



**Los Angeles County
Board of Supervisors**

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Commissioners

Ellen Alkon, M.D.

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Chief Robert E. Barnes

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Lt. Brian S. Bixler

Peace Officers Association of LA County

Erick H. Cheung, M.D., Chairman

Southern CA Psychiatric Society

Marc Eckstein, M.D.

LA County Medical Association

John Hisserich, Dr. PH.

Public Member (3rd District)

James Lott, PsyD., MBA

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Paul S. Rodriguez

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Nurses Sanossian, MD, FAHA

American Heart Association

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Carole A. Snyder, RN

Emergency Nurses Association

Mr. Colin Tudor

League of Calif. Cities/LA County Division

Mr. Gary Washburn

Public Member (5th District)

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Pajmon Zarrineghbal

Public Member (4th District)

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American College of Surgeons

California Chapter-American College of

Emergency Physicians (CAL-ACEP)

Public Member (1st District)

Executive Director

Cathy Chidester

(562) 347-1604

cchidester@dhs.lacounty.gov

Acting Commission Liaison

Amelia Chavez

(562) 347-1606

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**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: May 17, 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 – Erick Cheung, M.D., Chairman

INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

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

1 MINUTES

- March 15, 2017

2 CORRESPONDENCE

- 2.1 (04-26-2017) Each STEMI Referring Facility, ED Medical Director: Follow up – Interfacility Transfers Utilizing 9-1-1 Transport.
- 2.2 (04-25-2017) Howard Backer, MD., Director, California State EMS Authority: Trauma Center Designation of Pomona Valley Hospital Medical Center.
- 2.3 (04-20-2017) Fire Chief, All 9-1-1 Paramedic Provider Agencies; CEO, Private Provider Agencies; City Manager, Each Los Angeles County City, General Public Ambulance Rates: July 1, 2017 through June 30, 2017.
- 2.4 (04-12-2017) Rodney C. Gibson, Chair, Productivity Investment Board, Quality and Productivity Commission: Productivity Investment Fund Proposal for Grant Funding.
- 2.5 (04-03-2017) CEO, 9-1-1 Receiving Facilities; Emergency Department Medical Director, 9-1-1 Receiving Facilities; Emergency Department Director, 9-1-1 Receiving Facilities: Emergency Department Bed Availability for Patients Arriving Via the 9-1-1 System.
- 2.6 (03-21-2017) All EMS Personnel; All Provider Agencies; All Base Hospitals: Revised EMS Personnel Certification Fees.
- 2.7 (03-20-2017) Distribution: Designation of Primary Stroke Centers.
- 2.8 (03-16-2017) Jacqueline A. Seabrooks, Chief of Police, Santa Monica Police Department: Chief Robert Barnes Completed an Unexpired Term on the EMSC.

- 2.9 (03-16-2017) Elena Lopez-Guzman, Executive Director: Request a nominee from CAL/ACEP to fill the vacancy on the EMSC.
- 2.10 (03-16-2017) Jennifer Quan, Executive Director, League of California Cities: Mr. Colin Tudor Completed an Unexpired Term on the EMSC.
- 2.11 (05/03/2017) Troy Burzlaff, City Manager, City of Azusa, et al: DHS Concluded RFP Contracting for Ambulance Transportation Services.

3. COMMITTEE REPORTS

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

4. POLICIES

- 4.1 Reference No. 227: Dispatching of Emergency Medical Services
- 4.2 Reference No. 411: Provider Agency Medical Director
- 4.3 Reference No. 420: Private Ambulance Operator Medical Director
- 4.4 Reference No. 517: Private Provider Agency Transport/Response
- 4.5 Reference No. 519.3: Multiple Casualty Incident Transportation Management
- 4.6 Reference No. 816: Physician at the Scene
- 4.7 Reference No. 911: Public Safety First Aid (PSFA) and Basic Tactical Casualty Care (BTCC)

5. BUSINESS

Old:

- 5.1 Community Paramedicine (*July 18, 2012*)
 - Update on Bills
- 5.2 Ad Hoc Committee (Mental Health and Substance Abuse)
 - Recommendation Action Plan
- 5.3 Ad Hoc Committee (Wall Time/Diversion)

New:

- 5.4 Cannabis Regulation and Licensing – Board Motion
- 5.5 Medical Marijuana

6. COMMISSIONERS COMMENTS/REQUESTS

7. LEGISLATION

8. EMS DIRECTOR'S REPORT

9. ADJOURNMENT

(To the meeting of July 19, 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

May 17, 2017

MINUTES

- March 15, 2017

2. CORRESPONDENCE

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

GUESTS

Samantha Vergas-Gates	Long Beach Medical Center
Victoria Hernandez	Los Angeles Co. Fire Dept.
Jaime Garcia	HASC
Kevin Millikan	Torrance Fire Department
Dr. Clayton Kazan	Los Angeles Co. Fire Dept.

(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, CA. 90670. The meeting was called to order at 1:06 PM by Chairman, Erick Cheung. A quorum was present with 12 Commissioners in attendance.

ANNOUNCEMENTS/PRESENTATIONS:

Self-introductions were made starting with EMSC members and followed by EMS Agency Staff.

CONSENT CALENDAR:

Chairman Erick Cheung, M.D., called for approval of the Consent Calendar.

M/S/C Commissioner Hisserich/Snyder to approve the Consent Calendar. Once motion took place, Ms. Cathy Chidester, EMSC Executive Director, wished to make an announcement in reference to item 2.6 as follows:

- 2.6** Commissioner Frank Binch has been replaced by a newly appointed person who will be representing the Fourth Supervisorial District. Mr. Binch was very active in our commission and he took us in some very good directions; a thank you letter was sent to him for his commitment and time with the commission.

5. BUSINESS (old)

5.1 Community Paramedicine (July 18, 2012)

The pilot projects have been operational for over a year. There has been a request from the State to the Office of Statewide Health Planning and Development (OSHDP) to extend the pilot projects that are continuing. In the meantime, Dr. Mitchell Katz, Director, Health Agency, is interested in patients being taken to sobering centers and to the psychiatric urgent care centers by paramedics from the field, as it was addressed in the Mental Health/Substance Abuse Ad Hoc Committee report. Furthermore, Supervisor Hahn has made a motion for the Board of Supervisors to sponsor state legislation that would allow local EMS Agencies to promulgate rules and regulations that would enable this practice.

The County Legislative Advocates have been working with Senator Gipson on AB 820, a placeholder legislation specifically on paramedic destination to sobering centers and psychiatric urgent cares. They have also scheduled a meeting in Sacramento with a stakeholder group on March 24, 2017. Entities that have been invited to attend this meeting include, Emergency Medical Services Administrators Association of California (EMSAAC) members, which are the local EMS agency Directors from throughout the state and the Hospital, Ambulance and Nursing Associations. Ms. Chidester will be attending the hearing.

Commissioner Paul Rodriguez asked for a list of Community Paramedic pilot projects that are operating in the County. Ms. Chidester said there are two in existence; one from Glendale Fire Department on Congestive Heart Failure Program and the second from Santa Monica Fire Department on Alternate Destination.

Action:	<i>Provide a list of the pilot programs in the County to Commissioner Rodriguez.</i>
Responsibility:	<i>EMS Agency</i>

Public Comment:

Dr. Clayton Kazan, Medical Director, Los Angeles County Fire Department and former EMS Commissioner representing California American College of Emergency Physicians (CAL/ACEP), shared that CAL/ACEP has taken the stance that virtually every patient that contacts 9-1-1 or that EMS providers coming in contact with, per the word of the president, deserves a medical screen exam by an emergency physician in the emergency department. In his opinion, this is completely unrealistic

when you look at the growth of patient volume and bed capacity in emergency departments. CAL/ACEP's argument was that there was a lack of evidence to say that patients can be safely transported to other destinations and until they see published trials that demonstrate the safety of alternative destinations, CAL/ACEP will not support any change to legislation

Dr. Kazan adds that his argument was "show me a published study showing that a paramedic could provide any care in the field in 1969, when the system was established," it did not exist; it was based on community's needs. When people keep describing that paramedics are doing these assessments in the field, should keep in mind that paramedics are doing so under the guidance and regulations of emergency physicians and the EMS Agency, who are not just emergency physicians but are double boarded in emergency medicine and EMS, and are practicing under the medical direction of mostly EMS double boarded emergency medicine physicians as well that create the parameters under which the paramedics can do the medical screens. Furthermore, there is law enforcement who is not medically trained at all, doing similar screening in similar situations. National ACEP supports the idea of alternative destination of community paramedicine and mobile integrated health; it is CAL/ACEP who has taken the firm stance and opposed.

Dr. Kazan added that data is being analyzed every day in our systems, not everything is published in medicine, we look for quality improvement data for every project we are working on, and we know our system very well. It is fair to say we can be trusted to continue to monitor our systems. If a step is taken and it is realized to be erroneous, it can quickly be corrected. The system needs a bit more flexibility to work on day-to-day and month-to-month to continue to operate successfully.

5.2 Standing Committee Proposed Appointments

Cathy Chidester informed the Commissioners that because of the changes that affected the commission membership, some other changes were made to the Standing Committee appointments; one was to appoint Commissioner Marc Eckstein, MD., to Chair the Base Hospital Advisory Committee (BHAC) and second to appoint Commissioner Carole Snyder to Chair the Education Advisory Committee (EAC).

5.3 Ad Hoc Committee (Mental Health and Substance Abuse)

Chairman Cheung announced that the EMS Agency solicited feedback from multiple stakeholders many, which already had representatives on the Ad Hoc Committee. The comments received were from Jackie Lacey from the District Attorney's Office; Destiny Castro on behalf of CEO Risk Management; Mario Salcedo on behalf of Dr. Gary Tsai, Medical Director of the Los Angeles County Department of Public Health, Substance Abuse Prevention and Control Division; Mitchell Katz, Director, Health Agency; Curley Bonds, M.D., on behalf of California Psychiatric Society; Brittney Weissman, Executive Director, National Alliance on Mental Illness (NAMI), and Los Angeles Area Fire Chief's Association (LAAFCA). In reviewing the comments received, they were largely supportive. LAAFCA itemized their comments and indicated what they supported and the recommendations they didn't support.

Commissioner Dave White added that LAAFCA's Fire Chiefs reviewed the report and they are mostly very supportive of the items but their concern has to do with the impact on some of the proposed changes on ambulance resources and the need to identify some other resources to be able to expand transport capabilities; it is hard to

justify sending someone using a paramedic ambulance to a hospital because they are on 5150 hold but they do not have any other medical issue, and then not have that resource be available to the community.

Kay Fruhwirth, Assistant Director, EMS Agency added that the next steps will be for discussion with the commission members to either bring the Ad Hoc committee members back together to begin working on the various recommendations.

Chairman Cheung proposed for the Ad Hoc Committee to reconvene by meeting with the various entities for discussion of the various next steps and the specific recommendations to pursue.

Public Member Request:

Dr. Clayton Kazan informed the Commission that he is scheduled to present the Ad Hoc Committee Report to the Permanent Steering Committee for the Office of Diversion and Re-Entry (ODR) on April 19, 2017 and asked for approval to do this. Dr. Kazan is a member of this committee and they are also addressing mental health and substance abuse issues related to access to care and he is a member of that committee

Chairman Cheung stated there are no oppositions for Dr. Kazan as the Chair of the Ad Hoc Committee to present.

BUSINESS (New)

5.4 Ad Hoc Committee for Wall/Time Diversion

Ms. Chidester reported that at the EMSC meeting held on Wednesday, January 15, 2017, there was a discussion about wall time and how wall time has been captured now with the request through a legislative action to capture how long the ambulances are at the hospital from the time it rolls up to the hospital until the patient is taken off the gurney and a report is given and there is a transfer of care; this being Ambulance Patient Off-load Time (APOT). This is a very important issue that needs to be worked on and the EMS Agency is working very closely with Hospital Association of Southern California (HASC) on this. Commissioner Carole Snyder brought up a concern about how wall time is being captured, who is putting the time in, and how we are validating these times.

The discussion was also on how important it is to get the patient transitioned to care and release the ambulance and field providers to get back to the next 9-1-1 call. There was also a question on the diversion policies as to how they were developed and if they are effective. Furthermore, there was a recommendation to get back together with HASC and have them coordinate a committee to re-look at the diversion policies and wall times and how patients are moved. Another suggestion, however, was to form another Ad Hoc committee of the Commission, like the one formed for the Mental Health/Substance Abuse committee, and for the Ad Hoc Committee on Wall Time/Diversion to make recommendations and change policy to help alleviate the long wait times and get the EMS providers back in the field. There has not been a motion or action taken on this item because it had not been on the EMSC agenda.

Commissioner White stated he had presented this issue to LAAFCA in February 2017 and that members are interested in being part of this Ad Hoc Committee on

Wall Time/Diversion. Commissioner Carol Snyder volunteered to Chair this Ad Hoc Committee.

Chairman Cheung moved to create an Ad Hoc Committee to address diversion and wall time issues.

Motion by Chairman Cheung, Second by Commissioner Hisserich to create a Wall Time/Diversion Ad Hoc Committee. Motion carried unanimously.

6. COMMISSIONERS COMMENTS/REQUESTS

None

7. LEGISLATION

Cathy Chidester shared an EMSAAC Legislative report with commissioners and staff, and provided a report on the following Bills:

- **AB 263 – Emergency medical services workers: Rights and working conditions**
The position of EMSAAC is to be watching the progress of this Bill. Commissioner Ower added that LACAA is also in the same mind-frame as Ms. Chidester; the Association is opposing.
- **AB 697 – Tolls: Exemption for privately owned emergency ambulances**
To exempt authorized emergency vehicles from the payment of a toll or charge on a vehicular crossing, toll highway, or high-occupancy toll (HOT) lane, etc.
- **AB 820 – Community paramedicine program**
It is a place holder Bill for community paramedic program supported by Los Angeles County.
- **AB 896 – Emergency Services**
To enact legislation relating to the inclusion of all California federally recognized tribes in California's emergency services and disaster preparedness agreements.
- **AB 909 – Emergency response: Public access trauma kits**
Trying to get trauma kits available in public places much like the Automated External Defibrillator (AED).
- **AB 1650 – Emergency medical services: Community paramedicine**
Ambulance associations are very interested in this Bill because other community paramedic programs, besides the alternate destination, are allowing for other community paramedic programs to provide more effective, efficient and timely health care and lowering health care costs.
- **SB 185 – Vehicles: Violations**
Allows the poor to request a waiver to any penalties associated with a violation if the defendant is indigent or feel they cannot pay. This also supports the EMS Agency because \$4 of every moving violation goes to the Maddy Fund and these funds are used for the physician billing and some of the hospital activities.
- **SB 443 – Pharmacy: Emergency medical services automated drug delivery**
This Bill will allow Los Angeles County Fire Department (LACoFD) to use automated pharmaceutical supply machines; the Bill, however, has some activity to make it not specific to the LACoFD only.

8. DIRECTOR'S REPORT

The executive summary of the Vision Zero Report was provided to Commission members and staff present. The Department of Public Health, in completing the report, worked closely with Richard Tadeo, Assistant Director, EMS Agency to include some of the EMS trauma data. The report, which is thorough, well written and fully detailed will be useful for future trauma prevention activities. GIS was used to spot where injuries occurred and to identify where they would go in the next steps. Public Health is also working with the EMS Agency, trauma hospitals in conjunction with their trauma prevention coordinators, and different communities since they have trauma prevention efforts that they do. Public Health has been awarded Measure B funds to continue to work on some of the trauma prevention programs. The report talks about strategies that are being implemented.

Pomona Valley Hospital opened up as a designated Level II Trauma Center on March 1, 2017. Currently, they have a very small catchment area but it will be expanded at the beginning of April 2017 based on their performance in March.

Sidewalk CPR will be held on June 1, 2017; anyone interested in participating must sign up by completing the respective application.

The EMSAAC annual conference will be May 9 -10, 2017, in San Diego, CA.

The State EMS Authority has annual awards presentations in December of each year. Again in 2016, a number of these awards in various categories were granted to Los Angeles County personnel. Ms. Chidester provided a presentation in which each and every awardee, from Los Angeles County, was mentioned in honor of their great achievement.

Dr. Nichole Bosson, Assistant Medical Director, EMS Agency provided an update on the following topics:

- Color Code for Kids pre-calculation of drug in mLs was implemented on February 1, 2017.
- The EMS Agency is moving forward with the two tiered stroke routing system, which will include designating Comprehensive Stroke Centers.
- The EMS Agency is finalizing EMS Update 2017, with a big focus being on provider impression, which was mandated by the State. The train the trainer dates are set for late April 2017.

9. ADJOURNMENT

The Meeting was adjourned by Chairman Erick Cheung at 2:12 PM. The next meeting will be held on May 17, 2017.

Next Meeting: **Wednesday, May 17, 2017**
 EMS Agency
 10100 Pioneer Blvd. Suite 200
 Santa Fe Springs, CA 90670

Recorded by:
Amelia Chavez
Acting, EMSC Liaison



April 26, 2017

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*To ensure timely,
compassionate and quality
emergency and disaster
medical services.*

TO: Each STEMI Referring Facility, ED Medical Director

FROM: Marianne Gausche-Hill
Medical Director

 Cathy Chidester
Director

**SUBJECT: FOLLOW UP - INTERFACILITY TRANSFERS UTILIZING 9-1-1
TRANSPORT**

This memo is in follow up to the letter the Emergency Medical Services (EMS) Agency sent in August 2016, regarding interfacility patient transfers utilizing 9-1-1. The purpose of that letter was to remind each facility of the requirements for utilizing 9-1-1 as per Reference No. 513.1- *Emergency Department Interfacility Transports of Patients with ST-Elevation Myocardial Infarction*, and the 120-minute national benchmark for first-medical-contact-to-balloon (FMC2B) time for STEMI patients requiring interfacility transfer. Clarification was also provided that the use of 9-1-1 applies only to patients with STEMI necessitating immediate percutaneous coronary intervention (PCI). Therefore, all patients who are transferred 9-1-1 should both have an indication for emergent coronary angiography and be a candidate for the procedure.

Additionally, hospital-specific performance data was provided in order for your facility to review the data and ensure you are meeting the EMS system goals listed below and if not meeting these goals that your facility implemented a plan for improvement.

Los Angeles (LA) County EMS system goals for STEMI include:

1. At least 90% of patients transferred to a STEMI Receiving Center via 9-1-1 will receive emergent coronary angiography.
2. At least 90% of patients requiring percutaneous coronary intervention will receive the intervention within 120 minutes from arrival at your facility. As a system, we would like to further improve this to 90% within 90 minutes.

Attached is the same data for the subsequent six months. Please review this data and use it to gauge your facility's progress and to benchmark your performance against other LA County facilities. If your facility's performance indicates that you are not meeting the EMS system goals listed above, please continue with your performance improvement activities to ensure compliance. The EMS Agency will continue to monitor interfacility transfers of STEMI patients and provide you with updated data in the next six months.



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

Interfacility Transfers
April 26, 2017
Page 2

If you have any questions or would like assistance in developing your performance improvement plan, please contact Nichole Bosson, M.D., Assistant Medical Director at (562) 347-1602. The EMS Agency thanks you for your support and commitment to improving the care of STEMI patients in LA County.

MGH:nb

Attachments:

Reference No. 513.1

Graph 1: IFT percent coronary angiogram complete by SRF

Graph 2: IFT time intervals by SRF

Sample MOU



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

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CORRESPONDENCE 2.2

April 25, 2017

Howard Backer, MD, Director
California State EMS Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Dear Dr. Backer:

TRAUMA CENTER DESIGNATION OF POMONA VALLEY HOSPITAL MEDICAL CENTER

It is a great pleasure to announce the official designation of Pomona Valley Hospital Medical Center (PVC) as a Level II Trauma Center in Los Angeles County effective March 1, 2017.

PVC's Phase I trauma catchment area was implemented at that time with a projected expansion in approximately one month. Full implementation of PVC's expanded trauma catchment area was effective April 1, 2017, extending PVC's western boundary to Azusa Avenue. To conform to this change, LAC+USC Medical Center's trauma catchment area's eastern boundary was moved to the San Gabriel River (605) Freeway.

To address the traffic pattern changes and the advances in technology, LAC+USC and PVC have the following shared area:

- Northern Boundary – Foothill (210) Freeway
- Southern Boundary – Pomona (60) Freeway
- Eastern Boundary – Azusa Avenue (Highway 39)
- Western Boundary – San Gabriel River (605) Freeway

For patients in the shared area, the provider will determine the receiving trauma center based upon the current traffic patterns.

Trauma catchment area maps for each of the affected trauma centers, as well as a system overview map, are enclosed for your review.

As always, continuous evaluation of the trauma catchment areas will be on-going. If you have any questions or concerns, please contact Christy Preston, Trauma System Program Manager, at (562) 347-1660.

Sincerely,

Cathy Chidester
Director

CC:CP:cp

Attachments

cc: Bonnie Sinz, State Trauma System Program



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

CORRESPONDENCE 2.3

April 20, 2017

**Los Angeles County
Board of Supervisors**

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Kathryn Barger
Fifth District

TO: Fire Chief, All 9-1-1 Paramedic Provider Agencies
CEO, Private Provider Agencies
City Manager, Each Los Angeles County City

FROM: Cathy Chidester 
Director

**SUBJECT: GENERAL PUBLIC AMBULANCE RATES
JULY 1, 2017 THROUGH June 30, 2018**

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

Attached are the allowable maximum rates chargeable to the general public as of July 1, 2017, as per Section 7.16.340, Modification of Rates, of the County Ordinance (Attachment I).

The methodology utilized for annual rate adjustment was updated and implemented as of July 2016. An explanation of the revised methodology is included in the attachment.

Transportation services provided on or after July 1, 2017 may not be billed above the allowable maximum rates according to the attached Rate Schedule.

If you have any questions, please call John Telmos, Chief Prehospital Operations at (562) 347-1677.

CC:jt
04-30

Attachment

c: Kathy Hanks, Director, Contracts and Grants Division, Health Services
Brian Chu, Deputy County Counsel, Health Services
Cristina Talamantes, Ordinance liaison, Board of Supervisors Executive Office

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



**COUNTY OF LOS ANGELES
GENERAL PUBLIC AMBULANCE RATES
EFFECTIVE JULY 1, 2017**

Section 7.16.280 Rate Schedule For Ambulances

- A. A ground ambulance operator shall charge no more than the following rates for one patient:

Rates Effective July 1, 2017

1. Response to a non-emergency call with equipment and personnel at an advanced life support (ALS) level	\$1970.00
2. Response to an emergency 9-1-1 call with equipment and personnel at an advanced life support (ALS) level	\$2,108.00
3. Response to a nonemergency call with equipment and personnel at a basic life support (BLS) level	\$1,312.00
4. Response to an emergency 9-1-1 call with equipment and personnel at a basic life support (BLS) level	\$1,407.00
5. Mileage rate. Each mile or fraction thereof	\$19.00
6. Waiting time. For each 30-minute period or fraction thereof after the first 30 minutes of waiting time at the request of the person hiring the ambulance	\$111.00
7. Standby time. The base rate for the prescribed level of service and, in addition, for each 30-minute period or fraction thereof after the first 30 minutes of standby time	\$106.00

- B. This section does not apply to a contract between the ambulance operator and the County where different rates or payment mechanisms are specified.

Section 7.16.310 Special Charges

- A. A ground ambulance operator shall charge no more than the following rates for special ancillary services:

1. Request for services after 7 PM and before 7 AM of the next day will be subject to an additional maximum charge of	\$22.00
2. Persons requiring oxygen, shall be subject to an additional maximum charge per tank or fraction thereof, and oxygen delivery equipment to include nasal cannula and/or oxygen mask, of	\$94.00
3. Neonatal transport	\$211.00
4. Registered nurse or respiratory therapist specialty care transport with equipment and personnel for up to 3 hours of transportation time	\$2371.00
5. Registered nurse and respiratory therapist specialty care transport with equipment and personnel for up to 3 hours of transportation time	\$2680.00
6. Registered Nurse and/or Respiratory Therapist per hour after the first 3 hours	\$130.00
7. Volume ventilator	\$179.00
8. Disposable medical supplies	\$27.00



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Mr. Colin Tudor

League of Calif. Cities/LA County Division

Mr. Gary Washburn

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Los Angeles Area Fire Chiefs Association

Pajmon Zarrineghbal

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VACANT

American College of Surgeons

California Chapter-American College of

Emergency Physicians (CAL-ACEP)

Public Member (1st District)

Executive Director

Cathy Chidester

(562) 347-1604

cchidester@dhs.lacounty.gov

Acting Commission Liaison

Amelia Chavez

(562) 347-1606

Achavez@dhs.lacounty.gov

CORRESPONDENCE 2.4

**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/>

April 12, 2017

Rodney C. Gibson
Chair, Productivity Investment Board
Quality and Productivity Commission
500 West Temple Street, Room 565
Los Angeles, CA 90012

Dear Chair Gibson:

PRODUCTIVITY INVESTMENT FUND PROPOSAL FOR GRANT FUNDING

On behalf of the Los Angeles County Emergency Medical Services (EMS) Commission, I am pleased to support the submission of the attached project proposal: *Color Code Drug Doses: LA County Kids Application*, seeking a three-year Productivity Investment Fund grant in the amount of \$12,000. The main goal of the proposed project is to develop a smart device Application that will automate the access to the standardized formulary of pre-calculated doses in milliliters (mLs) for pediatric medication administration. The proposed program will benefit the EMS system by addressing patient safety through the reduction in wrong dosages of medications administered to children.

Drug errors in children can range from 2% to 2000% of the correct dosage due to calculation errors and use of pre-calculated dosing programs such as *LA County Kids* has been shown to reduce drug errors significantly. Each year paramedics respond to over 35,000 9-1-1 calls involving children, with many of these children requiring the administration of medications. Because children require different care, which changes with growth and development, and medication is dosed per kilogram of body weight, paramedics report an increased level of anxiety during their assessment and treatment of children. The *LA County Kids Application*, will put critical resources at the paramedic's fingertips increasing their confidence and decreasing the stress of treating children.

Your consideration of this grant request is truly appreciated. The EMS Commission is confident that your Productivity Investment Board will see the value of this project and make a decision to fund this worthwhile project. If you have any questions, please contact me at (562) 347-1604.

Sincerely,

Cathy Chidester
Executive Director, EMS Commission



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

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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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Health Services
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CORRESPONDENCE 2.5

April 3, 2017

TO: CEO, 9-1-1 Receiving Facilities
Emergency Department Medical Director, 9-1-1 Receiving Facilities
Emergency Department Director, 9-1-1 Receiving Facilities

FROM: Marianne Gausche-Hill, MD
Medical Director, EMS Agency 

SUBJECT: Emergency Department Bed Availability for Patients Arriving
Via the 9-1-1 System

Recently there has been a noticeable increase in the amount of time that EMTs and paramedics are waiting in emergency departments (ED) to transfer patient care to ED staff and an open bed. We understand that the ED census has risen and most likely directly correlates with these delays. Though the emergency service provider agencies have been attempting to assist EDs by waiting with patients, this practice is not acceptable.

A 2006 memo issued by the Centers for Medicare and Medicaid Services (attached) refers to "parking of emergency medical service patients in hospitals may result in a violation of the Emergency Medical Treatment and Labor Act (EMTALA), and raises serious concerns for patient care and the provisions of emergency services in the community."

The primary mission of emergency service provider agencies is to be available and respond to 9-1-1 calls. Having units out of service, standing by in EDs creates a high risk situation for the community. It is imperative that EMS personnel are released as quickly as possible after bringing the patient into the ED. It should be the EDs goal to have patients arriving via the 9-1-1 system triaged and transfer of care taking place within 20 to 30 minutes of arrival.

Publications are available that may assist your facility in developing strategies to address extended offload times. One such publication produced by the California Hospital Association titled "Toolkit to Reduce Ambulance Patient Offload Delays in the Emergency Department" is available on the EMS Agency webpage at: http://file.lacounty.gov/SDSInter/dhs/1020054_WallTime_Electronic.pdf

In the near future, as more provider agencies transition to an electronic patient care records, the Emergency Medical Services (EMS) Agency will be able to provide specific wall time reports for your facility.

Thank you for your attention to this matter and your support of the EMS system. If you have any questions, please contact me at (562) 347-1600 or John Telmos, Chief Prehospital Operations at (562) 347-1677.

MGH:jt
03-27

Attachment

- c. Director, EMS Agency
President, LA Area Fire Chiefs Association
President, Los Angeles County Ambulance Association
Jamie Garcia, Hospital Association of Southern California



**EMERGENCY MEDICAL
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LOS ANGELES COUNTY

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Cathy Chidester
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Marianne Gausche-Hill, MD
Medical Director

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Santa Fe Springs, CA 90670

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CORRESPONDENCE 2.6

March 21, 2017

TO: All EMS Personnel
All Provider Agencies
All Base Hospitals

FROM: Cathy Chidester 
Director

SUBJECT: REVISED EMS PERSONNEL CERTIFICATION FEES

In compliance with County policy, a fee study was recently conducted which resulted in changes to certification fees charged by the EMS Agency. Effective July 1, 2017, fees for EMT and MICN certification and Paramedic accreditation will be revised as follows:

	Current Fees	Fees Effective July 1, 2017
EMT		
Certification	\$125	\$160
Recertification - <i>certification issued by LA County EMS current or lapse less than 12 mos</i>	\$ 87	\$120
Recertification - <i>certification issued by another CA entity current or lapse less than 12 mos</i>	\$125	\$160
Recertification - <i>lapse 12 mos to less than 24 mos</i>	\$125	\$160
MICN		
Certification	\$155	\$175
Recertification - <i>current or lapse less than 6 mos</i>	\$ 65	\$ 50
Recertification - <i>lapse 6 mos to less than 12 mos</i>	\$135	\$200
Recertification - <i>lapse 12 mos to less than 24 mos</i>	\$225	\$300
Challenge	\$225	\$300
Paramedic		
Accreditation	\$125	\$150
Reaccreditation - <i>lapse less than 6 mos</i>	\$ 45	\$ 50
Reaccreditation - <i>lapse 6 mos or more</i>	\$125	\$150
Duplicate Card	\$ 12	\$ 12

For any questions, please contact Nicholas Todd, EMS Personnel Manager, at (562) 347-1632 or at Ntodd@dhs.lacounty.gov.

CC:lh

c: Los Angeles County Emergency Medical Services Commission



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

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Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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Santa Fe Springs, CA 90670

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Fax: (562) 941-5835

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CORRESPONDENCE 2.7

March 20, 2017

VIA FAX/EMAIL

TO: Distribution

FROM: Marianne Gausche-Hill, MD
Medical Director

SUBJECT: DESIGNATION OF PRIMARY STROKE CENTERS

The Emergency Medical Services Agency is pleased to announce that effective Saturday, April 1, 2017 at 0700, the following hospitals will be designated as Primary Stroke Centers for Los Angeles County 9-1-1 patients:

Kaiser Foundation Hospital – South Bay
Memorial Hospital of Gardena

This brings the total number of 9-1-1 Designated Stroke Centers for Los Angeles County to 49.

Please visit the EMS Agency website at <http://ems.dhs.lacounty.gov> for the most current information about the new stroke centers and a map showing the approved hospitals. If you have any questions, please feel free to contact me at (562) 347-1600, or Lorrie Perez, Stroke Coordinator at (562) 347-1655.

MGH:lp
03-03

c: Director, EMS Agency
Fire Chief, Each Fire Department
Paramedic Coordinator, Each Provider Agency
Prehospital Care Coordinator, Each Base Hospital
Nurse Educator, Each Fire Department
Stroke Coordinator, Each Approved Stroke Center
Medical Alert Center



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Chief Robert E. Barnes

Los Angeles County Police Chiefs Assn.

Lt. Brian S. Bixler

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Southern CA Psychiatric Society

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Emergency Nurses Association

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League of Calif. Cities/LA County Division

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Executive Director

Cathy Chidester

(562) 347-1604

cchidester@dhs.lacounty.gov

Acting Commission Liaison

Amelia Chavez

(562) 347-1606

Achavez@dhs.lacounty.gov

CORRESPONDENCE 2.8

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

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March 16, 2017

Jacqueline A. Seabrooks, Chief of Police
Santa Monica Police Department
333 Olympic Drive
P.O. Box 2200
Santa Monica, CA 90401

Dear Chief Seabrooks:

This is to inform you that on November 19, 2016, Chief Robert Barnes completed an unexpired term on the Emergency Medical Services Commission (EMSC). Chief Barnes was appointed by the County Board of Supervisors on May 26, 2015 to serve out the balance of a four-year term. For your information, Chief Barnes is eligible to serve two consecutive four-year terms on the EMSC.

The EMSC serves as an advisory capacity to the Board of Supervisors and the Director of Health Services regarding county policies, programs, and standards for emergency medical services throughout the County.

These are critical times for healthcare in general as demand for services grows and capacity continues to shrink. Several measures are being considered which would directly affect the quality and availability of emergency medical care in Los Angeles County. We urge you to forward a letter of nomination for Chief Barnes or another candidate of your choice to the Board of Supervisors for appointment.

Nomination letters for the EMSC should be forwarded for action to:

Lori Glasgow
Executive Officer, Board of Supervisors
383 Kenneth Hahn Hall of Administration
Los Angeles, CA 90012

Please do not hesitate to call me if you have any questions.

Sincerely,

Cathy Chidester
Executive Director

CC:ac



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Chief Robert E. Barnes

Los Angeles County Police Chiefs Assn.

Lt. Brian S. Bixler

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Executive Director

Cathy Chidester

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cchidester@dhs.lacounty.gov

Acting Commission Liaison

Amelia Chavez

(562) 347-1606

Achavez@dhs.lacounty.gov

CORRESPONDENCE 2.9

**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/>

March 16, 2017

Ms. Elena Lopez-Gusman

Executive Director

CAL/ACEP

1020 11th Street, Suite 310

Sacramento, CA 95814

Dear Ms.  Lopez-Gusman:

The purpose of this letter is to request a nominee from CAL/ACEP to fill the vacancy on the Los Angeles County Emergency Medical Services Commission (EMSC).

The EMSC is ordinated by County Code, Chapter 3.20, Section 3.20.070.5 (attached). It serves as an advisory capacity to the Board of Supervisors and the Director of Health Services regarding county policies, programs, and standards for emergency medical services throughout the County. One of the EMSC's positions is reserved for an emergency medical care physician in a paramedic base hospital nominated by the California Chapter of the American College of Emergency Physicians. This particular position on the EMSC has been vacant for over a month.

These are critical times for healthcare in general as demand for services grows and capacity continues to shrink. Several measures are being considered which would directly affect the quality and availability of emergency medical care in Los Angeles County.

Nomination letters for the EMSC should be forwarded for action to:

Lori Glasgow

Executive Officer, Board of Supervisors

383 Kenneth Hahn Hall of Administration

Los Angeles, CA 90012

Please do not hesitate to call me if you have any questions.

Sincerely,



Cathy Chidester

Executive Director

CC:ac

Attachment



**Los Angeles County
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cchidester@dhs.lacounty.gov

Acting Commission Liaison

Amelia Chavez

(562) 347-1606

Achavez@dhs.lacounty.gov

CORRESPONDENCE 2.10

**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/>

March 16, 2017

Jennifer Quan, Executive Director
League of California Cities
Los Angeles County Division
P.O. Box 1444
Monrovia, CA 91017

Dear Ms. Quan:

This is to inform you that on November 19, 2016, Mr. Colin Tudor completed an unexpired term on the Emergency Medical Services Commission (EMSC). Mr. Tudor was appointed by the County Board of Supervisors on May 26, 2015 to serve out the balance of a four-year term. For your information, Mr. Tudor is eligible to serve two consecutive four-year terms on the EMSC.

The EMSC serves as an advisory capacity to the Board of Supervisors and the Director of Health Services regarding county policies, programs, and standards for emergency medical services throughout the County.

These are critical times for healthcare in general as demand for services grows and capacity continues to shrink. Several measures are being considered which would directly affect the quality and availability of emergency medical care in Los Angeles County. We urge you to forward a letter of nomination for Mr. Tudor or another candidate of your choice to the Board of Supervisors for appointment.

Nomination letters for the EMSC should be forwarded for action to:

**Lori Glasgow
Executive Officer, Board of Supervisors
383 Kenneth Hahn Hall of Administration
Los Angeles, CA 90012**

Please do not hesitate to call me if you have any questions.

Sincerely,

Cathy Chidester
Executive Director

CC:ac



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

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Health Services
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May 3, 2017

Troy Bruzlauff, City Manager
City of Azusa
213 E. Foothill Boulevard
Azusa, CA 91702

Dear Mr. Bruzlauff:

This is to inform you that the Department of Health Services (DHS) recently concluded an extensive Request for Proposal (RFP) solicitation process for Emergency Ambulance Transportation Services 9-1-1 Response in your area.

The Department of Health Services/Emergency Medical Services (EMS) Agency manages the contracting, with oversight by the State EMS Authority, for exclusive rights to Emergency 911 Ambulance Services. Areas of the County that are not Grandfathered under the Health and Safety Code, 1797.224 are required to be defined and contracted by an RFP every ten years.

This newest RFP replaces the 2006-2016 agreements in the Exclusive Operating Areas (EOAs) 1 through 9 (Attachment). The RFP and subsequent agreements were developed by a team of DHS staff and representatives from Los Angeles County Fire Department. Each agreement includes a very detailed scope of work and requirements for employee policies, education, training, staffing requirements, ambulance configuration and response times. I was able to review the major items in the scope of work with the cities at the Contract Cities meeting on February 16, and League of Cities meeting on March 3, 2016. Final approval of the terms of the RFP and agreements were obtained from the State EMS Authority.

American Medical Response, Inc. (AMR), Care Ambulance Services (Care), Schaefer Ambulance Service (Schaefer), and WestMed Ambulance, Inc. dba McCormick Ambulance all provide service in Los Angeles County under the current contract. These companies are well established and provide excellent service that is consistently monitored by the EMS Agency.

AMR, Care and Schaeffer each submitted two or more proposals for EOAs 2, 3, 4 and 5.

Each proposal was scored based on significant items that are important to the emergency ambulance transport, including ambulance vehicles, personnel, station assignments, response plan and response time history. The proposer receiving the highest score was recommended for the agreement. In accordance with the County's established protest process, all protests were reviewed at two levels. The first review was completed by the DHS Contracts and Grants staff and the second independent review was completed by the Internal Services Department.

Troy Bruzlaff, City Manager
May 3, 2017
Page 2

DHS will be going to the Board of Supervisors on May 16, 2017 to recommend contracting with Schaefer Ambulance Services for EOA 2 and Care Ambulance for EOAs 3, 4, and 5. Each proposer's proposal scored the highest for the corresponding areas. The other EOAs that were not contested, have been awarded to contractors.

Since these are exclusive agreements covering multiple years, it is expected that companies and their employees become very vested in their current areas and understandably upset if they are not the highest scoring company. Unfortunately, it is necessary to re-solicit the EOAs every ten years to be in compliance with applicable law, the State's guidelines and County contracting requirements as well as for fairness to the private companies.

The EMS Agency works closely with each of these ambulance companies and is confident that any one of them would provide excellent service in your city. In fact, all four proposers have been providing emergency ambulance services under the County's existing agreements and enjoy excellent response times with the compliance rate for the last fiscal year at 91.06% for Schaefer, 93.47% for Care, 94.17% for AMR, and 95.8% for McCormick; all within the expected minimum requirement of 90% compliance.

The EOA contracts are closely monitored by the EMS Agency for response time performance (Attached) and compliance with all aspects for the Scope of Work.

I will be at the Contract Cities conference in Indian Wells on May 13, 2017. Should you wish to talk or have any questions, please contact me at (562) 347-1604.

Sincerely,

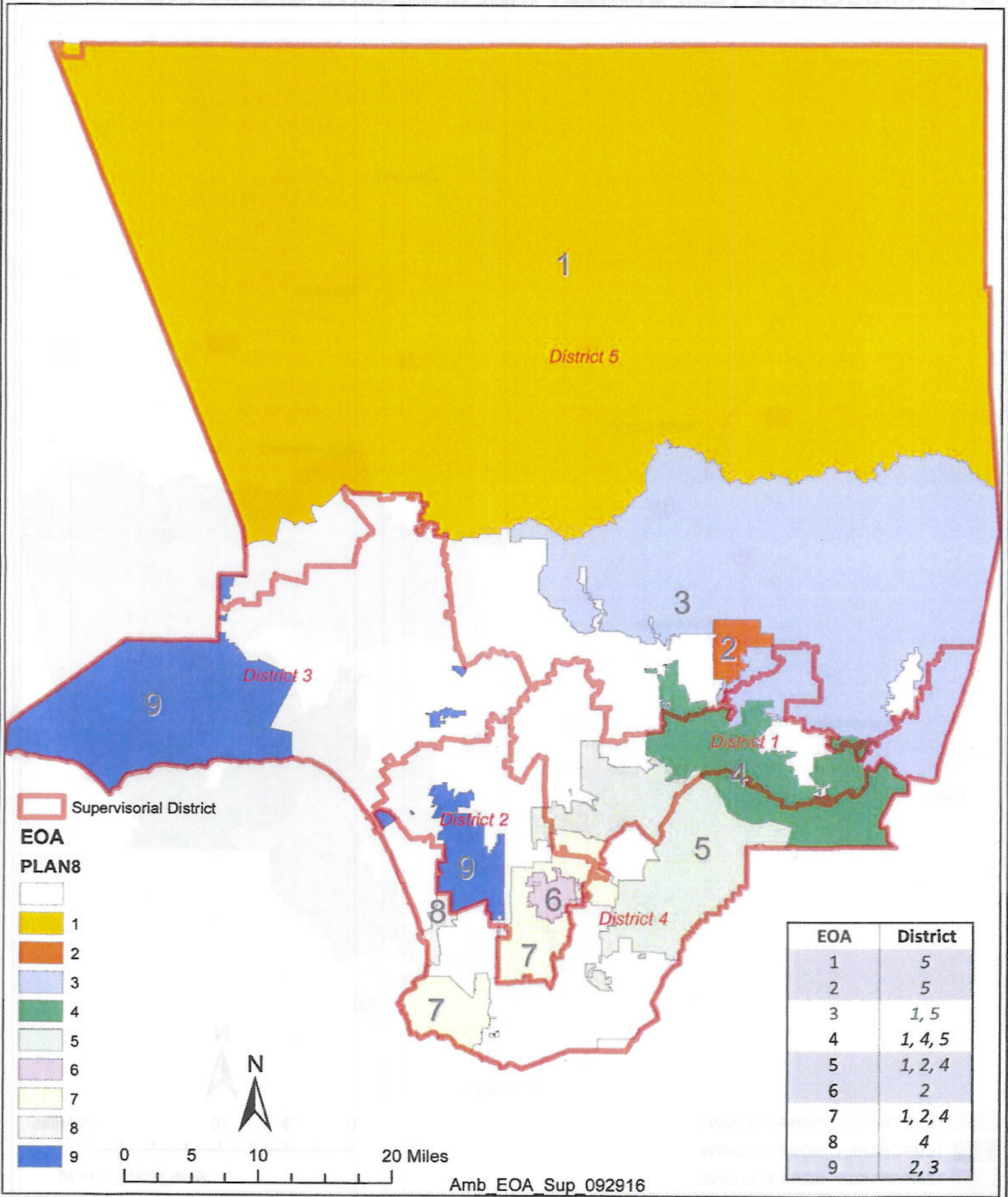


Cathy Chidester
Director

Attachments

c: Health Deputies
Director, Health Agency
Deputy Director, DHS
EMS Commission
City Mayor

2016 Emergency Ambulance Transportation 9-1-1 Exclusive Operating Area (EOA) by Supervisorial District

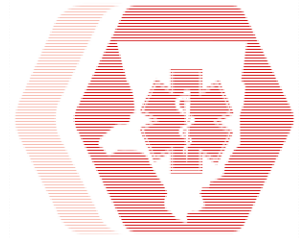




County of Los Angeles • Department of Health Services
Emergency Medical Services Agency

**BASE HOSPITAL ADVISORY COMMITTEE
MINUTES**

April 12, 2017



MEMBERSHIP / ATTENDANCE

REPRESENTATIVES		EMS AGENCY STAFF
<input checked="" type="checkbox"/>	Mark Eckstein, M.D., Chair	EMS Commission
<input type="checkbox"/>	Margaret Peterson, Vice Chair	EMS Commission
<input type="checkbox"/>	Carol Snyder, RN.	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 type="checkbox"/>	Samantha Verga-Gates	Southern Region
<input type="checkbox"/>	Laurie Mejia	Southern Region
<input type="checkbox"/>	Natalie Burciago	Southern Region, Alternate
<input checked="" type="checkbox"/>	Christine Farnham	Southern Region, Alternate
<input checked="" type="checkbox"/>	Paula Rosenfield	Western Region
<input checked="" type="checkbox"/>	Ryan Burgess	Western Region
<input checked="" type="checkbox"/>	Alex Perez	Western Region, Alternate
<input 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 type="checkbox"/>	Mike Hansen	Provider Agency Advisory Committee
<input checked="" type="checkbox"/>	Michael Murrey	Provider Agency Advisory Committee, Alt.
<input type="checkbox"/>	Jazmin Gonzalez	MICN Representative
<input type="checkbox"/>	Jeff Warstler	MICN Representative, Alt.
<input type="checkbox"/>	Robin Goodman	Pediatric Advisory Committee
<input 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 type="checkbox"/>	Dee Josing (HMN)	<input type="checkbox"/> Rachel Caffey (NRH)
<input type="checkbox"/>	Heidi Ruff (NRH)	<input checked="" type="checkbox"/> Gloria Guerra (QVH)
		GUESTS
		Yvonne Eliziraraz Harbor UCLA
		Victoria Hernandez, LACoFD
		Nicole Steeneken, LACoFD
		Nicholas Todd, LACoEMS
		Annette Cornell, Prov. Holy Cross
		Kevin Millikan, Torrance FD

1. **CALL TO ORDER:** The meeting was called to order at 1:05 P.M. by Chairperson Mark Eckstein, M.D.

2. **APPROVAL OF MINUTES:** The February 8, 2017, meeting minutes were approved as submitted.

M/S/C (Burgess/Crews)

3. **INTRODUCTIONS/ANNOUNCEMENTS:**

- Self-Introductions were made by all.
- Members were reminded to complete Reference No. 621, Notification of Personnel Change (621.1 and/or 621.2) when pertinent staffing, address, telephone, and electronic mail changes occur.

4. **REPORTS & UPDATES:**

4.1 EMS Update 2017 (Richard Tadeo)

Train-the-trainer sessions are scheduled for April 24th & April 27th, there is a total of 12 modules with the possibility of 4 optional. In an effort to be environmentally conscientious a flash drive will be provided containing all training materials, please bring your lap top.

4.2 Sidewalk CPR (Susan Mori)

Sidewalk Cardiac Resuscitation Day is scheduled for June 1, 2017. Refer to flyer for registration form and contact information to order American Heart Association CPR Anytime Kits.

4.3 Revised EMS Personnel Certification Fees

Refer to Attachment dated March 21, 2017, fees effective July 1, 2017.

4.4 Treatment Protocol Development (Richard Tadeo)

Protocol development continues. Once the draft protocols are ready, a work group will be convened to review the protocols. A 2-3 month pilot study is planned for the Fall and subsequently finalized for endorsement by the Medical Advisory Council by December 2017.

4.5 Base Hospital Form Changes (Michelle Williams)

There was an in depth conversation regarding *Providers First Impression* and *Chief Complaint*. Use of the new revised base hospital forms should be implemented this week.

4.6 Los Angeles County/City Fire ePCR Implementation

Various concerns were expressed regarding the continued issues with the ePCR. Issues continue to be under review by the vendor.

4.7 Ref. No. 1400 (Richard Tadeo)

The EMS Agency in collaboration with the various medical directors of emergency medical dispatch centers developed guidelines for "pre-arrival instructions". These guidelines were planned to be Ref. No. 1400. Subsequent to the release of the Agenda, the EMS Agency has decided to make these guidelines as an attachment to Ref. No. 227, Dispatching of Emergency Medical Services.

5. UNFINISHED BUSINESS:

5.1 None

6. NEW BUSINESS:

6.1 Ref. No. 227, Dispatching of Emergency Medical Services

M/S/C (Burgess/Strange) Approved as presented.

6.2 Ref. No. 302, 9-1-1 Receiving Hospital Requirements

In depth conversation ensued regarding concerns with Principles, Data Submission Requirements, lack of Regional Meetings, and lack of clarity regarding interfacility

transfers. The policy was tabled. Committee requested the policy be revised based upon input from today's meeting and brought back at the next BHAC meeting.

- 6.3 Ref. No. 411, Provider Ambulance Operator Medical Director

M/S/C (Burgess/Strange) Approved as presented.

- 6.4 Ref. No. 420, Private Ambulance Operator Medical Director

M/S/C (Burgess/Strange) Approved as presented.

- 6.5 Ref. No. 519.3, Multiple Casualty Incident Transportation Management

M/S/C (Burgess/Strange) Approved as presented.

- 6.6 Ref. No. 816, Physician at Scene

M/S/C (Burgess/Crews) Approved as presented.

7. OPEN DISCUSSION:

- 8. NEXT MEETING:** BHAC's next meeting is scheduled for **June 14, 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 14:47 P.M.



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
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

*To ensure timely,
compassionate and quality
emergency and disaster
medical services.*

COMMITTEE REPORTS 3.2

EMERGENCY MEDICAL SERVICES COMMISSION DATA ADVISORY COMMITTEE

MEETING NOTICE

Date & Time: Wednesday, April 12, 2017 10:00 A.M.
Location: EMS Agency, First Floor Hearing Room
10100 Pioneer Boulevard
Santa Fe Springs, 90670-3736

DATA ADVISORY COMMITTEE DARK FOR APRIL 2017



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



**COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION**
10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670
(562) 347-1500 FAX (562) 941-5835



EDUCATION ADVISORY COMMITTEE

MEETING CANCELATION NOTICE

DATE: April 13, 2017

TO: Education Advisory Committee Members

SUBJECT: CANCELATION OF MEETING

Due to a lack of agenda items, the Education Advisory Committee meeting scheduled for April 19, 2017 has been canceled.

INFORMATION IN LIEU OF MEETING:

1. EMS Update 2017 Train the Trainer is scheduled for April 24th and April 27th. Training shall commence May 1st with a deadline of July 31, 2017 for MICNs and Paramedics. EMTs are encouraged to attend.
2. Countywide Sidewalk CPR is scheduled for Thursday, June 1, 2017. Please review the attached letter for participation information.
3. The 2017 EMSAAC conference is scheduled for May 9 & 10, 2017 in San Diego. Conference information is available at emsaac.org.
4. The 2017 CFED West conference is scheduled for May 21-25, 2017 in Palm Springs. Conference information is available at cfedwest.com.
5. The EMT regulations have been approved by the State of California Commission on EMS and have been submitted to the Office of Administrative Law for approval.
6. EMS Week is May 21-27, 2017.

NEXT MEETING:

Date: Wednesday, June 21, 2017
Time: 10:00 am
Location: EMS Agency Headquarters
EMS Commission Hearing Room
10100 Pioneer Blvd, Room 128
Santa Fe Springs, CA 90670



Los Angeles County
Board of Supervisors

Hilda L. Solis
First District

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

February 1, 2017

TO: Distribution

FROM: Cathy Chidester
Director

SUBJECT: **COUNTYWIDE SIDEWALK CARDIAC RESUSCITATION
DAY – THURSDAY, JUNE 1, 2017**

Los Angeles County Emergency Medical Services (EMS) Agency, in collaboration with the American Heart Association (AHA), is coordinating a countywide SideWalk "Hands-Only" Cardiopulmonary Resuscitation (CPR) public education event on **Thursday, June 1, 2017**. The first week of June is designated as National CPR and AED Awareness Week and provides a perfect opportunity for public education on this life-saving skill.

We would like to invite your facility/agency to participate in this exciting campaign. The EMS Agency will coordinate the participation through pre-registration (attached). Registration provides contact information for the distribution of the basic curriculum, sample press release, program ideas, and rosters/sign-in sheets to track the number of persons trained during the event. **Early registration** allows us to list your training site(s) on the web page for press coverage and community information.

The EMS Agency and AHA will coordinate the press releases; however, each participating organization will also need to publicize the time, hours of operation, and location for their training to the local community. You may choose to have one or more CPR training sites and select an area(s) in or close to your facility/agency. **Instructors do not need a CPR instructor card**, but will need to be comfortable performing CPR and utilizing the curriculum provided by the EMS Agency. CPR Anytime Kits (attached) are available for purchase through the AHA at the cost of \$38.50 if your facility does not have manikins available.

Each participating organization will report the number of citizens trained during the event to the EMS Agency by the end of the day. The EMS Agency will provide a report on the total number trained in Los Angeles County to the AHA, EMS community, and interested parties. Last year approximately **7,000 people in LA County were trained in one day!**

We hope that you will choose to participate in the LA County SideWalk CPR event. Please complete the attached registration form and return it to the EMS Agency by May 25, 2017.

Attachment



SideWalk-CPR
LA County EMS System

ATTACHMENT II

To order American Heart Association CPR Anytime Kits, contact Sylvia Beanes at Sylvia.Beanes@Heart.org or (213) 291-7079





SIDEWALK CPR DAY

REGISTRATION FORM



DATE: Thursday, June 1, 2017

TIME: To be determined by the organization providing the training

Please complete the following registration form and submit it to the EMS Agency by **May 25, 2017**.

PLEASE PRINT

Facility/Provider Name

Name of Designated Coordinator

Mailing Address

Email Address

Phone Number

Location Address and Time of Sidewalk CPR Training for Each Site

Order disposable CPR manikins from the AHA by contacting Sylvia Beanes at
Sylvia.Beanes@Heart.org or (213) 291-7079

Email or fax completed forms to: Aracely Campos
ACampos4@dhs.lacounty.gov
Fax No. (562) 941-5835



County of Los Angeles
Department of Health Services

COMMITTEE REPORTS 3.4



EMERGENCY MEDICAL
SERVICES AGENCY
LOS ANGELES COUNTY

EMERGENCY MEDICAL SERVICES COMMISSION

PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES

Wednesday, April 19, 2017

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
- ☐ Jason Henderson
 - ☐ 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 Paramedic Coordinator*¹
- Employed Paramedic Coordinator, Alt.*¹
- Prehospital Care Coordinator *³
- Prehospital Care Coordinator, Alt.*³
- Public Sector Paramedic*²
- Public Sector Paramedic, Alt.*²
- Private Sector Paramedic*¹
- Private Sector Paramedic, Alt.*¹
- Provider Agency Medical Director*⁴
- Provider Agency Medical Director, Alt.*⁴
- Private Sector Nurse Staffed Ambulance Program*¹
- Private Sector Nurse Staffed Ambulance Program, Alt.*¹

EMS AGENCY STAFF PRESENT

- Marianne Gausche-Hill, MD
- Richard Tadeo
- Lucy Hickey
- Elaine Forsyth
- Cathlyn Jennings
- Susan Mori
- Paula Rashi
- Nicholas Todd
- John Telmos
- David Wells
- Michelle Williams
- Christina Eclarino
- Joan Lockwood
- Gary Watson

OTHER ATTENDEES

- Geron Sheppard, MD
- Compton FD
- Jamie Hirsch
- Mt. San Antonio College
- Al Flores
- LAFD
- David Konieczny
- McCormick Ambulance
- Bryan Kekacs
- Liberty Ambulance
- Roger Braum
- Culver City FD
- Kim Mutaw
- AMR Ambulance
- Paula Park
- LACoFD
- Jacob Wagoner
- Lynch Ambulance
- Kris Thomas
- Ambulnz Ambulance
- Marianne Newby
- Glendale FD
- Andrew Gano
- Glendale FD
- Ivan Orloff
- Downey FD
- Kevin Millikan
- Torrance FD
- Nicole Steeneken
- LACoFD
- Richard Morrison
- FirstMed Ambulance
- Paul Pearson
- MedResponse Amb
- Julian Zermeno
- Santa Monica FD
- Dierdra Cohen
- MedReach Amb
- Michael Barilla
- Pasadena FD

Position Elected by: *¹ LACAA – Los Angeles County Ambulance Association *² LAAFC – Los Angeles Area Fire Chiefs Association *³ BHAC – Base Hospital Advisory Committee *⁴ Med Council
BHAC – Base Hospital Advisory Committee DAC – Data Advisory Committee

CALL TO ORDER

Chair, Commissioner David White called meeting to order at 1:05 p.m.

1. APPROVAL OF MINUTES

1.1 (Berkuta/Nevandro) December 21, 2016 minutes were approved as written.

1.2 (Berkuta/Nevandro) February 15, 2017 minutes were approved as written.

2. INTRODUCTIONS / ANNOUNCEMENTS

2.1 New Members to Committee

- Jason Henderson (Compton Fire Department) replacing Richard Roman as Area E, Representative.

- Luis Vasquez (AMR Ambulance) replacing Adam Richards as Employed Paramedic Coordinator, Representative.
- Tisha Hamilton (AMR Ambulance) filling vacant position as Employed Paramedic Coordinator, Representative, Alternate.

2.2 Sidewalk CPR (Susan Mori)

- National CPR Week is June 1-7, 2017. In collaboration with the American Heart Association, the Los Angeles County EMS Agency is coordinating a countywide Sidewalk "Hands-Only" CPR public education event on June 1, 2017.
- Reminder to all those planning to participate, please submit registration forms in to the EMS Agency as soon as possible. All registration material should be sent to Aracely Campos at acampos4@dhs.lacounty.gov. Questions can be directed to Susan Mori at sumori@dhs.lacounty.gov or (562) 347-1681.

2.3 Disaster/MCI Training (Elaine Forsyth)

The EMS Agency is conducting their 3rd Annual Disaster/MCI Training on June 15, 2017. Class is free and available for all Los Angeles County EMS providers. Space is limited to 60 participants. Preregistration is required. Contact Elaine Forsyth for more information at eforsyth@dhs.lacounty.gov or (562) 347-1647.

2.4 Mount San Antonio College Paramedic School Update (Jamie Hirsch)

- Mount San Antonio College's EMT and paramedic training schools have been restructured and is now under the Public Safety Programs Department. Those interested in applying should contact Chief Jamie Hirsch, jhirsch3@mtsac.edu or (909) 274-5834.

3. REPORTS & UPDATES

3.1 EMS Update 2017 (Richard Tadeo)

- Train-the-Trainer classes are scheduled for April 24 (1-4pm) and April 27 (9am-12pm and 1-4pm)
- 11 training modules will be available during the EMS Update training. Eight modules will be required and three modules will be optional. Topics for the optional modules include hypoglycemia, chest pain and pulmonary edema.
- A minimum of 3 continuous education (CE) hours will be provided, with an additional 1 CE hour for those who wish to complete optional modules.
- All educational material including Power Point slides / videos will be placed on a thumb-drive and available to the Train-the-Trainer educators.
- Educators attending the Train-the-Trainer class are encouraged to bring their laptops.
- The EMS Agency's Medical Director expressed her gratitude by thanking all Prehospital Care Coordinators and EMS providers who participated on the EMS Update 2017 committee.

3.2 Revised EMS Personnel Certification Fees (Nicholas Todd)

Effective July 1, 2017, fees for EMT and MICN certification and Paramedic accreditation will be revised. List of new fees were provided to Committee.

3.3 Infection Control Assessments (Christina Eclarino)

- The County of Los Angeles Public Health Department and the EMS Agency are working together to review infection control practices of prehospital care providers. This assessment involves a questionnaire and observation of a provider's infection control practices. Assessment is voluntary.
- Currently, 12 EMS providers have participated, included private and public providers. This project is seeking participation from three more fire departments.
- To participation or if you have any questions, please contact Christina Eclarino, RN, County of Los Angeles Public Health at ceclarino@ph.lacounty.gov or (213) 240-7941.

3.4 Summary of EMS Report Form Changes (Mitchell Williams)

- Updated patient care record (PCR) will go into effect July 1, 2017, for all provider utilizing an electronic PCR system. Start date for those utilizing paper PCR is August 1, 2017.
- Handout was provided listing upcoming changes to the form, which include changing the paper PCR size from 8.5x11 inch to the new 8.5x14 inch.
- Updated Base Hospital forms have already been distributed and includes the new changes.

3.5 Unit Inventory Update (John Telmos)

Provider's unit inventory policies have been updated to reflect the recent changes of Dextrose 10%. These policies are found on the EMS Agency's webpage.

3.6 Treatment Protocol Development (Richard Tadeo)

- New Treatment Protocols continue to be developed internally within the EMS Agency.
- It is anticipated that a complete draft of all the protocols will be completed sometime in May 2017. A workgroup, similar to the EMS Update Development Workgroup will be convened to review the draft protocols. A pilot project is planned in late summer/early fall to beta test the protocols. This pilot will allow provider feedback and recommend protocol revisions.
- In December 2017, these revised treatment protocols will be presented to Medical Advisory Council for endorsement. The implementation and education to the treatment protocols will be through EMS Update 2018.

3.7 Reference No. 1400 – Introduction (Information Only) (Richard Tadeo)

This new policy section was set aside for newly developed Guidelines on EMS dispatch pre-arrival instructions; however, subsequent internal EMS Agency discussions indicate these guidelines will be better as Reference No. 227.1 to complement the main policy Reference No. 227.

3.8 Reference No. 621, Notification of Personnel Change (Information Only) (John Telmos)

3.8.1 Reference No. 621.1, Provider Agency & Training Programs (Information Only)

3.8.2 Reference No. 621.2, Hospital Programs (Information Only)

The information from these policies (forms) are used within the EMS Agency only and was presented to the Committee as information only. Once approved by EMS Commission, forms will be available on the EMS Agency's webpage.

3.9 Reference No. 911, Public Safety First Aid (PSFA) And Basic Tactical Casualty Care (BTCC) Training Program Requirements (Information Only) (David Wells)

Policy intended for law enforcement agencies only and developed by the EMS Agency due to increasing inquiries to program requirements. Policy presented to Committee as information only.

4. UNFINISHED BUSINESS

4.1 Reference No. 517, Private Provider Agency Transport/Response Guidelines (John Telmos)

Policy reviewed and approved with the following changes:

- Throughout Policy: Replace wording "Staffed Critical Care Transport (CCT)" to read "Specialty Care Transport (SCT)".
- Add to Definitions: "Response Time" is defined as time of dispatch to time on scene.
- Page 5, II. C. 2. a.: Replace "health facility" to read "emergency department facility".

M/S/C (Van Slyke/Hansen) Approve Reference No. 517, Private Provider Agency Transport/Response Guidelines, with the above recommendations.

5. NEW BUSINESS

5.1 Reference No. 227, Dispatching of Emergency Medical Service (*John Telmos*)

Policy reviewed and approved as presented.

M/S/C (Berkuta/Nevandro) Approve Reference No. 227, Dispatching of Emergency Medical Service.

5.2 Reference No. 302, 9-1-1 Receiving Hospital Requirements (*Richard Tadeo*)

Policy reviewed and Tabled with the following recommendation:

- Page 3, C. 4. ii.: Add language referring to patient within the emergency department only.

TABLED: Reference No.302, 9-1-1 Receiving Hospital Requirements.

5.3 Reference No. 411, Provider Agency Medical Director (*John Telmos*)

Policy reviewed and approved as presented.

M/S/C (Van Slyke/Berkuta) Approve Reference No. 411, Provider Agency Medical Director.

5.4 Reference No. 420, Private Ambulance Operator Medical Director (*John Telmos*)

Policy reviewed and approved as presented.

M/S/C (Guillen/Berkuta) Approve Reference No. 420, Private Ambulance Operator Medical Director.

5.5 Reference No. 519.3, Multiple Casualty Incident Transportation Management (*John Telmos*)

Policy reviewed and approved as presented.

M/S/C (Berkuta/Hansen) Approve Reference No. 519.3, Multiple Casualty Incident Transportation Management.

5.6 Reference No. 816, Physician At Scene (*Richard Tadeo*)

Policy reviewed and approved as presented.

M/S/C (Ower/Van Slyke) Approve Reference No. 816, Physician At Scene.

6. OPEN DISCUSSION:

6.1 Retirement – Erika Reich (*Lucy Hickey*)

- In February 2017, Erika Reich has retired from the County of Los Angeles after 34 years of service.
- Joannie Lockwood has been promoted to position of Manager, overseeing EMT and Paramedic Training Programs.

6.2 General Public Ambulance Rates (John Telmos)

Annual adjustments to the General Public Ambulance Rates go into effect July 1, 2017. Announcement letter with the adjusted rates will be mailed to all providers in a few weeks and will be posted on the EMS Agency's webpage in the near future.

6.3 California EMT Regulations, Update (Lucy Hickey)

The State EMT curriculum is being changed and will include tactical care, EMT Scope of Practice, EMT skills and others. Once new regulations go into effect, all EMT programs will have one year to implement the new regulation requirements.

7. NEXT MEETING: June 21, 2017

8. ADJOURNMENT: Meeting adjourned at 2:44 p.m.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **DISPATCHING OF EMERGENCY
MEDICAL SERVICES**

REFERENCE NO. 227

PURPOSE: To establish minimum requirements for the dispatching of emergency medical services.

AUTHORITY: California Health and Safety Code, Division 2.5, Section 1797.220

State of California Health and Human Services Agency, Emergency Medical Services Authority, Dispatch Program Guidelines, March 2003

DEFINITIONS:

Continuing Dispatch Education: Development and implementation of educational experiences designed to enhance knowledge and skill in the application of dispatch.

Emergency Medical Dispatch (EMD): A system of telecommunications established to enable the general public to request emergency assistance, which provides medically approved pre-arrival instructions, and dispatches a level of response according to pre-established provider guidelines through caller interrogation by a specially trained dispatcher.

Emergency Medical Dispatcher/ Call taker: An employee of an agency providing emergency medical dispatch services who has completed a nationally recognized dispatch program or Provider Agency specific program approved by the EMS Agency, and who is currently certified as an Emergency Medical Dispatcher (EMD), or Emergency Medical Technician (EMT) with current local scope of practice training. An Emergency Medical Dispatcher/Call taker is specially trained to provide post-dispatch/pre-arrival instructions.

Dispatch Center Medical Director: A physician licensed in California, board certified or eligible in emergency medicine, who possesses knowledge of emergency medical services (EMS) systems in California and the local jurisdiction and who is familiar with dispatching systems and methodologies; or a physician responsible for the dispatch medical direction of the nationally-recognized EMD program.

Post-dispatch/Pre-arrival instructions: Telephone rendered protocols reflecting current evidence based medical practice and standards, including instructions intended to encourage callers to provide simple lifesaving maneuvers to be used after EMS units have been dispatched and prior to their arrival.

Quality Improvement: A program designed to evaluate, monitor, and improve performance and compliance with policies and procedures to ensure safe, efficient, and effective delivery of emergency medical dispatching.

PRINCIPLE:

1. All callers requesting emergency medical care should have direct access to qualified dispatch personnel for the provision of EMS.

EFFECTIVE: 02-15-10
REVISED: 06-01-17
SUPERSEDES: 02-15-10

PAGE 1 OF 5

APPROVED: _____
Director, EMS Agency

Medical Director, EMS Agency

2. EMS Provider Agencies that implement Emergency Medical Dispatch (EMD) should comply with the State of California Health and Human Services Agency, Emergency Services Authority, Dispatch Program Guidelines of March 2003 and Los Angeles County EMS policies.
3. EMS Provider Agencies that do not currently utilize EMD are required to incorporate post-dispatch/pre-arrival instructions in their practice of dispatching EMS. These providers should comply with the minimum requirements established in Ref. No. 227, Dispatching of Emergency Medical Services or send the highest level of care available.
4. The emergency medical dispatching protocols developed by the dispatch center shall be approved by the Dispatch Center Medical Director.

POLICY

I. Program Requirements

- A. Each dispatch center shall have a Dispatch Center Medical Director to oversee protocol development, quality improvement and shall have a Dispatch Coordinator to oversee daily operations.
- B. If the dispatch center utilizes a nationally-recognized EMD program, the following shall be submitted to the EMS Agency:
 1. Name of EMD program
 2. Name of Dispatch Center Medical Director
 3. Post-dispatch/Pre-arrival instructions that are clearly defined in compliance with EMS Agency guidelines
 4. Quality Improvement Program
- B. If the dispatch center develops its own emergency medical dispatching protocols, the following shall be submitted to the EMS Agency:
 1. Education standards and qualifications for call-takers and dispatchers
 2. Pre-determined interrogation questions
 3. Guidelines and procedures that assist with decision-making
 4. Post-dispatch/Pre-arrival instructions that are clearly defined in compliance with EMS agency guidelines.
 5. Quality Improvement Program
 6. Name, contact information, and credentials of the Dispatch Center Medical Director

II. Dispatch Center Medical Director

- A. Provides medical direction and oversight of the emergency medical dispatch program by review and approval of:
 - 1. Policies and procedures related to Emergency Medical Dispatch and patient care
 - 2. Standards for qualifying education and continuing education.
 - 3. Dispatch guidelines including pre-arrival instructions.
 - 4. Oversees quality improvement (QI) and compliance standards
 - 5. Provides ongoing periodic review of dispatch records for identification of potential patient care issues
 - 6. Provides oversight and participates in dispatch quality improvement, risk management and compliance activities
 - 7. Attends, participates by phone conference call, or sends a representative to the Dispatch Center Advisory meetings scheduled by the Los Angeles County EMS Agency

II. Emergency Dispatch Coordinator

- A. Oversees daily operations of the center and ensures staffing on a continuous 24 hour basis of qualified Emergency Medical Dispatchers/Call-Takers that meets the EMS provider agency's needs
- B. Ensures that a dispatch supervisor or designee is readily accessible 24 hours daily
- C. Ensures for availability of a 24 hour contact phone number to be utilized to coordinate or disseminate information in case of critical incident or disease outbreak
- D. Coordinates QI activities with the Medical Director.
 - 1. Provides ongoing periodic review of dispatch records for identification of potential patient care issues
 - 2. Participates in dispatch quality improvement, risk management and compliance activities
 - 3. Attends or participates by phone conference call in the Dispatch Center Advisory meetings scheduled by the Los Angeles County EMS Agency

III. Emergency Medical Dispatcher / Call-Taker Qualifications

A. Initial Qualifications

1. A Valid current BLS certification at the healthcare provider level. Must include hands on skills validation (e.g., American Heart Association, American Red Cross, National Safety Council, or American Safety Health Institute)
2. EMD Certification, or a minimum initial training of twenty-four (24) hours that meets the requirements of the California EMS Authority's Emergency Medical Services Dispatch Program Guidelines

B. Recertification

1. Recertification as an EMD, if applicable
2. A minimum of (twenty four) 24 hours of continuing dispatch education (CDE) every two years.

V. Quality Improvement:

The Emergency Medical Dispatch Center shall have a Quality Improvement Program that will evaluate indicators specific to the dispatch of emergency medical services in order to foster continuous improvement in performance and quality patient care.

A. Each QI Program shall have a written plan that includes, at minimum, the following components:

1. Mission statement, objectives, and goals for process improvement
2. Organizational chart or narrative description of how the QI program is integrated within the dispatch center, process(s) for data collection and reporting. Include templates utilized in standardize reports
3. Key performance measures or indicators related to delivery of emergency medical dispatching. Methods or activities designed to address deficiencies and measure compliance to protocol standards as established by the EMD Medical Director through ongoing random case review for each emergency medical dispatcher
4. Activities designed to acknowledge excellence in the delivery of emergency medical dispatch performance
5. The QI process shall:
 - a. Monitor the quality of medical instruction given to callers, including ongoing random case review for each emergency medical dispatcher and observing telephone care rendered by emergency medical dispatchers for compliance with defined standards.

- b. Conduct random or incident specific case reviews to identify calls/practices that demonstrate excellence in dispatch performance and/or identify practices that do not conform to defined policy or procedures so that appropriate training can be initiated.
- c. Review EMD reports, and/or other records of patient care to compare performance against medical standards of practice.
- d. Recommend training, policies and procedures for quality improvement.

CROSS REFERENCES:

Pre-hospital Care Manual:

Reference No. 226, **Private Ambulance Provider Non 9-1-1 Medical Dispatch**

Reference No: 620, **EMS Quality Improvement Program**

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No. 227- Dispatching of Emergency Medical Services

SECTION	COMMITTEE/ DATE	COMMENT	RESPONSE
Pre-Hospital	Dispatch Committee November 14, 2016	QI policy too extensive and impractical for dispatch centers. Strike reference to ref. 620. Change term CQI to QI.	Policy to be reviewed and simplified for QI with change of CQI to QI
Pre Hospital	Provider Agency Advisory Committee February 15, 2017	For information only. Noted and reviewed by committee	Approved to move on to BHAC and PAAC
	BHAC April 12, 2017	No recommendations for changes.	Approved as written.
	PAAC April 19, 2017	No recommendations for changes	Approved as written.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

REFERENCE NO 202.1

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reviewed 11-28-2016

SUBJECT: **PROVIDER AGENCY MEDICAL DIRECTOR**

REFERENCE NO. 411

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

DEFINITION:

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

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

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

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

ROLE AND RESPONSIBILITIES OF THE PROVIDER AGENCY MEDICAL DIRECTOR

- I. Medical Direction and Supervision of Patient Care
 - A. Advises the provider agency in planning and evaluating the delivery of prehospital medical care by EMTs and paramedics.
 - B. Reviews and approves the medical content of all EMS training performed by the provider agency and ensures compliance with continuing education requirements of the State and local EMS Agency.
 - C. Reviews and approves the medical components of the provider agency's dispatch system.
 - D. Assists in the development of procedures to optimize patient care.

EFFECTIVE: 02-01-1994
REVISED: 07-01-17
SUPERSEDES: 07-01-13

PAGE 1 OF 3

APPROVED: _____
Director, EMS Agency

Medical Director, EMS Agency

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

III. Investigation of Medical Care Issues

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

CROSS REFERENCE:

Prehospital Care Manual:

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

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

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

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

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

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No. 411, Provider Agency Medical Director

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Definition	BHAC April 12, 2017	Added: Provider Medical Director, “to provide oversight of all medications utilized by EMTs and paramedics including controlled medications, and to oversee the provider’s quality improvement process”. Medical Director is required to be Board “eligible”. Medical Director is engaged in, clinical practice, supervision, or teaching of emergency medicine and/or EMS .	Approved as written. Approved as written. Approved as written.
Section “1.H”		“Attend at least 50% of the Medical Advisory Council meetings or delegate a designee.”	Approved as written.
As above	PAAC April 19, 2017	As written above, no other changes.	Approved as written.

SUBJECT: **PRIVATE AMBULANCE OPERATOR
MEDICAL DIRECTOR**

REFERENCE NO. 420

PURPOSE: To describe the role and responsibilities of Medical Directors of licensed Los Angeles County Private Ambulance Operators.

DEFINITION:

Private Ambulance Operator Medical Director: A physician designated by an approved EMS Private Ambulance Operator and approved by the Los Angeles County EMS Agency Medical Director, to provide oversight of all medications utilized by EMTs and paramedics including controlled medications, and oversees the private provider agency's quality improvement process, as defined by the Los Angeles County EMS Agency.

The Private Ambulance Operator Medical Director shall:

1. Be board certified or eligible by the American Board of Emergency Medicine.
2. Engaged in the practice, supervision, or teaching of emergency medicine and/or EMS.
3. Be knowledgeable on the current policies, procedures, and protocols of the Los Angeles County EMS Agency.
4. Attend an EMS system orientation provided by the EMS Agency within six (6) months of hire.

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

POLICY

I. Role And Responsibilities Of The Private Operator Medical Director

A. Medical Direction and Supervision of Patient Care

1. Advises the private ambulance operator in planning and evaluating the delivery of prehospital medical care by EMTs and, if applicable, paramedics, nurses, and respiratory therapists.
2. Reviews and approves the medical content of all EMS training performed by the private ambulance operator. If approved as a continuing education provider in Los Angeles County, ensures compliance with State and local EMS Agency continuing education requirements.

EFFECTIVE: 10-01-15
REVISED: 07-01-17
SUPERSEDES: 10-01-15

PAGE 1 OF 3

APPROVED: _____
Director, EMS Agency

Medical Director, EMS Agency

3. Reviews and approves the medical components of the private ambulance operator's dispatch policies and procedures as demonstrated by a dated signature or other mechanism in place for approval, such as electronic signature.
4. Assists in the development of procedures to optimize patient care.
5. Evaluates compliance with the legal documentation requirements of patient care.
6. Provides oversight and participates in the private ambulance operator's Quality Improvement program.
7. Ensures private ambulance operator compliance with Los Angeles County EMS Agency controlled substance policies and procedures, if applicable.

B. Audit and Evaluation of Patient Care

1. Assists the private ambulance operator in the development and implementation of a continuous quality improvement program to ensure the provision of quality medical care. Provides recommendations for training and operational changes based on quality improvement results.
2. Evaluates private ambulance operator medical personnel for adherence to medical policies, procedures and protocols of the Los Angeles County EMS Agency. Provides ongoing periodic review of dispatch and patient care records for identification of potential patient care issues.
3. Reviews the delivery and evaluation of patient care with base and receiving hospitals, as applicable.

C. Investigation of Medical Care Issues

1. Reviews incidents with unusual or adverse patient outcomes, inadequate performance of EMS personnel, and complaints related to the delivery of medical care.
2. Evaluates medical performance and appropriate facts and, as needed, forwards those facts in writing to the Los Angeles County EMS Agency Medical Director.

Ensures that appropriate actions (e.g., training, counseling, etc.) are taken related to patient care issues with adverse outcomes, near misses, etc.

II. Role And Responsibilities Of The Private Ambulance Operator

- A. Designates and maintains a Medical Director at all times.
- B. Ensures Medical Director is involved in the development of all medically related policies, procedures, quality improvement and medical dispatch programs, as applicable.

- C. Provides the EMS Agency with notification of any changes in the designated Medical Director as specified in Reference No. 621, Notification of Personnel Change.
- D. Immediately notify the EMS Agency in the event the Medical Director abruptly resigns or is otherwise unable to fulfill his/her duties and no immediate replacement is available.

CROSS REFERENCE:

Prehospital Care Manual:

Reference No. 226, **Private Ambulance Provider Non 9-1-1 Medical Dispatch**
Reference No. 414, **Registered Nurse/Respiratory Specialty Care Transport Provider**
Reference No. 517, **Private Provider Agency Transport/Response Guidelines**
Reference No. 620, **EMS Quality Improvement Program**
Reference No. 621, **Notification of Personnel Change**
Reference No. 621.1, **Notification of Personnel Change Form**
Reference No. 816, **Physician at the Scene**
Reference No. 701, **Supply and Resupply of Designated EMS Provider Units/Vehicles**
Reference No. 702, **Controlled Drugs Carried on ALS Units**

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No. 420, Private Provider Ambulance Operator Medical Director

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Definition	BHAC April 12, 2017	Added: Private prover medical director oversees, "private ambulance operator's" quality improvement process.	Approved as written.
As Above	PAAC April 19, 2017	As above.	Approved as written.

SUBJECT: **PRIVATE PROVIDER AGENCY
TRANSPORT/RESPONSE GUIDELINES**

(EMT, PARAMEDIC, MICN)
REFERENCE NO. 517

PURPOSE: To provide guidelines for private ambulance providers handling requests for emergency and non-emergency transports.

AUTHORITY: Los Angeles County Code, Title 7, Business License, Division 2, Chapter 7.16
Health & Safety Code, Division 2, Section 1250,
Health & Safety Code, Division 2.5, Sections 1797.52 - 1797.84,
California Code of Regulations Section 100169
Emergency Medical Treatment and Labor Act of 2006 (EMTALA)

DEFINITIONS:

Health Facility: A health facility may include any of the following:

- General Acute Care Hospital
- Skilled Nursing Facility
- Clinic/Urgent Care Center
- Physician Office
- Dialysis Center
- Intermediate Care Facility
- Acute Psychiatric Facility

Interfacility Transport (IFT): The transport of a patient from one health facility to another health facility as defined above.

Life-Threatening Medical Condition: An acute medical condition that, without immediate medical attention, could reasonably be expected to result in serious jeopardy to the health of an individual (in the case of a pregnant woman, the health of the woman or her unborn child) or serious impairment or dysfunction of any bodily organ or part.

Response Time: The time from initial dispatch to arrival at the physical location/address of incident

9-1-1 Response: An emergency response by the primary emergency transportation provider or its designee for that geographic area in which the response is requested. Requests for a 9-1-1 response are generally made by the public but may include requests from health facilities.

PRINCIPLES:

1. A private ambulance company must be licensed by the County of Los Angeles as a Basic Life Support provider. Each of the company's ambulance vehicles that operate within the County of Los Angeles shall also be licensed by the County.

EFFECTIVE: 1-5-88
REVISED: 07-01-17
SUPERSEDES: 1-1-13

PAGE 1 OF 6

APPROVED: _____
Director, EMS Agency

Medical Director, EMS Agency

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2. Private ambulance providers are prohibited from dispatching an ambulance to any call that would normally be considered an emergency 9-1-1 call for the authorized emergency transportation provider for that geographical area. A private ambulance provider may only dispatch an ambulance to such a call if the request is from either the 9-1-1 jurisdictional provider or the authorized emergency transportation provider requesting backup services.
 3. Any ambulance personnel observing the scene of a traffic collision or other emergency should:
 - a. Contact their respective dispatch center and request that the jurisdictional 9-1-1 provider agency be notified.
 - b. Follow the internal policy developed by their employer in regard to stopping at the scene of an observed emergency.
 4. It is the responsibility of the requested transport provider, in consultation with the facility requesting the transport, to provide the appropriate level of transport (Basic Life Support, Advanced Life Support or Critical Care Transport) based on the transferring physician's determination of the medical needs of the patient (Refer to Reference No. 517.1, Guidelines for Determining Level of Interfacility Transport).
 5. Health facilities shall provide the transport personnel with appropriate transfer documents in compliance with Title 22 and EMTALA transfer requirements.
 6. A health facility may not have the staffing and equipment available to assess, treat and/or monitor a patient for extended time frames. Therefore, 9-1-1 emergency responses may be necessary for those patients whose condition may deteriorate while waiting for a private provider response.
 7. If it is known that transfer arrangements were not made, the transporting unit shall make every possible effort to contact the receiving facility and advise them of the patient's imminent arrival. This may be done through the provider's dispatch center.
 8. Patients with a valid Do-Not-Resuscitate (DNR) form or order shall be transported as outlined in Reference No. 815, Honoring Prehospital Do-Not-Resuscitate Orders.
 9. The transferring physician, in consultation with the receiving physician, assumes responsibility for determining the appropriateness of the transfer. It is not the responsibility of the base hospital or the transport personnel to determine whether the transfer is appropriate.
 10. Private provider agencies shall ensure that a patient care record (PCR) is completed for each patient transport performed including, but not limited to, critical care transports. The PCR shall include documentation regarding patient monitoring and care during transport, from the time of the patient contact at the sending facility until transfer of care at the receiving health facility or other patient destination. For patients transported to a health facility, each private provider agency shall ensure there is a mechanism in place to provide the receiving facility with a copy of the transport PCR at the time of transfer of care.
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POLICY:

I. Transport Modalities

A. Basic Life Support (BLS) Transport

1. Unit is staffed with two EMTs.
2. Requests may be for emergency or non-emergency response.
3. Patient requires care which does not exceed the Los Angeles County EMT scope of practice.
4. Patient does not meet base hospital contact criteria as outlined in Section I of Reference No. 808, Base Hospital Contact and Transport Criteria, at the time of transport.
5. Patients who develop a life threatening medical condition enroute shall be diverted to the most accessible facility appropriate to the needs of the patient.

B. Advanced Life Support (ALS) Transport

1. Unit is staffed with two paramedics unless the ambulance provider has been given approval by the EMS Agency to staff ALS IFT units with one paramedic and one EMT.
2. Requests may be for emergency or non-emergency response.
3. Patient requires skills or treatment modalities which do not exceed the Los Angeles County paramedic scope of practice.
4. Base hospital contact is not required to monitor therapies established by the sending facility prior to transport if such therapies fall within the Los Angeles County paramedic scope of practice.
5. If the patient's condition deteriorates or warrants additional therapies enroute, Procedures Prior to Base Contact Field Reference (Ref. No. 806.1) may be initiated and base hospital contact is required. The base hospital will determine if the patient may be transported to the original destination requested by the sending facility, which should occur whenever possible, or if the patient requires diversion to the most accessible receiving facility appropriate to the needs of the patient.
6. Paramedics may not accept standing orders or medical orders from the transferring physician or provider medical director.

C. Nurse and/or Respiratory Care Practitioner (RCP) Specialty Care Transport (SCT)

1. Unit is staffed by a qualified registered nurse and/or RCP and two EMTs or paramedics. Other medical personnel (e.g., physician, perfusionist, etc.) may be added to meet the needs of the patient.

2. Requests may be for emergency or non-emergency response.
3. Patient requires, or may require, skills or treatment modalities that are within the nurse's and/or RCP's scope of practice.
4. Registered nurses and RCPs are not required to make base hospital contact. Nurses and RCPs may follow medical orders of the transferring physician and/or orders approved by their SCT Medical Director within their applicable scope of practice for patient care enroute. However, if paramedic(s) are part of the SCT transport team, they can only perform medical orders received from a base hospital.
5. Patient destination requested by the sending facility will be honored; however, if the patient's condition deteriorates enroute, the registered nurse or RCP may determine it is in the patient's best interest to divert the patient to the most accessible facility appropriate to the needs of the patient.

II. Transport Requests and Response Levels

- A. If a transport request is received and it is determined that the patient's condition would normally be considered an emergency 9-1-1 call for the authorized emergency transportation provider as identified in policy Section (I.) of Reference No. 808, Base Hospital Contact and Transport Criteria, the dispatcher shall immediately refer the request to the jurisdictional 9-1-1 provider under the following circumstances:
 1. A private citizen requesting ambulance transportation.
 2. If the patient is at a health facility but has not been evaluated and stabilized to the extent possible by a physician prior to the facility requesting transport.
- B. If upon arrival at a health facility or private residence and EMTs or paramedics find that the patient has a life-threatening emergency medical condition as identified in policy Section (I.) of Reference No. 808, Base Hospital Contact and Transport Criteria, the EMS personnel shall determine whether it is in the best interest of the patient to request the jurisdictional 9-1-1 provider to respond or to provide rapid transport to the most accessible receiving facility. If on-scene personnel determine that immediate transport is indicated, the jurisdictional 9-1-1 provider shall be notified and justification shall be documented on the patient care record.
- C. Emergency Response Requests
 1. Request by a 9-1-1 Provider Agency

Ambulance providers shall dispatch an ambulance within the maximum response times for emergency calls specified in the County Code in response to an emergency call from a public safety agency or authorized emergency transportation provider for that geographical area, unless the caller is immediately advised of a delay in responding to the call. Response times for emergency and non-emergent request are as follows:

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- A. For an emergent response (code 3) maximum response times are:
 - Urban area – 8 min and 59 seconds
 - Rural area – 20 min and 59 seconds
 - Wilderness area – as soon as possible
 - B. For a non-emergent (code 2) the maximum response times are:
 - Urban area – 15 minutes
 - Rural area – 25 minutes
 - Wilderness area – as soon as possible
 - 2. Request by a Health Facility
 - a. If a physician in the emergency department at the health facility has evaluated and stabilized the patient to the extent possible and arranged an interfacility transfer, a private ground (or air) ambulance transport may be arranged and the jurisdictional 9-1-1 provider is not ordinarily contacted.
 - b. **The jurisdictional 9-1-1 provider may only be contacted if the ETA of the private provider is delayed and the condition of the patient warrants a rapid response and transport suggests that there is an acute threat to life or limb that warrants immediate response and transport. Patient destination will then be determined as outlined in the applicable patient destination policy.**
 - D. Non-Emergency Response Requests - Request by a Health Facility or Private Citizen
 - 1. A request for transport of a patient who has, or is perceived to have a stabilized medical condition that requires transport, and the patient does not have a life threatening emergency medical condition as identified in policy Section (I.) of Reference No. 808, Base Hospital Contact and Transport Criteria
 - 2. Transports are handled by a private ambulance provider with BLS, ALS, or SCT staffed units, depending upon the medical requirements of the patient and the EMS personnel's scope of practice.
 - III. Role of the Base Hospital in ALS Interfacility Transports
 - A. Provide immediate medical direction to paramedics if the patient's condition deteriorates or warrants additional therapies during transport.
 - B. Determine if the patient may be transported to the original destination requested by the sending facility, which should occur whenever possible, or if the patient requires diversion to the most accessible receiving facility appropriate to the needs of the patient if the patient's condition changes while enroute to the pre-designated facility. If diverted, the base hospital shall:

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1. Contact the new receiving hospital and communicate all appropriate patient information.
 2. Advise the original receiving hospital that a diversion has occurred.
- C. Clarify the scope of practice of EMS personnel when requested to do so by a sending facility.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 304, **Role of the Base Hospital**
Ref. No. 414, **Specialty Care Transport (SCT) Provider**
Ref. No. 502, **Patient Destination**
Ref. No. 506, **Trauma Triage**
Ref. No. 510, **Pediatric Patient Destination**
Ref. No. 511, **Perinatal Patient Destination**
Ref. No. 513, **ST Elevation Myocardial Infarction Patient Destination**
Ref. No. 513.1 **Interfacility Transport of Patients with St-Elevation Myocardial Infarction**
Ref. No. 514, **Prehospital EMS Aircraft Operations**
Ref. No. 516, **Return of Spontaneous Circulation (ROSC) Patient Destination**
Ref. No. 517.1 **Guidelines for Determining Level of Interfacility Transport**
Ref. No. 802, **EMT Scope of Practice**
Ref. No. 802.1 **EMT Scope of Practice, Table Format**
Ref. No. 803, **Paramedic Scope of Practice**
Ref. No. 803.1 **Paramedic Scope of Practice, Table Format**
Ref. No. 806, **Procedures Prior to Base Contact**
Ref. No. 806.1 **Procedures Prior to Base Contact, Field Reference**
Ref. No. 808, **Base Hospital Contact and Transport**
Ref. No. 815, **Honoring Prehospital Do-Not-Resuscitate (DNR) Orders**

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No. **517-PRIVATE PROVIDER AGENCY TRANSPORT/RESPONSE GUIDELINES**

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Definitions	PAAC/4-19-17	Added the following definition of response time. "The time from initial dispatch to arrival at the physical location/address of incident"	Change made
IIC2a	PAAC/4-19-17	Addition of "in the emergency department." The sentence will read "If a physician in the emergency department at the health facility has evaluated and stabilized the patient to the extent possible and arranged an interfacility transfer, a private ground (or air) ambulance transport may be arranged and the jurisdictional 9-1-1 provider is not ordinarily contacted.	Change made
IIC2b	PAAC/4-19-17	The following language was updated new sentence will read " The jurisdictional 9-1-1 provider may only be contacted if the ETA of the private provider is delayed and the condition of the patient warrants a rapid response and transport suggests that there is an acute threat to life or limb that warrants immediate response and transport. Patient destination will then be determined as outlined in the applicable patient destination policy.	Change made
Throughout policy	PAAC/4-19-17	Update all references to critical care transport (CCT) to specialty care transport (SCT).	Change made

SUBJECT: **MULTIPLE CASUALTY INCIDENT** (EMT, PARAMEDIC, DISPATCH)
TRANSPORTATION MANAGEMENT REFERENCE NO. 519.3

PURPOSE: To provide guidelines for the rapid and efficient dispatch of ambulances in response to multiple casualty incidents (MCI).

AUTHORITY: Health & Safety Code, Division 2.5, Chapter 3, Article 4
Health & Safety Code, Division 2.5, Chapter 4, Article 1, Section 1797.220
9-1-1 Emergency Ambulance Transportation Services Agreement

DEFINITIONS (see Reference 519.1 for additional definitions):

Level I Response – An MCI in which the number of ambulances required for the incident are 10 or less. The first ambulance must arrive within 8 minutes and 59 seconds.

NOTE: 9-1-1 providers with transport capabilities will follow their established operational response policy.

Level II Response – An MCI in which the number of ambulances required for the incident exceeds the number of ambulances available through the 9-1-1 provider or is greater than 10.

Ambulance Strike Team (AST) – Pre-established set of 5 ambulances and 1 supervisor which meets the guidelines established by the State EMS Authority.

Central Dispatch Office (CDO) – Dispatch for the Los Angeles County EMS Agency Department of Health Services ambulances.

Exclusive Operating Area (EOA) Contractor – Private Ambulance Company that is contracted with the Department of Health Services to provide emergency patient transportation within the established areas of the County where emergency transportation is not provided by the jurisdictional 9-1-1 provider.

Operational Area (OA) – Consists of all political subdivisions within a county's geographical area that provides coordination and communication between local jurisdictions and OES Regions.

Regional Disaster Medical and Health Coordinator (RDMHC) – Responsible for coordinating disaster medical and health operations for Mutual Aid Region I. The EMS Agency administrator is the designated RDMHC and is contacted through the MAC.

PRINCIPLES:

1. Upon notification by a jurisdictional dispatch center, the Fire Operational Area Coordinator (FOAC) is responsible for coordinating the dispatch of ten or more ambulances to an MCI within Los Angeles County. Los Angeles County Fire Department Dispatch performs the FOAC function for the County.
2. Exclusive Operating Area (EOA) contractors shall establish mutual aid agreements with licensed ambulance companies to provide backup emergency ambulance transportation.

EFFECTIVE: 08-01-06

PAGE 1 OF 3

REVISED: 07-01-17

SUPERSEDES: 06-01-14

APPROVED:

Director, EMS Agency

Medical Director, EMS Agency

3. Jurisdictional 9-1-1 providers with transport capabilities will follow their established operational response policies related to mutual aid agreements with other 9-1-1 providers with transport capabilities.
4. Response Time frames:
 - a. Level I – Immediate, with first ambulance arriving within 8 minutes and 59 seconds
 - b. Level II – Tiered response with arrival to scene within 30 to 60 minutes
5. All ambulance requests require the following information:
 - a. Requesting agency, contact name, position, phone/e-mail
 - b. Field Command Agency Representative, name or identifier
 - c. Type of incident- mission/tasks
 - d. Reporting location/person to report to
 - e. Expected duration of operations
 - f. Number/type of ambulances requested (ALS/BLS/CCT)
 - g. Potential hazards encountered at scene
 - h. Radio channel/frequency/phone # for ambulance coordinator
 - i. Other special instructions (may include an order number)
6. Private ambulance providers shall not respond to an MCI unless specifically requested by the jurisdictional provider or incident commander.
7. Although the jurisdictional 9-1-1 provider may be able to provide the required number of ambulances as specifically defined in the levels of response, jurisdictional 9-1-1 providers may utilize the FOAC to request additional ambulance resources as needed.
8. Educational sessions and/or drills regarding the communication and coordination involving the FOAC, CDO, and EOA contractors should be conducted on a routine basis.

POLICY:

I. Level I Response –Up to 10 ambulances required

The Jurisdictional 9-1-1 Dispatch Center (JDC) shall request ambulances from the EOA contractor in which the incident is located or 9-1-1 providers with transport capabilities will follow their established operational response policy. Contracted backup providers may be utilized as needed.

When responding to the incident, the EOA Contractor shall identify an Ambulance Supervisor who will liaison with the scene Ambulance Coordinator.

II. Level II Response – greater than 10 ambulances required.

- A. Jurisdictional 9-1-1 Dispatch Center shall notify the FOAC (LA County Fire Dispatch) of:
 1. the MCI,
 2. the number of ambulances already responding,
 3. additional number of ambulances requested by the Incident Commander and

4. Other known incident information.
- B. The FOAC shall coordinate a conference call with:
 1. The EOA contracted providers,
 2. CDO (who will notify the Los Angeles County EMS Agency Administrator on Duty), and
 3. Other agencies as determined.
- C. Conference call participants shall:
 1. Provide the FOAC with the number/type of ambulances that will be available within 30 to 60 minutes.
 2. Provide the FOAC with the number of units responding, unit identifier and the estimated time of arrival (ETA).
 3. If necessary, contact the licensed backup ambulance companies pre-assigned to the contractor if additional ambulances are needed to respond to the MCI.
 4. The EMS Agency Administrator on Duty (AOD) will determine which, if any, EMS Agency resources will be dispatched to the incident.
 5. If sufficient EMS resources are not available within Los Angeles County, the EMS AOD will activate the regional resource request process, using MHOAC and RDMHC procedures.
- D. The MAC shall contact the EMS Agency AOD, and the RDMHC.
- E. The RDMHC shall:
 1. Assess the incident and anticipate possible ambulance resource requirements from outside of the OA.
 2. Notify the MHOACs of incident progression and de-escalation as appropriate.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 519, **Management of Multiple Casualty Incidents**

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No. Multiple Casualty Incident Transportation Management

SECTION	COMMITTEE/ DATE	COMMENT	RESPONSE
Multiple Sections	In-house Policy Review Committee	Multiple changes.	Forwarded to BHAC and PAAC for review.
N/A	BHAC 4/12/2017	No recommended changes.	Approved as written.
N/A	PAAC 4/19/2017	No recommended changes.	Approved as written.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

REFERENCE NO 202.1

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reviewed 11-28-2016

SUBJECT: **PHYSICIAN AT THE SCENE**

(PARAMEDIC/MICN)
REFERENCE NO. 816

PURPOSE: To establish guidelines for interaction between paramedics and a patient's personal physician, or physicians at the scene of a medical emergency who may not be the patient's personal physician.

NOTE: The guidelines set forth in this policy are intended for physicians at the scene who are not responding as a Provider Agency Medical Director.

AUTHORITY: California Health and Safety Code, Section 1798.6(a) provides that "authority for patient health care management in an emergency shall be vested in that licensed or certified health care professional at the scene of an emergency who is most medically qualified specific to the provision of rendering emergency medical care".

DEFINITIONS:

Base Hospital Medical Director: A physician who is providing oversight for prehospital operations at a Base Hospital who meets the criteria outlined in Reference No. 308.

EMS Fellow: A physician who is participating in an accredited postgraduate sub-specialty training program (i.e., EMS/Disaster/Research) following successful completion of a residency program in emergency medicine.

Provider Agency Medical Director: A physician designated by an approved EMS Provider Agency to advise and coordinate the medical aspects of field care who meets the criteria outlined in Reference No. 411.

PRINCIPLES:

1. Although the law does not preclude a physician at the scene of a medical emergency from rendering patient care, it does prohibit them from directing paramedic personnel in advanced life support procedures. Such direction must come from the base hospital unless direct voice communication with the base hospital cannot be established or maintained. The following physicians may direct paramedics in advanced life support procedures at the scene of a medical emergency: the Medical Director and Assistant Medical Director of the EMS Agency, Provider Agency Medical Director, Medical Director of an approved Los Angeles based Paramedic Training School, Base Hospital Medical Director or EMS Fellow in a Los Angeles based fellowship program.
2. Instructions by a private physician who is not on scene are subject to approval by the base hospital physician or Mobile Intensive Care Nurse (MICN) who is in direct voice contact with the paramedic.
3. A Provider Agency Medical Director may direct EMS personnel in lieu of base hospital contact.

EFFECTIVE: 01-01-81
REVISED: 07-01-2017
SUPERSEDES: 07-01-13

PAGE 1 OF 3

APPROVED:

Director, EMS Agency

Medical Director, EMS Agency

POLICY:

I. Physician Identification

- A. Paramedics shall obtain proper identification, consisting of a California Physicians and Surgeons License, and note the physician's name, license number, and license expiration date on the EMS Report Form.
- B. When a physician on scene does not have identification or is in phone contact only, base hospital contact should be made to determine the extent of permissible interaction between the paramedics and the physician.

II. Patient Care

- A. Paramedics shall contact the base hospital and notify them of the presence of the physician on scene. If base hospital contact cannot be established immediately, it shall be made as soon as possible and a full report rendered.
- B. When communication cannot be established or maintained, paramedics may assist the physician and may provide advanced life support under the direction of the physician provided that their instructions are consistent with local EMS Agency policies and procedures.
- C. If either the paramedics or the base hospital physician perceive any problem(s) with the instructions of the patient's personal physician or physician on scene, the base hospital physician or MICN should speak directly with this physician to clarify or resolve the issue. If this direct contact is not possible, paramedics should follow the direction of the base hospital so that patient care is not delayed or compromised.
- D. When the physician on scene chooses to assume or retain responsibility for medical care, paramedics shall instruct the physician that they must take total responsibility for the care given. They must also accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician unless relieved of the responsibility by the base hospital.

III. Patient Destination

- A. Except when the physician on scene has accepted responsibility for patient care, patient destination shall be determined by the base hospital in accordance with EMS Agency policies.
- B. When the physician at the scene has accepted full responsibility for patient care, the patient may be transported to a general acute care hospital with a licensed basic emergency department chosen by the physician.
- C. If the paramedic provider agency determines that such transport would unreasonably remove the transport unit from the area, an alternate destination shall be agreed upon between the physician at the scene and the base hospital physician.
- D. If the patient's condition permits, alternate transportation may be arranged.

- E. If the patient's condition requires immediate transport, the decision of the base hospital physician or MICN shall be followed.

CROSS REFERENCE:

Prehospital Care Manual

Reference No. 308, **Base Hospital Medical Director**

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

Reference No. 502, **Patient Destination**

Reference No. 514, **Prehospital EMS Aircraft Operations**

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

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No. 816-PHYSICIAN AT SCENE

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Definitions	Medical Council 3/1/17	Add definition for Base Hospital Medical Director . "A physician who is providing oversight for prehospital operations, at a Base Hospital who meets the criteria outlined in Reference No. 308."	Change made
Principle I	Medical Council/ 3-7-17	Add base hospital medical director to the sentence. Sentence will now read "the following physicians may direct paramedics in advance life support procedures at the scene of a medical emergency: the medical director and assistant medical director of the EMS agency, provider agency medical director, medical director of an approved Los Angeles-based paramedic training school, base hospital medical director or EMS fellow in a Los Angeles-based fellowship program."	Change made

SUBJECT: **PUBLIC SAFETY FIRST AID (PSFA) AND
BASIC TACTICAL CASUALTY CARE (BTCC)
TRAINING PROGRAM REQUIREMENTS**

REFERENCE NO. 911

PURPOSE: To establish procedures for a training program in Los Angeles County to obtain approval for a Public Safety First Aid (PSFA) and/or Basic Tactical Casualty Care (BTCC) training program and requirements to maintain program approval.

AUTHORITY: California Code of Regulations, Title 22, Chapter 1.5
Health and Safety Code, Div. 2.5, Section 1797, et seq.
Training Standards for Basic Tactical Casualty Care and Coordination with EMS during Terrorism Incidents (EMSA #170)

DEFINITIONS:

Approved PSFA and/or BTCC Curriculum: Curriculum approved by the EMS Agency without receiving PSFA and/or BTCC training program approval.

Approved PSFA and/or BTCC Training Program: A training program that has been approved by the EMS Agency or the California EMS Authority to train public safety personnel in public safety first aid and/or basic tactical casualty care first aid.

Public Safety Personnel: Firefighter, lifeguard (of a municipality), or peace officer (as defined by section 830 of the Penal Code) not employed as an EMT.

Tamper Resistant: A procedure or technique to prevent alteration, fraud or forgery of a document designed by the PSFA and BTCC training program.

PRINCIPLES:

1. Training programs providing training or headquartered in Los Angeles County are eligible to apply for approval of a PSFA and/or BTCC training program.
2. An individual or organization may request PSFA and/or BTCC curriculum approval. Curriculum approval is not authorization for an individual or organization to conduct PSFA and/or BTCC training.
3. Training and competency evaluation for all personnel shall meet the minimum requirements set forth by the California EMS Authority and the Los Angeles County EMS Agency.
4. Instructors must have adequate training, credentials and/or experience in educational content and methodology in order to ensure that courses adequately address the educational requirements and needs of the personnel.

EFFECTIVE: XX-XX-XX
REVISED: 5-17-2017
SUPERSEDES: 11-28-16

PAGE 1 OF 8

APPROVED: _____
Director, EMS Agency

Medical Director, EMS Agency

POLICY:

I. TRAINING PROGRAM APPROVAL

The EMS Agency has the primary responsibility for approving and monitoring the performance of PSFA and BTCC Training Programs in Los Angeles County to ensure compliance with local policies, statutes, regulations and guidelines.

A. Approval Process:

1. The EMS Agency shall be the approving agency for PSFA and/or BTCC training programs whose headquarters or training is located within Los Angeles County.
2. The California EMS Authority shall be the approving agency for PSFA and BTCC training programs for state public safety agencies.
3. Program approval may be granted up to four (4) years from the last day of the month in which the application is approved. This approval is not transferable from person to person or organization to organization.

B. Training Program Application Process:

1. Interested training programs shall obtain a PSFA and BTCC training program application packet from the EMS Agency website.
2. Any individual or organization, public or private, interested in providing PSFA and/or BTCC training for public safety personnel shall submit a complete application packet. Courses shall not be advertised or offered until program approval has been granted.
3. The application packet shall contain:
 - a. A complete training program application signed by the program director identifying which program(s) applying for approval.
 - b. Curriculum vitae and copies of applicable licenses and certifications of the program director and instructors.
 - c. A complete training program, as identified in the EMS Agency training program application, meeting the requirements set forth in California Code of Regulations, Title 22, Chapter 1.5 and/or EMSA Guideline #170 to include but not limited to:
 - a. Course schedule
 - b. Instructional objectives
 - c. Lessons/training
 - d. Written and skills performance evaluations with:
 1. Answer key
 2. Passing criteria

SUBJECT: **PUBLIC SAFETY FIRST AID (PSFA) AND
BASIC TACTICAL CASUALTY CARE (BTCC)
TRAINING PROGRAM REQUIREMENTS**

REFERENCE NO. 911

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- d. A letter or memo, signed by the program director or Chief for the PSFA training program, which states:
 - a. All personnel will be trained in CPR equivalent to BLS for the Healthcare Provider (American Heart Association) or Professional Rescuer (American Red Cross)
 - b. Training will be competency based and consist of no less than eight hours for retraining and twenty-one hours if applying for an initial training program.
 - c. Retraining and evaluation of competency of all personnel will be performed every two years.
 - e. A letter or memo, signed by the program director or Chief for the PSFA and BTCC training programs, stating that all personnel shall receive a copy of trauma center locations in Los Angeles County provided by the EMS Agency.
 - f. A copy of the attendance record or description of the on-line registration process and tracking of course completion requirements.
 - g. A copy of the course completion certificate.
 - h. Pay the established fee with application for approval or re-approval
 - 4. The EMS Agency shall notify the applicant within thirty (30) days that the application was received and specify missing information. Failure to submit missing information within thirty (30) calendar days of EMS Agency notification will result in denial of the program.
 - 5. The EMS Agency shall notify the applicant in writing within sixty (60) days from the receipt of a complete application of the decision to approve or deny. The application is only considered for approval if it is complete and all requirements are met.
 - 6. The EMS Agency may deny an application for cause as specified in subsection I.C.2.
- C. Denial/Revocation/Probation of a Training Program
- 1. The EMS Agency may, for cause:
 - a. Deny any training program application
 - b. Revoke training program approval
 - c. Place training program on probation
 - 2. Causes for these actions include, but are not limited to the following:
 - a. Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any of the terms of

SUBJECT: **PUBLIC SAFETY FIRST AID (PSFA) AND
BASIC TACTICAL CASUALTY CARE (BTCC)
TRAINING PROGRAM REQUIREMENTS**

REFERENCE NO. 911

the California Code of Regulations, Title 22, Chapter 1.5; the California Health and Safety Code, Division 2.5, EMSA Guideline #170; or Los Angeles County Emergency Medical Services Prehospital Care Policies.

- b. Failure to correct identified deficiencies within the specified length of time after receiving written notices from the EMS Agency.
 - c. Misrepresentation of any fact by a training program of any required information.
- 3. The EMS Agency may take such action(s) as it deems appropriate after giving written notice and specifying the reason(s) for denial, revocation, or probation.
- 4. If program approval is revoked, training provided after the date of action shall be invalid.
- 5. A training program is ineligible to reapply for approval following a denial or revocation for a minimum of 6 months.
- 6. If a training program is placed on probation, the terms of probation, including approval of an appropriate corrective action plan, shall be determined by the EMS Agency. During the probationary period, prior approval of all courses offered must be obtained. Course documents must be submitted to the EMS Agency at least thirty (30) days prior to each course being offered. Written notification of course approval shall be sent to the training program within fifteen (15) days of the receipt of the request. Renewal of the training program approval is contingent upon completion of the probationary period.

D. Notification

The EMS Agency shall notify the California EMS Authority of each training program approved, denied or revoked within their jurisdiction within thirty (30) days of action.

II. TRAINING PROGRAM RENEWAL

- A. PSFA and BTCC Training Programs shall be renewed if the training program applies for renewal and demonstrates compliance with the requirements of this policy.
- B. The training program must submit a complete application packet for renewal sixty (60) calendar days prior to the expiration date in order to maintain continuous training program approval.

III. TRAINING PROGRAM REQUIREMENTS

- A. Approved training programs shall ensure that:
 - 1. The content of all PSFA and/or BTCC training is relevant, enhances the practice of prehospital emergency medical care, and is related to the knowledge base or technical skills required for the practice of PSFA and/or BTCC.

2. All records are maintained as outlined in this policy.
 3. The EMS Agency is notified within thirty (30) calendar days of any request for change in training program name, address, telephone number, or program director.
 4. All records are available to the EMS Agency upon request.
 5. The training program is in compliance with all policies and procedures.
- B. A training program may be subject to scheduled site visits by the EMS Agency for program audits.
- C. Individual classes/courses are open for scheduled or unscheduled visits/educational audits by the EMS Agency and/or the local EMS Agency in whose jurisdiction the course is conducted.

IV. TRAINING PROGRAM STAFF REQUIREMENTS

Each training program shall designate a program director and instructor(s) who meet the requirements. Nothing in this section precludes the same individual from being responsible for more than one function.

A. Program Director

Each training program shall have an approved program director that shall provide administrative direction and is qualified by education and experience in program development, methods, materials and evaluation of instruction.

1. Program director's qualifications by education and experience shall be documented by 40 hours of training in teaching methodology such as:
 - a. Four (4) semester units of upper division credit in educational materials, methods and curriculum development or equivalent, OR
 - b. California State Fire Marshall (CSFM) "Instructor I and II," OR
 - c. National Association of EMS Educators "EMS Educator Course," OR
 - d. POST Academy Instructor Certificate Program – Level 1.

NOTE: New program requests shall meet this requirement upon submission of application for approval. Current approved programs may receive provisional status up to one year in order to meet this requirement with approval for change in personnel.

2. The duties of the program director shall include, but are not limited to:
 - a. Administering the PSFA and/or BTCC program and ensuring adherence to state regulations, guidelines and established EMS Agency policies

- b. Approving all methods of evaluation
- c. Approving instructor(s)
- d. Signing all course completion records and maintaining those records in a manner consistent with this policy
- e. Attending the mandatory EMS Agency Orientation Program within six (6) months of approval as the program director
- f. Attending all mandatory PSFA and/or BTCC program updates
- g. Act as a liaison to the EMS Agency

B. Instructor

Each training program shall submit instructors for approval by the EMS Agency as qualified to teach the topics assigned.

- 1. Instructor qualifications shall be based on one of the following:
 - a. Currently licensed or certified in their area of expertise, OR
 - b. Have evidence of specialized training which may include, but is not limited to, a certificate of training or advanced education in a given subject area, OR
 - c. Have at least one (1) year of experience, within the last two (2) years, in the specialized area in which they are teaching, OR
 - d. Be knowledgeable, skilled and current in the subject matter of the course or activity.

VII. CO-SPONSORING A COURSE

When two or more PSFA and/or BTCC training programs co-sponsor a course, only one approved training program provider shall be used for that course, and that program assumes the responsibility for all training requirements.

X. EDUCATION ATTENDANCE RECORD

- A. An Education Attendance Record must be completed for all training provided. Each student must sign an attendance record or register online in order to receive credit.
- B. The information on the Education Attendance Record must contain all the elements set forth in the PSFA and BTCC training program application packet.
- C. Attendees shall sign in or register only for themselves. Signing for another individual is strictly prohibited and subject to action.
- D. The original Education Attendance Record shall be maintained by the program. A legible copy (unless the original is requested) of the attendance records shall be

**SUBJECT: PUBLIC SAFETY FIRST AID (PSFA) AND
BASIC TACTICAL CASUALTY CARE (BTCC)
TRAINING PROGRAM REQUIREMENTS**

REFERENCE NO. 911

submitted to the Office of Program Approvals within fourteen (14) days of a request unless a specific time frame is specified by the EMS Agency.

XI. COURSE COMPLETION CERTIFICATES AND DOCUMENTS

Programs shall issue a tamper resistant document (method determined by the training program) that contains all the elements set forth in the training program application packet as proof of successful completion of a course within thirty (30) calendar days.

XII. RECORD KEEPING

Each training program shall maintain the following records on file:

- A. Original written and skills performance evaluation and answer key
- B. Course Schedule
- C. Education Attendance Record
- D. Curriculum vitae or resume from each instructor providing the course, class or activity, and verification that the instructor is qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity.
- E. Copies of all program materials and handouts provided
- F. Original or summary of performance evaluations administered
- G. Documentation of course completion certificates issued
- H. All records shall be maintained for four (4) years
- I. All records must be available when audits are conducted or upon request

XIII. CURRICULUM APPROVAL

An individual or organization may request PSFA and/or BTCC curriculum approval. Curriculum approval does not authorize an individual or organization to conduct PSFA and/or BTCC training.

- A. Any individual or organization, public or private, interested in requesting approval for PSFA and/or BTCC curriculum only shall submit:
 - 1. A letter or memo, signed by the individual or Chief of an organization which:
 - a. requests approval of PSFA and/or BTCC curriculum
 - b. acknowledges the approval is for the curriculum only and not authorization to conduct training as a training program

SUBJECT: **PUBLIC SAFETY FIRST AID (PSFA) AND
BASIC TACTICAL CASUALTY CARE (BTCC)
TRAINING PROGRAM REQUIREMENTS**

REFERENCE NO. 911

-
- c. identifies that an individual or organization which desires to utilize this curriculum, if it is approved, will be notified of the EMS Agency requirement to apply for PSFA and/or BTCC training program approval.
 - 2. A complete curriculum, as identified in the EMS Agency checklist, meeting the requirements set forth in California Code of Regulations, Title 22, Chapter 1.5 and/or EMSA Guideline #170 to include but not limited to:
 - a. Course schedule:
 - i. PSFA - Initial: 21 hours and Retraining: 8 hours and/or
 - ii. BTCC - 4 hours
 - b. Instructional objectives
 - c. Lessons/training
 - d. Written and skills performance evaluations with:
 - i. Answer key
 - ii. Passing criteria
 - e. CPR training is equivalent to BLS for the Healthcare Provider (American Heart Association) or Professional Rescuer (American Red Cross)
 - B. Curriculum approval may be granted up to four (4) years from the last day of the month in which the request is approved. This approval is not transferable from person to person or organization to organization.
 - C. EMS Agency shall be notified of curriculum changes and a request for re-approval shall be required for changes in medical practice or regulation.
 - D. The EMS Agency shall notify the applicant in writing within sixty (60) days from the receipt of a complete curriculum request of the decision to approve or deny. The curriculum request is only considered for approval if it is complete and all requirements are met.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 504, **Trauma Patient Destination**

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

Los Angeles County EMS Agency, PSFA and BTCC Training Program Application Packet

California EMS Authority, Training Standards for Basic Tactical Casualty Care and Coordination with EMS during Terrorism Incidents, 2016 (EMSA #170)

Los Angeles County EMS Agency

POLICY REVIEW SUMMARY BY COMMITTEE

Reference No. 911, Public Safety First Aid (PSFA) and Basic Tactical Casualty Care (BTCC) Training Program Requirements.

	Committee/Group	Assigned (Y if yes)	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	✓	4/19/17	
	Base Hospital Advisory Committee			
	Data Advisory Committee			
	Education Advisory Committee			
OTHER COMMITTEES/RESOURCES	Medical Council			
	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
Ad Hoc Committee on
The Prehospital Care of Mental Health / Substance Abuse Emergencies
Recommendations Action Plan

Recommendation	Short Term ≤ 1 year	Medium Term 1-2 years	Long Term > 2 years	Action	Responsible entity
1. Modify and standardize the MH/SA emergency 9-1-1 triage criteria to match the field response (LE vs. EMS) to the type of emergency situation. Specifically: triage LE to patients who may be combative, violent, or exhibiting potential criminal behaviors, and triage EMS to all other MH/SA emergencies, including “agitated delirium”.			X	<p>Watch and wait</p> <p>This item is dependent on upstream items including regulatory changes which are cited in the recommendations below.</p>	None presently
2. Investigate the potential of greater integration of co-deployed MH/SA and LE teams into the 9-1-1 first response systems. Consider a tiered approach to the dispatch of patrol units to MH/SA emergencies, such that MH/SA trained officers may preferentially respond to the scene.	X			<p>Set up meeting (or attend existing meeting?) to discuss with Law Enforcement oversight groups to further investigate current process in deployment of units. Monitor further development/growth of MHSA specialty teams.</p>	EMS Agency, LAPCA, DMH
3. Develop basic resource materials for persons with MH/SA emergencies who are not transported / left in the field, to increase access to mental health services when appropriate.	X			<p>Engage DMH in the identification of appropriate MH/SA services and resource materials for non-transported persons.</p> <p>Identify or Create appropriate web-based information that can be printed/provided to non-transported persons.</p> <p>Develop education plan for EMS/LE</p>	DMH, EMS Agency

Recommendation	Short Term ≤ 1 year	Medium Term 1-2 years	Long Term > 2 years	Action	Responsible entity
4. Standardize training/protocol across the County for all LE agencies regarding what constitutes a need for a medical evaluation by EMS providers.		X		Review any existing protocols / criteria (such as Exodus criteria) Engage ED physicians / EMS medical director in drafting basic triage criteria Develop training / education materials	EMS Agency, LAPC and DMH
5. Investigate the pros/cons of establishing MH/SA emergency specialized care centers, akin to the system for STEMI, trauma, stroke, etc., to improve the care for MH/SA emergencies.		X		Set up meeting with HASC and/or stakeholders to discuss	EMS Agency and Hospital Association of Southern California
6. Determine the feasibility (including regulatory and financial/economic or practical barriers) of alternate destinations to directly transport EMS patients to specialty EDs that demonstrate the capacity and expertise to care for MH/SA patients, to MHUCCs, or to other destinations that can provide the appropriate evaluation and treatment. Investigate and pursue the integration for substance abuse detoxification and rehabilitation services as destination options for EMS, LE and EDs.			X	Watch and Wait Pending – requires legislative changes. Work with State representatives to sponsor a Bill that supports the transport of 9-1-1 emergency patients to alternate destinations in specific circumstances	Health Services Government Relations and the CEO Legislative Group work with local State Senator or Assemblyperson
7. Support regulatory changes to ensure parity for all populations, including the following key issues. Medi-Cal currently does not reimburse free standing mental health facilities for care to adult			X	Pending changes in Medi-Cal program to cover addiction treatment Discuss with DMH / State Medi-Cal	Health Agency Government Relations and the CEO Legislative Group work with local State Senator or Assemblyperson.

Recommendation	Short Term ≤ 1 year	Medium Term 1-2 years	Long Term > 2 years	Action	Responsible entity
recipients. Further, the Drug Medi-Cal Organized Delivery System benefit program being implemented by DPH focuses on outpatient SA treatment and does not provide reimbursement for inpatient services.					Department of Public Health Substance Abuse Division
8. Develop additional treatment protocols (non-pharmacologic and pharmacologic) to address combative, agitated or potentially violent behavior in MH/SA adult and pediatric patients. Refer to the EMS Agency Medical Council to determine whether the EMS Agency should pursue the use of alternate agents for behavioral agitation as the result of acute psychosis, substance intoxication or withdrawal, delirium, and undetermined etiologies.	X			Research and determine how other EMS systems address the care of combative, agitated and potentially violent patients	EMS Agency Medical Director
	X			Conduct literature review on subject	EMS Agency Medical Director
		X		Draft Treatment Protocol as it relates to Provider Impressions to include Agitated Delirium and Psychiatric/Behavioral Crisis and review at Medical Council for input and adoption	EMS Agency Medical Director
		X		Develop training program on new Treatment Protocol and roll out the training for entire County	EMS Agency Medical Director
9. Explore the option of Sobering Centers as a patient destination for inebriates as these resources become more available in the community.			X	Watch and wait Pending legislative/regulatory changes	Health Agency Government Relations and the CEO Legislative Group work with local State Senator or Assemblyperson. Department of Mental Health Substance Abuse Division
			X	Sobering Centers need to be available across the County for access to all patients who would meet criteria for transport to a Sobering Center.	

AGN. NO.

MOTION BY SUPERVISORS SHEILA KUEHL AND JANICE HAHN February 7, 2017

Cannabis Regulation and Licensing

The recent passage of Proposition 64 by the voters of the State of California approved the use of cannabis by adults 21 years of age or older. To effectuate the terms of the Proposition, the State will begin issuing various licenses beginning in January 2018. The initiative also allows local jurisdictions to enact appropriate regulations to govern the licensing and siting of cannabis cultivation, distribution, manufacturing, testing and retail sales. Given the strong voter support for legalization of cannabis and the difficulty in enforcing bans, it is important that the county establish a comprehensive regulatory framework to coordinate with existing state laws.

The county’s regulations should prioritize the protection of public safety and health as well as the quality of life in our communities. It also must include a robust public education and prevention campaign. Should the county fail to regulate, it could open the door to a number of negative impacts: illegal sales or use of hazardous materials in the manufacturing process, to name a few. The county has an interest in ensuring that cannabis businesses sell products that have been lab tested and provide

MOTION

Solis	_____
Kuehl	_____
Hahn	_____
Barger	_____
Ridley-Thomas	_____

protection to consumers. It is critical that our zoning regulations promote equity in availability and siting while not placing an undue burden on any one unincorporated community in the County. Effective and rational regulations, developed in coordination with community stakeholders and the cannabis industry, can protect the environment and foster a sustainable cannabis industry in Los Angeles County.

WE, THEREFORE, MOVE that the Board of Supervisors:

1. Direct the Chief Executive Officer (“CEO”) to conduct stakeholder engagement with community members from each supervisorial district to assist the county in reviewing appropriate medical and commercial cannabis regulations and best practices, and to identify additional opportunities for community outreach and engagement throughout the county.
2. Direct the CEO to coordinate with all affected County departments, including, but not limited to, County Counsel, Sheriff, District Attorney, Public Defender, Alternate Public Defender, Regional Planning, Public Health, Agricultural Commissioner/Weights and Measures, Public Works, Fire, Treasurer and Tax Collector, Consumer and Business Affairs, as well as the Assessor, to:
 - A. Prepare any necessary amendments to current ordinances as well as environmental reviews required by the California Environmental Quality Act (CEQA), including, but not limited to, amendments to Title 22 of the County Code (Zoning Code), Title 8 (Consumer Protection, Business and Wage Regulations), and Title 7 of the County Code (Business Licenses), to allow, license, and appropriately regulate and enforce the

cultivation, transportation, distribution, processing, manufacturing, testing, retail sale, and delivery of medical and commercial (recreational) cannabis in unincorporated County areas.

- B. Incorporate into any current or amended ordinances, requirements and best practices for regulating medical and commercial cannabis, including, but not limited to the following:
 - i. Best practices for land use which limit and/or address any impacts to blight and the health and safety of County neighborhoods and that also adhere to previous County recommendations regarding equitable development including but not limited to the following:
 - a. Consideration of buffers from sensitive uses such as schools, daycare facilities, off-site alcohol sales, parks and recreational centers, residential neighborhoods, etc.;
 - b. Minimum spacing requirements or numerical limitations to prevent over-concentration, excessive exposure and access to both cannabis businesses and advertising;
 - c. Consideration of environmental impacts as described in the CEO's report dated November 15, 2016;
 - d. Frontage requirements to maintain community character and maximize safety;
 - e. Recommendations that minimize impacts on public health, safety, and quality of life, and maximize transition from an illicit and unregulated cannabis market to a regulated market. Any such

regulations shall prohibit outdoor commercial cultivation in all zones, permit cultivation, distribution, and manufacturing in industrial and commercial manufacturing zones, and permit all other associated medical and commercial cannabis related enterprises in zones C-3 or higher. Such regulations shall reflect a careful evaluation of potential impacts to existing community standards districts (CSD) and community plans. The Director of Planning may also consider and recommend other zoning options that more effectively achieve the board's desired outcomes.

- ii. Regulations and best practices that promote positive benefits to local communities, especially those disproportionately impacted by historical enforcement policies that concentrated criminal justice consequences in poor communities of color despite similar rates of drug use and sales in other communities. Regulations should include opportunities for local worker hire requirements where feasible and other programs that give back to local communities;
- iii. Regulations and best practices that minimize the illicit and unregulated cannabis market, including, but not limited to, development standards and licensing requirements designed to reduce opportunities for crime, such as minimum security requirements, proscribed hours of operation, usage of security cameras, and other appropriate regulations to prevent crime,

diversion of cannabis to illicit and unregulated markets and use by underage minors;

- iv. Regulations and best practices to promote sustainable businesses with limited impact on the environment, including mandates to achieve the lowest feasible energy and water consumption by utilizing methods such as renewable energy, energy efficient lighting, techniques to reduce overall lighting requirements, and water recycling;
- v. Regulations and best practices with respect to licensing, permitting, and/or registering of cannabis businesses to promote compliance and compatibility with surrounding uses and limit the over-commercialization and monopolization of cannabis businesses, including, but not limited to, a possible cap on the number of business licenses issued within any one community, supervisorial district and/or countywide. Recommendations regarding the number of business licenses should take into account the lowest and highest licensee revenue and cost estimates derived by the Marijuana Policy Group, as reported by the CEO on November 15, 2016, and should also consider alcohol regulatory systems as a potential model;
- vi. Regulations which put into place an appropriate County governance model to implement, oversee, and enforce the regulatory program or otherwise appropriately control the impacts of legal cannabis business activity; and

- vii. Regulations and best practices for consumer protection including, but not limited to, product labeling and testing.
- C. Schedule a series of multilingual and culturally competent town halls in each supervisorial district that include community members, business owners, community groups, public health experts, cannabis advocates, and industry associations, to obtain feedback on regulations and best practices, and to identify additional opportunities for community outreach and engagement.
- D. Develop for the Board's consideration an appropriate ordinance and ballot measure to tax commercial cannabis with the goal of protecting public health and safety and minimizing the illicit and unregulated cannabis market while fostering a regulated legal marketplace which, at a minimum, generates net-new revenues to cover costs incurred by the county needed to regulate the industry.
- E. Deploy a robust data collection program to monitor cannabis usage rates, especially among youth, crime rates associated with cannabis; traffic incidents and other injuries involving cannabis; cannabis cultivation and sales; cannabis abuse treatment; cannabis-related criminal reclassification, retroactive resentencing and diversion implementation; employment and job statistics; energy and water usage and other environmental effects of cannabis businesses; and all other data indicators necessary or desirable to measure any effects of legal

cannabis on County residents and the effectiveness of the County's regulatory program.

- F. Develop appropriate safety and educational protocols for County employees who will be directly involved in cannabis businesses. Such safety protocols should include, at a minimum, training modules that provide appropriate safety information to County employees as well as those involved in cannabis businesses, to ensure that all County and industry personnel are aware of, can identify, can appropriately respond to, and can avoid any risks and hazards unique to the cannabis industry.
3. Direct the CEO, in coordination with affected County departments, to:
- A. Work with local cities to promote uniformity of regulations and best practices within the entire County, with the goal of preventing impacts to any one city or unincorporated community from cannabis businesses in nearby cities or communities, and/or disparate impact and overconcentration of cannabis businesses in economically disadvantaged communities. This can include hosting a symposium with experts in the field, including representatives from the states of Colorado and Washington.
 - B. Advocate that the State of California and the federal government develop effective statutes and regulations at the State and federal levels concerning the legal use of cannabis, including, but not limited to, statutes and regulations that address problems associated with the disproportionately high use of cash in cannabis businesses.

4. Direct the Department of Public Health, in coordination with the CEO, and in partnership with community groups, schools, and other stakeholders, to develop education and prevention campaigns to deter young people from consuming cannabis and to educate all people about documented and validated potential effects stemming from the use of cannabis.
5. Direct the Department of Human Resources, in coordination with the CEO and County Counsel, to evaluate current drug use policies for County employees, and report back to the Board in writing on recommended policy changes, if any.
6. Request that the Sheriff and the District Attorney, in consultation with the Public Defender, Alternate Public Defender and the Civilian Oversight Commission, report in writing on best practices used across the country for methods of identifying and evaluating when drivers are held to be legally under the influence of cannabis with particular attention paid to methods that go beyond simply measuring the level of THC in the bloodstream.
7. Direct County Counsel, in coordination with the CEO, the Department of Regional Planning, the Treasurer and Tax Collector, the Sheriff and the District Attorney to report in writing on the current number and operations of cannabis dispensaries, the current enforcement policies for detecting and eliminating illicit dispensaries, and strategies for bringing them into compliance with upcoming regulations.
8. Authorize the CEO to enter into contracts with consultants, as necessary, provided funds are budgeted and contracts are approved as to form by

County Counsel, for the purposes of carrying out the above-mentioned directives.

9. Authorize the Department of Regional Planning to enter into contracts with consultants to conduct any necessary environmental review and zoning or land use studies related to this motion, provided funds are budgeted and contracts are approved as to form by County Counsel.
10. Direct the CEO to coordinate with all affected County departments to provide a written status update to the Board on a quarterly basis, or on a more frequent basis as determined by the CEO.
11. Direct the CEO to work with departments to determine budget impacts of the directives contained in this motion.
12. Direct the CEO to formally establish the Office of Marijuana Management (OMM) within the CEO, with reporting responsibilities to the CEO, allocate necessary resources and positions required for the unit through existing budgeted resources to allow the OMM to carry out the duties set forth in this motion, and submit a written report to the Board within 60 days with a recommendation for ongoing new or transferred County positions and budgetary resources required for the unit.