

PURPOSE: To establish a forum for exchange of ideas regarding prehospital care continuing education programs, training programs, certification and accreditation issues, policy development and operational issues involving prehospital care.

POLICY:

I. Provider Agency Advisory Committee

- A. Mission: This committee is responsible for all matters regarding prehospital licensure, certification and accreditation, and policy development pertinent to the practice, operation and administration of prehospital care.
- B. Meeting Frequency: Third Wednesday, even months (additional meetings may be held as determined by the chair).
- C. Committee Membership Structure:
 - 1. Chaired by an EMS Commissioner.
 - 2. Two or more EMS Commissioners.
 - 3. One representative from each major department and public geographic region:
 - a. Area A – Western Region
 - b. Area B – Los Angeles County Fire Department
 - c. Area C – Northern Region
 - d. Area E – Southeast Region
 - e. Area F – Long Beach Fire Department
 - f. Area G – South Bay Region
 - g. Area H – Los Angeles Fire Department
 - 4. One currently employed paramedic coordinator, selected by the Los Angeles County Ambulance Association (LACAA).
 - 5. One prehospital care coordinator selected by the Base Hospital Advisory Committee (BHAC).
 - 6. One public sector paramedic routinely assigned to an Advanced Life Support (ALS) Unit, selected by the Los Angeles Area Fire Chiefs Association (LAAFCA).

EFFECTIVE DATE: 3-31-98

PAGE 1 OF 4

REVISED: 7-1-17

SUPERSEDES: 7-1-14

APPROVED: _____


Director, EMS Agency


Medical Director, EMS Agency

7. One private sector paramedic routinely assigned to an ALS Unit selected by LACAA.
8. One provider agency medical director selected by Medical Council.
9. One critical care transport (CCT) coordinator from a private sector CCT provider selected by LACAA.
10. Each standing committee member may have an alternate. The alternate member votes or brings motions only when the regular member is not present.

II. Base Hospital Advisory Committee

- A. Mission: This committee is responsible for all matters regarding MICN certification and policy development pertinent to the practice, operation and administration of prehospital care.
- B. Meeting Frequency: Second Wednesday, even months (additional meetings may be held as determined by chair).
- C. Committee Membership Structure:
 1. Chaired by an EMS Commissioner.
 2. Two or more EMS Commissioners.
 3. Two currently employed base hospital prehospital care coordinators (PCC) from each of the major geographic regions:
 - a. Northern Region
 - b. Southern Region
 - c. Western Region
 - d. Eastern Region
 - e. County Region
 4. One provider agency representative selected by the Provider Agency Advisory Committee (PAAC).
 5. One base hospital medical director, selected by Medical Council.
 6. One currently employed MICN selected by the Association of Prehospital Care Coordinators (APCC).
 7. One pediatric specialty care center (EDAP/PMC/PTC) representative selected by the Pediatric Advisory Committee.
 8. Each standing committee member may have an alternate except for the regional representation, which has one alternate member per region. The alternate member votes or brings motions only when the regular member is not present.

III. Data Advisory Committee

- A. Mission: This committee is responsible for all matters regarding quality of prehospital data, report generation, prehospital research and policy development impacting TEMIS.
- B. Meeting Frequency: Second Wednesday, even months (additional meetings may be held as determined by chair).
- C. Committee Membership Structure:
 - 1. Chaired by an EMS Commissioner.
 - 2. Two or more EMS Commissioners.
 - 3. One base hospital administrator or assistant administrator, or a non-administrator duly authorized to represent a base hospital administrator/assistant administrator, selected by the Hospital Association of Southern California (HASC).
 - 4. One public sector paramedic provider representative selected by PAAC.
 - 5. One public sector paramedic provider representative selected by the Los Angeles County Fire Department.
 - 6. One public sector paramedic provider representative from the Los Angeles Fire Department.
 - 7. One public sector paramedic provider representative from the Long Beach Fire Department.
 - 8. One private sector paramedic provider representative, selected by LACAA.
 - 9. One prehospital care coordinator selected by BHAC.
 - 10. A trauma program manager and one physician selected by the Trauma Hospital Advisory Committee (THAC).
 - 11. One base hospital medical director selected by the Medical Council.
 - 12. One fire chief, selected by the LAAFCA.
 - 13. Each standing committee member may have an alternate. The alternate member votes or brings motions only when the regular member is not present.

V. Education Advisory Committee

- A. Mission: This committee is responsible for all matters regarding issues and policies pertinent to EMS curriculum and program development, implementation and evaluation.

- B. Meeting Frequency: Third Wednesday, even months on an “as needed” basis.
- C. Committee Membership Structure:
1. Chaired by an EMS Commissioner.
 2. Two or more EMS Commissioners.
 3. Two PCCs approved as EMS Continuing Education (CE) Program Directors, selected by APCC.
 4. Two public sector EMS CE Program Directors, selected by LAAFCA.
 5. Two private sector EMS CE Program Directors or approved instructors, selected by LACAA.
 6. Two private sector EMT Program Directors, selected by the EMS Agency based on the highest annual student enrollment.
 7. One representative from each approved paramedic training program in Los Angeles County.
 8. One provider agency medical director, selected by the Medical Council.
 9. One MICN routinely responsible for providing on-line medical control through a base hospital selected by the APCC.
 10. One public sector paramedic routinely assigned to an ALS unit, selected by LAAFCA.
 11. One private sector paramedic routinely assigned to an ALS unit, selected by LACAA.
 12. One instructor/educator (non-Program Director) selected by the EMS Agency.
 13. Each standing committee member may have an alternate except for the program director representation (C.3. – C.6 above), which has one alternate for each two standing members. The alternate member votes or brings motions only when the regular member is not present.

CROSS REFERENCE:

Prehospital Care Manual:Ref. No. 202, **Prehospital Care Policy Development and Revision**Ref. No. 206, **Emergency Medical Services Commission Ordinance No. 12,332 – Chapter 3.20 of the Los Angeles County Code**