commissioner Jeffrey Rollman reported on a February 14, 2022, Joint Statement on Lights and Sirens, and recommended the EMSC look at this from a medical intervention perspective and not just an operations issue. Much discussion ensued surrounding:
  - the percentage of calls that are life threatening
  - calls that receive emergency intervention in the emergency room (ER)
  - existing policies (modify or create new ones)
  - local EMS agencies (LEMSAs) ability to cover this dispatch
  - the number of occurrences and statistics
  - patient transports
  - tier dispatch systems
  - amount of time saved by utilizing lights and sirens
  - utilization of lights and sirens only in time-sensitive calls
  - ambulance contract requirements on response times
  - analyze time variables such as time of day and transport location
  - collaboration with fire departments, law enforcement, ambulance drivers and stakeholders who understand what is required operationally to achieve both the EMS operational and medical intervention response
  - consult with subject matter experts
  - allowances for operational adjustments
  - patient response to wait time for an ambulance
  - maintaining a wide-scope perspective as most fire departments have their own internal policies on lights and sirens

The EMS Agency will review existing policies. Commissioners may email Ms. Watson, EMSC Liaison, to volunteer for a workgroup that can discuss risks and benefits. EMS will send out emails to subject matter experts to join this workgroup

- Develop mechanisms to ensure that local EMS resources are not deployed outside of the County without first determining need in the local operational area. There was concern on making this a goal. It was recommended to determine best practices to assist other counties with limited resources and/or determine the appropriate response when local resources may not be available

#### 4.5 Bylaws Amendments (Attachment)

Chair Lam reported the Bylaws were attached to show the removal of the Data Advisory Committee and address minor clean-up changes.

***Motion/Second by Commissioners Lott/Povilaitis to approve the Bylaws Amendments was approved and carried unanimously.***

**BUSINESS (NEW)**

**4.6 EMS Lights and Sirens Use (Attachments)**

Commissioner Rollman reported on Lights and Sirens Use as a medical intervention and not just as an operations issue under Old Business Item 4.4 above. A workgroup was recommended to get a broad setting of goals for lights and sirens. Volunteers can email Ms. Watson.

**4.7 Safe Transports (Attachments)**

Commissioner Rollman reported on Safe Transports of children, and discussed policies instituted in Pennsylvania on transportation safety on lights and sirens for pediatric transportation. There was discussion about how the pediatric population is transported, the inconsistencies and unsafe practices, and devices to secure peds to stretchers safely.

Dr. Gausche-Hill reported that the Innovation, Technology, and Advancement Committee (ITAC) has reviewed other restraint devices taking into consideration the National Highway Traffic Safety Administration (NHTSA) 2012 guidelines regarding the safe transport of children. This document will be sent to the Commission, and it was noted that EMS Agency recommendations align with this document. There may be room to expand the Medical Control Guideline procedure for pediatrics to be more specific about transports for children. The EMS Agency can explore this.

There was additional discussion about current regulations for seat belts, safety tests for peds, enforcement of secured transports and providing adequate transportation for all patients of all ages.

**4.8 EMSC Membership: Addition of Substance Use Disorder Representative**

Director Tadeo opened the floor for discussion on the request to add a Substance Use Disorder seat on the EMSC and pointed out that Commissioner Erick Cheung represents the Psychiatric Society on the Commission which is inclusive of substance abuse issues. Director Tadeo further explained the EMS Agency's statutory authority is in the delivery of patients requiring emergency treatment to appropriate healthcare facilities rather than placement/referral after stabilization of the emergency medical condition. The requested position seems to be more of a referral/placement service rather than triage to emergency care.

Upon discussion, Ms. Watson reported receiving an email from Mr. Matthew Pall on behalf of Conejo Health expressing an interest in a seat on the Commission. No specific information on associations or organizations on substance use disorders was provided.

Mr. Pall was in attendance and stated he will forward additional information for the next meeting. This item will be tabled until the July 20, 2022 meeting.

**V. LEGISLATION**

Director Tadeo reported on the following legislation:

- 5.1 AB 1721 – Mutual aid seismic retrofitting** included language that would possibly negatively impact the MHOAC system by bypassing the Medical Health Operational Area Coordinator system. It is being amended and would only be limited to the seismic mutual aid. The language about including EMS is part of the bill that is being stricken.

We are watching this bill.

AB 1770 – Rodriguez Bill on Ambulance patient offload time was pulled by the author.

AB 2130 – EMS training – This is adding an additional 20 minutes of training regarding human trafficking. This is being discussed on the appropriations floor.

AB 2260 – Trauma kits being proposed does not involve the LEMSA medical directors. Some equipment can be detrimental if applied by a lay person. EMSAAC and EMDAC sent a joint letter identifying those concerns and the bill is on the floor being heard. This is currently being watched.

Mobile Stroke Unit (MSU) bill is being debated on the appropriations floor.

## **VI. EMS DIRECTOR'S AND MEDICAL DIRECTOR'S REPORT**

Director Tadeo reported the EMS System Annual Report is complete and will be mailed to the Commission. There were lower numbers of hospitalizations and EMS responses/transportations in 2020. In the next few months, the EMS Agency will publish the 2022 edition which will include 2021 data.

The plan to defer disbursement of 2022 unallocated Measure B funds was sent out on May 17, 2022. The consideration for project funding using 2021 unallocated funds is being deferred from 2022 to 2023 to have a larger sum of funds to consider for larger and smaller projects. We will send out notification early next year, around April or May 2023, on when we will begin accepting projects for funding consideration.

## **CORRESPONDENCE**

Director Tadeo reported on the following correspondence:

- 6.1 (03-10-2022) Distribution: General Public Ambulance Rates July 1, 2022 Through June 30, 2023
- 6.2 (03-14-2022) Chief Anthony Marrone, LACoFD: Adolescent Patient Destination to Psychiatric Urgent Care Centers (PUCC)
- 6.3 (03-17-2022) Distribution: Designation of Primary Stroke Center – Cedars-Sinai Marina Del Rey Hospital
- 6.4 (03-18-2022) Executive Leadership Team: Appointment of Emergency Medical Services Agency Director
- 6.5 (03-29-2022) Distribution: Reminder – Standard Guidance for Fires Responders Entering Hospital / Healthcare Facilities
- 6.6 (04-06-2022) Genia Gorin, Eastwestproto, Inc., dba LifeLine Ambulance: Paramedic Provider Program Approval
- 6.7 (04-07-2022) Donald Anderson, Long Beach Fire Department: Paramedic Carts 2 through 5: Approval
- 6.8 (04-12-2022) EMS Agency Staff: Nursing Directors – Roel Amara and Chris Clare
- 6.9 (04-26-2022) Accurate Documentation of Ambulance Patient Offload Time (APOT)
- 6.10 (04-28-2022) Fernando Pelaez, Montebello Fire: Hemostatic Dressing Program Approved

## **VII. COMMISSIONERS' COMMENTS / REQUESTS**

Commissioner James Lott asked if paper copies of the EMSC packets can be eliminated since electronic copies are also sent.

We will research with County Counsel if paper is required and bring back to the Commission.



**VIII. ADJOURNMENT:**

Adjournment by Chair Lam at 3:00 p.m. Zoom meetings will continue following mandates by the State and County until further notice.

***Motion/Second by Commissioners Ower/Caivano to adjourn to the meeting of Wednesday, July 20, 2022, was approved and carried unanimously.***

**Next Meeting:** Wednesday, July 20, 2022, 1:00-3:00pm

Join by Zoom Video Conference Call

<https://us06web.zoom.us/j/85816449796?pwd=OVNCZEdPUkM0blhhckJzTkMxUnFwUT09>

Meeting ID: 858 1644 9796

Passcode: 162162

One tap mobile

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+12532158782,85816449796# US (Tacoma)

Dial by your location (Use any number)

+1 720 707 2699 US (Denver)

+1 253 215 8782 US (Tacoma)

Recorded by:

Denise Watson

Secretary, Health Services Commission

**Lobbyist Registration:** Any person or entity who seeks support or endorsement from the EMS Commission on official action must certify that they are familiar with the requirements of Ordinance No. 93-0031. Persons not in compliance with the requirements of the Ordinance shall be denied the right to address the Commission for such period of time as the non-compliance exists.



2.1 COMMITTEE REPORTS  
County of Los Angeles • Department of Health Services  
Emergency Medical Services Agency



**BASE HOSPITAL ADVISORY COMMITTEE  
MINUTES**

June 8th, 2022

**MEMBERSHIP / ATTENDANCE (VIA Zoom)**

REPRESENTATIVES		EMS AGENCY STAFF
<input checked="" type="checkbox"/> Carol Meyer, Chair	EMS Commission	Ami Boonjaluksa
<input type="checkbox"/> Carole Snyder, RN., Vice Chair	EMS Commission	Dr. Nichole Bosson
<input type="checkbox"/> Atilla Under, MD, MPH	EMS Commission	Fritz Bottger
<input type="checkbox"/> Lydia Lam, MD	EMS Commission	Lily Choi
<input checked="" type="checkbox"/> Diego Caivano, MD	EMS Commission	Christine Clare
<input type="checkbox"/> Erick Cheung, MD	EMS Commission	Lorrie Perez
<input checked="" type="checkbox"/> Garry Olney	EMS Commission	Sara Rasnake
<input type="checkbox"/> Paul Rodriguez	EMS Commission	Jackie Rifenburg
<input type="checkbox"/> Jim Lott	EMS Commission	Priscilla Romero
<input checked="" type="checkbox"/> John Hisserich	EMS Commission	Karen Rodgers
<input type="checkbox"/> Brian Bixler	EMS Commission	Andrea Solorio
<input type="checkbox"/> Robert Ower	EMS Commission	Richard Tadeo
<input type="checkbox"/> Rachel Caffey	Northern Region	Gary Watson
<input checked="" type="checkbox"/> Melissa Carter	Northern Region	David Wells
<input checked="" type="checkbox"/> Charlene Tamparong	Northern Region, Alternate	
<input checked="" type="checkbox"/> Samantha Verga-Gates	Southern Region	
<input checked="" type="checkbox"/> Laurie Donegan	Southern Region	
<input checked="" type="checkbox"/> Shelly Trites	Southern Region	
<input checked="" type="checkbox"/> Christine Farnham	Southern Region, Alternate	
<input checked="" type="checkbox"/> Ryan Burgess	Western Region	
<input checked="" type="checkbox"/> Susana Sanchez	Western Region, Alternate	
<input type="checkbox"/> Erin Munde	Western Region, Alternate	
<input checked="" type="checkbox"/> Laurie Sepke	Eastern Region	
<input checked="" type="checkbox"/> Alina Candal	Eastern Region	
<input type="checkbox"/> Jenny Van Slyke	Eastern Region, Alternate	
<input type="checkbox"/> Lila Mier	County Region	
<input type="checkbox"/> Emerson Martell	County Region	
<input checked="" type="checkbox"/> Yvonne Elizarraraz	County Region	
<input checked="" type="checkbox"/> Antoinette Salas	County Region	
<input type="checkbox"/> Shira Schlesinger, MD	Base Hospital Medical Director	
<input type="checkbox"/> Robert Yang, MD	Base Hospital Medical Director, Alternate	
<input checked="" type="checkbox"/> Alec Miller	Provider Agency Advisory Committee	
<input checked="" type="checkbox"/> Jennifer Nulty	Prov. Agency Advisor Committee, Alternate	
<input checked="" type="checkbox"/> Erica Candelaria, PCC QVH	Pediatric Advisory Committee Representative	
<input checked="" type="checkbox"/> Heidi Ruff, PCC HMN	PED AC Representative, Alternate	
<input type="checkbox"/> Naomi Leland	MICN Representative	
<input type="checkbox"/> Jennifer Breeher	MICN Representative, Alternate	
PREHOSPITAL CARE COORDINATORS		
<input checked="" type="checkbox"/> Melissa Turpin (SMM)	<input type="checkbox"/> Travis Fisher (CSM)	<input checked="" type="checkbox"/> Katie Bard (CAL)
<input checked="" type="checkbox"/> Jessica Strange (SJS)	<input checked="" type="checkbox"/> Lauren Spina (CSM)	<input checked="" type="checkbox"/> Lorna Mendoza (SFM)
<input type="checkbox"/> Karyn Robinson (GWT)	<input type="checkbox"/> Coleen Harkins (AVH)	

1. **CALL TO ORDER:** The meeting was called to order at 1:02 by Carol Meyer, Chair.

**2. APPROVAL OF MINUTES:** The meeting minutes for April 13th, 2022 were approved as presented.

**3. INTRODUCTIONS/ANNOUNCEMENTS:**

- Richard Tadeo presented the June 2022 version of the Los Angeles County EMS Agency Organizational Chart, and the promotion of David Wells to Chief, Prehospital Care Operations and Ambulance Programs, and Ami Boonjaluksa to Chief, Hospital Programs.
- EMSA will host the STEMI Summit on June 27, 2022 and Stroke Summit on June 28, 2022. The virtual conference is free, offering CME and CE to participants.

**4. REPORTS & UPDATES:**

**4.1 EMS Update 2022**

Part 1: The deadline for the i-gel training is July 1, 2022. The new policies related to i-gel will be released at that time.

Part 2: Behavioral Health Policies and the introduction of Olanzapine Train the Trainer in-person sessions will be on June 29, and July 13<sup>th</sup>, and the virtual sessions will be held on June 30<sup>th</sup> and July 7<sup>th</sup>. Sign-ups will begin on June 15. There will be a short introductory module added to EMS Update Part II for the upcoming PediDOSE Trial, data collection will start later this year.

**4.2 EmergiPress**

Online CE education can be accessed two ways: the APS portal the same portal as EMS Update, or on the EMS website. The next edition will be released in July.

**4.3 ECMO Pilot**

Hospital Status Update- UCLA and Cedars Sinai are open to receive ECMO patients but USC remains closed (status remains the same as previously reported).

The ECMO Pilot is the routing of patients with an initial rhythm of refractory V-fib, V-Tach and three defibrillations to an ECMO Center within 30 minutes, and with an on-scene time of 15 minutes or less. The ECMO Pilot will continue through May 2023

**4.4 Data Collaboratives**

Overview of each of the collaboratives was provided by Dr. Bosson. The collaborative groups meet on a quarterly basis to discuss and explore research opportunities, data collection, and opportunities for system improvement.

#### *SRC Collaborative:*

##### *COVID Impact Projects*

- A resubmission to the Journal of Prehospital Emergency Care looking at the trends during the COVID pandemic and EMS response for time-sensitive cardiovascular emergencies. Early studies show a positive correlation during the COVID surge as well as a decrease in trauma volume.
- A preliminary analysis on the impact of STEMI looking at the time to intervention for STEMI pre and post COVID. An early review shows that our system maintained time to intervention for STEMI during the COVID pandemic, although the volume of PCI's performed were less in the early COVID period.
- Examining disparities and access to CPR training.
- Analysis of out of hospital cardiac arrests (OHCA) before and during COVID. Reports from other systems demonstrated an increase in cardiac arrest, non-shockable rhythms, and poor outcomes. From these results, we are strategizing ways to make a change that will benefit our system.

##### *Other Aspects*

- Post Resuscitation Care analysis led by Dr. Toy and Dr. Schlesinger looking at our post-resuscitation care protocols. The analysis demonstrates the association of early push dose epinephrine use after ROSC reduces rates of rearrest, but it did not demonstrate the impact of our policy on rearrest rates, and that may be due to an incomplete adoption of all the aggressive therapies.
- Collaboration has begun with a researcher from the University of Pittsburgh for a potential trial in California looking at a Post ROSC bundle of care to prevent rearrest. This will be a 2023 or 2024 project.

##### *Stroke Data Collaborative:*

- A recent revision has been submitted to the Journal of Stroke looking at the benefit of routing stroke patients up to 24 hours from LKWT. Evaluation of the data supports that when patients with a late window stroke time are routed to a CSC a thrombectomy is performed 25% of the time.

##### *Pediatrics*

- Brief, Resolved, Unexplained Events (BRUE) Studies are ongoing at the participating PMC facilities.
- The EMS Agency, in collaboration with CHLA, plan to examine pediatric outcomes for OHCA.
- UCSF is looking at a prospective observational study of pediatric stroke patients and management of care. This will require more data and we plan to contribute data to this study.
- National Pediatric Airway Management Trial is an upcoming trial and if funded, the EMS Agency plans to participate.

##### *Trauma Consortium:*

- Southern California Regional Trauma Consortium is currently focusing on imaging in pregnant patients and isolated sternal fracture.
- The change in trauma protocols due to the blood shortage and its impact on trauma care and patient outcomes.
- Dr. Inaba is examining complications from needle thoracostomy and the need for additional education to prevent identified complications

#### 4.5 Health Data Exchange

HDE is an automated transfer of patient information bi-directional from the ePCR to the hospital EMR. Our current databases are siloed, and data abstraction and data entry are performed manually. The EMS Agency will receive the discreet data directly and the data will be used for aggregation and system analysis. HDE has been funded through a multi-year grant, when the agency receives the expected approval we will move forward.

Hospitals will be included in the funding and the subscription fee would be paid through 2026. The priority hospitals for implementation will be the base hospitals and trauma centers.

4.6 ESO

ESO purchased Lancet in 2019. The agency has been working with ESO to upgrade our current TEMIS System to a cloud base system. We are streamlining a product that will accommodate our customized system but also to upgrade our system with a product that is consistent with product that is used by other states.

4.7 Annual EMS System Reports 2021

The report was present and reported by Director Richard Tadeo. The 2022 EMS System Report is in progress and it will include a summary of our COVID 19 experience. Recommendations on future reports are welcomed.

**5. OLD BUSINESS:**

5.1 PediDOSE Study (**P**ediatric **D**ose Optimization **S**eizure in **E**MS)

PediDOSE Study is a National NIH funded study that simplifies the midazolam dosing for seizure by age range instead of weight base. We are currently in the planning stages but will begin collecting data in the next couple of months. There is no change at this time to our current seizure protocols. There will be a 6-month lead time to transition to the standardized seizure protocol. The role of the Base will be to help obtain the data needed for the trial. The study will include pediatric patients 6 months -13 years of ages with any witness seizure by EMS. A short module regarding the Pedidose Trial will be included in EMS Update Part II.

**6. NEW BUSINESS:**

6.1 Base Hospital Documentation Manual 2022/ Summary of Changes  
Base Hospital Form 2022

Edits were made to the to the Summary of Changes and the Base Hospital Documentation Manual after the initial release. Lorrie Perez presented the changes, and an updated Base Hospital Documentation Manual with the Summary of Changes will be provided to the group.

6.2 Pediatric Readiness Toolkit Survey

In preparation for the Pediatric Readiness a survey was sent to the providers to evaluate their processes for pediatric readiness and to the assess the effectiveness and feedback from questions of the survey.

**Presented as information only:**

- 6.3 Ref. No. 1317.25, Midazolam
- 6.4 Ref. No. 1309, Color Code Drug Doses
- 6.5 Ref. No. 1212, Cardiac Dysrhythmia-Bradycardia
- 6.6 Ref. No. 1212-P, Cardiac Dysrhythmia-Bradycardia
- 6.7 Ref. No. 1213, Cardiac Dysrhythmia-Tachycardia
- 6.8 Ref. No. 1213-P, Cardiac Dysrhythmia-Tachycardia

**Action Needed:**

6.9 Ref. No. 406, Authorization For Paramedic Provider Status

**M/S/C (Burgess/Hisserich)**

6.10 Ref. No. 411, Provider Agency Medical Director

**M/S/C (Burgess/Hisserich)**

6.11 Ref. No. 422, Authorization For Paramedic Provider Status of a Los Angeles County Based Law Enforcement Agency

**M/S/C (Burgess/Hisserich)**

6.12 Ref. No. 840, Medical Support During Tactical Operations

**M/S/C (Burgess/Hisserich)**

**Informational Only**

6.13 Ref. No. 1210, Cardiac Arrest

6.14 Ref. No. 1210-P, Cardiac Arrest

6.15 Ref. No. 521, Stroke Patient Destination

**7. OPEN DISCUSSION**

Adult trauma transports to CHLA: There has been an issue on several occasions where pediatric trauma patients were received at CHLA but the parent who arrived with the patient also had significant injuries and arrangements had to be made to transfer the parent to a higher-level of care hospital. If base contact is made, ensure a complete assessment is done for both the parent and pediatric patient and transport to a trauma center that is capable to manage the injuries of both patients.

**8. NEXT MEETING:** BHAC's next meeting is scheduled for Aug 10<sup>th</sup>, 2022

**ACTION:** Meeting notification, agenda, and minutes to be distributed electronically before the meeting.

**ACCOUNTABILITY:** Laura Leyman

**9. ADJOURNMENT:** The meeting was adjourned at 2:45 P.M.



County of Los Angeles  
Department of Health Services  
**EMERGENCY MEDICAL SERVICES COMMISSION**  
**PROVIDER AGENCY ADVISORY COMMITTEE**



### MINUTES

Wednesday, June 22, 2022

Due to the ongoing COVID-19 pandemic and to comply with the Health Officer's Order on Social Distancing, this meeting was conducted via ZOOM conference call-in. General public and Committee Members' attendance was verified by presence of name on the participant list. Quorum was reached and the meeting continued.

### MEMBERSHIP / ATTENDANCE

#### MEMBERS

- ☒ Robert Ower, Chair
- ☒ Kenneth Powell, Vice-Chair
- ☐ Jeffrey Rollman
- ☒ Paul Rodriguez
- ☐ Brian Bixler
- ☒ John Hisserich
- ☐ James Lott
- ☐ Carl Povilaitis

- ☒ Sean Stokes
  - ☐ Justin Crosson
- ☒ Keith Harter
  - ☒ Clayton Kazan, MD
- ☒ Todd Tucker
  - ☐ Jeff Tsay
- ☒ Kurt Buckwalter
  - ☒ Ryan Jorgenson
- ☒ Wade Haller
  - ☒ Andrew Reno
- ☒ Alec Miller
  - ☐ Jennifer Nulty
- ☒ Doug Zabalski
  - ☒ Tyler Dixon
  - ☒ Matthew Potter
- ☐ Julian Hernandez
  - ☐ Tisha Hamilton
- ☐ Rachel Caffey
  - ☒ Jenny Van Slyke
- ☐ Andrew Respicio
  - ☐ Paul Voorhees
- ☐ Maurice Guillen
  - ☐ Scott Buck
- ☒ Tabitha Cheng, MD
  - ☒ Tiffany Abramson, MD
- ☐ Andrew Lara
  - ☐ Gary Cevello
- ☒ Michael Kaduce
  - ☐ Scott Jaeggi
- ☒ David Mah
  - ☒ David Fillip

#### ORGANIZATION

EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner

Area A *(Rep to Medical Council)*  
Area A, Alt.  
Area B  
Area B, Alt. *(Alt. Rep to Medical Council)*  
Area C  
Area C, Alt.  
Area E  
Area E, Alt.  
Area F  
Area F, Alt.  
Area G *(Rep to BHAC)*  
Area G, Alt. *(Rep to BHAC, Alt.)*  
Area H  
Area H, Alt.  
Area H, Alt. *(Rep to DAC)*  
Employed Paramedic Coordinator  
Employed Paramedic Coordinator, Alt.  
Prehospital Care Coordinator  
Prehospital Care Coordinator, Alt.  
Public Sector Paramedic Coordinator  
Public Sector Paramedic, Alt.  
Private Sector Paramedic  
Private Sector Paramedic, Alt.  
Provider Agency Medical Director  
Provider Agency Medical Director, Alt.  
Private Sector Nurse Staffed Ambulance Program  
Private Sector Nurse Staffed Ambulance Program, Alt.  
EMT Training Program  
EMT Training Program, Alt.  
Paramedic Training Program  
Paramedic Training Program, Alt.

#### EMS AGENCY STAFF (Virtual)

Richard Tadeo  
Nicole Bosson, MD  
Christine Claire  
Jennifer Calderon  
Natalie Greco  
Laura Leyman  
Lorrie Perez  
Jacqueline Rifenburg  
Denise Watson  
David Wells  
Christine Zaiser  
Priscilla Romero  
Marianne Gausche-Hill, MD  
Millicent Wilson, MD  
Ami Boonjaluksa  
Lily Choi  
Laurie Lee-Brown  
Susan Mori  
Sara Rasnake  
Karen Rodgers  
Gary Watson  
Kelsie Wilhelm, MD  
Aldrin Fontela

#### PUBLIC ATTENDEES (Virtual)

Kristina Crews  
Adrienne Roel  
Edmond St. Cyr  
Anathea Gordon  
Jennifer Breeher  
Britney Alton  
Aspen Di-Ilo  
Catherine Borman  
Paula LaFarge  
Caroline Jack  
Jason Hansen  
Drew Bernard, MD  
Damien Cyphus  
Shane Cook  
David Konieczny  
Joseph Nakagawa, MD  
Katie Ward  
Luis Manjarrez  
Victor Lemus  
Linh Vuong-Shaffer  
Ryan Jorgenson  
Scott Atkinson  
Tabitha Cheng, MD  
Nathan Jasperse, MD  
Nishelle Shepard, MD  
Steve Sanko, MD  
Ilse Wogau  
Robert Aragon  
Juan Espinoza  
Benjamin Esparza  
Rinka Shiraishi  
Shira Schlesinger, MD  
Josh Parker  
LA County FD  
Culver City FD / El Segundo FD  
Burbank FD  
Los Angeles FD  
Alhambra FD  
Burbank FD  
Monterey Park FD  
Santa Monica FD  
LA County FD  
Beverly Hills FD  
Pasadena FD  
Emergency Ambulance  
Liberty Ambulance  
LA County FD  
McCormick Ambulance  
McCormick & Hawthorne PD  
La Habra Heights FD  
Glendale FD  
Compton FD  
LA County FD  
La Habra Heights FD  
Mt SAC Paramedic School  
Burbank FD  
Harbor UCLA  
Harbor UCLA  
LAFD  
LA County FD  
Cal-Med Ambulance  
Glendale FD

**1. CALL TO ORDER:** Committee Vice-Chair, Kenneth Powell, called meeting to order at 1:01 p.m.

## **2. INTRODUCTIONS / ANNOUNCEMENTS / PRESENTATIONS**

### **2.1 PAAC Membership Changes** *(Kenneth Powell)*

Vice-Chair introduced the following new members:

- Area C, Alternate: Jeff Tsay, San Marino FD will be replacing Ken Leasure.
- Provider Agency Medical Director: Tabitha Cheng, MD, Burbank FD, will be replacing Ashley Sanello, MD.
- Provider Agency Medical Director, Alternate: Tiffany Abramson, MD, Long Beach FD, filling position previously vacant.
- Paramedic Training Programs: Scott Atkinson will be replacing David Mah.

### **2.2 EMS Agency Staff Changes** *(Richard Tadeo)*

EMS Agency's Organizational Chart and Telephone Roster were shared with the Committee, displaying many new staff changes.

### **2.3 Submersion Reporting Mandate** *(Richard Tadeo)*

Reminder to all providers of the Board of Supervisor's mandate to report all submersion incidents involving pools and spas (or any time Protocols 1225/1225-P are utilized) to Los Angeles County Public Health at 213-989-7140.

### **2.4 State Stroke/STEMI Summit** *(Nichole Bosson, MD)*

Reminder that the California State STEMI and Stroke Summit is scheduled for June 27 and June 28, 2022. Sign up information for the summit was provided.

### **2.5 2022 Sidewalk CPR** *(Susan Mori)*

- The EMS Agency is requesting support from all providers in distributing/sharing the CPR video that was released by the EMS Agency in March 2021. This video demonstrates how to perform and practice hands-only CPR with modifications that can be utilized to reduce COVID transmission.
- The following is the weblink for this video: <https://www.youtube.com/watch?v=jHaicno95sk&t=11s>

### **2.6 Pedi-PART Trial** *(Nichole Bosson, MD)*

- This trial will study airway management in children, including bag-mask ventilation vs. supraglottic airways.
- During the next PAAC meeting (August 17, 2022) the EMS Agency will be conducting an informational session on this trial and is asking that all providers send several of their frontline paramedics to participate in this session.
- Questions can be directed to Nichole Bosson, MD at [nbosson@dhs.lacounty.gov](mailto:nbosson@dhs.lacounty.gov)

**3. APPROVAL OF MINUTES (Zabiliski/Rodriguez)** April 20, 2022 minutes were approved as written.



## 4. REPORTS & UPDATES

### 4.1 COVID-19 Update (Marianne Gausche-Hill, MD)

- Dr. Gausche-Hill reviewed charts from LA County Public Health and LA County Sanitation Districts, indicating there's been a slight increase in COVID-19 cases and hospitalization rates.
- Small number of Monkeypox cases have been identified in Los Angeles County and are being monitored by Public Health.
- Providers are encouraged to continuing being diligent in their utilization of personal protective equipment (PPE), which will help with the prevention and spread of COVID-19 and Monkeypox.

### 4.2 EMS Update 2022 (Nichole Bosson, MD)

- The utilization of the new supraglottic airway (igel) goes into effect on July 1, 2022.
- Second portion of EMS Update 2022 will include a behavioral health module and a short session on the upcoming Pedi-Dose trial.
- Train-the-Trainer dates for the second portion of EMS Update 2022 are:

June 29, 2022 (in-person)	June 30, 2022 (virtual)
July 7, 2022 (virtual)	July 13, 2022 (in-person)
- To RSVP for any of these dates, contact Vanessa Gonzalez at [vgonzalez3@dhs.lacounty.gov](mailto:vgonzalez3@dhs.lacounty.gov)
- Second portion of EMS Update 2022 is to be completed by October 1, 2022.

### 4.3 ITAC Update (Marianne Gausche-Hill, MD)

No updates at this time. Deferred until next Committee meeting.

### 4.4 EmergiPress (Marianne Gausche-Hill, MD)

No updates at this time. Deferred until next Committee meeting.

### 4.5 Data Collaboratives (Nichole Bosson, MD)

- STEMI/OHCA Data Collaborative
  - This group noted trends in COVID spikes and the provider responses to time sensitive emergencies. An abstract on these findings has been submitted to Prehospital Emergency Care for review and publishing.
  - The group continues to review the Post-ROSC protocols.
- Stroke Data Collaborative
  - Reviewing the implications of a 24-hour routing of last known well times and the overall stroke care system in Los Angeles County.
- Pediatric Collaborative Group
  - Several projects continue to move forward:
    - CARES data and out-of-hospital cardiac arrests
    - Pediatric BRUE study
    - Pedi-DOSE Study
- Trauma Collaborative Group
  - In the future, this group will be reviewing needle thoracostomy use, including complications and needle insertion sites

#### **4.6 ECMO Pilot (Nichole Bosson, MD)**

- Data continues to be collected. This pilot is expected to be completed in approximately one year.
- Ronald Reagan-UCLA Medical Center (UCL) and Cedars Sinai Medical Center (CSM) continue to enroll patients in this pilot.
- Currently LAC+USC Medical Center (USC) is not accepting ECMO patients. However, USC remains open as a STEMI-Receiving Center (SRC) and can accept cardiac arrest patients.

#### **4.7 Bag-Mask Ventilation: Bag Sizes (Nichole Bosson, MD)**

Dr. Bosson reviewed and discussed the following:

- Research reports negative effects of large volume BMV bags that cause an over-inflation of lungs which is the rationale for switching to a smaller size bag.
- An EMS Agency chart showing the six BMV manufacturers (and their BMV bag volumes) that are mostly used in Los Angeles County, was distributed. This chart showed the bag sizes that meet the requirements of the ALS and BLS inventories in LA County.

#### **4.8 Health Data Exchange (Richard Tadeo)**

- The EMS Agency applied for and received funds through the Emergency Rescue and Recovery Fund, covering the years 2022 through 2026.
- Funds received will assist with the cost of implementation; and annual subscription fees for hospitals and providers.
- This system assists with bi-directional transfer of EMS and patient outcome data. Which will have an impact on cost savings; real-time availability of ePCR; and accurate/timely data capture.

#### **4.9 Annual Data Report (Richard Tadeo)**

March 1, 2022, Los Angeles County EMS System Report, was reviewed and included a section dedicated to the previous Director of the EMS Agency, Cathy Chidester.

#### **4.10 CARES Project (Sara Rasnake and Christine Clare)**

Cardiac Arrest Registry to Enhance Survival (CARES)

- LA County began participating in this program in June 2021. All 2021 records are now complete. CARES has provided the EMS Agency with annual reports for all hospitals and providers who participated.
- Individual providers reports will be sent out by the EMS Agency.
- The Los Angeles County CARES' Utstein Survival Reports (for 2021), were reviewed.

#### **4.11 PediDOSE Study (Marianne Gausche-Hill, MD)**

Medical Director reviewed the paramedic's role during the PediDose study, which will be included in the EMS Update 2022, Part II.

#### **4.12 EMS Form Changes – Final Revision (Sara Rasnake)**

- Upcoming changes to the EMS Report Forms were reviewed and will go into effect in July 2022.

#### **4.13 Bariatric Transports (Millicent Wilson, MD)**

Dr. Wilson discussed current issues related to the provider's available resources related to the transport of bariatric patients within Los Angeles County.

The EMS Agency is considering the development of a Medical Control Guideline, to assist providers with a process in handling bariatric patients.

### **5. UNFINISHED BUSINESS**

There was no unfinished business.

### **6. NEW BUSINESS**

**6.1** Reference No. 406, Authorization for Paramedic Provider Status (*Richard Tadeo*)

**6.2** Reference No. 411, Provider Agency Medical Director (*Richard Tadeo*)

**6.3** Reference No. 422, Authorization for Paramedic Provider Status of a Los Angeles County Based Law Enforcement Agency (*Richard Tadeo*)

**6.4** Reference No. 840, Medical Support During Tactical Operations (*Richard Tadeo*)

Policies listed in 6.1 through 6.4 were reviewed and approved as presented.

#### **M/S/C (Kazan/Kaduce) Approve:**

**Reference No. 406, Authorization for Paramedic Provider Status**

**Reference No. 411, Provider Agency Medical Director**

**Reference No. 422, Authorization for Paramedic Provider Status of a Los Angeles County Based Law Enforcement Agency**

**Reference No. 840, Medical Support During Tactical Operations**

The following policies were reviewed as Information Only:

**6.5** Reference No. 521, Stroke Patient Destination (*Richard Tadeo*)

**6.6** Reference No. 1210, Treatment Protocol: Cardiac Arrest (*Nichole Bosson, MD*)

**6.7** Reference No. 1210-P, TP: Cardiac Arrest, Pediatric (*Nichole Bosson, MD*)

**6.8** Reference No. 1212, TP: Cardiac Dysrhythmia – Bradycardia (*Marianne Gausche- Hill, MD*)

**6.9** Reference No. 1212-P, TP: Cardiac Dysrhythmia – Bradycardia (Pediatric) (*Marianne Gausche- Hill, MD*)

**6.10** Reference No. 1213, TP: Cardiac Dysrhythmia – Tachycardia (*Marianne Gausche- Hill, MD*)

**6.11** Reference No. 1213-P, TP: Cardiac Dysrhythmia – Tachycardia (Pediatric) (*Marianne Gausche- Hill, MD*)

**6.12** Reference No. 1309, MCG: Color Code Drug Doses (*Marianne Gausche- Hill, MD*)

**6.13** Reference No. 1317.25, MCG: Drug Reference – Midazolam (*Marianne Gausche- Hill, MD*)

### **7. OPEN DISCUSSION**

#### **7.1 Paramedic Training Institute – EMT Attendees (*Jacqueline Rifenburg*)**

- Providers sending EMTs to the LA County Paramedic Training Institute (PTI), are encouraged to ensure each of their EMTs are fully competent in all EMT skills.
- Competency of EMT skills will be required in the near future.

### **8. NEXT MEETING: August 17, 2022**

### **9. ADJOURNMENT: Meeting adjourned at 3:20 p.m.**

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELESSUBJECT: **AUTHORIZATION FOR PARAMEDIC  
PROVIDER STATUS**

REFERENCE NO. 406

PURPOSE: To outline the criteria to be approved as a paramedic provider in Los Angeles County.

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.52, 1797.94, 1797.178, 1797.180, 1797.201  
California Code of Regulations, Title 22, Sections 100166, 100167, 100169, 100400 and 100402

## PRINCIPLE:

1. Providers applying for paramedic provider status must complete the application process in its entirety, including written approval from the EMS Agency prior to commencing operations.

## POLICY:

## I. Eligibility Requirements

- A. In order to apply for paramedic provider status, a fire department must be authorized by the governing body of the jurisdiction to provide 9-1-1 emergency services.
- B. In order to apply for paramedic provider status, a law enforcement (LE) agency must be approved by the EMS agency. To provide ALS medical care to the public prior to 9-1-1 jurisdictional provider agency arrival, a LE agency must have an existing MOU with the jurisdictional 9-1-1 emergency services fire department to provide care. This policy does not apply to non-ALS care covered under California Code of Regulations, Title 22, Division 9, Chapter 1.5, Article 3, 100018 and 100019.
- C. A private ambulance company must be licensed by the County of Los Angeles as a basic life support (BLS) provider for a minimum of twenty-four months prior to requesting approval for paramedic provider status.
- D. In addition to the requirements outlined in B above, the private ambulance company must not be in violation of any applicable provisions, standards, or requirements of state statute or regulation, or of the Los Angeles County code or local policies and procedures for a period of one year prior to applying for paramedic provider status. Each of the companies' ambulance vehicles that operate within the County of Los Angeles shall be licensed by the County on a continuous basis.

## II. Application Process

EFFECTIVE: 06-01-82  
REVISED: 06-28-22 Draft  
SUPERSEDES: 10-01-19

PAGE 1 OF 5

APPROVED: \_\_\_\_\_  
Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency

- A. The applicant shall submit a written request for approval of paramedic provider status to the Director of the Los Angeles County EMS Agency. The request shall include the following:
1. The desired implementation date.
  2. The number of advanced life support (ALS) units desired and the proposed location for each unit. LE agencies will provide the number of ALS Assessment Units desired, if applicable.
  3. The preferred base hospital assignment, subject to EMS Agency approval.
  4. Other information pertinent to the proposed paramedic program, e.g., number of personnel licensed and accredited as paramedics, the number of personnel requiring paramedic training, and the name and contact information for the EMS educator, paramedic coordinator and nurse educator, if applicable.
  5. The name and contact information for the Provider Agency Medical Director, or Drug Authorizing Physician, under whose license the provider agency will procure equipment, pharmaceuticals (both scheduled and non-scheduled), and medical devices.

B. Provider Agency Responsibilities

1. Provide emergency medical service response on a continuous 24-hour per day basis unless otherwise approved by the EMS Agency. Approved ALS providers may submit a written request, including justification, to the EMS Agency for consideration to waive the 24-hours/day requirement. Waivers will be granted on a case-by-case basis.

Submit to the EMS Agency a complete packet within 30 (thirty) days of receipt of letter and application packet from the EMS Agency acknowledging the request for approval. If a complete application packet is not received within the 30-day period, the request is denied, and a subsequent request for approval will not be accepted for a 90 (ninety) day period.

A complete packet includes the following:

- a. A Quality Improvement (QI) Plan.
- b. Description of the communications equipment that will be used.
- c. A controlled substance policy that outlines how scheduled pharmaceuticals will be procured, stored, secured, and distributed. The policy shall include the procedure for handling any lost, broken, or tampered scheduled pharmaceuticals.

- 
- d. Signed and dated copies of Ref. No. 701.1, Physician Confirmation of Agreement to Purchase Drugs and Medical Supplies, and 702.1, Provider Agency Medical Director Notification of Controlled Substance Program Implementation.
  - e. A supply/resupply policy outlining the method for purchasing and storing non-scheduled pharmaceuticals and medical devices.
  - f. A plan ensuring that all personnel involved in the ALS program are oriented to the base hospital's operation.
  - g. A policy/procedure to ensure that all ALS units and paramedic personnel are visibly identified as such. Assessment Units are not required to be visibly identified as such.
  - h. A list of all the ALS, Assessment and Reserve units, numerical unit designation, physical address, and contact number for the location of each unit.
3. Utilize and maintain communications as specified by the EMS Agency.
  4. Arrange for a base hospital orientation. (This may be facilitated in conjunction with the EMS Agency.)
  5. Procure and maintain equipment, supplies, and pharmaceuticals for each ALS, Assessment, and Reserve unit(s) as outlined in the applicable policies. Each ALS, Assessment, and Reserve unit shall undergo a unit inventory inspection and be approved by the EMS Agency prior to deployment.
  6. Ensure that all deployed unit(s) ALS, Assessment, and Reserve are fully stocked at all times.
  7. Private providers shall maintain a written agreement with the Los Angeles County EMS Agency to participate in the ALS program. This agreement shall be reviewed every two years and may be changed, renewed, canceled, or otherwise modified as necessary.
  8. Appoint a Paramedic Coordinator to act as the liaison with the EMS Agency and the assigned base hospital.
  9. Ensure that the paramedic coordinator attends EMS Agency Orientation within six (6) months of being appointed. EMS Agency Orientation dates are prescheduled and held on a quarterly basis).
  10. Staff each approved ALS unit with a minimum of two licensed and locally accredited paramedics in accordance with Ref. No. 408, Advanced Life Support Unit Staffing.
  11. A public provider fire department will only be considered for approval for the assessment unit configuration if a paramedic program consisting of a

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two-paramedic ALS unit response configuration is in place. The provider shall comply with Reference No. 416, Assessment Unit.

C. EMS Agency Responsibilities:

1. Acknowledge the applicant's request in writing and furnish a generic copy of the applicable EMT-Paramedic Service Provider Agreement or Medical Control Agreement. A finalized agreement will be mailed under separate cover for execution. A fully executed agreement must be in place prior to program implementation.
2. Approve or reject the request for paramedic provider status approval based on the EMS Agency's review of the documents submitted by the applicant as outlined in "Provider Agency Responsibilities".
3. May authorize a public provider LE Agency to deploy Assessment Units in accordance with the Ref. No. 422, Authorization for Paramedic Provider Status of Los Angeles County Based Law Enforcement Agency.
4. Coordinate initial EMS Patient Care Record (PCR) training with the paramedic coordinator or their designee.
5. Periodically perform surveys and reviews, including field observation, to ensure compliance with state law and regulations, local policies, and if applicable, the EMT-Paramedic Service Provider Agreement.
6. Deny, suspend, or revoke the approval of a paramedic provider for failure to comply with applicable policies, procedures, and regulations.
7. Conduct ALS, Assessment, and Reserve unit inventory inspections prior to approving ALS, Assessment, and Reserve units for deployment.

III. Program Updates/Modifications:

- A. Provider agencies may request to place additional ALS, Assessment, and Reserve units into service and shall notify the EMS Agency for inventory inspection and approval. Requests and inventory inspections shall be done prior to deployment.
- B. Provider agencies shall notify the EMS Agency for any long-term relocation of existing ALS units or reduction in the number of ALS units.
- C. Private provider agencies that have been operational as an ALS provider for at least one year may request approval from the EMS Agency to implement the 1:1 staffing configuration (one EMT/one paramedic) for interfacility transports. In order to be considered for the 1:1 staffing configuration, the provider agency must successfully complete a six-month probationary period for their ALS program and pass an ALS site review conducted by the EMS Agency. The 1:1 staffing configuration is contingent on meeting all the specific program requirements and EMS Agency approval.

- D. Provider agencies desiring to change unit configurations shall notify the EMS Agency for inventory inspection and approval.

CROSS REFERENCES:

Prehospital Care Manual:

- Ref. No. 214, **Base Hospital and Provider Agency Reporting Responsibilities**  
Ref. No. 408, **Advanced Life Support (ALS) Unit Staffing**  
Ref. No. 409, **Reporting ALS Unit Staffing Exceptions**  
Ref. No. 422, **Authorization for Paramedic Provider Status of a Los Angeles County  
Based Law Enforcement Agency**  
Ref. No. 411, **Provider Agency Medical Director**  
Ref. No. 620, **EMS Quality Improvement Program**  
Ref. No. 701, **Supply and Resupply of Designated EMS Provider Units/Vehicles**  
Ref. No. 701.1 **Physician Confirmation of Agreement to Purchase Drugs and Medical**  
Ref. No. 702.1 **Provider Agency Medical Director Notification of Controlled Drug Program  
Supplies**  
Ref. No. 702, **Controlled Drugs Carried on ALS Units**  
Ref. No. 703, **ALS Unit Inventory**  
Ref. No. 703.1 **Private Provider Non-9-1-1 ALS Unit Inventory**  
Ref. No. 704, **Assessment Unit Inventory**  
Ref. No. 710, **Basic Life Support Ambulance Equipment**  
Ref. No. 716, **Paramedic Communications System**  
Ref. No. 803, **Los Angeles County Paramedic Scope of Practice**

Los Angeles County Code, Title 7. Business Licenses, Chapter 7.16, Ambulances



## Reference No. 406, Authorization for Paramedic Provider Status

		Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES		Provider Agency Advisory Committee	6/22/22	6/22/22	
		Base Hospital Advisory Committee	6/8/22	6/8/22	
		Data Advisory Committee			
OTHER COMMITTEES/RESOURCES		Medical Council	6/7/22	6/7/22	
		Trauma Hospital Advisory Committee			
		Ambulance Advisory Board			
		EMS QI Committee			
		Hospital Association of So California			
		County Counsel			
		Other:			

\* See **Summary of Comments** (Attachment B)

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELESSUBJECT: **PROVIDER AGENCY MEDICAL DIRECTOR**

REFERENCE NO. 411

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PURPOSE: To describe the role and responsibilities of Medical Directors of approved Los Angeles County Emergency Medical Services (EMS) Provider Agencies.

## DEFINITION:

**Provider Agency Medical Director:** A physician designated by an approved EMS Provider Agency to provide advice and coordinate the medical aspects of field care, to provide oversight of all medications utilized by EMTs and paramedics including controlled medications, and to oversee the provider's quality improvement process, as defined by the Los Angeles County EMS Agency

Requirements for the Provider Agency Medical Director include but are not limited to the following:

1. Provider Agency Medical Director appointments will be approved by the Los Angeles County EMS Medical Director.
2. Board eligible or certified by the American Board of Emergency Medicine in Emergency Medicine and/or Emergency Medical Services or provide proof of significant practice in EMS.
3. Engaged in the practice, supervision, or teaching of emergency medicine and/or EMS.
4. Knowledgeable on the current policies, procedures, and protocols of the Los Angeles County EMS Agency.
5. Attend an EMS system orientation provided by the EMS Agency and participate in a field care observation (ride-along) with the sponsoring agency.

PRINCIPLE: Medical Directors enhance the quality of prehospital care by providing medical expertise in EMS and serve as a liaison between the EMS Agency Medical Director, hospitals, and other Provider Agency Medical Directors to ensure the delivery of safe and effective medical care.

## ROLE AND RESPONSIBILITIES OF THE PROVIDER AGENCY MEDICAL DIRECTOR

- I. Medical Direction and Supervision of Patient Care
    - A. Advises the provider agency in planning and evaluating the delivery of prehospital medical care by EMTs and paramedics.
    - B. Reviews and approves the medical content of all EMS training performed by the provider agency and ensures compliance with continuing education requirements of the State and local EMS Agency.
- 

EFFECTIVE: 02-01-1994  
REVISED: 06-28-22 DRAFT  
SUPERSEDES: 10-01-17

PAGE 1 OF 3

APPROVED: \_\_\_\_\_  
Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency

- C. Reviews and approves the medical components of the provider agency's dispatch system.
  - D. Assists in the development of procedures to optimize patient care.
  - E. Reviews and recommends to the EMS Agency Medical Director any new medical monitoring devices under consideration and ensures compliance with State and local regulation.
  - F. Evaluates compliance with the legal documentation requirements of patient care.
  - G. Participates in direct observation of field responses as needed. Medical direction during a direct field observation may be provided by the Provider Agency Medical Director in lieu of the base hospital under the following conditions:
    - 1. The EMTs, paramedics, and Provider Agency Medical Director on scene must be currently employed by, or contracted with, the same provider agency.
    - 2. If base contact has already been established, the Provider Agency Medical Director may assume medical direction of patient care. The base hospital shall be informed that the Provider Agency Medical Director is on scene. They are not required to accompany the patient to the hospital.
    - 3. EMS personnel shall document the involvement of the Provider Agency Medical Director on the EMS Report Form when orders are given.
    - 4. The receiving hospital shall be notified of all patients whose field care is directed by a Provider Agency Medical Director.
  - H. Participates as needed with appropriate EMS committees and the local medical community. Attend at least 50% of the Medical Advisory Council meetings or delegate a designee.
  - I. Ensures provider agency compliance with Los Angeles County EMS Agency controlled substance policies and procedures.
- II. Audit and Evaluation of Patient Care
- A. Assist the provider agency in the development and implementation of a continuous quality improvement program to ensure the provision of quality medical care. Provides recommendations for training and operational changes based on quality improvement results.
  - B. Evaluates the adherence of provider agency medical personnel to medical policies, procedures and protocols of the Los Angeles County EMS Agency.
  - C. Coordinates delivery and evaluation of patient care with base and receiving hospitals.

III. Investigation of Medical Care Issues

- A. Reviews incidents with unusual or adverse patient outcomes, inadequate performance of EMS personnel, and complaints related to the delivery of medical care.
- B. Evaluates medical performance, gathers appropriate facts and, as needed, forwards those facts in writing to the Los Angeles County EMS Agency Medical Director.
- C. Ensures that appropriate actions are taken on cases with patient care issues with adverse outcomes, e.g., training, counseling, etc.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 214, **Base Hospital and Provider Agency Reporting Responsibilities**

Ref. No. 414, **Registered Nurse/Respiratory Specialty Care Transport Provider**

Ref. No. 422, **Authorization for Paramedic Provider Status of a Los Angeles County Based Law Enforcement Agency**

Ref. No. 816, **Physician at the Scene**

Ref. No. 701, **Supply and Resupply of Designated EMS Provider Units/Vehicles**

Ref. No. 702, **Controlled Drugs Carried on ALS Units**

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **AUTHORIZATION FOR PARAMEDIC PROVIDER  
STATUS OF A LOS ANGELES COUNTY BASED  
LAW ENFORCEMENT AGENCY**

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REFERENCE NO. 422

**PURPOSE:** To provide standardized guidance for law enforcement agencies with paramedic personnel on the requirements to serve as a law enforcement ALS provider in Los Angeles County.

**AUTHORITY:** Health & Safety Code, Division 2.5, §1797.52, 1797.94, 1797,109,1797.178, 1797.180, 1797.201  
Health & Safety Code, §1797.223, (d)  
California code of regulations, title 22, §100145, 100148, 100166, 100167, 100168, 100169, 100400 and 100402

**DEFINITIONS:**

**Advanced Life Support (ALS):** A standard of patient care requiring paramedic level assessment and/or intervention listed in Ref. No. 803, Los Angeles County Paramedic Scope of Practice.

**Assessment Unit (AU):** An emergency response unit utilized by an approved provider agency which complies with the operational criteria outlined in Ref. No. 416, Assessment Unit. AUs may be fire department or law enforcement agency sponsored. An assessment unit that is sponsored by a law enforcement agency may administer medical care to patients while awaiting jurisdictional 9-1-1 paramedic provider agency arrival.

**ALS Tactical Response Unit:** A medical response team, including paramedic TEMS personnel, authorized to provide medical care during a tactical response utilizing their authorized ALS scope of practice.

**Peace Officer Standards and Training (POST):** Basic police officer training developed, evaluated, and approved by the California Commission on Peace Officers Standards and Training.

**Tactical Medicine Training Program:** A POST-certified and California Emergency Medical Services Authority (EMSA) approved, specific operational training program for tactical medicine EMS providers and operators to safely deliver medical care during a law enforcement (LE) response.

**Tactical Emergency Medical Services (TEMS) Personnel:** Physicians, emergency medical technicians (EMT's), paramedics or mobile intensive care nurses (MICNs) that have successfully completed a tactical medicine training program, that provide medical care during a tactical response utilizing their authorized scope of practice.

---

EFFECTIVE: 06-28-22 Draft  
REVISED: New Policy  
SUPERSEDES:

PAGE 1 OF 4

APPROVED: \_\_\_\_\_  
Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency

**Paramedic Provider Agency:** An agency that is approved by the Los Angeles County EMS Agency to sponsor paramedics, meeting the requirements as outlined in Ref. No. 406, Authorization for Paramedic Provider Status, and has a written agreement with the EMS Agency to participate in the EMS system and comply with all applicable state regulations, local policies, and procedures, including participation in EMS quality improvement programs.

**PRINCIPLES:**

1. Los Angeles County based law enforcement (LE) agencies may have paramedic personnel trained to provide ALS level care in the prehospital setting. In many instances, LE are first on scene to a medical emergency or are operating in tactical environments that are high risk for medical emergencies to occur.
2. Law enforcement agencies may have assets (e.g., helicopter resources) that fulfill a specific function in the Los Angeles County EMS system or be designated jurisdictional providers and require EMS personnel able to operate with an ALS scope of practice.
3. Law enforcement tactical operations require preplanning and the support of medical personnel specifically trained to provide medical care and respond to tactical medical emergencies.
4. Locally accredited LE paramedics who have completed required training may provide a beneficial service to the community when first on scene, bridging ALS care until a 9-1-1 jurisdictional paramedic provider agency arrives.
5. Skills maintenance and quality improvement are important components for sustaining paramedic provider competency. LE Paramedic Provider Agencies must ensure active clinical practice for their paramedics as well as quality improvement programs.

**POLICY:**

- I. LE Paramedic Provider Agency Requirements
  - A. LE agencies may sponsor their locally accredited paramedics upon EMS Agency approval as a Paramedic Provider Agency.
  - B. All LE Paramedic Provider Agencies shall:
    1. Follow the requirements outlined in Ref. No. 406, Authorization for Paramedic Provider Status, for Paramedic Provider Agency status approval.
    2. Have and retain a Medical Director that meets the requirements of Ref. No. 411, Provider Agency Medical Director.
    3. Maintain continuing education and quality improvement programs.
- II. LE Paramedic Provider Agency Roles
  - A. Los Angeles County Sheriff's Department (LASD)

1. The Los Angeles County Sheriff's Department (LASD) has a designated dispatch and response area, providing search and rescue (SAR) and ALS services in Los Angeles County (LAC) as directed by the LAC Board of Supervisors and defined by the Joint Emergency Medical Services and Search and Rescue Operational Procedures Memorandum of Understanding (MOU) with the LAC Fire Department.
2. LASD is the only LE Paramedic Provider Agency operating in LAC that is dispatched and/or requested for mutual aid as a primary responding paramedic provider agency.

**B. Tactical Operations Medical Support**

1. LE agencies may have organizational paramedic personnel who can be deployed to provide medical care during intrinsic LE agency tactical operations.
2. Upon approval as a Paramedic Provider Agency, LE agencies may sponsor their locally accredited paramedic personnel to provide medical care during intrinsic LE agency tactical operations.
3. Paramedic Provider Agencies providing tactical operations medical support shall meet the requirements as outlined in Ref. No. 840, Medical Support During Tactical Operations. Staffing configurations may include fire-based paramedic(s), and/or paramedic(s) from an approved LE Paramedic Provider Agency with the addition of other Tactical Emergency Medical Services (TEMS) Personnel as indicated.

**C. ALS Assessment Unit**

1. LE agencies may have paramedic personnel readily available while conducting routine law enforcement activities and may arrive to a scene for a patient with acute medical needs prior to the jurisdictional 9-1-1 paramedic provider.
2. LE Paramedic Provider Agencies may request approval to staff an ALS Assessment Unit as per Ref. No 416, Assessment Unit.
3. Approved LE ALS Assessment Unit paramedics may administer medical care to patients while awaiting jurisdictional 9-1-1 paramedic provider agency arrival.
4. LE ALS Assessment Units may only administer medical care in areas where the sponsoring LE Paramedic Provider agency has an MOU in place with the jurisdictional 9-1-1 paramedic provider agency unless deployed operationally as part of a tactical operations medical support outside of the normally approved area of operations.
5. If arriving on scene to a LE dispatched call and a medical patient is identified who requires medical care, the LE Assessment Unit shall notify the jurisdictional 9-1-1 paramedic provider agency.

6. LE ALS Assessment Units will not provide patient transportation. Transportation is the responsibility of the jurisdictional fire department, or the ambulance provider agency contracted by that fire department or the EMS Agency (Exclusive Operating Area Providers) for emergency ambulance transportation.
7. LE ALS Assessment Unit paramedics shall complete a minimum of 16 hours of clinical contact hours per month with a 9-1-1 jurisdictional paramedic provider agency or an accredited emergency department to maintain patient assessment and psychomotor skills.
8. LE Paramedic Provider Agencies seeking ALS Assessment Unit approval must meet the following requirements:
  - a. Employ at minimum, two (2) state licensed, Los Angeles County accredited paramedics.
  - b. Employ at minimum, two (2) California certified EMTs.
  - c. Establish a MOU with each jurisdictional paramedic provider agency whose jurisdiction the LE Agency intends to operate within.
  - d. Establish a MOU with the EMS Agency.
  - e. Establish a plan and necessary agreements to facilitate paramedic monthly ride alongs with a jurisdictional 9-1-1 paramedic provider agency.

CROSS REFERENCES:

Prehospital Care Policy Manual:

Ref. No. 406, **Authorization for Paramedic Provider Status**  
Ref. No. 411, **Provider Agency Medical Director**  
Ref. No. 416, **Assessment Unit**  
Ref. No. 602, **Confidentiality of Patient Information**  
Ref. No. 606, **Documentation of Prehospital Care**  
Ref. No. 607, **Electronic Submission of Prehospital Patient Data**  
Ref. No. 608, **Retention and Disposition of Prehospital Patient Care Records**  
Ref. No. 620, **EMS Quality Improvement Program**  
Ref. No. 621, **Notification of Personnel Change**  
Ref. No. 621.1, **Notification of Personnel Change Form Provider Agency/Training Programs**  
Ref. No. 704, **Assessment Unit Inventory**  
Ref. No. 622, **Release of EMS Data**  
Ref. No. 840, **Medical Support During Tactical Operations**  
Ref. No. 1200, **Treatment Protocols**, et al.  
Ref. No. 1300, **Medical Control Guidelines**, et al.



**Reference No. 422, Authorization for Paramedic Provider Status of a Los Angeles Based Law Enforcement Agency**

		Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES		Provider Agency Advisory Committee	6/22/22	6/22/22	
		Base Hospital Advisory Committee	6/8/22	6/8/22	
		Data Advisory Committee			
OTHER COMMITTEES/RESOURCES		Medical Council	6/7/22	6/7/22	
		Trauma Hospital Advisory Committee			
		Ambulance Advisory Board			
		EMS QI Committee			
		Hospital Association of So California			
		County Counsel			
		Other:			

\* See **Summary of Comments** (Attachment B)

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELESSUBJECT: **MEDICAL SUPPORT DURING  
TACTICAL OPERATIONS**EMT, PARAMEDIC, MICN, PHYSICIAN  
REFERENCE NO. 840

**PURPOSE:** To provide direction for tactical emergency medical services (TEMS) personnel assigned to a tactical team by an agency that is conducting a preplanned law enforcement incident.

To provide guidance for emergency transportation of police and EMS responder canine's injured in the line of duty.

**AUTHORITY:** Health and Safety Code 1797.10, 1797.220, 1797.221, 1798  
California Code of Regulations, Title 22, Division 9, Chapter 3

**DEFINITIONS:**

**Peace Officer Standards and Training (POST):** The California Commission on Peace Officer Standards and Training develops training standards and evaluates/approves curriculum for basic police officer training programs in California.

**Tactical Medicine Training Program:** A POST-certified and EMSA-approved, specific operational training program for tactical medicine providers and operators that trains EMS personnel to safely deliver medical care during a law enforcement response.

**Tactical Emergency Medical Services (TEMS) Personnel:** Physicians, Emergency Medical Technicians (EMTs), paramedics or Mobile Intensive Care Nurses (MICNs) that have successfully completed a tactical medicine training program, that provide medical care during a tactical response utilizing their authorized scope of practice.

**Weapons of Mass Destruction (WMD):** Weapons or devices intended to cause death or serious bodily injury to a significant number of people through the release of toxic chemicals. A disease organism, or radiation.

**Hot Zone:** The area in which there is a direct and immediate threat.

**Warm Zone:** The area deemed by law enforcement to no longer have direct or immediate threats which can be utilized to perform tactical field care and triage to victims.

**Cold Zone:** The area where no significant danger or threat is reasonably anticipated for the provider or patient.

**Police/EMS Responder Canine (K-9):** A dog that is part of a team of law enforcement officers or EMS providers, with specific training in and duties that may include, but not limited to, search and rescue, passive alert dog, and service dog.

EFFECTIVE: 03-30-11  
REVISED: 06-28-22 Draft  
SUPERSEDES: 10-01-19

PAGE 1 OF 4

APPROVED: \_\_\_\_\_  
Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency

PRINCIPLES:

1. Training is a critical role in the ability of TEMS personnel to effectively support law enforcement and contribute to the safe and successful resolution of critical incident responses.
2. These guidelines are not intended to replace existing EMS policies or circumvent the established response of EMS in the local county.
3. While medical support is important at any tactical operation, agencies should carefully consider the risk versus benefit of adding armed personnel with limited firearms and tactical experience.
4. A primary objective of TEMS is to provide the medical treatment of victims outside of the hot zone. Ideally, patient care should be provided in the cold zone.
5. The TEMS provider agency should participate in the pre-planning of incident management.
6. EMS personnel who operate in the cold zone should receive an orientation to TEMS operations.
7. K-9 units are an integral part of the team, working collaboratively with EMS responders and police officers as first responders to incidents and crime scenes. K-9s injured in the line of duty may require immediate transport to a facility capable of caring for their injuries.

POLICY:

- I. Certification
  - A. Paramedics and MICNs that are a member of a TEMS team shall be employed on duty and sponsored by an approved Advanced Life Support (ALS) provider.
    1. Paramedics shall be licensed by the State and accredited in Los Angeles County.
    2. MICNs shall have a current California license as a Registered Nurse and a current Los Angeles County MICN certification.
  - B. EMTs shall be certified by the State and have successfully completed the Los Angeles County local scope of practice.
- II. Training
  - A. TEMS personnel who operate within a hot zone shall be trained, at minimum, through a POST-certified and EMSA-approved or equivalent tactical medicine training program. The training hour requirements as outlined in POST/EMSA Recommendations are:
    1. Non-law enforcement TEMS personnel

- a. An 80-hour minimum course which includes didactic and skills training, tactical weapons operations, medical scenarios and includes final written, skills and tactical medical scenario examinations.

2. Law Enforcement TEMS personnel

- a. Must be pre-qualified by successful completion of a POST-approved Basic Special Weapons and Tactics (SWAT) course and an approved WMD training including medical care for WMD.
- b. A 40-hour minimum course which includes didactic and skills training, medical scenarios and includes final written, skills and tactical medical scenario examinations.

III. Deployment

- A. TEMS personnel should be familiar with the location of the nearest medical centers, paramedic base hospitals and specialty centers such as trauma, pediatric trauma centers, etc.
- B. When responding to jurisdictions outside of Los Angeles County, TEMS personnel shall operate within their accredited scope of practice.

IV. Emergency Treatment and Transportation of an Injured Police/EMS Responder K-9

- A. A licensed Los Angeles County Ambulance Operator is authorized to transport a police/EMS responder K-9 injured in the line of duty, to a veterinary medical facility capable of treating the K-9 if the unit is unencumbered and no person is requiring medical services of the ambulance at the time the decision is made to transport the K-9.
- B. It is the responsibility of the handler to maintain control of the K-9 while providing medical treatment en-route. If comfortable, the ambulance crew may assist in the moving and transportation of the K-9 while allowing the necessary space in the back of the ambulance for the handler to render care.
- C. An injured K-9 may be aggressive towards its handler, therefore, the ambulance crew should only assist with the K-9's care when it is determined to be safe and at the direction of the handler.
- D. The handler is responsible to have all necessary equipment and supplies to care for the injured K-9. The ambulance crew may provide additional supplies (dressings, etc.) if requested.
- E. It is the handler's responsibility to be familiar with, and provide directions to, the most appropriate receiving veterinary facility. The ambulance crew, or their dispatch, at the request of the handler, may contact the veterinary facility (contact information will be provided by the handler) while en-route, in order to provide an estimated time of arrival to the facility.

CROSS REFERENCES:

Prehospital Care Policy Manual:

Ref. No. 422, **Authorization for Paramedic Provider Status of a Los Angeles County Based Law Enforcement Agency**

Ref. No. 502, **Patient Destination**

Ref. No. 506, **Trauma Triage**

Ref. No. 802, **Emergency Medical Technician (EMT) Scope of Practice**

Ref. No. 802.1, **EMT Scope of Practice, Table Form A)**

Ref. No. 803, **Los Angeles County Paramedic Scope of Practice**

Ref. No. 803.1, **Los Angeles County Paramedic Scope of Practice, Table Format**

Ref. No. 1006, **Paramedic Accreditation**

Ref. No. 1010, **Mobile Intensive Care Nurse (MICN) Certification/Recertification**

California Peace Officer Standards and Training (POST) in collaboration with the Emergency Medical Services Authority, *Tactical Medicine, Operational Programs and Standardized Training Recommendations*, July 2009.

## Reference No. 840, Medical Support During Tactical Operations

		Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES		Provider Agency Advisory Committee	6/22/22	6/22/22	
		Base Hospital Advisory Committee	6/8/22	6/8/22	
		Data Advisory Committee			
OTHER COMMITTEES/RESOURCES		Medical Council	6/7/22	6/7/22	
		Trauma Hospital Advisory Committee			
		Ambulance Advisory Board			
		EMS QI Committee			
		Hospital Association of So California			
		County Counsel			
		Other:			

\* See **Summary of Comments** (Attachment B)

## EMS Corps Program Components

- Life Coaching
- Mentorship
- Healing Circle
- Academic Tutoring
- Study Hall
- Case Management
- Community Service
- Physical Training
- EMT Training
- Fire Prep

*"All that I am... I owe,  
I live eternally my life  
in the red."*

**Wellington Jackson**  
Firefighter/Paramedic  
Alameda County Fire  
Department

EMS Corps, Lead Instructor  
BAY EMT Executive Director



Alameda County EMS  
1000 San Leandro Blvd., Suite 200  
San Leandro, CA 94577  
(510) 618-2050  
Website: [acgov.org/ems](http://acgov.org/ems)  
April 2012

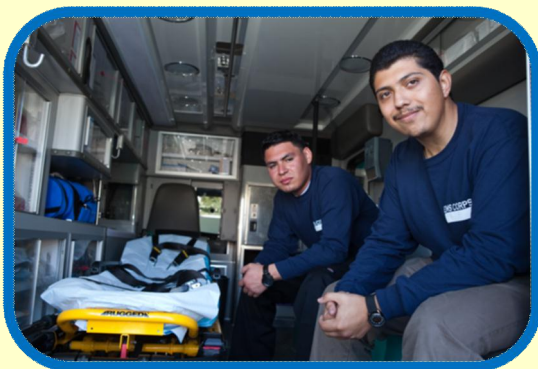
4.4 BUSINESS (OLD)

## EMS Corps Emergency Medical Services Professionals



### From the Community and Ready to Serve

Health Care Services Agency  
Alameda County Public Health Dept.  
Emergency Medical Services Division



## Mission of the EMS Corps

To increase the number of underrepresented emergency medical health care professionals through youth development, mentorship, job training, and shadowing.



EMS Corps is a highly selective, rigorous academy that prepares youth who are from the community and ready to serve for Careers in Emergency Medical Services.

The Emergency Medical Services (EMS) Corps was created by Alameda County Healthcare Services Agency, through the Emergency Medical Services Division of the Public Health Department in collaboration with the Alameda County Health Pipeline Partnership and Bay Area Youth (BAY EMT) program.

## Requirements for Applicants

- Interest in a career in the health field, specifically emergency medical technician/EMT, firefighter or work in a hospital
- High School Diploma or GED (No exceptions)
- 18-24 years of age
- Disadvantaged or underrepresented background
- Commit 40 hours a week to the EMS Corps program
- Attend all classes, internships and trainings as required
- Attend orientation once accepted to the EMS Corps
- No more than THREE (3) absences during the program
- Attend graduation ceremony upon completion of the program
- Proof of a physical exam and TB test within the last year
- Current Resume
- Meet the EMS Authority background



**“The Bay EMT/EMS Corps helped me change my way of thinking and made me want to become a better person and give back to my community... ”**

**Ernesto Diaz  
Graduate**



## How to Apply

Applications may be completed online (when open) emailed or mailed to EMS Corps

Attn: Lucretia Bobo

[lucretia.bobo@acgov.org](mailto:lucretia.bobo@acgov.org)

EMS Corps

1000 San Leandro Blvd, Suite 200  
San Leandro, CA 94477

Any questions regarding the EMS Corps Program can be directed to Michael Gibson, Program Director (510) 618-2025



# Pathways to Emergency Medical Careers



## Alameda County Health Care Services Agency Emergency Medical Services Corps

### Mission

To increase the number of underrepresented emergency medical technicians through youth development, mentorship, and job training.

### Vision

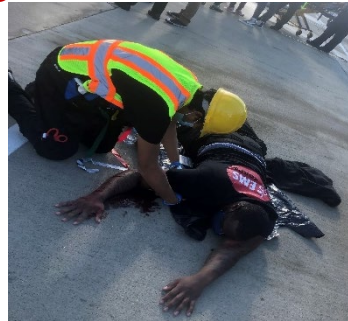
EMS Corps will be a national model that provides an opportunity for young adults to become competent and successful health care providers.

### Core Values

Recognizing the dedication, skill, and value of all members, we will create and maintain an environment of individual safety, well-being, and trust. We are committed to the highest levels of, Compassion, Integrity, Safety, Honesty, Accountability, Professionalism, and Respect.



**Courage Character Commitment**



## From the Community Ready to Serve

EMS Corps is a highly selective, rigorous academy that prepares young adults who are from the community and ready to serve for careers in Emergency Medical Services.

If you have a High School Diploma or GED, then through this program you have the potential to become:

- Emergency Medical Technician
- Firefighter
- Emergency Department Technician

The Alameda County Health Care Services Agency's EMS Corps is a 5-month paid (stipend) program where participants will receive Emergency Medical Technician (EMT) training, life coaching, and participate in internships, while servicing their communities.

Our objective is to produce competent entry-level Emergency Medical Technician who can service the community with basic life support care via the Emergency Medical Services (EMS) infrastructure.



**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

**Los Angeles County  
Board of Supervisors**

**Hilda L. Solis**  
First District

**Holly J. Mitchell**  
Second District

**Sheila Kuehl**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

**Richard Tadeo**  
Director

**Marianne Gausche-Hill, MD**  
Medical Director

10100 Pioneer Boulevard, Suite 200  
Santa Fe Springs, CA 90670

Tel: (562) 378-1500  
Fax: (562) 941-5835

*"To advance the health of our  
communities by ensuring  
quality emergency and  
disaster medical services."*



**Health Services**  
**<http://ems.dhs.lacounty.gov>**

May 24, 2022

## EMS ADVISORY

**TO: Distribution List**

**FROM: Marianne Gausche-Hill, MD**  
**Medical Director**

**SUBJECT: Monkeypox Advisory**

The Los Angeles County EMS Agency is aware of growing concern over reports of Monkeypox cases in a number of countries worldwide including the United States.

The likelihood of encountering a patient with monkeypox in routine EMS operations remains *exceedingly low*, but this Advisory provides situational awareness regarding this viral infection and its implication for EMS.

Monkeypox is a rare disease that is caused by infection with monkeypox virus. Monkeypox virus belongs to the same genus as variola or smallpox (*Orthopoxvirus*), however is considered much less severe than smallpox. Symptoms may include flu-like symptoms (fever, headache, back and muscle aches), swollen lymph nodes (neck, axilla, or groin), rash to face and/or whole body, chills, and fatigue. Swollen lymph nodes are a distinctive feature as is the rash, which develops 1-3 days after onset of fever and may present as vesicles or pustules on the face and body.

The disease can be transmitted by direct or indirect contact with infectious bodily fluids and/or by exposure to respiratory droplets. To protect EMS personnel from potential infections we recommend use of PPE for all patients to include gloves, eye protection, and a surgical mask. In addition, for any patient with a diffuse rash with airborne transmission (e.g., measles, chickenpox, potential monkeypox), a fit-tested N-95 mask and gown are recommended.

At this point global screening is not indicated, and Los Angeles County EMS Agency is working with the Los Angeles Department of Public Health to create recommendations for identification and treatment of any EMS personnel that are identified as having a high-risk exposure to monkeypox.

Most importantly **all EMS personnel** should be utilizing PPE for care of every patient as this will protect them from unintended exposures to illness now and in the future. After each patient encounter and transport, clean and disinfect all surfaces of the ambulance and equipment with an EPA-registered hospital grade disinfectant.

Please see *MCG 1357: Protection Against Potential Communicable Disease*  
[https://file.lacounty.gov/SDSInter/dhs/1074969\\_1357-PPE.pdf](https://file.lacounty.gov/SDSInter/dhs/1074969_1357-PPE.pdf)

We will provide additional updates as needed. Contact Dr. Gausche-Hill if questions regarding this Advisory at [mgausche-hill@dhs.lacounty.gov](mailto:mgausche-hill@dhs.lacounty.gov) or at 562-378-1600.

**Distribution:**

Base Medical Directors, Base Hospitals  
Prehospital Care Coordinators, Base Hospitals  
Fire Chief, Fire Departments  
CEOs, Ambulance Operators  
Paramedic Coordinators, EMS Providers  
Nurse Educators, EMS Providers



**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

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Third District

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**Richard Tadeo**  
Director

**Marianne Gausche-Hill, MD**  
Medical Director

10100 Pioneer Boulevard, Suite 200  
Santa Fe Springs, CA 90670

Tel: (562) 378-1500  
Fax: (562) 941-5835

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disaster medical services."*



**Health Services**  
**<http://ems.dhs.lacounty.gov>**

June 6, 2022

TO: EMS Agency Staff

FROM: Richard Tadeo   
Director

**SUBJECT: ASSISTANT NURSING DIRECTORS – DAVID WELLS AND  
AMI BOONJALUKSA**

It is my pleasure to announce that David Wells and Ami Boonjaluksa have accepted the open Assistant Nursing Director positions in the EMS Agency. David will oversee the Prehospital Care and Ambulance Licensing Programs and Ami will oversee the Hospital Programs.

Both David and Ami have extensive experience managing their current respective EMS programs and have consistently demonstrated excellent critical thinking, oversight, and leadership skills.

David has been the EMS Training Program Approval Manager for many years and brings with him extensive knowledge conducting program monitoring, policy development and revision, legislative review, and program implementation affecting the various EMS education programs.

Ami managed the Emergent Infectious Disease Program of the EMS Agency for the past few years and has demonstrated creativity, innovation, and process/procedure development that greatly contributed to the EMS Agency's successful and coordinated response to the COVID-19 pandemic.

Please join me in congratulating David and Ami on their promotions and request your continued support during this important transition.

Please contact me if you have any questions.

RT:rt



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**Health Services**  
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**SideWalk-CPR**  
**LA County EMS System**

June 7, 2022

TO: Distribution List

FROM: Richard Tadeo  
Director

**SUBJECT: SideWalk "Hands-Only" Cardiopulmonary Resuscitation**

The Emergency Medical Services (EMS) Agency has coordinated the SideWalk "Hands-Only" CPR program annually since 2012, traditionally held during National CPR and AED Awareness Week with the goal of improving bystander CPR for persons experiencing an out-of-hospital cardiac arrest.

Due to the COVID-19 restrictions, the EMS Agency in collaboration with community partners, released a video in March 2021 demonstrating how to perform and practice hands-only CPR with modifications that can be utilized to reduce COVID transmission.

Many of the COVID-19 challenges for holding live events are still in effect, making it difficult to organize in-person training. The EMS Agency is requesting your continued support in socializing the video. Our goal is to provide access to hands-only CPR training to as many people as possible.

As healthcare providers, we know over 70% of out-of-hospital cardiac arrests occur at home. Timely CPR following a sudden cardiac arrest is a critical link in the chain of survival. The lay rescuer can double or triple survival by performing quality chest compressions prior to EMS arrival.

Through public education and awareness, our numbers of bystander CPR and return of spontaneous circulation are steadily improving in Los Angeles County. It is important that we remain dedicated to raising awareness and provide training opportunities during and after the pandemic.

We hope you will continue to share the Hands-Only CPR video link with your agency or organization, community, family and friends.

[Hands-Only CPR YouTube Video Link](#)

Please contact me at [rtadeo@dhs.lacounty.gov](mailto:rtadeo@dhs.lacounty.gov) or Susan Mori at [sumori@dhs.lacounty.gov](mailto:sumori@dhs.lacounty.gov) for questions.

**Distribution:**

Base Medical Directors, Base Hospitals  
Prehospital Care Coordinators, Base Hospitals  
Fire Chiefs, Fire Departments  
CEOs, Ambulance Operators  
Paramedic Coordinators, EMS Providers  
Nurse Educators, EMS Providers  
SRC Program Medical Director, SRC Designated Hospitals



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500 WEST TEMPLE STREET, ROOM 383  
LOS ANGELES, CALIFORNIA 90012  
(213) 974-1411 • [www.bos.lacounty.gov](http://www.bos.lacounty.gov)**MEMBERS OF THE BOARD**

HILDA L. SOLIS

HOLLY J. MITCHELL

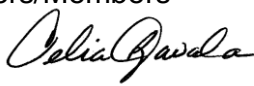
SHEILA KUEHL

JANICE HAHN

KATHRYN BARGER

June 27, 2022

TO: Commissioners/Members

FROM: Celia Zavala   
Executive Officer, Board of Supervisors

**SUBJECT: UPDATES REGARDING COUNTY COVID-19 VACCINATION MANDATE**

As you are aware, on October 1, 2021, the Board of Supervisors' (Board) COVID-19 vaccination mandate went into effect, requiring that all "County workforce members," including County employees, interns, volunteers, and commissioners, be fully vaccinated against COVID-19. Consistent with this mandate, it is encouraged for you to be vaccinated against COVID-19 before in-person meetings resume. The Los Angeles County Health Officer has indicated that vaccination is the best protection against the virus. For additional information, please visit [VaccinateLACounty.com](https://vaccinateLACounty.com).

The Board has continued to make findings to allow teleconference meetings to continue under Assembly Bill 361 for the Board and commissions, committees, boards, task forces, etc., created by the Board or at the Board's direction. Under Assembly Bill 361, members of such bodies can continue to participate virtually without the usual strict Brown Act requirements for teleconferencing. Your continued participation on the body on which you serve is important to us, and please note that members who are not vaccinated will be permitted to continue to serve. However, once in-person meetings resume, members who have not provided proof of vaccination against COVID-19 will be required to submit a negative COVID-19 test taken within 24 hours for an antigen test or within 48 hours for a PCR test before attending an in-person meeting.

If you have any questions, please contact your commission staff, or you may contact the Executive Office, Commission Services Division, at [commserv@bos.lacounty.gov](mailto:commserv@bos.lacounty.gov) or (213) 974-1431.

CZ:LL:mr

c: Board of Supervisors Liaisons  
Commission Liaisons  
Administrative Deputies



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**Health Services**  
<http://ems.dhs.lacounty.gov>

July 5, 2022

TO: EMS Agency Staff

FROM: Richard Tadeo   
Director

**SUBJECT: ASSISTANT DIRECTOR – JACQUELINE RIFENBURG**

It is my pleasure to announce that Jacqueline (Jacqui) Rifenburg has been appointed the Assistant Director of the EMS Agency. Jacqui has extensive knowledge and experience managing multiple programs in the EMS Agency including prehospital operations, disaster services, EMS certification, EMS continuing education, and EMT/paramedic training.

In her new role as the Assistant Director, her responsibilities include:

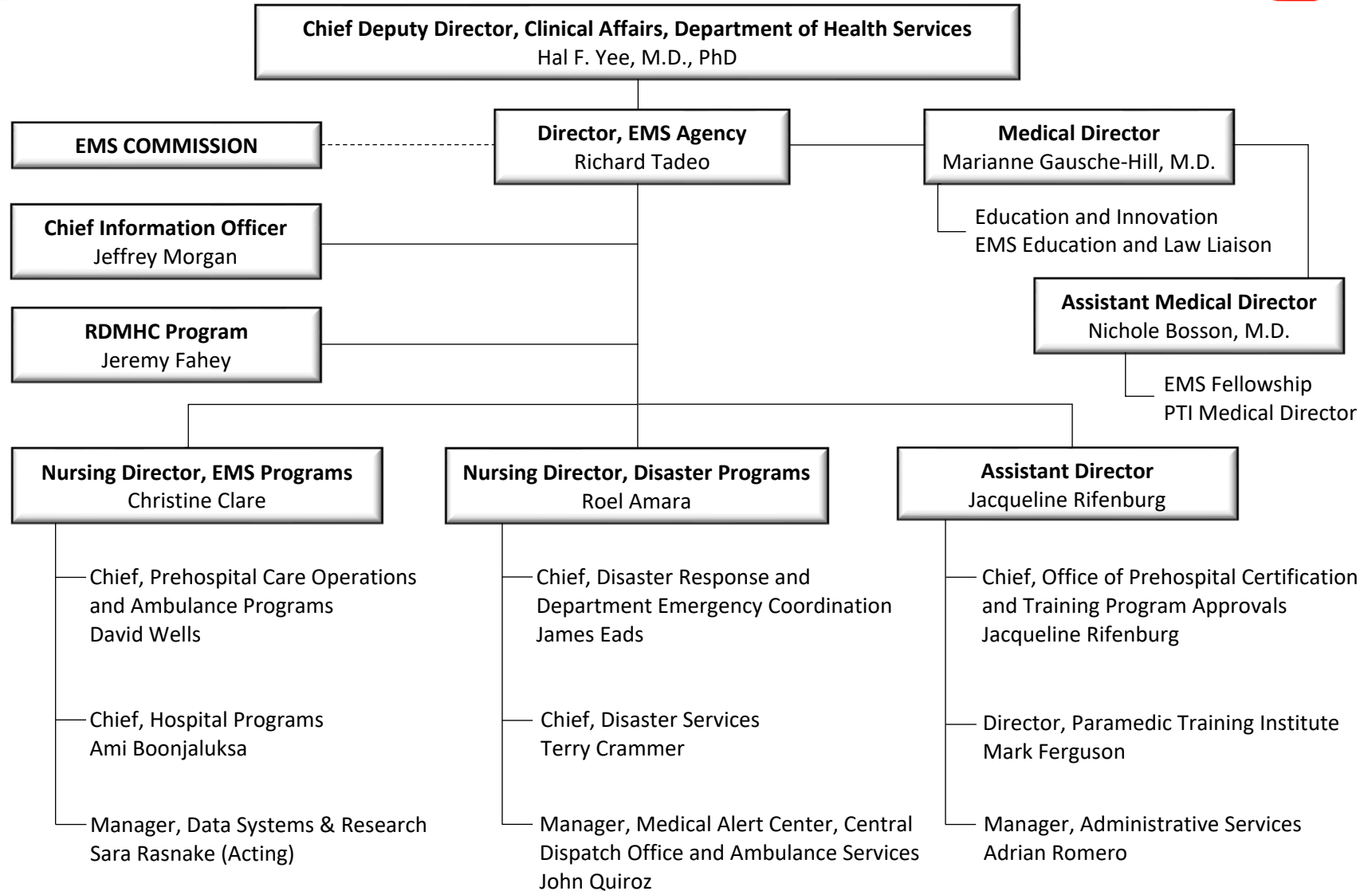
- Management and oversight of the following EMS Sections:
  - Office of Certification and Training Program Approvals
  - Paramedic Training Institute
  - Administrative Services
- Represent the department on behalf of the EMS Director in EMS related discussions and meetings such as the Board of Supervisors' Health Deputy briefings and board agenda review meetings, Hospital Association of Southern California, Los Angeles Area Fire Chief's Association, and other organizations.

Please join me in congratulating Jacqui in her promotion.

RT:rt



LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY  
ORGANIZATIONAL CHART  
JULY 5, 2022



Approved by: Richard Tadeo

*Richard Tadeo*  
Director, EMS Agency

Approved by: Hal F. Yee, M.D., Ph.D.

Chief Deputy Director, Clinical Affairs



County of Los Angeles • Department of Health Services

## LOS ANGELES COUNTY EMS AGENCY

10100 Pioneer Blvd., Suite 200

Santa Fe Springs, CA 90670

(562) 378-1500 • FAX (562) 941-5835

E-mail: (first initial) (last name)@dhs.lacounty.gov

Website - <http://ems.dhs.lacounty.gov>



### DIRECTOR'S OFFICE

#### **Director**

Administrative Support

Richard Tadeo (562) 378-1610

Vanessa Gonzalez (562) 378-1607

#### **Medical Director**

Assistant Medical Director

Marianne Gausche-Hill, M.D. (562) 378-1600

Director of Education and Innovation

Nichole Bosson, M.D. (562) 378-1602

EMS Educator and CE Specialist

Denise Whitfield, M.D. (562) 378-1663

Administrative Assistant

Millicent Wilson, M.D. (562) 378-1648

Vacant (562) 378-1609

#### **Chief, Information Technology**

Jeffrey Morgan (562) 378-1622

Administrative Assistant

Olivia Castro (562) 378-1608

### ASSISTANT DIRECTOR

#### **Assistant Director**

Jacqueline Rifenburg (562) 378-1640

#### **Certification & Training Program Approvals**

Chief, Certification & Training Program Approvals

Jacqueline Rifenburg (562) 378-1640

Civilian Investigator

Robert Orozco (562) 378-1633

EMS Training Program Approval Manager

Vacant (562) 378-1638

EMS Training Program Approval Coordinators:

Vacant (562) 378-1689

Andrea Solorio (562) 378-1690

EMS Personnel Certification Manager

Nicholas Todd (562) 378-1632

EMS Personnel Certification Specialists:

Paramedic/MICN Accreditation

Lynne An (562) 378-1637

EMT Certification

Susan Miller (562) 378-1635

Amber Yi (562) 378-1634

#### **Paramedic Training Institute**

Program Director

Mark Ferguson (562) 378-1571

Medical Director

Dipesh Patel, M.D. (562) 378-1576

Training Coordinators

Charmaine Kane (562) 378-1570

Hannah Deloria (562) 378-1574

Paramedic Instructors:

Sam Calderon (562) 378-1573

Kelsea Mauerhan (562) 378-1579

Mariana Munatones (562) 378-1578

Steven Robinson (562) 378-1577

Vacant (562) 378-1572

#### **Administrative Services**

##### **EMS Reimbursement Programs/Contracts & Grants/Personnel/Finance**

Administrative Services Manager

Adrian Romero (562) 378-1595

Fiscal Services Manager

Maria Morales (532) 378-1591

Revised: July 5, 2022



Building/Property Management Liaison	Tamara Butler	(532) 378-1589
Contracts Manager	Angelica Maldonado	(532) 378-1593
Reimbursement Program Coordinator	Jimmy Duarte	(532) 378-1590
Reimbursement Program Auditor	Lynn Trevino	(562) 378-1509
Ambulance Overflow Invoice Processing	Sheila Prince	(562) 378-1501

## **EMS PROGRAMS**

<b>Nursing Director</b>	Christine Clare	(562) 378-1661
EMS Commission Liaison/Administrative Support	Denise Watson	(562) 378-1606

### **Prehospital Care Operations**

Chief, Prehospital Care Operations	David Wells	(562) 378-1677
Prehospital Program Manager	Natalie Greco	(562) 378-1680
Prehospital Program Coordinators		
ALS Public Providers	Gary Watson	(562) 347-1679
ALS Private Providers	Nwanonenyi Nnabuike	(562) 378-1684
Specialty Care Transport Providers	Christine Zaiser	(562) 378-1678
Ambulance Licensing Manager	Phillip Santos	(562) 378-1674
Civilian Investigators:	Kurt Kunkel	(562) 378-1687
	Vacant	(562) 378-1675
Ambulance Licensing Hearing Board Manager	Susan Mori	(562) 378-1609
Ambulance Program Monitoring Manager	Christopher Rossetti	(562) 378-1688
Contract Program Auditors:	Helain Hence	(562) 378-1693
	Lily Martini	(562) 378-1686
	Gabriela Ramirez	(562) 378-1692
	Ofelia Rodriguez	(562) 378-1691
EMS System Quality Improvement / Pilot Studies	Susan Mori	(562) 378-1609
EMS Dispatch / AED Programs	Gregory Klein	(562) 378-1685

### **Hospital Programs**

Chief, Hospital Programs	Ami Boonjaluksa	(562) 378-1596
<b>Trauma Center / Paramedic Base Hospital / Stroke Center</b>		
Hospital Program Manager	Lorrie Perez	(562) 378-1655
Hospital Program Coordinator (Stroke)	Frederick Bottger	(562) 378-1653
Hospital Program Coordinator (Base)	Laura Leyman	(562) 378-1654
<b>STEMI Receiving Center / Emergency Department Approved for Pediatrics (EDAP) / Pediatric Medical Center (PMC) / Sexual Assault Response Team (SART)</b>		
Hospital Program Manager	Lily Choi	(562) 378-1652
Hospital Program Coordinator (Peds/SART)	Karen Rodgers	(562) 378-1659
Hospital Program Coordinator (STEMI)	Priscilla Romero	(562) 378-1660

### **EMS System Data Management**

EMS Data Systems Manager	Sara Rasnake (Acting)	(562) 378-1658
EMS Data Coordinators	Aldrin Fontela	(562) 378-1662
	Vacant	(562) 378-
Epidemiologist	Shaohua (Sean) Chen	(562) 378-1657
EMS Data Collection Supervisor	Patricia Hollis	(562) 378-1677
ESO Solutions - Technical Support Staff	Eddie Light, Garrett Sarmiento, Thinh (Matthew) Le	
	Trauma One Support (866) 766-9471 Option 3, 3, 4	
	LA TEMIS Support (866) 766-9471 Option 3, 3, 5	

**DISASTER PROGRAMS****Nursing Director**

Administrative Support

Roel Amara

(562) 378-1598

Olivia Castro (Interim)

(562) 378-1608

**Disaster Services**

Chief, Disaster Services

Terry Crammer

(562) 378-1646

**Hospital Preparedness Program**

DRC, Hospital and Surge Programs

Christopher Sandoval

(562) 378-1645

Ambulatory Surgical Centers, Home Health  
and Dialysis

Laurie Lee-Brown

(562) 378-1651

Clinics, Long Term Care and EMS Disaster  
Workgroup

Jennifer Calderon

(562) 378-1647

Grant Compliance/Audits

Isabel Sanchez

(562) 378-1642

Business Continuity/Training and Exercises

Darren Verrette

(562) 378-1641

Emergent Infectious Disease

Ami Boonjaluksa

(562) 378-1643

Homeland Security Grant Program

Justin Manntai

(562) 378-1650

**Disaster Response / Department Emergency Coordination (DEC) Program / MHOAC Program**

Chief, Disaster Response

Jim Eads

(562) 378-2445

Mobile Medical System Program Manager

Jerry Crow

(562) 378-2443

Chempack Program Manager

Jerry Crow

(562) 378-2443

DEC Nurse Consultant and Educator

Elaine Forsyth

(562) 378-1505

EMS Fleet

David Lee

(562) 378-2446

Warehouse Supervisor

Robert Smock

(562) 378-2440

DEC/MHOAC Program Manager

Michael Noone

(562) 378-1510

DEC Program Coordinator

John Opalski

(562) 378-1504

Regional Disaster Medical &amp; Health Specialist

Jeremy Fahey

(562) 378-1508

Joint Regional Intelligence Center Liaison

Ralph Torres

(562) 378-1151

**Medical Alert Center (MAC) / Ambulance Services / Central Dispatch Office**

Program Manager

John Quiroz

(562) 378-1512

MAC Operations Manager

Richard Jurado

(562) 378-1502

Nurse Consultant

Olester Santos

(562) 378-1506

Ambulance Services Operations Manager

Robert Moore

(747) 210-3401

Central Dispatch Office Manager

Mike Jones

(562) 378-1518

QI Coordinator and Educator

James Crabtree

(562) 378-2442