



**Los Angeles County
Board of Supervisors**

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Second District

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Janice Hahn

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Ellen Alkon, M.D.

Southern California Public Health Assn.

Chief Robert E. Barnes

Los Angeles County Police Chiefs Assn.

Mr. Frank Binch

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Lt. Brian S. Bixler

Peace Officers Association of LA County

Erick H. Cheung, M.D., Vice Chair

Southern CA Psychiatric Society

John Hisserich, Dr. PH.

Public Member (3rd District)

Clayton Kazan, M.D., Chair

California Chapter-American College of

Emergency Physicians (CAL-ACEP)

James Lott, PsyD., MBA

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American Heart Association

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Carole A. Snyder, RN

Emergency Nurses Association

Mr. Colin Tudor

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Mr. Gary Washburn

Public Member (5th District)

Chief David White

Los Angeles Area Fire Chiefs Association

VACANT

Public Member (1st District)

American College of Surgeons

LA County Medical Association

Executive Director

Cathy Chidester

(562) 347-1604

cchidester@dhs.lacounty.gov

Acting Commission Liaison

Amelia Chavez

(562) 347-1606

Achavez@dhs.lacounty.gov

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

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

(562) 347-1604 FAX (562) 941-5835

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

DATE: January 18, 2017

TIME: 1:00 – 3:00 PM

LOCATION: Los Angeles County EMS Agency

10100 Pioneer Blvd., EMSC Hearing Room – 1st Floor

Santa Fe Springs, CA 90670

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 **SIGN IN** if you would like to address the Commission.

AGENDA

CALL TO ORDER – Clayton Kazan, M.D., Chairman

INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

CONSENT CALENDAR (Commissioners/Public may request that an item be held for discussion.)

1 MINUTES

- November 16, 2016

2 CORRESPONDENCE

- 2.1 (12-28-2016) CEO/Director, ED., Valley Presbyterian Hospital (VPH); Medical Director/Nurse Coordinator, Pediatric Medical Center, VPH; Fire Chief/Nurse Educator, Each Fire Department; Paramedic Coordinator, Each Provider Agency; Prehospital Care Coordinator, Each Base Hospital; Pediatric Liaison Nurse, Each EDAP Hospital; Medical Alert Center, EMS Agency: Valley Presbyterian Hospital Pediatric Medical Center (PMC) Designation.
- 2.2 (12-27-2016) Jackie Lacey, et al., Los Angeles County District Attorney: Ad Hoc Committee highlights recommendations to change.
- 2.3 (12-17-2016) Fire Chief, Each 9-1-1 Paramedic Provider Agency; CEO, Each Private Paramedic Provide Agency; Paramedic Coordinator, Each Paramedic Provider Agency; Nurse Educator, Public and Private Provider Agencies: System wide transition from Dextrose 50%-25gm to D10W 250 ML removal of scalpels from obstetrical kits.
- 2.4 (12-12-2016) Bill Walker, Fire Chief, Santa Monica Fire Department: Pilot Program: Fast Response Vehicle – Approval.
- 2.5 (11-30-2016) Bryan Batiste, Interim Fire Chief, Compton Fire Department: Emergency Ambulance Transportation.
- 2.6 (11-16-016) Fire Chief, Each 9-1-1 Provider Agency; CEO, Each Private Provider Agency: California Occupation Safety and Health Standards related to workplace violence prevention in health care.

3. COMMITTEE REPORTS

- 3.1 Base Hospital Advisory Committee
- 3.2 Data Advisory Committee
- 3.3 Education Advisory Committee
- 3.4 Provider Agency Advisory Committee

4. POLICIES

- 4.1 Reference No. 510: Pediatric Patient Destination
- 4.2 Reference No. 516: Return of Spontaneous Circulation (ROSC) Patient Destination

5. BUSINESS

Old:

- 5.1 Community Paramedicine (*July 18, 2012*)
- 5.2 Education Advisory Committee (*July 20, 2016*)
- 5.3 Nominating Committee Recommendations
- 5.4 Ad Hoc Committee (Mental Health and Substance Abuse)

New:

- 5.5 Standing Committee Proposed Appointments
- 5.6 Sobering Center Presentation

6. COMMISSIONERS COMMENTS/REQUESTS

7. LEGISLATION

- Federal Bill HR4365 (Patient Access to Medication Act)

8. EMS DIRECTOR'S REPORT

- State EMS Awards
- 9-1-1 Ambulance Exclusive Operation Areas (EOA)

9. ADJOURNMENT

(To the meeting of March 15, 2017)

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 noncompliance exists.

CONSENT CALENDAR

January 18, 2017

MINUTES

- November 16, 2016

2. CORRESPONDENCE

- 2.1 (12-28-2016) CEO/Director, ED., Valley Presbyterian Hospital (VPH); Medical Director/Nurse Coordinator, Pediatric Medical Center, VPH; Fire Chief/Nurse Educator, Each Fire Department; Paramedic Coordinator, Each Provider Agency; Prehospital Care Coordinator, Each Base Hospital; Pediatric Liaison Nurse, Each EDAP Hospital; Medical Alert Center, EMS Agency: Valley Presbyterian Hospital Pediatric Medical Center (PMC) Designation.
- 2.2 (12-27-2016) Jackie Lacey, et al., Los Angeles County District Attorney: Ad Hoc Committee highlights recommendations to change. (10-20-2016) Michael Lang, Fire Chief, Arcadia Fire Department: Hemostatic Dressing Program Approved.
- 2.3 (12-17-2016) Fire Chief, Each 9-1-1 Paramedic Provider Agency; CEO, Each Private Paramedic Provide Agency; Paramedic Coordinator, Each Paramedic Provider Agency; Nurse Educator, Public and Private Provider Agencies: System wide transition from Dextrose 50%-25gm to D10W 250 ML removal of scalpels from obstetrical kits.
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- 2.6 (11-16-016) Fire Chief, Each 9-1-1 Provider Agency; CEO, Each Private Provider Agency: California Occupation Safety and Health Standards related to workplace violence prevention in health care.

3. COMMITTEE REPORTS

- 3.1 Base Hospital Advisory Committee
- 3.2 Data Advisory Committee (Dark)
- 3.3 Education Advisory Committee
- 3.4 Provider Agency Advisory Committee

4. POLICIES

- 4.1 Reference No. 510: Pediatric Patient Destination
- 4.2 Reference No. 516: Return of Spontaneous Circulation (ROSC) Patient Destination



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November 16, 2016

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cchidester@dhs.lacounty.gov

Acting Commission Liaison

Amelia Chavez

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Achavez@dhs.lacounty.gov

| COMMISSIONERS | ORGANIZATION | EMS AGENCY STAFF | POSITION |
|--------------------------|---|--------------------|--|
| * Robert Barnes | LAC Police Chiefs Assn | Cathy Chidester | Director, EMS Agency |
| ☑ Frank Binch | Public Member, 4 th District | Kay Fruhwirth | Asst. Director, EMS Agency |
| * Lt. Brian S. Bixler | Peace Officers Assn. of LAC | Nichole Bosson, MD | Assistant Medical Director, EMS Agency |
| ☑ Erick H. Cheung, M.D. | So. CA Psychiatric Society | Amelia Chavez | Acting Commission Liaison Staff |
| ☑ Robert Flashman, M.D. | L.A. County Medical Assn | Cathlyn Jennings | " |
| ☑ John Hisserich | Public Member, 3 rd District | Gary Watson | " |
| ☑ Clayton Kazan, M.D. | CAL/ACEP | Lucy Hickey | " |
| ☑ James Lott | Public Member, 2 nd District | Susan Mori | " |
| ☑ Robert Ower | LAC Ambulance Association | David Wells | " |
| ☑ Margaret Peterson, PhD | HASC | | |
| ☑ Paul S. Rodriguez | CA State Firefighters' Assn. | | |
| * Nerses Sanossian, M.D. | American Heart Assn. | | |
| ☑ Carole Snyder | Emergency Nurses Assn. | | |
| * Colin Tudor | League of California Cities | | |
| ☑ Chief David White | LA Chapter-Fire Chiefs Association | | |
| * Gary Washburn | Public Member, 5 th District | | |

GUESTS

| | | | |
|----------------------|--|-------------------|--------------------------|
| Samantha V. Gates | Long Beach Medical Center | Jaime Garcia | HASC |
| Jacob Good-Fernandez | Loma Linda University | Leonard Garcia | Loma Linda University |
| Ellen Alkon, MD | Southern CA. Public Health Association | Ben Juarez | Loma Linda University |
| Michael Murray | Manhattan Beach Fire Dept. | Yun Son Kim | LA Co. Fire Department |
| Shane Cook | LA Co. Fire Department | Nichole Steeneken | LA Co. Fire Department |
| Josh Hogan | Long Beach Fire Department | Caroline Jack | Torrance Fire Department |

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

CALL TO ORDER:

The Emergency Medical Services Commission (EMSC) meeting was held in the EMS Commission Hearing Room, 10100 Pioneer Blvd, Santa Fe Springs, 90670. The meeting was called to order at 1:14 PM by Chairman, Clayton Kazan. A quorum was present with 11 Commissioners in attendance.

ANNOUNCEMENTS/PRESENTATIONS:

Chairman Kazan announced the appointment of Dr. Ellen Alkon nominated by Southern California Public Health Association and appointed by the Board of Supervisor as a member of the EMSC effective November 20, 2016.

Chairman Kazan announced Commissioner Carole Snyder will be a member of the State EMS Commission. Congratulations were extended to Commissioner Snyder.

CONSENT CALENDAR:

Chairman Kazan called for approval of the Consent Calendar.

Motion by Commissioner Flashman/Snyder to approve the Consent Calendar, excluding Policy 4.1 Reference No. 911: Public Safety First Aid (PSFA) and Basic Tactical Casualty Care (BTCC) Training Program Requirements, as requested by Commissioner Binch for clarification. Motion carried unanimously.

- 4.1 Commissioner Binch asked what the background is regarding the policy. (Cathy Chidester) It was explained that one of the Public Safety legislative bills that passed required combined efforts between multiple entities addressing the response to active shooter incidents. At the same time, the State Emergency Medical Services Authority (EMSA) Tactical Emergency Medical Services (TEMS) committee was looking at expanding the Public Safety First Aid (PSFA) Program to meet the basic requirements and curriculum of a TEMS program. This State committee drafted a curriculum and guidelines for TEMS and Tactical First Aid Safety Programs, which went out for public comment and to the State EMS Commission for review. Part of the document states that if a Law Enforcement conducts TEMS, it would be approved by the local EMS agency.

This policy was developed with our Law Enforcement and Fire Department partners. Once the State approves the curriculum for the public safety providers for the active shooter tactical EMS, the EMS Agency will be ready to approve their programs.

Commissioner Binch asked if there is a difference of views between the Agency being regulated and the regulator, and in the event of a dispute, what would the dispute resolution process be and should that process be incorporated in the policy.

The dispute resolutions are found in the Commission Policy. Should there be a dispute, it would be presented to the EMS Commission.

Following conclusion on the item held for discussion:

Motion by Commissioner Flashman/Hisserich to approve consent calendar item that was held for discussion. Motion carried unanimously.

5. BUSINESS (old)

5.1 Community Paramedicine (July 18, 2012)

Cathy Chidester, Director, EMS Agency, reported that the Community Paramedicine Pilot programs are continuing across the State. Locally, Glendale Fire Department withdrew from further participation in the two pilot projects they were involved in and Santa Monica Fire Department is continuing with the Alternate Destination Program.

The County will be opening a Sobering Center in the downtown Los Angeles area. Dr. Mitchell Katz, Director of the Department of Health Services (DHS) has been in favor of having paramedics work at the fullest extent of their licenses and currently they are limited to taking patients to hospitals with emergency departments. So for

now people will be referred to the Sobering Center, from very specific areas of downtown Los Angeles, by the Los Angeles Police Department and/or the Los Angeles Fire Department Nurse Practitioner Program.

Dr. Katz is very interested in moving forward with some type of legislation to change where paramedics can transport patients to and he had a discussion with Ed Hernandez, Member, California State Senate, about Community Paramedicine and his interest in having the a Bill introduced that the County would support that will change the Paramedic's Scope of Practice to allow them to transport members of the public to the Sobering Center. Dr. Katz and Ms. Chidester also had a discussion with Dr. Howard Backer, Director, EMSA, and his team on this legislative topic for next year. There were some concerns about Los Angeles going forward with legislation prior to the Community Paramedicine project being completed.

Ms. Chidester was asked a number of specific questions by members of the Commission. The answers included that most Sobering Centers are grown out of need in a community and this particular one will be a non-medical (for alcohol only), voluntary sobering center that will consist of forty (40) beds. It will be opened to walk-ins, its anticipated opening date is Friday, December 16, 2016.

5.2 EMSC Ad Hoc Committee Report (May 20, 2015)

Chairman Kazan reported that the Ad Hoc Committee report was presented at the September meeting but not for vote; it was left open for public comments. It was carried over to be presented at this meeting for approval.

Kay Fruhwirth, Assistant Director, EMS Agency, reported that the Ad Hoc report is an analysis of the system and a summary of recommendations to improve the system. There were nine (9) recommendations that will be put on a matrix to better track and categorize what is needed to implement the recommendations. At this time, the thought process is to, if necessary, reconvene the Ad Hoc Committee or to form a smaller workgroup comprised of some of the members of the Ad Hoc Committee to establish priorities and begin the implementation work.

It was suggested for the Ad Hoc Committee item stay on the Commission agenda as an *Old Business* Item for continuous updates.

Commissioner Binch added it would be appropriate to move to submit the Ad Hoc report to the Board of Supervisors after a public hearing. He also suggested to send the Ad Hoc report with a letter to the Ad Hoc Committee stakeholders informing them that, with input from respective representatives from their organizations, the report was completed and to include a request for stakeholders to review the report and to acknowledge being comfortable sharing it with the Board of Supervisors.

M/S/C: Commissioner Ower/White moved to approve the Ad Hoc Committee Report.

***Action: Send letter and report to the Ad Hoc Committee Stakeholders.
Responsibility: EMS Agency***

5.3 Education Advisory Committee

Commissioner Binch stated there was an Educations Advisory Committee Meeting in August, where there was not a quorum of members present and another meeting was held in October. At the October meeting, Mr. Binch distributed a survey to determine the role of this advisory committee. Seven (7) of the twenty-two (22) members, alternates and staff completed the survey and the conclusive outcome is the committee role has evolved into one of status reporting. The consensus of this minority of members also believes that there is an advisory role for the committee to perform and this role could be transformative.

BUSINESS (New)

5.4 EMSC Annual Report – 2015/2016

Cathy Chidester, Director, EMS Agency, presented the EMSC Annual Report, which goes to the Chief Executive Office and to the Board of Supervisors. The report includes the activity of the commission and committee meetings.

M/S/C: Commissioner Binch/Cheung moved to approve the EMSC Annual Report.

5.5 Appointment of Nominating Committee

Chairman Kazan appointed Commissioners Peterson, White and Rodriguez as the nominating committee for 2017.

6. COMMISSIONERS COMMENTS/REQUESTS

Commissioner Cheung suggested for the EMS Agency to invite someone to speak about the Sobering Centers at the next Commission Meeting.

***Action: Sobering Center Presentation at the meeting in January.
Responsibility: EMS Agency***

7. LEGISLATION

Chairman Kazan announced the Federal Bill HR4365 (Patient Access to Medication Act) passed. It is carve out of the Controlled Substances Act - to allow for EMS Providers to store controlled substances and be able to give medications on standing orders. It was a Bill sponsored out of Louisiana and it is now at the Senate; it is Senate Bill 2932.

8. DIRECTOR'S REPORT

- Ms. Chidester reported that Pomona Valley Hospital continues their work to be ready to come up as a Trauma Center. Pomona is diligently working and making changes based on recommendations from the American College of Surgeons (ACS), including some structural changes and the adding emergency department beds. The expected date to become designated as a Trauma Center is in late February 2017.

- The Annual EMS Systems Report, October 2016, was distributed. Ms. Chidester recognized Richard Tadeo, Assistant Director EMS Programs, for his contribution in the completion of the report. Dr. Nichole Bosson, Assistant Medical Director, EMS Agency reviewed highlights of the report showing that emergency department annual visits and trauma center volume are increasing. The report also includes information on the specialty centers such as ST-Elevation Myocardial Infarction (STEMI), the Door-to-Balloon (D2B) Time, Stroke and Return of Spontaneous Circulation (ROSC), etc.

9. Adjournment

The Meeting was adjourned by Chairman Clayton Kazan at 2:47 PM. The next meeting will be held on January 18, 2017.

**Next Meeting: Wednesday, January 18, 2017
 EMS Agency
 10100 Pioneer Blvd. Suite 200
 Santa Fe Springs, CA 90670**

Recorded by:
Amelia Chavez
Acting, EMSC Liaison



**EMERGENCY MEDICAL
SERVICES AGENCY**
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Marianne Gausche-Hill, MD
Medical Director

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Santa Fe Springs, CA 90670

Tel (562) 347-1500
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*To ensure timely,
compassionate, and quality
emergency and disaster
medical services.*

December 28, 2016

TO: CEO, Valley Presbyterian Hospital
Director, Emergency Department, VPH
Medical Director, Pediatric Medical Center, VPH
Nurse Coordinator, Pediatric Medical Center, VPH
Fire Chief, Each Fire Department
Paramedic Coordinator, Each Provider Agency
Prehospital Care Coordinator, Each Base Hospital
Pediatric Liaison Nurse, Each EDAP Hospital
Nurse Educator, Each Fire Department
Medical Alert Center, EMS Agency

Via Email

FROM: Cathy Chidester *K. Rodgers for CE*
Director

**SUBJECT: Valley Presbyterian Hospital
Pediatric Medical Center (PMC) Designation**

The Emergency Medical Services Agency is please to inform you that Valley Presbyterian Hospital (VPH) has been designated as a Pediatric Medical Center (PMC). Effective **Wednesday, January 18, 2017 at 0700**, VPH may receive critically ill pediatric patients meeting medical guidelines for transport to a PMC.

All providers and base hospitals should refer to the Prehospital Care Policy Manual, Reference No. 510 to ensure that pediatric patient destinations are appropriate.

If you or your staff have any questions or require further information, please contact Karen Rodgers, RN, Pediatric and SART Programs Coordinator, at kr Rodgers@dhs.lacounty.gov or (562) 347-1654.

CC:kr
12-17

c. Medical Director, EMS Agency



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



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CORRESPONDENCE 2.2
COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION

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

(562) 347-1604 FAX (562) 941-5835

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

December 27, 2016

Jackie Lacey

Los Angeles County District Attorney

Hall of Justice

211 West Temple Street, Suite 1200

Los Angeles, Ca 90012-3205

Dear Ms. Lacey:

The Emergency Medical Services Commission (EMSC) acts in advisory capacity to the Board of Supervisors and the Director of Health Services regarding County policies, programs and standards for emergency medical care services throughout the County. At the July 15, 2015 EMSC meeting, a motion was approved to establish an Ad Hoc Committee to address the significant issues identified in the prehospital care of behavioral emergencies. The committee was comprised of representatives from constituent groups who have a vested interest in the care of patients exhibiting behavioral emergencies. The Ad Hoc Committee met on numerous occasions and the resultant work of this committee is attached. The *Ad Hoc Committee on Prehospital Care of Mental Health and Substance Abuse Emergencies Final Report* (Report) highlights nine (9) recommendations for change to the mental health/substance abuse field response, care and disposition by emergency medical services (EMS) and law enforcement.

The District Attorney's Office and the Department of Health Services, through the Permanent Steering Committee, have begun vital work in this area which overlaps with the goals of the Ad Hoc Committee. Over the next several years, the EMS Agency, with support from the EMS Commission, will work with your staff to implement many of the recommendations cited in the report.

The EMSC is sending the Report to interested parties and agencies to ensure awareness of the recommendations and to receive feedback prior to moving forward with submission to the Board of Supervisors. We are requesting that you or your staff review the Report and the recommendations contained within and forward any concerns, comments or questions to Kay Fruhwirth, Assistant Director at kfruhwirth@dhs.lacounty.gov or (562) 347-1596 by February 1, 2017. The EMS Commission looks forward to continued collaboration as we work to improve the prehospital care of persons experiencing mental health/substance abuse emergencies.

Sincerely,

Clayton Kazan, MD

Chair, EMS Commission



December 17, 2016


**Los Angeles County
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Fifth District**Cathy Chidester**
Director**Marianne Gausche-Hill, MD**
Medical Director10100 Pioneer Blvd, Suite 200
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Fax (562) 941-5835

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TO: Fire Chief, Each 9-1-1 Paramedic Provider Agency
CEO, Each Private Paramedic Provider Agency
Paramedic Coordinator, Each Paramedic Provider Agency
Nurse Educator, Public and Private Provider Agencies

FROM: Marianne Gausche-Hill, MD, Medical Director 

**SUBJECT: SYSTEMWIDE TRANSITION FROM DEXTROSE 50%-25 gm TO D10W 250 ML
REMOVAL OF SCALPELS FROM OBSTETRICAL KITS**

All provider agencies are to transition to D10W, 250 ml IV solution for the treatment of pediatric hypoglycemia as of February 1, 2017. The individual dosage should be in accordance with the most recent Color Code Drug Doses-L.A.County Kids.

Provider agencies may continue to utilize dextrose 50%-25 gm preload syringes for treatment of hypoglycemia in adult patients through March 31, 2017 but must completely transition to D10W, 250 ml IV solution as of April 1, 2017. The phase-in period for adult hypoglycemia treatment will allow provider agencies to use stock on hand of dextrose 50% solution and allow ample time to order/stock D10W.

The amount of D10W to stock for the various unit inventories are on a one for one basis in reference to what is currently stocked of D50. For example, the current ALS Unit Inventory (Ref. No. 703) requires 75 gms of D50, 3 individual doses, so each ALS unit will need to stock 3 doses of D10W 250 ml. Each bag of D10W 250 ml provides the same amount of dextrose (25gms) as does the D50 50ml preload syringe.

Scalpels stocked as part of obstetrical (OB) kits pose a safety issue for the patient, newborn and the provider. Provider agencies stocking OB kits that contain scalpels should transition to OB kits with scissors as soon as possible or when the current OB kit expires.

If you have any additional questions or require clarification, please contact John Telmos, Chief Prehospital Operations at 562-347-1677.

MGH:jt
12-13

C. PCC Each Base Hospital



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CORRESPONDENCE 2.4

December 12, 2016

Bill Walker, Fire Chief
Santa Monica Fire Department
333 Olympic Drive
Santa Monica, California 90401

Dear Chief Walker:

PILOT PROGRAM: FAST RESPONSE VEHICLE - APPROVAL

The Emergency Medical Services (EMS) Agency is in receipt of Santa Monica Fire Department's (SM) letter dated November 15, 2016, requesting to begin a 90-day pilot program utilizing two Fast Response Vehicles (FRV). Your proposed FRV pilot program was to begin on November 20, 2016 and conclude on February 19, 2017. This pilot program is approved.

SM has proposed utilizing Rescue Ambulance (RA) 2 and Rescue Squad (RS) 5 for this pilot program. On October 7, 2015, RA 2 was inventoried and on November 14, 2016, RS 5 was inventoried by the EMS Agency. Both vehicles met the inventory requirements outlined in Reference No. 703, ALS Unit Inventory, except for missing Atropen 1mg (12) and DuoDote kits (30).

Due to an ongoing nation-wide shortage of Atropens and DuoDotes, this required equipment will not be mandatory until they become available for purchase.

SM's states that data for this pilot program will be collected and analyzed on a monthly basis. The EMS Agency is requesting that this monthly data be submitted to the EMS Agency for review on a monthly basis.

Patient care record documentation for these units should be identified on the EMS Report Form with a Provider Code of "SM" and Unit Designation of "RA 2" or "RS 5". The base hospital assignment is Ronald Reagan UCLA Medical Center (UCL).



November 30, 2016

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medical services.*

Bryan Batiste, Interim Fire Chief
Compton Fire Department
201 S. Acacia Avenue
Compton, California 90220

VIA Facsimile/Email

Dear Chief Batiste:

EMERGENCY AMBULANCE TRANSPORTATION

As you are aware, Westmed/McCormick (WM) Ambulance Service was awarded, through a competitive bidding process, the 9-1-1 Emergency Ambulance Transportation services in the City of Compton. The Exclusive Operating (EOA) Agreement between the County of Los Angeles Department of Health Services (DHS) and WM has been approved by the Board of Supervisors, effective December 1, 2016.


In order to allow for a smooth transition, WM will begin operating in the city of Compton on January 1, 2017 at 8:00 AM. WM Ambulance will be dispatched by Downey Dispatch to the scene of all 9-1-1 emergency medical service (EMS) calls within the City of Compton. All calls deemed appropriate for ALS/BLS level transport shall be transported by WM and calls requiring ALS level services shall be accompanied by CM paramedics to the receiving facility.

The 9-1-1 Emergency Ambulance Transportation agreement requires that WM enter into a separate agreement with the City of Compton for ALS pass-through billing, dispatch and equipment fees. We recommend that you meet with WM as soon as possible to negotiate this separate agreement.

WM compliance with the 9-1-1 Emergency Transportation agreement will be monitored by DHS/EMS Agency. This includes the response time compliance of 8 minute/59 seconds, 90 percent of the time. Any issues or questions regarding the performance of WM should be brought to the attention of John Telmos, Chief of Prehospital Care, at (562) 347-1677.

If you or your staff have any questions, please contact me at (562) 347-1604.

Sincerely,


Cathy Chidester
Director

- c. Aja Brown, Mayor, CM
Craig Cornwell, City Attorney, CM
Brian Chu, Principal Deputy County Counsel, Los Angeles County
Joseph Chidley, CEO, WM
Danny Gomez, CM Firefighters Local 2216
Battalion Chief Bruce English, Downey Dispatch

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





**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

CORRESPONDENCE 2.6

November 16, 2016

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

TO: Fire Chief, Each 9-1-1 Provider Agency
Chief Executive Officer, Each Private Provider Agency

FROM: Cathy Chidester
Director

**CALIFORNIA OCCUPATIONAL SAFETY AND HEALTH STANDARDS
RELATED TO WORKPLACE VIOLENCE PREVENTION IN HEALTH CARE**

This memo is being sent to ensure that you are aware of the upcoming new Workplace Violence Prevention in Health care standards issued by the California Department of Industrial Relations Division of Occupational Safety and Health, better known as Cal/OSHA. This standard applies to health care facilities, service categories and operations with emergency medical services (EMS) and medical transport, including when these services are provided by firefighters and other emergency responders being specifically identified.

The proposed regulation was approved by the Cal/OSHA Standards Board, but it is currently with the California Office of Administrative Law (OAL) for final review. Depending on the completion date of this final review step, the effective date of the regulation can either be January 1, 2017 or April 1, 2017, with a different implementation date (a year later) for some components.

Under this regulation the employer is responsible for recording violent incidents on a *Violent Incident Log* and implementing recordkeeping about the event. This component is expected to be in place on the date the regulation is effective. For the written Workplace Violence Prevention Plan and training, the expected implementation date is one year after the effective implementation date. The written plan must address the special procedure requirement for EMS/medical transport, which include procedures for communicating with dispatching authorities to identify any risk factors present at the scene and ensure that appropriate assistance will be provided by cooperating agencies if needed.

Attached is the latest version of the Standard for your easy reference. The Department of Health Services has developed a *Workplace Violent Incident Log* and this is also attached to assist you in developing your own log.

If you have any questions about these regulations, you should work with your organization's OSHA compliance entities.

CC:KF

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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

Tel: (562) 347-1500
Fax: (562) 941-5835

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**EMERGENCY MEDICAL SERVICES COMMISSION
BASE HOSPITAL ADVISORY COMMITTEE
MINUTES
December 14, 2016**



**EMERGENCY MEDICAL
SERVICES AGENCY
LOS ANGELES COUNTY**

| REPRESENTATIVES | | EMS AGENCY STAFF |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> | Carole Snyder, RN, Chair | EMS Commission |
| <input type="checkbox"/> | Margaret Peterson, Ph.D., Vice Chair | EMS Commission |
| <input checked="" type="checkbox"/> | Robert Flashman, M.D. | EMS Commission |
| <input type="checkbox"/> | Erick Cheung, Ph.D. | EMS Commission |
| <input checked="" type="checkbox"/> | Jessica Strange | Northern Region |
| <input checked="" type="checkbox"/> | Karyn Robinson | Northern Region |
| <input type="checkbox"/> | Annette Cornell | Northern Region, Alternate |
| <input checked="" type="checkbox"/> | Kristina Crews | Southern Region |
| <input checked="" type="checkbox"/> | Samantha Verga-Gates | Southern Region |
| <input checked="" type="checkbox"/> | Laurie Mejia | Southern Region |
| <input type="checkbox"/> | Natalie Burciago | Southern Region, Alternate |
| <input type="checkbox"/> | Christine Farnham | Southern Region, Alternate |
| <input type="checkbox"/> | Paula Rosenfield | Western Region |
| <input checked="" type="checkbox"/> | Ryan Burgess | Western Region |
| <input type="checkbox"/> | Alex Perez | Western Region, Alternate |
| <input checked="" type="checkbox"/> | Laurie Sepke | Eastern Region |
| <input checked="" type="checkbox"/> | Alina Candal | Eastern Region |
| <input checked="" type="checkbox"/> | Jenny Van Slyke | Eastern Region, Alternate |
| <input checked="" type="checkbox"/> | Lila Mier | County Hospital Region |
| <input checked="" type="checkbox"/> | Emerson Martell | County Hospital Region |
| <input checked="" type="checkbox"/> | Jose Garcia | County Hospital Region, Alternate |
| <input checked="" type="checkbox"/> | Mike Hansen | Provider Agency Advisory Committee |
| <input checked="" type="checkbox"/> | Michael Murrey | Provider Agency Advisory Committee, Alt. |
| <input checked="" type="checkbox"/> | Jazmin Gonzalez | MICN Representative |
| <input type="checkbox"/> | Jeff Warsler | MICN Representative, Alt. |
| <input checked="" type="checkbox"/> | Robin Goodman | Pediatric Advisory Committee |
| <input checked="" type="checkbox"/> | Kerry Gold-Tsakonas | Pediatric Advisory Committee, Alt. |
| PREHOSPITAL CARE COORDINATORS | | |
| <input type="checkbox"/> | Kevin Lennox (AMH) | <input checked="" type="checkbox"/> Adrienne Roel (AMH) |
| <input checked="" type="checkbox"/> | Courtney Derryberry (AVH) | <input type="checkbox"/> Rosie Romero (CAL) |
| <input checked="" type="checkbox"/> | Dee Josing (HMN) | <input checked="" type="checkbox"/> Rachel Caffey (NRH) |
| <input type="checkbox"/> | Heidi Ruff (NRH) | <input type="checkbox"/> Gloria Guerra (QVH) |
| | | GUESTS |
| | | Jaime Garcia, HASC |
| | | Clayton Kazan, LACoFD |

- CALL TO ORDER:** The meeting was called to order at 1:07 P.M. by Chairperson Robert Flashman, MD.
- APPROVAL OF MINUTES -** The October 12, 2016, meeting minutes were approved with the following change:
Item 4.1 EMS Update 2017 – Committee alternates should include Samantha Verga-Gates and Laurie Mejia, instead of Laurie Sepke.

M/S/C (Burgess/Candal)

- INTRODUCTIONS/ANNOUNCEMENTS**
 - Self-Introductions were made by all.
 - Lorrie Perez, previously from LAC+USC Medical Center, was introduced as the new Base Hospital/Stroke Program Coordinator.
 - The 2016 EMS Data Report is available on the EMS Agency website:
http://file.lacounty.gov/SDSInter/dhs/248671_2016EMSAnnualDataReport.pdf
Hard copies were available for distribution. Forward any suggestions for inclusion in future reports to Richard Tadeo.
 - Dr. Robert Flashman announced his retirement from the Emergency Medical Service Commission (EMSC). He was thanked for his years of dedication and service to the EMS community (1996-2016) and was presented with a *Certificate of Appreciation* from EMSC by Richard Tadeo and Clayton Kazan.

4. REPORTS & UPDATES

4.1 EMS Update 2017 (Richard Tadeo)

Provider Impressions – in depth discussion on the State approved provider impressions, organized by body systems for LA County, utilize differential diagnosis, and introduction to a new design and format of the treatment protocols.

Case Studies – incorporating the new treatments utilizing the provider impressions. Base Hospitals are requested to submit base contact audio by January 15, 2017, that enhance the presentation on the following case studies:

- Non-Traumatic Body Pain
- Chest Pain
- Hypotension/Shock
- Behavioral/Psychiatric Crisis
- Hypoglycemic Emergencies
- Pulmonary Edema
- Respiratory Distress
- Stroke
- BRUE
- Seizure Activity
- Crush Injury

Train-the-Trainer Sessions:

- Monday afternoon; April 24, 2017; 1PM-4PM; EMS Agency Hearing Room
- Thursday morning; April 27, 2017; 9AM-12PM; EMS Agency Hearing Room
- Thursday afternoon; April 27, 2017; 1PM-4PM; EMS Agency Hearing Room

Training Period: May 1, 2017 through July 31, 2017

4.2 Mobile Intensive Care Nurse (MICN) Development Course Workgroup (Richard Tadeo)

With the movement to a protocol based system, a workgroup has been formed to revise the MICN Development Course. The focus of the course will move from that of basic science to one in which medical knowledge, expertise, and critical thinking is utilized to determine the appropriate treatment and transportation options for each patient.

4.3 Base Hospital Data Collection Workgroup (Richard Tadeo)

With the changes discussed in 4.1, EMS Update 2017, and 4.2, MICN Development Course, the Base Hospital data collection requirements are undergoing review. A workgroup has also been formed to re-evaluate the data collection requirements which may change how data is currently being collected and evaluated.

4.4 Standardized Pediatric Drug Formulary (*Richard Tadeo*)

The revised version of Reference No. 1309, Color Code Drug Doses- L.A. County Kids and a PowerPoint developed for training purposes were distributed in November to the following:

- Prehospital Care Coordinators, Each Paramedic Base Hospital
- Nurse Educators, Each EMS Provider Agency
- Paramedic Coordinators, Each EMS Provider Agency
- Provider Agency Medical Directors
- Base Hospital Medical Directors
- Paramedic Training Schools

To allow for training and procurement of D10 and the Broselow tape, the new **implementation date is February 1, 2017.**

In addition, a letter of notification will be sent to the EMS Providers on the transition to D10 systemwide with an implementation date of **April 1, 2017.**

5. UNFINISHED BUSINESS

5.1 Electronic Base Form Documentation (*Ryan Burgess*)

As previously indicated, electronic Base Form documentation is being explored. A “field trip” has been scheduled for January 24, 2017, to visit Hoag Memorial in Newport Beach to evaluate the electronic base documentation they are currently utilizing.

5.2 Los Angeles County Fire (CF) ePCR Implementation (*Richard Tadeo*)

Richard Tadeo reported that the issues with CF and their ePCR persist. Representatives from the EMS Agency, CF, and the vendor met to discuss the critical nature of the issues. In response, the vendor has overhauled their upper management assigned to this project and committed to resolving the issues.

6. NEW BUSINESS

6.1 Certification and Accreditation Fees (*Nicholas Todd*)

The Certification and Accreditation fees are undergoing review. The fees have not been increased since 2012. Notification will be provided prior to the implementation of any fee increase.

In addition, in early 2017, rosters will be distributed to each EMS Provider for review and verification of current staff.

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

In preparation for the designation of Comprehensive Stroke Centers, anticipated to be in early spring of 2017, the Stroke Patient Destination policy was presented for review. The following recommendation was made:

- Section C, second paragraph, first sentence to read as follows:

SFTP providers are responsible for assuring the primary stroke center is notified of the patient's pending arrival results of the Modified Los Angeles Prehospital Stroke Screen (mLAPSS), last known well date and time, [blood glucose](#), and contacting the base hospital to provide minimal patient information, including the results of the mLAPSS, LAMS, last known well date and time, and patient destination.

M/S/C (Sepke/Verga-Gates): Approval of Reference No. 521, Stroke Patient Destination, with the recommended change.

6.3 Reference No. 1251, Treatment Protocol: Stroke/Acute Neurological Deficits (Richard Tadeo)

Revisions to the Treatment Protocol: Stroke/Acute Neurological were reviewed, with the following recommendation:

- #11 to read as follows:
EMS providers are responsible for assuring the Primary Stroke Center (PSC) is notified of the patient's pending arrival results of the Modified Los Angeles Prehospital Stroke Screen (mLAPSS), last known well date and time, [blood glucose](#), **and** contacting the base hospital to provide minimal patient information, including the results of the Modified Los Angeles Prehospital Stroke Screen (mLAPSS), Los Angeles Motor Score (LAMS), last known well date and time and patient destination.

M/S/C (Strange/Burgess): Approval of Reference No. 1251, Treatment Protocol: Stroke/Acute Neurological Deficits, with the recommended change.

- 6.4 Reference No. 1200, Treatment Protocol: Table of Contents (Richard Tadeo)
6.5 Reference No. 1200.1, Treatment Protocol: General Instructions (Richard Tadeo)
6.6 Reference No. 1201, Treatment Protocol: General ALS (Richard Tadeo)
6.7 Reference No. 1201-P, Treatment Protocol: General ALS (Richard Tadeo)
6.8 Reference No. 1270, Treatment Protocol: Airway Obstruction (Richard Tadeo)

Items 6.4 through 6.8 were presented as a group. With the transition to Provider Impressions, coupled with the evolution of Reference No. 806.1, Procedures Prior to Base Contact, we have been functioning as a "de facto" protocol system.

We will be moving to a protocol based system to guide patient management and are seeking approval of the concept to begin moving forward.

The protocols will incorporate current policies that address "Procedures Prior to Base Contact", "Base Hospital Contact and Transport Criteria", and "Standing Field Treatment Protocols". It is the ultimate goal to transition all the concepts and requirements in the above policies into protocols.

The list (Reference No. 1200, Treatment Protocol: Table of Contents), is a guide that exist as "placeholders", but could actually be paired down as protocols are developed. The format change is in preparation for an on-line mobile application. Current formatting involving tables will not work in an on-line mobile application.

Base Hospital Advisory Committee
December 14, 2016

Text identified in blue are “placeholders” for actual hyperlinks once the application is developed.

Lengthy discussion ensued. A statement was ultimately read by Ryan Burgess regarding the “perceived” benefits and the extensive list of protocols. Final recommendation was to precede with a “great deal of caution”.

7. OPEN DISCUSSION

No new items were discussed.

8. NEXT MEETING: BHAC’s next meeting is scheduled for **February 8, 2017**, at the EMS Agency @ 1:00 p.m.

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

ACCOUNTABILITY: Lorrie Perez

9. ADJOURNMENT: The meeting was adjourned at 2:25 P.M.



**EMERGENCY MEDICAL
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LOS ANGELES COUNTY

**Los Angeles County
Board of Supervisors**

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Sheila Kuehl
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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

Tel: (562) 347-1500
Fax: (562) 941-5835

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**EMERGENCY MEDICAL SERVICES COMMISSION
DATA ADVISORY COMMITTEE**

MEETING NOTICE

Date & Time: Wednesday, December 14, 2016 10:00 A.M.
Location: EMS Agency, First Floor Hearing Room
10100 Pioneer Boulevard
Santa Fe Springs, 90670-3736

**DATA ADVISORY COMMITTEE
DARK FOR DECEMBER 2016**



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**EMERGENCY MEDICAL
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LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

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Second District

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Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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Santa Fe Springs, CA 90670

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EMERGENCY MEDICAL SERVICES COMMISSION

EDUCATION ADVISORY COMMITTEE

MEETING NOTICE

Date: Wednesday, December 21, 2016
Time: 10:00 a.m.
Location: EMS Agency Headquarters
EMS Commission Hearing Room
10100 Pioneer Blvd
Santa Fe Springs, CA 90670

No meeting due to a lack of a quorum.



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



County of Los Angeles
Department of Health Services



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

EMERGENCY MEDICAL SERVICES COMMISSION

PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES

Wednesday, December 21, 2016

MEMBERSHIP / ATTENDANCE

MEMBERS

- ☒ Dave White, Chair
- ☒ Robert Ower, Vice-Chair
- ☐ LAC Ambulance Association
- ☐ LAC Police Chiefs' Association
- ☒ Jodi Nevandro
 - ☐ Sean Stokes
- ☒ Nick Berkuta
 - ☒ Clayton Kazan, MD
 - ☒ Victoria Hernandez
- ☒ Ken Leasure
 - ☐ Susan Hayward
- ☐ Richard Roman
 - ☒ Mike Beeghly
- ☒ Josh Hogan
 - ☐ Joanne Dolan
- ☒ Mike Hansen
 - ☒ Michael Murrey
- ☒ Ellsworth Fortman
 - ☐ Miguel Escobedo
- ☐ Adam Richards
 - ☐ VACANT
- ☒ Jenny Van Slyke
 - ☐ Alina Chandal
- ☐ Andrew Respicio
 - ☐ James Michael
- ☐ Maurice Guillen
 - ☐ Scott Buck
- ☐ Marc Eckstein, MD
 - ☐ Stephen Shea, MD
- ☐ Diane Baker
 - ☐ Vacant

ORGANIZATION

- EMSC, Commissioner
- EMSC, Commissioner
- EMSC, Commissioner
- EMSC, Commissioner
- Area A
- Area A Alt (Rep to Med Council, Alt)
- Area B
- Area B, Alt.
- Area B Alt. (Rep to Med 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 (Rep to DAC)
- Area H, Alt.
- Employed EMT-P Coordinator (LACAA)
- Employed EMT-P Coordinator, Alt. (LACAA)
- Prehospital Care Coordinator (BHAC)
- Prehospital Care Coordinator, Alt. (BHAC)
- Public Sector Paramedic (LAAFCFA)
- Public Sector Paramedic, Alt. (LAAFCFA)
- Private Sector EMT-P (LACAA)
- Private Sector EMT-P, Alt. (LACAA)
- Provider Agency Medical Director (Med Council)
- Provider Agency Medical Director, Alt. (Med Council)
- Private Sector Nurse Staffed Ambulance Program (LACAA)
- Private Sector Nurse Staffed Ambulance Program, Alt (LACAA)

EMS AGENCY STAFF PRESENT

- | | |
|---------------------------|-------------------|
| Marianne Gausche-Hill, MD | Richard Tadeo |
| Christine Clare | Lucy Hickey |
| Susan Mori | Nnabuike Nwanonyi |
| Phillip Santos | John Telmos |
| Nicholas Todd | David Wells |
| Michelle Williams | Christine Zaiser |
| Ashley Sanello, MD | Gary Watson |

OTHER ATTENDEES

- | | |
|--------------------|---------------------|
| Tisha Hamilton | AMR Ambulance |
| Rachel Caffey | UCLA Center Prehosp |
| Matthew Donahue | PRN Ambulance |
| Ian Wilson | PRN Ambulance |
| Paula Park | LACoFD |
| Jason Dobine | Torrance FD |
| Issac Yang | Redondo Beach FD |
| Kevin Millikan | Torrance FD |
| Roger Braum | Culver City FD |
| Kristina Crews | Hermosa Beach FD |
| Mike Barilla | Pasadena FD |
| Caroline Jack | Torrance FD |
| Jonathan Schaeffer | Liberty Ambulance |
| Julian Zermeno | Santa Monica FD |
| Debby Porter | Care Ambulance |
| Mark Norman | |

LACAA – Los Angeles County Ambulance Association * LAAFCFA – Los Angeles Area Fire Chiefs Association * BHAC – Base Hospital Advisory Committee * DAC – Data Advisory Committee

CALL TO ORDER: Chair, Commissioner Dave White called meeting to order at 1:05 p.m.

1. APPROVAL OF MINUTES: (Berkuta/Leasure) October 19, 2016 minutes were approved as written.

2. INTRODUCTIONS / ANNOUNCEMENTS

2.1 Certification and Accreditation Fees (Nicholas Todd)

- Fee structure will be changing effective July 2017.
- EMS Agency will be sending providers and base hospitals a list of sponsored paramedics/MICNs. Please respond verifying sponsorship.

3. REPORTS & UPDATES

3.1 EMS Update 2017 (Richard Tadeo)

- Handout provided included the following:
 - Train-The-Trainer Sessions begin in April 2017
 - Training Period: May 1, 2017 – July 31, 2017
 - Topics include: Provider impressions and several case studies which correlate with the new treatment protocols.
- Task Force meetings will begin in January 2017.
- The EMS Agency continues to request copies of interesting radio calls to assist with the education portion of this Update.

4. UNFINISHED BUSINESS

No unfinished business.

5. NEW BUSINESS

5.1 Reference No. 702, Controlled Drugs Carried On ALS Units (John Telmos)

Policy reviewed as information only and included wording regarding the use of Automated Dispensing System (ADS).

5.2 Reference No. 1200, Treatment Protocol: Table of Contents (Richard Tadeo)

5.3 Reference No. 1200.1, Treatment Protocol: General Instructions

5.4 Reference No. 1201, Treatment Protocol: General ALS

5.5 Reference No. 1201-P, Treatment Protocol: General ALS (Pediatric)

5.6 Reference No. 1270, Treatment Protocol: Airway Obstruction

- Items 5.2 through 5.6 were presented as a group. These draft policies were presented to provide a framework for revising all the Treatment Protocols. These draft policies are not for approval but rather to provide a basis for revising the protocols. The Committee was provided with the following reasons why the protocols needed revision:
 - 1) the curriculum for primary paramedic training will be changing to incorporate Provider Impressions,
 - 2) the evolution of Reference No. 806.1, Procedures Prior to Base Contact, have created a “de facto” protocol system, and
 - 3) the EMS Agency is exploring a “mobile application” to provide real time access to the protocols by field and hospital personnel.
- The protocols will incorporate current policies that address “Procedures Prior to Base Contact”, “Base Hospital Contact and Transport Criteria”, and “Standing Field Treatment Protocols”. It is the ultimate goal to transition all the concepts and requirements in the above policies into protocols.
- The list (Reference No. 1200, Treatment Protocol: Table of Contents), is a guide that exist as “placeholders”. The EMS Agency has met after the Base Hospital Advisory Committee and is evaluating the recommendations which include reducing the number of protocols.
- The EMS Agency intends to pilot the draft protocols to identify opportunities for improvement prior to systemwide implementation. It is expected that the protocols will be rolled-out in EMS Update 2018.
- Committee requested greater involvement with the implementation process of the new treatment protocols.

6. OPEN DISCUSSION:

None.

7. NEXT MEETING: February 15, 2017

8. ADJOURNMENT: Meeting adjourned at 1:55 p.m.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES(EMT-I/PARAMEDIC/MICN)
REFERENCE NO. 510SUBJECT: **PEDIATRIC PATIENT DESTINATION**

PURPOSE: To ensure that 9-1-1 pediatric patients are transported to the most appropriate facility that is staffed, equipped and prepared to administer emergency and/or definitive care appropriate to the needs of the pediatric patient.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220
California Code of Regulations, Title 13, Section 1105 C

DEFINITIONS:

Pediatric Patient: Children 14 years of age or younger.

Emergency Department Approved for Pediatrics (EDAP): A licensed basic emergency department that is approved by the County of Los Angeles EMS Agency to receive 9-1-1 pediatric patients. These emergency departments provide care to patients by meeting specific requirements for professional staff, quality improvement, education, support services, equipment, supplies, medications, and established policies, procedures, and protocols.

Pediatric Medical Center (PMC): A licensed acute care hospital that is approved by the County of Los Angeles EMS Agency to receive critically ill 9-1-1 pediatric patients based on guidelines outlined in this policy. These centers provide referral centers for critically ill pediatric patients.

Pediatric Trauma Center (PTC): A licensed acute care hospital that is approved by the County of Los Angeles EMS Agency to receive injured 9-1-1 pediatric patients based on guidelines outlined in this policy. These centers provide tertiary-level pediatric care and serve as referral centers for critically injured pediatric patients.

Brief Resolved Unexplained Event (BRUE): an event occurring in an infant <1 year of age when the observer reports a sudden, brief, and now resolved episode of ≥ 1 of the following: cyanosis or pallor, absent, decreased, or irregular breathing, marked change in tone (hyper - or hypotonia), and altered level of responsiveness.

PRINCIPLE:

In all cases, the health and well-being of the patient is the overriding consideration in determining patient destination. Factors to be considered include severity and stability of the patient's illness or injury; current status of the pediatric receiving facility; anticipated transport time; request by the patient, family, guardian or physician; and EMS personnel and base hospital judgment.

EFFECTIVE: 05-01-85
REVISED: 12-29-16
SUPERSEDES: 10-01-15

PAGE 1 OF 3

APPROVED:

Director, EMS Agency_____
Medical Director, EMS Agency

POLICY:

- I. Guidelines for transporting pediatric patients to a specialty care center (i.e., EDAP, PMC, PTC, Perinatal, Sexual Assault Response Team Center, or Trauma Center):
 - A. Patients who require transport, and do not meet guidelines for transport to a PMC or PTC shall be transported to the most accessible EDAP.
 - B. BLS units shall call for an ALS unit or transport pediatric patients to the most accessible EDAP as outlined in Ref. No. 808, Base Hospital Contact and Transport Criteria.
 - C. Patients meeting medical guidelines for transport to a PMC:
 1. Shall be transported to the most accessible PMC if ground transport is 30 minutes or less.
 2. If ground transport time to a PMC is greater than 30 minutes, the patient may be transported to the most accessible EDAP.
 - D. Patients meeting trauma criteria/guidelines for transport to a PTC:
 1. Shall be transported to the most accessible PTC if the transport time does not exceed 30 minutes.
 2. If a PTC cannot be accessed but a trauma center can be accessed under the parameter in (D.1), the patient may be transported to the trauma center.
 3. If a PTC or trauma center cannot be accessed as specified above, the patient may be transported to the most accessible PMC, or if >30 minutes to the closest EDAP.
 - E. Pediatric patients who have an uncontrollable, life-threatening situation (e.g., unmanageable airway or uncontrollable hemorrhage) shall be transported to the most accessible EDAP.
 - F. Pediatric patients may be transported to a non-EDAP provided all of the following are met:
 1. The patient, family, or private physician requests transport to a non-EDAP facility.
 2. The patient, family, or private physician is made aware that the receiving facility is not an EDAP and may not meet current EDAP standards.
 3. The base hospital concurs and contacts the requested facility and
-

ensures that the facility has agreed to accept the patient. This includes those providers functioning under SFTPs.

4. All of the above shall be documented on the EMS Report Form.

II. Guidelines for identifying critically **ill** pediatric patients who require transport to a PMC:

- A. Cardiac dysrhythmia
- B. Severe respiratory distress
- C. Cyanosis
- D. Persistent altered mental status
- E. Status epilepticus
- F. Brief Resolved Unexplained Event (BRUE) (and the previously called Apparent Life Threatening Event (ALTE)) \leq 12 months of age
- G. Focal neurologic signs not associated with trauma (e.g.; pediatric stroke, atypical migraine, petit mal seizures)
- H. Choking associated with cyanosis, loss of tone or apnea

III. Guidelines for identifying critically **injured** pediatric patients who require transport to a PTC:

Trauma triage criteria and/or guidelines identified in Ref. No. 506, Trauma Triage

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 502, **Patient Destination**
Ref. No. 504, **Trauma Patient Destination**
Ref. No. 506, **Trauma Triage**
Ref. No. 508, **Sexual Assault Patient Destination**
Ref. No. 508.1, **SART Center Roster**
Ref. No. 511, **Perinatal Patient Destination**
Ref. No. 512, **Burn Patient Destination**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 808, **Base Hospital Contact and Transport Criteria**
Ref. No. 816, **Physician at Scene**
Ref. No. 832, **Treatment/Transport of Minors**
Ref. No. 834, **Patient Refusal of Treatment or Transport**

Los Angeles County EDAP Standards

Los Angeles County PMC Standards

Los Angeles County SART Standards

California Emergency Medical Services Authority (EMSA) # 182: Administration, Personnel and Policy for the Care of Pediatric Patients in the Emergency Department

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No. 510, PEDIATRIC PATIENT DESTINATION

| SECTION | COMMITTEE/DATE | COMMENT | RESPONSE |
|-------------------|---|---|--------------------------|
| Reference No. 510 | Base Hospital Advisory Committee – October 12, 2016 meeting | <p>6.1 Reference No. 510, Pediatric Patient Destination</p> <p>Recommended changes:</p> <p>Page 1, Definitions- add definition for Brief Resolved Unexplained Event (BRUE) : an event occurring in an infant <1 year of age when the observer reports a sudden, brief, and now resolved episode of ≥ 1 of the following: cyanosis or pallor, absent, decreased, or irregular breathing, marked change in tone (hyper- or hypotonia), and altered level of responsiveness.</p> <p>Page 3, Policy II, F, add words “and the” before “previously called”</p> <p>Page 3, Policy II, add “H”. Choking associated with color change, loss of tone or apnea.”</p> | Change made as requested |
| Reference No. 510 | Provider Agency Advisory Committee – October 19, 2016 meeting | <p>5.1 Reference No. 510, Pediatric Patient Destination</p> <p>Policy approved with the following recommendations: Page 3, Policy II, remove word “an”.</p> <p>Page 3, Policy II, remove words “color changes”, add “cyanosis”.</p> | Change made as requested |

Los Angeles County EMS Agency

POLICY REVIEW SUMMARY BY COMMITTEE

Reference No. 510, PEDIATRIC PATIENT DESTINATION

| | Committee/Group | Date Assigned | Approval Date | Comments* (Y if yes) |
|----------------------------|---------------------------------------|--------------------|--------------------|-------------------------|
| EMS ADVISORY COMMITTEES | Provider Agency Advisory Committee | October 19, 2016 | October 19, 2016 | Y |
| | Base Hospital Advisory Committee | October 12, 2016 | October 12, 2016 | Y |
| | Data Advisory Committee | | | |
| | Education Advisory Committee | | | |
| OTHER COMMITTEES/RESOURCES | Medical Council | September 13, 2016 | September 13, 2016 | N |
| | Trauma Hospital Advisory Committee | | | |
| | Ambulance Advisory Board | | | |
| | EMS QI Committee | | | |
| | Hospital Association of So California | | | |
| | County Counsel | | | |
| | Other: Pediatric Advisory Committee | September 13, 2016 | September 13, 2016 | N |
| | | | | |

* See attached **Summary of Comments Received**

12-29-16

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELESSUBJECT: **RETURN OF SPONTANEOUS CIRCULATION
(ROSC) PATIENT DESTINATION**(PARAMEDIC, MICN)
REFERENCE NO. 516

PURPOSE: To ensure that 9-1-1 patients with a return of spontaneous circulation (ROSC) following cardiopulmonary arrest are transported to the most appropriate facility that is staffed, equipped and prepared to administer emergency and/or definitive care appropriate to the needs of a ROSC patient.

AUTHORITY: Health & Safety Code, Division 2.5, Sections, 1798

DEFINITIONS:

Cardiac Etiology: Sudden cardiac death from ischemic heart disease, congenital heart disease, channelopathy or dysrhythmia. One presumes cardiac etiology when it is a sudden event without evidence of alternate causes (e.g. trauma, terminal illness, overdose, sepsis, or respiratory arrest).

Return of Spontaneous Circulation (ROSC): The restoration of a spontaneous perfusing rhythm. Signs of ROSC include: palpable pulse, breathing (more than an occasional gasp), a measureable blood pressure and/or a sudden rise in capnography to a normal/high reading.

ST-Elevation Myocardial Infarction (STEMI): An acute myocardial infarction that generates ST-segment elevation on the prehospital 12-lead electrocardiogram (ECG).

STEMI Receiving Center (SRC): A facility licensed for a cardiac catheterization laboratory and cardiovascular surgery by the Department of Public Health, Facilities Inspection Division and approved by the Los Angeles County EMS Agency as a SRC.

PRINCIPLE:

1. In all cases, the health and well-being of the patient is the overriding consideration in determining patient destination. Factors to be considered include: clinical presentation, severity and stability of the patient's condition; current status of the SRC; anticipation of transport time; and request by the patient, family, guardian or physician.
2. Optimal post cardiac arrest treatment may include an interventional cardiac procedure in a significant percentage of patients.
3. Resuscitation efforts for patients greater than 14 years of age who are in cardiopulmonary arrest and do not meet Trauma Triage Criteria or Guidelines (per Ref. 506) should take place in the field until ROSC is achieved or the patient is pronounced. Transport of patients without ROSC is discouraged. For decompression emergencies, refer to Ref. No. 518, Decompression Emergencies/Patient Destination.

EFFECTIVE: 2-01-12

PAGE 1 OF 3

REVISED:

SUPERCEDES: 02-01-12

APPROVED: _____

Director, EMS Agency

Medical Director, EMS Agency

4. Patients with refractory ventricular fibrillation (3 or more shocks) from presumed cardiac etiology may benefit from transport to the SRC for consideration of percutaneous coronary intervention.

POLICY:

- I. Paramedic personnel should perform a 12-lead ECG in accordance with Ref. No. 1308, Cardiac Monitoring/ECG.
 - A. Transmit to the receiving SRC the 12-lead ECG if it demonstrates greater than 1mm ST-segment elevation in 2 or more contiguous leads and/or STEMI (or manufacturer's equivalent).
 - B. Contact the receiving SRC to discuss Cath Lab Activation Criteria with ED physician.
 - C. Provide properly labeled, at a minimum patient name and sequence number, 12-lead ECGs to the receiving facility (in either paper or electronic format) as part of the patient's prehospital medical record.
 - D. Document the findings of the 12-lead ECG on the EMS Report Form.
- II. Establish base hospital contact for medical control for all cardiac arrest patients transported to the SRC.
 - A. Direct contact with the receiving SRC shall be established for patient notification and/or to discuss cath lab activation criteria.
 - B. For SFTP providers-if the receiving SRC is not a base hospital, base contact may be performed after the transfer of care. SFTP providers are responsible for assuring the SRC is notified of the patients pending arrival and contacting their assigned base hospital to provide minimal patient information, including the 12-lead ECG analysis and the patient destination.
- III. The following patients shall be transported to the most accessible open SRC if ground transport is 30 minutes or less regardless of service area boundaries:
 - A. Patients with ROSC, regardless of 12-lead ECG finding, who are greater than 14 years of age and who do not meet Trauma Triage Criteria or Guidelines (per Ref. No. 506).
 - B. Patients who have progressed into cardiopulmonary arrest while en route and had a pre-arrest STEMI 12-lead ECG.
 - C. Patients with ROSC who re-arrest en route.
- IV. The following patients shall be considered for transport to a SRC by the Base Hospital:
 - A. Patients with EMS witnessed cardiac arrest from presumed cardiac etiology who remain in persistent cardiac arrest despite on-scene field resuscitation.

-
- B. Patients in refractory ventricular fibrillation from presumed cardiac etiology who remain in persistent cardiac arrest despite on-scene field resuscitation.
 - V. ROSC patients should be transported to the most accessible SRC regardless of ED diversion status.
 - VI. If ground transport time to a SRC is greater than 30 minutes, the patient shall be transported to the most accessible receiving facility.
 - VII. The SRC may request diversion of ROSC patients under any of the following conditions.
 - A. The hospital is unable to perform emergent percutaneous coronary intervention because the cardiac cath staff is already fully committed to caring for STEMI patients in the catheterization laboratory. ROSC patients should be transported to the most accessible open SRC regardless of ED diversion status.
 - B. The SRC experiences critical mechanical failure of essential cath lab equipment. SRCs must notify the EMS Agency's SRC Program Manager directly at (562) 347-1656 as to the nature of the mechanical failure or equipment issue and the estimated time duration of the diversion.
 - C. The SRC is on diversion due to internal disaster.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 501, **Hospital Directory**

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

Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**

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

Ref. No. 517, **Private Provider Agency Transport/Response Guidelines**

Ref. No. 518, **Decompression Emergencies/Patient Destination**

Ref. No. 808, **Base Hospital Contact and Transport Criteria**

Ref. No. 813, **Standing Field Treatment Protocols**

Ref. No. 1210, **Non-Traumatic Cardiac Arrest (Adult)**

Ref. No. 1303, **Cath Lab Activation Algorithm**

Ref. No. 1308, **Cardiac Monitoring/ECG**

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No. 516, Return of Spontaneous Circulation (ROSC) Patient Destination

| SECTION | COMMITTEE/DATE | COMMENT | RESPONSE |
|-------------|----------------|---|----------|
| Definitions | BHAC 10/12/16 | Add Cardiac Etiology Definition: Cardiac Etiology: Sudden cardiac death from ischemic heart disease, congenital heart disease, channelopathy or dysrhythmia. One presumes cardiac etiology when it is a sudden event without evidence of alternate causes (e.g. trauma, terminal illness, overdose, sepsis, or respiratory arrest). | Accepted |
| | | Change ROSC definition- Return of Spontaneous Circulation (ROSC): The sustained restoration of a spontaneous perfusing rhythm that results in any of the following: Palpable pulse, breathing (more than an occasional gasp), coughing, movement, and/or a measureable blood pressure and/or a sudden rise in capnography to a normal / high capnography reading following cardiopulmonary arrest. Change to- The sustained restoration of a spontaneous perfusing rhythm. Signs of ROSC include that results in any of the following: palpable pulse, breathing (more than an occasional gasp), coughing, movement, and/or a measureable blood pressure and/or a sudden rise in capnography to a normal / high capnography reading. | Accepted |
| Principle | BHAC 10/12/16 | Patients with refractory ventricular fibrillation may benefit from transport to the SRC. Change to- Patients with refractory ventricular fibrillation (3 or more shocks) from presumed cardiac etiology may benefit from transport to the SRC for consideration of percutaneous coronary intervention. | Accepted |
| Policy | BHAC 10/12/16 | II. Establish base hospital contact for medical direction/notification and destination for all | |

SUBJECT: SUMMARY OF COMMENTS RECEIVED

| | | | |
|--------|--------------------------|---|---|
| | | <p>cardiac arrest patients with ROSC transported to the SRC.</p> <p>Change to- II. Establish base hospital contact for medical control direction/notification and destination for all cardiac arrest patients with ROSC for transported to the SRC.</p> <p>III. D. Patients with EMS witnessed arrest despite on-scene field resuscitation, if the arrest is of presumed cardiac etiology.</p> <p>Change to- Patients with EMS witnessed cardiac arrest despite field resuscitation, if the arrest is of presumed cardiac etiology.</p> <p>Also need to add Cardiac Etiology.</p> <p>III. E. Patients in refractory ventricular fibrillation from presumed cardiac etiology who remain in persistent cardiac arrest despite field resuscitation.</p> <p>Change to- Patients in refractory ventricular fibrillation from presumed cardiac etiology who remain in persistent cardiac arrest despite on-scene field resuscitation.</p> | <p>Accepted</p> <p>Accepted</p> <p>Accepted</p> <p>Accepted</p> |
| | PAAC 10/19/16 | No Comments | |
| Policy | Medical Advisory 12/6/16 | Under III Move III.D. and E. to a IV A. and B with heading: The following patients shall be considered for transport to a SRC by the Base Hospital: | Accepted |

Los Angeles County EMS Agency

POLICY REVIEW SUMMARY BY COMMITTEE

Reference No. 516, Return of Spontaneous Circulation (ROSC) Patient Destination

| | Committee/Group | Date Assigned | Approval Date | Comments* (Y if yes) |
|----------------------------|---------------------------------------|---------------|---------------|----------------------------|
| EMS ADVISORY COMMITTEES | Provider Agency Advisory Committee | 10/17/16 | 10/17/16 | Approved with BHAC changes |
| | Base Hospital Advisory Committee | 10/12/16 | 10/12/16 | Approved with changes |
| | Data Advisory Committee | | | |
| | Education Advisory Committee | | | |
| OTHER COMMITTEES/RESOURCES | Medical Council | 12/6/16 | 12/6/16 | Approved with changes |
| | Trauma Hospital Advisory Committee | | | |
| | Ambulance Advisory Board | | | |
| | EMS QI Committee | | | |
| | Hospital Association of So California | | | |
| | County Counsel | | | |
| | Other: | | | |
| | | | | |

* See attached **Summary of Comments Received**



EMERGENCY MEDICAL SERVICES COMMISSION

STANDING COMMITTEE APPOINTMENTS

(Proposed Appointments)



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

| COMMITTEE | 2015 | 2016 | 2017 |
|--|--|---|--|
| Provider Agency Advisory (PAAC) | Chair: Dave Austin Vice Chair: Robert Barnes Commissioners: Jon Thompson, Clayton Kazan and Daryl Parrish Staff: Gary Watson | Chair: Dave White Vice Chair: Robert Ower Commissioners: Paul Rodriguez Robert Barnes Staff: Gary Watson | Chair: Dave White Vice Chair: Robert Ower Commissioners: Brian Bixler Robert Barnes Staff: Gary Watson |
| Base Hospital Advisory (BHAC) | Chair: Carol Snyder Vice Chair: James Lott Commissioners: Margaret Peterson Erick Cheung, MD Staff: Carolyn Naylor | Chair: Carol Snyder Vice Chair: Margaret Peterson Commissioners: Robert Flashman Erick Cheung, MD Staff: Carolyn Naylor | Chair: Clayton Kazan, MD Vice Chair: Margaret Peterson Commissioners: Carole Snyder Erick Cheung, MD Staff: Lorrie Perez |
| Data Advisory (DAC) | Chair: Robert Flashman Vice Chair: Raymond Mosack Commissioners: Nerses Sanossian, MD John Hisserich Staff: Michelle Williams | Chair: Robert Flashman Vice Chair: John Hisserich Commissioners: Collin Tudor Clayton Kazan, MD Staff: Michelle Williams | Chair: Nerses Sanossian, MD Vice Chair: Paul Rodriguez Commissioners: John Hisserich Collin Tudor Staff: Michelle Williams |
| Education Advisory (EAC) | Chair: Andres Ramirez Vice Chair: Frank Binch Commissioner: Gary Washburn Bernard Weintraub Staff: David Wells | Chair: Frank Binch Vice Chair: Gary Washburn Commissioners: Bernard Weintraub Staff: David Wells | Chair: Frank Binch Vice Chair: Gary Washburn Commissioners: Ellen Alkon, MD Staff: David Wells |