

Los Angeles County - Department of Health Services
PARAMEDIC PROGRAM REVIEW
Pre-Survey Packet
Public Providers

Instructions

This presurvey packet is to assist you in preparing for your department's Department of Health Services (DHS) paramedic program review. Prior to the due date listed within your department's notification letter, please follow the provided instructions and submit the completed attachments to the EMS Agency. Completed packets can be submitted in the following manners:

US Postal Service, Hand Deliveries or by Email:

Los Angeles County EMS Agency Office Hours: Monday-Thursday, 7:30 am – 5:00 pm
10100 Pioneer Blvd., Suite 200
Santa Fe Springs, CA 90670
For LACoFD: Attention: Cathlyn Jennings cajennings@dhs.lacounty.gov
For all other public providers: Attention: Gary Watson gwatson@dhs.lacounty.gov

The following Attachments have re-writeable capabilities:

- Attachment I – Current Administrative Personnel
- Attachment II – Provider Agency Medical Oversight
- Attachment III – Paramedic Roster
- Attachment IV – Firefighter / EMT Roster
- Attachment V – Non-Firefighter / EMT Roster
- Attachment VI – ALS Unit Roster

During your paramedic program review, EMS Agency representatives will verify compliance to policies within the Prehospital Care Manual and California State regulations, specific to your provider agency. Prior to the program review, each provider is encouraged to become familiar with the applicable policies. These policies include, but not limited to:

First Aid Standards for First Responders

- A. California Code of Regulations, Title 22, Division 9, Chapter 1.5, First Aid and CPR Standards and Training for Public Safety Personnel
Health and Safety Code, Section 1797.182

Provider Agencies

- B. Reference No. 406 – Authorization for Paramedic Provider Status
Reference No. 408 – Advanced Life Support (ALS) Unit Staffing
- C. Reference No. 412 – AED Service Provider Program Requirements
California Code of Regulations, Section 100063.1, EMT AED Service Provider

Transportation / Patient Destination

- D. Reference No. 503.1 - Hospital Diversion Request Requirements for Emergency Department Saturation

Record Keeping / Audit

- E. Reference No. 606 – Documentation of Prehospital Care
Reference No. 607 – Electronic Submission of Prehospital Data
- F. Reference No. 620 – EMS Quality Improvement Program

Equipment / Supplies / Vehicles

- G. Reference No. 701 – Supply and Resupply of Designated EMS Providers Units/Vehicles
- H. Reference No. 702 – Controlled Drugs Carried on ALS Units
- I. Reference No. 703 – ALS Unit Inventory

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Field Protocols / Procedures

- J. Reference No. 802, Emergency Medical Technician (EMT) Scope of Practice
California Code of Regulations, Section 100064, EMT Optional Skills
- K. Reference No. 803, Los Angeles County Paramedic Scope of Practice
California Code of Regulations, Section 100146, Scope of Practice of Paramedic

Within this presurvey packet, there are two sets of instructions: One set of instructions lists the material to be submitted to the EMS Agency prior to the site visit; the other set of instructions lists the material to be readily available at the time of the site visit. **Please read ALL instructions carefully.**

FIRST AID STANDARDS FOR FIRST RESPONDERS

- A. California Code of Regulations, Title 22, Division 9, Chapter 1.5, Section 100023, First Aid and CPR Standards and Training for Public Safety Personnel
Health and Safety Code, Section 1797.182**

The California Code of Regulations and the California Health and Safety Code, require that all regularly employed public safety personnel [firefighters] be trained to administer first-aid [or Emergency Medical Technician (EMT) or paramedic]; cardiopulmonary resuscitation (CPR); and the use of an automated external defibrillator (AED).

Prior to the site visit, submit the following to the EMS Agency:

- a. Attachment IV - list all non-paramedic firefighters employed by your department, including firefighter's name; CPR expiration date; State EMT number; and EMT expiration date.

During the site visit, have available for review:

- a. To verify compliance, an EMS Agency representative will review certifications and/or training rosters. During the schedule site visit, please have available copies of: EMT (or first-aid) certifications or training rosters; and CPR cards, certifications or training rosters.

PROVIDER AGENCIES

- B. Reference No. 406, Authorization for Paramedic Provide Status**

Per Reference No. 406, each Advanced Life Support (ALS), Assessment and Reserve Unit shall undergo a unit inventory inspection and be approved by the EMS Agency prior to employment.

Provider Agency responsibilities:

- a. All ALS units and paramedic personnel are visibly identified as such.
- b. Each ALS, Assessment and Reserve unit shall undergo a unit inventory inspection and be approved by the EMS Agency prior to deployment.
- c. All deployed unit(s) (ALS, Assessment and Reserve) are fully stocked at all times.
- d. Paramedic coordinator is appointed to act as the liaison with the EMS Agency and the assigned base hospital.
- e. Paramedic coordinator attends EMS Orientation within six months of being appointed.
- f. Prior to permanent deployment (30+ days), request to place ALS, Assessment and Reserve units into service; and undergo an EMS Agency inventory inspection and approval.
- g. Each approved ALS unit shall be staffed with a minimum of two licensed and locally accredited paramedics.

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- h. EMS Agency notification for inventory inspection and approval anytime there are changes to unit configuration greater than 30 days.
- i. EMS Agency notification for any long-term relocation (greater than 30 days) of existing ALS units or reduction in number of ALS units.

Prior to the site visit, submit the following to the EMS Agency:

- a. Attachment III - listing all names of paramedics who are sponsored by your department; include State paramedic numbers and expiration dates; and LA County Accreditation numbers and expiration dates.

Reference No. 408, Advanced Life Support (ALS) Unit Staffing

Per Reference No. 408, all ALS units shall be staffed with at least two State licensed paramedics accredited in Los Angeles County. Paramedics with a lapse in their County paramedic accreditation may not function as a paramedic and must not be assigned to an ALS unit.

Prior to the site visit, submit the following to the EMS Agency:

- a. Attachment VI - list all your department's ALS units; address where stationed, and base hospital assignment.

**C. Reference No. 412, AED Service Provider Program Requirements
California Code of Regulations, Section 100063.1, EMT AED Service Provider**

An approved AED service provider is an agency or organization that employs EMTs and who obtain AEDs for the purpose of providing AED service to the general public. An AED provider requires approval by the local EMS Agency (LEMSA) prior to beginning service. To maintain approval, AED providers must comply with specific requirements as outlined in regulation and policy.

Prior to this site visit, provide the following:

- a. Attachment V - list all non-firefighters who function as an EMT/AED provider. (For example, Ambulance Operators, etc)

During the site visit, the following items will be reviewed:

- a. Verification of current AED program coordinator
- b. Provider's annual AED utilization report (*due annually by March 31st*)
- c. Training and competency rosters of AED personnel – initial and ongoing
- d. Departmental policy and operational plan that ensures AED equipment is properly maintained
- e. AED equipment maintenance/inspection log sheets

TRANSPORTATION / PATIENT DESTINATION

**D. Reference No. 503.1, Hospital Diversion Request Requirements for Emergency
Department Saturation**

An EMS provider agency may request to put a hospital on diversion due to ED saturation when the EMS provider agency diversion threshold is met. Each EMS provider agency shall have a diversion request policy that is consistent with the guidelines found within Reference No. 503.1.

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Prior to the site visit, submit the following to the EMS Agency:

- a. Policy describing the process in which your department may request to put a hospital on diversion due to ED saturation when the EMS provider agency diversion threshold is met.

RECORD KEEPING / AUDIT

**E. Reference No. 606, Documentation of Prehospital Care
Reference No. 607, Electronic Submission of Prehospital Data**

During the site visit, the following items will be reviewed:

- a. Measures to ensure that one PCR is completed for each EMS response
- b. Mechanism to ensure immediate transfer of patient information is provided to a transporting agency (if provider agency does not transport)
- c. Measures to ensure PCRs are submitted to the EMS Agency within 45 calendar days of the date of service
- d. Length of time original PCRs are retained
- e. Personnel responsible for PCR maintenance shall receive appropriate training related to PCR confidentiality.
- f. PCR maintained in a secure location with access limited to authorized personnel.
- g. Policy or procedure for releasing medical records
- h. Policy describing the process of notifying receiving facilities anytime there are updates to an ePCR; and process in which to provide the receiving facilities with copy of the updated ePCR.

F. Reference No. 620, EMS Quality Improvement Program

Provider Agency responsibilities:

- a. Attend EMS QI Committee meeting(s)
- b. Participate in Systemwide QI studies
- c. QI records maintained in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations.

Prior to the site visit, submit the following to the EMS Agency:

- a. Your department's QI Plan, describing the current QI program, shall reflect specific needs of your organization and includes the following:
 - 1) Mission Statement and/or philosophy of the organization
 - 2) Goals and objectives
 - 3) Organizational chart (or narrative) describing how your QI program is integrated within the organization, the local EMS QI Program and the State EMS QI Programs
 - 4) Methodology, processes and tools used to facilitate the QI Process (i.e., FOCUS-PDSA)
 - 5) Data collection and reporting to include all reliable sources of information utilized in the QI process; flow of information; methods used to document QI findings; and process used to submit data to the EMS Agency.
 - 6) Training, education or methods that is used to communicate relevant information among stakeholders

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- b. Departmental QI Program material, including the following:
- 1) Two indicators that relate to important aspects of care and includes the following:
 - Well-defined description of the important aspect of care being measured
 - Threshold for compliance
 - Timeline for tracking indicator once the threshold has been achieved
 - Data source
 - 2) Methods of tracking compliance and identifying trends
 - 3) Written analysis that summarizes the QI findings
 - 4) Corrective actions that may be taken to improve processes
 - 5) Written trending report that includes effectiveness of performance improvement action plans
 - 6) Education and training specific to the findings identified in the QI process
 - 7) Methods utilized for dissemination of the QI findings to stakeholders
 - 8) Recognition and acknowledgment of performance improvement
 - 9) Periodic review or a re-evaluation of a discontinued indicator within a predetermined time frame after achievement of threshold to ensure ongoing compliance
 - 10) Methods for identifying, tracking, documenting and addressing non-indicator issues and unusual occurrences

During the site visit, have the following documents available:

- a. QI meeting minutes and sign-in rosters
- b. Non-indicator fallout tracking tool (describing how non-indicators / fallouts are identified, tracked, documented and addressed). Be prepared to describe how your department utilizes this system.
- c. Dates/times of continuing education and skills training

EQUIPMENT / SUPPLIES / VEHICLES

G. Reference No. 701, Supply and Resupply of Designated EMS Providers Units/Vehicles

Prior to the site visit, submit the following to the EMS Agency:

- a. Your department's current policy and procedure that describes how your department procures, stores, and distributes non-narcotic pharmaceuticals and medical devices.

H. Reference No. 702, Controlled Drugs Carried on ALS Units

Prior to the site visit, submit the following to the EMS Agency:

- a. Your department's current policy and procedure that describes how your department procures, transports, secures, stores and distributes narcotic drugs.

During the site visit, the following will be reviewed:

- a. Controlled Substance Logs from each ALS unit, including:
 - o Reference No. 702.2, Daily Controlled Drug Inventory
 - o Reference No. 702.3, Lost/Missing Controlled Drug Pharmacy Reporting Form
 - o Reference No. 702.4, Monthly Drug Storage Inspection Form
- b. EMS Report Forms for each patient who received narcotics (blue forms).
- c. ALS units will be assessed to ensure controlled drugs are secured under a double-locking mechanism.
- d. Controlled drugs stored in locations other than the ALS unit must be authorized by the EMS Agency and the security of these drugs must be addressed in policy.

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I. Reference No. 703, ALS Unit Inventory

During the site visit, the following will be reviewed:

- a. Daily Controlled Drug Inventory logs will be reviewed to verify compliance with minimum and maximum inventory amounts.
- b. Selected ALS unit(s) will be inspected to verify all required medications are on the unit and are not expired.
- c. Selected ALS unit(s) will be inspected to verify all required equipment are on the unit and in good working order. (Including: validation that cardiac monitor's preventive maintenance checks are completed according to manufacturer's recommendations.)
- d. Provider personnel may be asked to demonstrate/test the functionality of the following equipment: cardiac monitor/defibrillator, pulse oximeter, glucometer, laryngoscope blade/handle, suction unit, and hand-held radio/base contact.

FIELD PROTOCOLS / PROCEDURES (If Applicable)

**J. Reference No. 802, Emergency Medical Technician (EMT) Scope of Practice
California Code of Regulations, Section 100064, EMT Optional Skills**

The local EMS Agency (LEMSA) may establish policies and procedures for local accreditation of a certified EMT to perform optional skills specified in this section. Accreditation for EMTs to practice optional skills shall be limited to those whose EMT certification is active and are employed within the jurisdiction of the LEMSAs by an employer who is part of the organized EMS system. Examples of EMT optional skills include naloxone, epinephrine auto injector, aspirin and finger stick blood glucose testing.

Providers who have received LEMSAs approval to practice procedures and/or administer other medications, are to monitor the compliance of the EMT optional skills within the department's quality improvement program.

During the site visit, the following will be reviewed:

- a. QI indicators reflecting department approved EMT optional skills.

**K. Reference No. 803, Los Angeles County Paramedic Scope of Practice
California Code of Regulations, Section 100146, Scope of Practice of Paramedic
(Local Optional Scope of Practice)**

The local EMS Agency (LEMSA) may approve a paramedic to perform other procedure(s) and administer other medication(s), when the paramedic has been trained and tested to demonstrate competence in performing the additional procedures and administering the additional medications.

Providers who have received LEMSAs approval to practice procedures and/or administer other medications, are to monitor the compliance of these optional scopes within the department's quality improvement program.

During the site visit, have available for review:

- a. QI indicators reflecting department approved optional scope of practices.

CURRENT ADMINISTRATIVE PERSONNEL

Department Name _____

Date Submitted _____

Fire Chief: <input type="checkbox"/> Interim					
Name:		Title:			
Telephone Number:	Fax Number:	E-Mail Address:			
Medical Director:					
Name:		Title:			
Telephone Number:	Fax Number:	E-Mail Address:			
Pharmaceutical Physician: <input type="checkbox"/> Same As Above					
Name:		Title:			
Telephone Number:	Fax Number:	E-Mail Address:			
EMS Director:					
Name:		Title:			
Telephone Number:	Fax Number:	E-Mail Address:			
Paramedic Coordinator:					
Name:		Title:			
Telephone Number:	Fax Number:	E-Mail Address:			
EMS Educator:					
Name:		Title:			
Telephone Number:	Fax Number:	E-Mail Address:			
QI Coordinator:					
Name:		Title:			
Telephone Number:	Fax Number:	E-Mail Address:			
AED Program Coordinator					
Name:		Title:			
Telephone Number:	Fax Number:	E-Mail Address:			
Person Completing Form (Print Name):					
Signature:			Date:		

NOTE

All EMS related organizations shall complete and forward Reference No. 621.1, Notification of Personnel Change Form, whenever there is an address, telephone, or personnel staffing change.

PROVIDER AGENCY MEDICAL OVERSIGHT

Prehospital Care Manual, Reference No's 227, 410, 701, and 702

Department Name

Date Submitted

Type or Print

PHYSICIAN OVERSITE:	
Medical Director Paramedic Program Oversight (Ref. No. 410)	Physician:
Medical Director Dispatch Center Oversight (Ref. No. 227)	Physician: Name of Dispatch Center:
Physician Purchasing Non-Narcotics and Medical Devices for Your Department: (Ref. No. 701.1)	Physician:
Physician Purchasing Controlled Drugs for Your Department: (Reference No. 702.1)	Physician:
Name of Non-Narcotic Pharmacy:	Name of Narcotic Pharmacy:

PARAMEDIC ROSTER

ALL ALS Providers

Prehospital Care Manual, Reference No. 406

Department Name _____

Date Submitted _____

All Providers					
	FULL NAME Last, First	California Paramedic License		Los Angeles County Paramedic Accreditation	
		Number	Exp Date	Number	Exp Date
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FIREFIGHTER / EMT ROSTER

California Code of Regulations & California Health and Safety Code

Department Name _____

Date Submitted _____

Please list non-paramedic firefighters only.

		CPR/AED	EMT Certification	
	FIREFIGHTER NAME	Expiration Date	E-Number	Expiration Date
	<i>Example: DOE, John</i>	<i>12/12/2014</i>	<i>E 123456</i>	<i>12/31/2014</i>
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* Verification of current CPR card is conducted by reviewing the class roster and/or CPR cards.

Non-FIREFIGHTER / EMT ROSTER

Prehospital Care Manual, Reference No. 412

Department Name _____

Date Submitted _____

Please list only the non-firefighters who functions as an EMT. (*Ambulance Operators, etc*)

		CPR / AED	EMT Certification	
	EMT NAME	Expiration Date	E-Number	Expiration Date
	<i>Example: DOE, John</i>	<i>12/12/2014</i>	<i>E 123456</i>	<i>12/31/2014</i>
1				
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* Verification of current CPR card is conducted by reviewing the class roster or CPR cards.

ALS UNIT ROSTER

Prehospital Care Manual, Reference No. 406

_____ *Department Name*

_____ *Date Submitted*

*UNIT DESIGNATION	UNIT NUMBER	UNIT LOCATION (COMPLETE ADDRESS)	ASSIGNED BASE HOSPITAL

*** UNIT DESIGNATIONS:**

- | | |
|--|---|
| <ul style="list-style-type: none"> AU = Assessment Unit AT = Assessment Truck AE = Assessment Engine BK = Bike BT = Boat CT = Cart | <ul style="list-style-type: none"> HE = Helicopter PE = Paramedic Engine PT = Paramedic Truck SQ = Squad (no transport capability) RA = Rescue (can transport) |
|--|---|