

Los Angeles County – Department of Health Services EMERGENCY MEDICAL SERVICES



ANNUAL EMS PLAN UPDATE (Fiscal Year 2021-2022)

Table 1 – STANDARDS – Changes Made on a Standard

EMS System: Los Angeles County

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.04 Dispatch Training	Public safety answering point (PSAP) operators with medical responsibility shall have emergency medicine orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines. RECOMMENDED GUIDELINES: Public safety answering point PSAP operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.		×		Approximately 95% of the Fire Departments providing Emergency Medical Services are dispatched by Fire Dispatch and provide pre- arrival instructions. 9-1-1 calls are routinely transferred from the PSAP to Fire Dispatch.	One Fire Department utilizes a police dispatch to either approved pre-arrival instructions or will transition to a fire- based dispatch center with existing pre-arrival instructions. The LEMSA plans on routinely (semi- annually at a minimum) meeting with the 9-1-1 dispatching centers. The LEMSA plans to implement annual site surveys within its jurisdiction for 9-1-1 dispatch to monitor compliance

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						with mandated policies and standards
3.01 Communications Plan	The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non- transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users. RECOMMENDED GUIDELINES : The local EMS agency's communication plan should consider the availability and use of satellites and cellular telephones.	X			CURRENT STATUS: 21 Base Stations and 49 paramedic provider agencies, which account for the 678 dual- paramedic public provider units, who have access to 9 medical channels. Medical channels are assigned to the hospital base station. Communication assignments have been developed and implemented. Hospital base stations are assigned a primary channel and, in most cases, a backup frequency. LEMSA communication standards require 90% coverage, 90% of the time. The standard is maintained by the installation of local base stations at the hospital site and remote base stations at strategically placed sites to overcome communication problems caused by terrain. LEMSA has installed and maintains 11 remote base stations on the mainland and 3 remote base stations on Catalina Island. V-MED 28 radio frequency is installed in nearly 100% of all ALS vehicles (combination transport	To develop and implement written agreements with all paramedic receiving hospitals

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					and non-transport) and 75% of the BLS vehicles, the majority of which are privately owned ambulances which respond as a secondary transporter.	
					100% of the healthcare facilities (hospitals) have V-MED28.	
					The Rapid Emergency Digital Data Interface Network (ReddiNet) is utilized in 100% of the acute care hospitals (9-1-1 Receiving hospitals), over 100 community clinics, and 44 long-term care facilities. ReddiNet is also utilized at the Operations Control Division for Los Angeles City Fire Department, allowing access to all of their ALS field units.	
					The County Wide Integrated Radio System (CWIRS) is installed at all Los Angeles County hospitals, comprehensive health centers, and ambulatory care centers. Cellular telephone communication and radio are the primary communications tools utilized by field personnel to make base station contact.	
					EMS has implemented Satellite and cellular phones. 14 Sat phones at MDOC (Mobile Disaster	

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					Operation Center). EMS has also 4 portable sat phones. Cell phones are used as the primary method of communication among hospitals, ambulance, Emergency Rooms and dispatch centers.	
					Currently, the LEMSA is an active participant, and voting member of the governing body of the Los Angeles Regional Interoperable Communication System (LA-RICS) Board of Directors. LA-RICS' mission is to provide the finest mission-critical communication system with unwavering focus on the needs of the public safety professionals, designed and built to serve law enforcement, fire services, and health services professionals (1 st responders) throughout Los Angeles County. LA-RICS completed the design and is currently in the installation process.	
					COORDINATION WITH OTHER EMS AGENCIES: Los Angeles County is a subscriber in the Medical Interoperability Channel (155.340 MHz) which is designed to provide communications for mutual aid in the event of a large casualty producing event. Secondary V-	

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					MED 28 frequency (155.2 letters and 80MHz) is exclusively by Orange County is monitored and available for coordination with Orange County.	