

DEPARTMENT OF HEALTH SERVICES
 COUNTY OF LOS ANGELES

SUBJECT: **TEMPORARY UPGRADE OF AN
 ASSESSMENT UNIT TO AN ALS UNIT**

(PARAMEDIC, MICN)
 REFERENCE NO. 416.1

The temporary upgrade of an AU to an ALS Unit will be authorized for a period no longer than 30 days. Temporary upgrades of AU to ALS Units will be based upon the availability of paramedic staffing and with the understanding that the upgraded units are to augment the provider agencies baseline number of ALS Units, not as a replacement for an in-service front-line unit. In order to allow for temporary unit upgrade, the AU must have previously been inventoried, approved, and assigned to a Los Angeles County base hospital by the EMS Agency.

Department:	*
Unit Number:	*
Unit Address:	*
Date of Upgrade:	*
Time of Upgrade:	*

Authorized By:

Name:	*
Title:	*
Phone Number:	
Email:	

CHECK:

- * A unit inventory inspection in accordance with the most current Reference No. 703, ALS Unit Inventory, was performed
- * Per Reference No. 703, all supplies/equipment are present on the unit and in good working order.
- * Controlled substances are stored under a double locking mechanism on the upgraded unit and will be inventoried in accordance with Reference No. 702.
- * The Unit is now identified as a "Paramedic" Unit.

I attest that the above statements are correct and this unit is stocked with equipment/supplies listed in Reference No. 703 and all equipment is in good working order:

 *Signature

 Title (Captain or Chief level)

 Date

Prehospital Care Manual:

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

Ref. No. 703, **ALS Unit Inventory**

Ref. No. 704, **Assessment Unit Inventory**

Originally signed forms (or digitally signed forms) are to be maintained within station files.